



# Council of Governors

Thursday 30 September 2021

Agenda and Papers





# MEETING OF COUNCIL OF GOVERNORS AGENDA

Thursday, 30 September 2021

13:30 to 14:30

Virtual Meeting Via MS Teams

Ref	Time	Item	Owner	Purpose *
<b>STANDING ITEMS</b>				
1	13:30	Welcome and Apologies	S Crofts Deputy Chair	N/A (v)
2	13:30	Declarations of Interests	S Crofts Deputy Chair	N/A (v)
3	13:30	Minutes and actions of previous meetings held on: <ul style="list-style-type: none"> <li>8 June 2021</li> <li>29 June 2021</li> </ul>	S Crofts Deputy Chair	Approve (d)
<b>GOVERNANCE</b>				
4	13:35	Annual Report & Accounts 2020/21	P Buckingham Interim Corporate Secretary	Information (d)
5	13:40	Auditor's Report 2020/21	A Ayre & J Roberts Grant Thornton LLP	Assurance (d) + (p)
6	14:00	Re-Appointment of Non-Executive Director	P Buckingham Interim Corporate Secretary	Approve (d)
7	14:05	Terms of Reference – Nominations Committee	P Buckingham Interim Corporate Secretary	Approve (d)
<b>REPRESENTING MEMBERS INTERESTS</b>				
8	14:10	Lead Governor's Report	B Strong Lead Governor	Approve (d)
<b>PERFORMANCE</b>				
9	14:15	Integrated Performance Report	J Ross Chief Executive	Information (d)
<b>CLOSE OF MEETING</b>				
10	14:25	Any other business and Close of meeting	S Crofts Deputy Chair	N/A

#### Information Items Papers to Note / For Information

These items are provided for noting by / or for information to the Council of Governors, they do not require approval or a decision to be made. Governors are asked to read the papers prior to the meeting and may raise any questions in the Council of Governors meeting but these items will not formally be presented

- Annual Report & Accounts 2020/21
- Quality Account 2020/21
- Audit Committee Key Issues Report
- Business Performance Committee Key Issues Report
- Quality Committee Key Issues Report
- Research, Innovation & Medical Education Committee Key Issues Report

\* v = verbal, d = document p = presentation

**UNCONFIRMED**

**Minutes of the Council of Governors Meeting**

**Tuesday 8 June 2021**

**Virtual meeting held on MS Teams**

**Present**

Janet Rosser (Chair)

**Governors**

Barbara Strong (Lead Governor)	Doreen Brown
Amanda Chesterton	Colin Cheesman
Rich Cottier	Jonathan Desmond
Cameron Hill	Stella Howard
John Kitchen	Nanette Mellor
Ella Pereira	Stan Winstanley

**In Attendance**

Su Rai	Non-Executive Director
Nalin Thakkar	Non-Executive Director
Karen Bentley	Non-Executive Director
David Topcliffe	Non-Executive Director
Seth Crofts	Non-Executive Director
Jan Ross	Interim Chief Executive
Mike Burns	Director of Finance and IT
Lisa Salter	Director of Nursing and Governance
Michael Wood	Interim Director of Operations and Strategy
Paul Buckingham	Interim Corporate Secretary
Jane Mullin	Deputy Director of Workforce
Lisa Gurrell	Head of Patient Experience
Carol Miller	Membership Manager/Corporate Governance Assistant (Minutes)

**Apologies**

Alison Astles	Peter Clegg
Rhys Davies	William Givens
Melissa Hubbard	Chris Sutton
Jan Vaughan	Adrian Wells
Melanie Worthington	
Michael Gibney	Director of Workforce and Innovation

<b>COG 06</b> <b>21/22</b>	<b>Apologies</b> Apologies were received and noted as above.
<b>COG 07</b> <b>21/22</b>	<p><b>Welcome and Declaration of Interests:</b> The Chair welcomed all those at the meeting and informed Governors that, due to the need for her to take a planned urgent telephone call at some stage during the meeting, the Deputy Chair, Seth Crofts, would Chair the meeting during her absence.</p> <p>The Governors pre-meeting had taken place on 7<sup>th</sup> June 2021.</p> <p>No questions on notice had been received prior to the meeting. It was confirmed that the meeting was quorate.</p> <p><b>Declaration of Interests</b> None</p>

<p><b>COG 08</b> <b>21/22</b></p>	<p><b>Minutes of Previous Meeting and Matters Arising</b></p> <p>The minutes of previous meetings held on 9 March and 14 April 2021 were agreed as a true and accurate record.</p> <p>There were no matters arising.</p>
<p><b>COG 09</b> <b>21/22</b></p>	<p><b>Lead Governor's Report</b></p> <p>Ms Strong updated governors on her activities since the last meeting.</p> <ul style="list-style-type: none"> <li>• Attendance at the Trust Engagement event on the proposal to establish a Biomedical Research Centre for infection in Liverpool. A report from Mr Kitchen was included within the meeting papers.</li> <li>• At the COG Membership and Engagement Group it was agreed that the 'Questions Received from Governors and Members of the Public' document would be used to log Questions on Notice received before COG meetings and, where appropriate, would be included as an Appendix to the meeting papers for information</li> <li>• Mr Buckingham would contact public governors week commencing 14<sup>th</sup> June 2021 for expressions of interest for the proposed new role of Deputy Lead Governor and include a job description and explanatory notes of the process.</li> </ul> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• Received and noted the Lead Governor's report</li> <li>• Endorsed the proposal to create a Deputy Lead Governor role.</li> </ul>
<p><b>COG 10</b> <b>21/22</b></p>	<p><b>Chair's Report</b></p> <p>Ms Rosser updated Governors on activities since the last meeting:</p> <p>Internal updates from Trust:</p> <ul style="list-style-type: none"> <li>• Elections had commenced for 16 vacant seats,</li> <li>• Chief Executive Officer Recruitment,             <ul style="list-style-type: none"> <li>- Ms Ross had been appointed Interim Chief Executive, and</li> <li>- Recruitment was underway for the substantive CEO and an Extraordinary Council of Governors meeting would be scheduled for final approval of the substantive appointment.</li> </ul> </li> </ul> <p>External updates following fortnightly NHSEI Chairs Briefing:</p> <ul style="list-style-type: none"> <li>• MerseyCare had formally acquired North West Boroughs Healthcare, Mental Health and Community Care provider,</li> <li>• Southport and Ormskirk Hospitals were conducting a public consultation on 'Shaping Care Together'.</li> </ul> <p>Non-Executive Directors:</p> <ul style="list-style-type: none"> <li>• NED attendance at Chair and Governor Briefings;             <ul style="list-style-type: none"> <li>- Mr Crofts had attended the May 2021 briefing to discuss his role as the Chair of Quality Committee and the Research, Innovation &amp; Medical Education Committee, and Mr Topcliffe was scheduled to attend the July 2021 briefing,</li> </ul> </li> <li>• Ms Bentley had commenced in a new Board-level role of Wellbeing Guardian and briefed the Governors:             <ul style="list-style-type: none"> <li>- National role instigated as a result of a recommendation from the Commons Health and Security Committee report on Workforce Burnout and the Pearson Report 2019,</li> <li>- Board level role, championing the 2020/21 People Plan,</li> <li>- North West Network had been established to share good practice, a resource hub and a Health and Wellbeing dashboard to enable</li> </ul> </li> </ul>

	<p>benchmarking,</p> <ul style="list-style-type: none"> <li>- Behaviours were being added to Staff appraisals, and</li> <li>- Assurance was given that existing Wellbeing programmes, procedures and policies were established and would be built and improved upon.</li> </ul> <p>In answer to questions from Ms Mellor and Mr Buckingham, Ms Bentley provided an overview of the expectations relating to reporting from the Wellbeing Guardian. In response to a follow up comment from Mr Winstanley, assurances were given by Mr Crofts and Ms Salter that the Trust had an honest and open culture which encouraged reporting using robust and confidential reporting processes, including the Freedom to Speak up Guardian, informal and formal reporting and grievance procedures.</p> <p>It was agreed that Ms J Kane, the Trust’s Freedom to Speak Up Guardian, would be invited to a future Chair and Governor Briefing to talk about the role.</p> <p><b>ACTION:</b> Ms J Kane to be invited to a future Chair and Governor Briefing.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• Received and noted the Chair’s verbal report.</li> </ul>
<p><b>COG 11 21/22</b></p>	<p><b>Recovery and Restoration Update</b></p> <p>Ms Ross updated Governors on the main focus of increasing activity targets and reducing waiting lists:</p> <ul style="list-style-type: none"> <li>• Activity planned in line with the Cheshire and Merseyside system requirements; <ul style="list-style-type: none"> <li>- Deliverables were performing well against 19/20 activity,</li> <li>- Follow-up appointments were utilising technology for virtual attendance, and</li> <li>- On site outpatient appointments and elective activity down as a result of social distancing and enhanced Infection Control measures.</li> </ul> </li> <li>• Priorities; <ul style="list-style-type: none"> <li>- Recovery of services, ensuring sustainability and staff welfare,</li> <li>- Reducing surgical waiting lists, Ahead of planned trajectory on patients waiting 52 weeks, patients on the list had been clinically assessed and prioritised, and</li> </ul> </li> <li>• Next steps were to continue to reduce diagnostic and planned waiting lists.</li> </ul> <p>In response to questions from Ms Strong and Mr Desmond, Ms Ross gave assurance that targets were set in accordance with system activity plans whilst being realistic for the Trust and taking into account the impact on staff wellbeing. Confirmation was also given that activity data included virtual and face to face appointments and that virtual outpatient appointments continued to be offered to patients.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• Received and noted the report.</li> </ul>

<b>COG 12 21/22</b>	<p><b>Quarter 4 Integrated Performance Report 20/21</b></p> <p>The Executive Directors gave an overview and update on the Integrated Performance Report included within the meeting papers.</p> <p>Mr Burns updated Governors on the financial position:</p> <ul style="list-style-type: none"> <li>• At the end of year 20/21 the Trust posted a surplus of £1,507k against a planned deficit of £1,330k. Much of this performance was driven through receipt of a fixed amount of block income whilst activity and associated costs were reducing in line with the second national wave of Covid. The year-end surplus of £1,507k also included £984k additional funding for non-NHS income lost in 2020/21 as a result of the pandemic and annual leave payments,</li> <li>• Block funding continuing for Q1 and Q2 of 21/22 and the Trust submitted regular plans and forecasts based upon comparative 20/21 data. There had been changes in month 2 which were not anticipated to impact on the plan,</li> <li>• At M1 2021/22 the Trust posted a surplus of £29k against a planned deficit of £33k, a £62k favourable variance. The improvement was due to specialist commissioner adjustment to block payments for high cost drugs cost and volume forecasts, and</li> <li>• The plan for April to September 2021, as the requirement from the Cheshire and Merseyside Health Care Partnership (HCP) for all Trusts, was to deliver a breakeven position</li> </ul> <p>Ms Salter updated Governors on the position for quality and safety at the end of Q4 20/21;</p> <ul style="list-style-type: none"> <li>• 7 patients with Ecoli against a threshold of 11,</li> <li>• There had been 13 patients with MSSA against a threshold of 8. Some of those infections had been within Intensive Care and quality improvement work had been undertaken and presented to the Quality Committee and Infection Prevention Committee and monthly monitoring would be undertaken on the progression of that improvement work,</li> <li>• 0 cases MRSA blood stream infection since November 2017, and</li> <li>• There had been two Category 2 pressure ulcers with eight year to date and two unstageable pressure ulcers. A Tissue Viability Nurse had been in post since November 2020 and mandated training on the management of pressure ulcers would take place for all Matrons, Ward Managers and Band 6 staff across the organisation.</li> </ul> <p>Following a question from Ms Mellor, Ms Slater offered assurance that changes to policy and mandatory training would ensure that all staff were aware of their team and individual responsibility for reviewing skin integrity and would improve quality standards for patients.</p> <p>Mr Wood updated Governors on activity at the end of Q2 20/21:</p> <ul style="list-style-type: none"> <li>• Referral to Treatment average wait was 11.18 against the target of 8.2 weeks, continued improvements had since reduced this to 11.02 weeks,</li> <li>• 232 patients were waiting over 52 weeks, this included 180 English and 33 Welsh patients,</li> <li>• Performance against the diagnostic target was 0.42%, against the target of 1%,</li> <li>• Operations cancelled on the day for non clinical reasons had been 0.62%, against the 0.8% threshold, and</li> <li>• All cancer targets had been achieved.</li> </ul> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• Received and noted the briefings on the Integrated Performance Report.</li> </ul>
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**COG 13**  
**21/22**

Ms Rosser left the meeting and Mr Crofts commenced the role of Chair.

**Patient Experience Activity Update**

Ms Gurrell updated Governors on the work of the Patient Experience Team in 2020/21. The Team continued to work closely with and support patients, families and carers to resolve enquiries and concerns at the earliest possible opportunity. Due to Covid restrictions and the suspension of visiting, the team had supported families, carers and the bereaved. A successful NHS England bid had provided 'real size' interactive screens for virtual patient visiting and interactive educational games.

**Complaints;**

- A demonstration of the proactive approach being taken by the PET, in working with divisions to address and resolve issues quickly and efficiently at the first point of contact, was that there had been a 43% reduction in formal complaints in 20/21 with an increase in concerns/enquiries. Lessons Learnt and actions were discussed and shared at divisional monthly meetings.
- Actions for 21/22 were to continue to be proactive and further reduce the number of formal complaints.
- NHSE/I were expected to publish a Complaints Standard. A Gap Analysis would be undertaken and a pilot would be used to assess how this could be implemented within the Trust.

**Turnaround time;**

- 100% of complaints had been completed within activity targets,
- Reduced from 57 working days in 19/20 to 23 days in 20/21,
- Weekly meeting with divisional teams to discuss and address actions/concerns,
- Action for 21/22 was to reduce and maintain response times being mindful of the complexity of some investigations and continue to share Lessons Learnt.

**Compliments**

203 compliments had been received and shared with staff which helped to boost morale. This was a small reduction from 287 in 19/20 but was a reflection of the reduction in activity over this period.

**Coroners and Police Requests 20/21**

There had been a 50% increase in police requests and 75% increase in Coroners' requests which included requests for patient records and staff statements.

**Claims**

There had been 4 in Q4, a reduction from 9 in Q3 and no claims had been reopened.

**Volunteers**

Continued engagement with volunteers during their absence from the Trust included welfare calls and virtual activities including coffee mornings and quizzes.

Following questions from Ms Strong and Ms Mellor, Ms Gurrell and Ms Salter offered assurance that not all Coroner requests related to 2020/21 as claims could be made up to 3 to 5 years after the event and also related to dissatisfaction with diagnosis. Benchmarking against the number of bed days demonstrated that the level of complaints was at its lowest for several years and the Trust was on par with similar Trusts. Ms Ross also assured Governors that Government guidance had been issued clarifying that due to the implication of Covid on statistical data, 20/21 data should not be used to benchmark against previous years or to determine trend analysis. Ms Chesterton offered formal thanks to the Patient Experience Team for the support given to staff and for their balanced and objective investigations.

**The Council of Governors:** Received and noted the report

<b>COG 14 21/22</b>	<p><b>Quality Account 2020/21</b> Ms Salter confirmed the 2021/22 Quality Account objectives which had been selected by consultation with the Council of Governors, Healthwatch and Commissioners and discussed at Quality Committee, Executive Team Meetings and Trust Board.</p> <p><b>Patient Safety</b></p> <ul style="list-style-type: none"> <li>• Reduce Pressure Ulcers:             <ul style="list-style-type: none"> <li>- Overall 10% reduction in hospital acquired pressure ulcers and to maintain zero tolerance to category 4 pressure ulcers</li> </ul> </li> <li>• Redevelop Pain Management Programme (PMP):             <ul style="list-style-type: none"> <li>- Review and redevelop the programme enabling video conferencing and interactive online group course</li> </ul> </li> <li>• Improve Patient Flow Across the Trust:             <ul style="list-style-type: none"> <li>- Explore different ways to improve flow, streamline how bed/staff meetings are held and allow proactive management of any delays or issues.</li> </ul> </li> </ul> <p><b>Clinical Effectiveness</b></p> <ul style="list-style-type: none"> <li>• Introduce Patient Initiated Follow Up (PIFU):             <ul style="list-style-type: none"> <li>- Work with NHSE/I to provide the opportunity for patients and their carers to initiate their own appointments</li> </ul> </li> <li>• Increase Outpatient Appointment Slot Utilisation:             <ul style="list-style-type: none"> <li>- Increase slots by 5% during the year which will improve efficiency and aid the reduction in waiting times</li> </ul> </li> <li>• Implement Inventory Management System – eDC Gold:             <ul style="list-style-type: none"> <li>- Provides Trusts with improved patient level costing information. eDC Gold enables products to be tracked to the patient and provides greater operational inventory visibility on stock holding and expiry for Trusts.</li> </ul> </li> </ul> <p><b>Patient Experience</b></p> <ul style="list-style-type: none"> <li>• Improve Wellbeing and Equality of Black and Asian Minority Ethnicity (BAME) Staff and Patients:             <ul style="list-style-type: none"> <li>- Review progress/set stretch ambitions to improve wellbeing and equality of BAME staff and patients</li> </ul> </li> <li>• Provide Mental Health First Aid Training:             <ul style="list-style-type: none"> <li>- Roll out Mental Health First Aid Training to 40 staff. Improving staff and patient access to direct personal support, improving mental health and wellbeing.</li> </ul> </li> <li>• Improve Start Time of Theatres Lists &amp; Same Day Discharges:             <ul style="list-style-type: none"> <li>- Review Team Brief process to ensure theatre lists start on time</li> <li>- Review recovery process and time spent in recovery</li> <li>- Review how the Trust can set up area for same day discharges.</li> </ul> </li> </ul> <p><b>Looking forward to Quality Aims 2021 - 2022</b> Monitoring Progress:</p> <ul style="list-style-type: none"> <li>• Each of the Quality Priority Leads have agreed milestones throughout the year</li> <li>• Monthly meetings and dates agreed to monitor and review progress/learning</li> <li>• Updates are reported to the Quality Committee and Patient Experience Group.</li> </ul> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• Received and noted the report</li> </ul>
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<p><b>COG 15</b> <b>21/22</b></p>	<p><b>Staff Survey Results</b> Ms Mullin presented an overview of the 2020 staff survey results.</p> <p>The staff survey was one element of staff engagement within the Trust, which had continued throughout Covid and included the introduction of agile working, staff debriefings, focus groups and staff counselling. The 2020 survey was conducted both on-line and paper versions which may have resulted in a lower response rate when benchmarked against previous years and the national average.</p> <p>The Trust had performed well in 9 of the 11 themes against the national average.</p> <ul style="list-style-type: none"> <li>• The Trust obtained the highest national score for health and wellbeing, quality of care, staff engagement and team working.</li> <li>• The Trust scored worse than the national average for safe environment – violence. This could be explained by the complexity of our patient cohort. This had been a key theme for a number of years but the Trust had improved on all 3 questions against previous years.</li> </ul> <p>Areas for improvement included safe environment, team working for shielding staff, morale and the Workplace Race and Disability Working Standards (WRES/WDES). Work had been undertaken with shielding staff to understand and improve their issues and the identification of gaps between BME and white staff responses would be prioritised and a Disability Network Group had been set up. Divisions had been provided with data and were putting specific divisional action plans in place.</p> <p>The Trust was participating in the NHSI/E Quarterly Pulse Survey to provide timely regular feedback from staff throughout the year.</p> <p>Key results from the first survey conducted in April 2021 included:</p> <ul style="list-style-type: none"> <li>• 88% of staff felt informed, better than the NHS overall</li> <li>• 71% felt supported</li> <li>• 39% were anxious and 57% felt calm</li> <li>• 41 members of staff felt unmotivated</li> <li>• 52% of staff look forward to going to work, better than NHS overall</li> <li>• 70% were enthusiastic about their job</li> </ul> <p>Following questions from Mr Cheesman, Ms Chesterton, Ms Strong and Mr Desmond, Ms Mullin responded that although it was unclear why the response rate was lower than the national average, anecdotally the phrasing of questions and time pressures for front line staff during Covid may have been contributing factors. There were key changes planned for the 2021 survey.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• Received and noted the Staff Survey report.</li> </ul> <p>Ms Rosser re-joined the meeting and resumed the role of Chair.</p>
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<p><b>COG 16</b> <b>21/22</b></p>	<p><b>Annual Statement on Fit and Proper Persons</b></p> <p>Mr Buckingham presented a report which provided assurance on the Trust's compliance with the Fit and Proper Persons Regulations. He advised that the report had been presented to the Board of Directors in May 2021 and noted that an Internal Audit review of the Trust's arrangements had resulted in an assessment of Substantial Assurance. Mr Buckingham also noted that a revised Fit and Proper Person Policy had been updated to clarify responsibilities and had been approved by the Audit Committee in April 2021.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>Received and noted the Fit and Proper Persons report.</li> </ul>
<p><b>COG 17</b> <b>21/22</b></p>	<p><b>Draft Governor Code of Conduct</b></p> <p>Mr Buckingham presented a draft Governor Code of Conduct for approval and adoption by the Council of Governors. He advised that the document was based on recognised good practice from NHS Providers and was consistent with the approach adopted by other NHS Foundation Trusts. Mr Buckingham thanked Ms Miller for work in preparing the draft Code of Conduct.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>Agreed to adopt the Governor Code of Conduct as presented.</li> </ul>
<p><b>COG 18</b> <b>21/22</b></p>	<p><b>Chair's Reports – Business Performance Committee</b></p> <p>Mr Topliffe introduced a revised format for Chair's Reports which was part of a trial being conducted by BPC on improving meeting reports and papers. The revised format gave an overview of 4 meetings, highlighting key assurances and priorities.</p> <p>The BPC key priorities were highlighted including the Recovery plan, adapting to the changes in the finance regime, Transformation and Improvement programmes which aimed to make processes faster shorter and more efficient, advancing the People strategy and implementing key improvements to the Digital strategy.</p> <p>Mr Topliffe would also be attending the next Chair and Governor briefing to discuss the work of BPC in further detail.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>Received and noted the report.</li> </ul>
<p><b>COG 19</b> <b>21/22</b></p>	<p><b>Chair's Report – Quality Committee</b></p> <p>Mr Crofts updated Governors on the work of the Quality Committee highlighting powerful stories which had been shared by staff working throughout the pandemic. Despite the challenges faced by staff the stories demonstrated the solace and support staff had received from friends, colleagues and the help provided by support platforms offered by the Trust. The introduction of an MSSA Key Performance Indicator to monitor rates would be included in the Trust Risk Register for ITU. The Trust was seeking Tessa Jowell Accreditation which recognised excellence in brain tumour treatment at every step of the patient pathway including long term care.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>Received and noted the report.</li> </ul>

<p><b>COG 20 21/22</b></p>	<p><b>Chair’s Report – Research, Innovation and Medical Education Committee</b> Mr Crofts updated Governors on the work of the RIME Committee highlighting an external review of the Research Function in the Trust undertaken by Kings College London which had led to organisational changes and a review of deliverables to enhance provision. The recovery plan addressed challenges experienced during Covid in recruiting to and running commercial trials, which had led to a loss of income of £300k. Work was progressing on innovation, commercial involvement and intellectual property rights. Excellent feedback had been received on the innovative online resources put in place to deliver ongoing medical education including ‘Neuro pod cases’.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>Received and noted the report.</li> </ul>
<p><b>COG 21 21/22</b></p>	<p><b>Chair’s Report – Audit Committee</b> Ms Rai reported on the work of the Audit Committee including the positive Assurance Opinion given by the Internal Auditors for work undertaken in 20/21 and the internal control systems in place within the Trust. The External Audit plan for 21/22 had been presented and approved. The Anti-Fraud Annual Report was presented and had given significant assurance to the Committee.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>Received and noted the report.</li> </ul>
<p><b>COG 22 21/22</b></p>	<p><b>Chair’s Report – Walton Centre Charity Committee</b> Ms Rai reported on the work of the WCC Committee highlighting the focus the committee had taken on risk management including a review of the Risk Management Policy. She advised that a Risk Register would be presented and monitored at future meetings. A Commercial Fundraising Strategy had been put in place for the next 3 years.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>Received and noted the report.</li> </ul>
<p><b>COG 23 21/22</b></p>	<p><b>Any Other Business</b> Mr Buckingham reported the result of a Governor survey which had been conducted on the future format of COG meetings. 13 Governors had responded and the response had been unanimous to continue virtual meetings for the foreseeable future. A trend analysis between 2019/20 and 20/21 showed that attendance had increased by 20% across all virtual meetings and was a demonstration of the effective engagement which had taken place.</p> <p>In response to questions from Mr Cheesman and Ms Strong, Mr Buckingham confirmed that MS Teams was the main NHS virtual meeting software and that IT had assessed various ‘difficulties’ which had been experienced using the software which had found that problems had often been at a national rather than a Trust level.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>Agreed the continued use of Virtual Meetings for the foreseeable future with the arrangements being subject to regular review.</li> </ul>
<p><b>COG 24 21/22</b></p>	<p><b>Review of Meeting</b> The Chair thanked Governors for their participation and attendance.</p>

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<b>COG 25 21/22</b>	<b>Date, time and venue of next meeting</b> The next meeting of the Council of Governors is scheduled to be held on 7 September 2021.
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**UNCONFIRMED**

**Minutes of the Council of Governors Meeting**

**Tuesday 29 June 2021 at 2.00pm**

**Virtual meeting held on MS Teams**

**Present**

Janet Rosser (Chair)

**Governors**

Barbara Strong (Lead Governor)	Ella Pereira
Peter Clegg	Stan Winstanley
William Givens	Jonathan Desmond
Stella Howard	John Kitchen
Nanette Mellor	Rhys Davies
Cameron Hill	

**In Attendance**

Paul Buckingham	Interim Corporate Secretary
Carol Miller	Membership Manager/Corporate Governance Assistant (Minutes)

**Apologies**

Doreen Brown
Amanda Chesterton

<b>COG 26 21/22</b>	<b>Welcome and Apologies</b> Apologies were received and noted as above. The Chair welcomed all those present to the meeting and confirmed that the meeting was quorate.
<b>COG 27 21/22</b>	<b>Declaration of Interests</b> There were no declarations of interests.
<b>COG 28 21/22</b>	<b>Appointment of Chief Executive</b> Ms Rosser presented a report seeking Council of Governors approval for the appointment of a substantive Chief Executive. She briefed the Council on the content of the report and provided an overview of the interview process which had taken place on 23 June 2021. She noted that two candidates (a further two shortlisted candidates had previously withdrawn) had undertaken activities including a Focus Group, a Presentation and a formal Interview Panel. Ms Rosser noted that Ms Strong had participated in the Focus Group and advised that Non-Executive Directors had participated in both the Focus Group and Presentation.  Ms Rosser explained the role of Prof S Constable, Chief Executive, Warrington & Halton Teaching Hospitals NHS Foundation Trust, as an external member of the Interview Panel and advised that the interviews had been observed by Mr A Lynch, EDI Lead and Mr P Buckingham, Interim Corporate Secretary. She advised of the Panel's careful deliberation on the strengths and weaknesses of both candidates with a subsequent recommendation to the Remuneration Committee that Ms J Ross be appointed as substantive Chief Executive. Ms Rosser noted that the Remuneration Committee met on 24 June 2021 and took the decision to appoint Ms J Ross as substantive Chief Executive.  Mr Davies noted that Ms Ross' experience with the Trust in the role of Director of Operations & Strategy, and more recently as Interim Chief Executive, provided an

The Walton Centre NHS Foundation Trust

	<p>excellent platform for undertaking the role of substantive Chief Executive. Ms Rosser noted that Ms Ross had a wealth of experience, gained from working in a range of settings, which would be invaluable as the Trust progresses towards system working.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>Approved the decision taken by the Remuneration Committee on 24 June 2021 to appoint Ms J Ross as substantive Chief Executive.</li> </ul>
<p><b>COG 29 21/22</b></p>	<p><b>Ratification of Non-Executive Director Appointments</b></p> <p>Ms Rosser presented a report seeking ratification of a decision taken to appoint two Non-Executive Directors in October 2020. She briefed the Council on the content of the report and noted that a virtual meeting of the Council of Governors had been held in October 2020 to approve the appointments of Mr D Topliffe and Ms K Bentley as Non-Executive Directors with effect from 2 November 2020. However, she advised that there was currently no documentary evidence available, in the form of minutes of the meeting, to evidence these appointments.</p> <p>Ms Rosser confirmed that Mr D Topliffe and Ms K Bentley had commenced their terms of office on 2 November 2020 and completed relevant induction activities. Both individuals had settled in well to their roles, despite the challenges of the pandemic situation, and were making meaningful contributions as Board members and members of Board Committees. Ms Rosser recommended that the Council of Governors ratify the appointments.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>Ratified the appointment of Ms K Bentley and Mr D Topliffe as Non-Executive Directors with three year terms of office commencing on 2 November 2020.</li> </ul>
<p><b>COG 30 21/22</b></p>	<p><b>Any Other Business</b></p> <p>Mr P Buckingham thanked the Governors for their attendance at relatively short notice which had ensured that a quorum had been achieved for the meeting.</p> <p>Those present noted that the next meeting of the Council of Governors was scheduled to be held on Tuesday, 7 September 2021.</p>

## Council of Governors Matters arising Action Log:

	Complete & for removal
	In progress
	Overdue

Date of Meeting	Item Ref	Agenda item & action	Lead	Update	Deadline	Status
08/06/21		<b>Lead Governors report</b> Deputy Lead Governor Role – Call to Public Governor for Nominations	PB	On Agenda with Lead Governors Report	September 2021	
08/06/21		<b>Quality Accounts update</b> Julie Kane, Freedom to Speak up Guardian to be invited to a Chair and Governor Briefing	CM	To be invited - November 2021	December 2021	
08/06/21		<b>Any Other Business</b> Governor Code of Conduct adopted.  To be sent to External Returning Officer to add to Election Website	CM	Actioned and added to the Documents section of VBr	September 2021	

The following items have been deferred to a future meeting due to operational pressures during the COVID Pandemic

17/09/20	COG 19 20/21	<p><b>Chairs Report – Research, Innovation and Medical Education Committee</b> Update on Neurological implications of COVID research, to be presented to a meeting at a later date when available</p>	S Crofts	<p>To be added to March 2021 Agenda  Governors to contact Ms Rosser with areas to be included  Deferred until information available</p>	January <del>2021</del>	
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**Report to the Council of Governors**  
**Date: 30 September 2021**

<b>Title</b>	<b>Annual Report &amp; Accounts 2020/21</b>
<b>Sponsoring Director</b>	Jan Ross Chief Executive
<b>Author (s)</b>	Paul Buckingham Interim Corporate Secretary
<b>Previously considered by:</b>	N/A
<b>Executive Summary</b>	<p>The purpose of this report is to present the Annual Report &amp; Accounts 2020/21 to the Council of Governors for information.</p> <p>The draft Annual Report, Annual Accounts and Quality Account were considered by the Audit Committee, together with relevant reports from the External Auditor, at a meeting held on 24 June 2021 and were recommended to the Board of Directors for approval. The documents were subsequently approved by the Board of Directors at a meeting also held on 24 June 2021.</p> <p>Copies of the Annual Report &amp; Accounts 2020/21 and the Quality Account 2020/21 are included in the Council of Governors meeting pack for information. The Trust's External Auditor, Grant Thornton LLP, will attend the meeting on 30 September 2021 to present the Annual Audit Report for 2020/21.</p>
<b>Related Trust Ambitions</b>	<ul style="list-style-type: none"> <li>• Best practice care</li> <li>• Be recognised as excellent in all we do</li> </ul>
<b>Risks associated with this paper</b>	
<b>Related Assurance Framework entries</b>	All
<b>Equality Impact Assessment completed</b>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<b>Any associated legal implications / regulatory requirements?</b>	The Trust has a statutory duty to produce an Annual Report & Accounts as set out in the NHS England / NHS Improvement Annual Reporting Manual 2020/21.
<b>Action required by the Council of Governors</b>	<p>The Council of Governors is recommended to:</p> <ul style="list-style-type: none"> <li>• Receive and note the report on the Annual Report &amp; Accounts 2020/21.</li> </ul>

## **1.0 Introduction**

- 1.1 The purpose of this report is to present the Annual Report & Accounts 2020/21 to the Council of Governors for information.

## **2.0 Background**

- 2.1 The draft Annual Report, Annual Accounts and Quality Account were considered by the Audit Committee, together with relevant reports from the External Auditor, at a meeting held on 24 June 2021 and were recommended to the Board of Directors for approval. The documents were subsequently approved by the Board of Directors at a meeting also held on 24 June 2021. Following approval, the Trust was required to make a series of submissions to NHS Improvement in accordance with the Annual Reporting timetable published by NHS England / Improvement. All submissions were completed in advance of the deadline of noon on 29 June 2021.

## **3.0 Current Position**

- 3.1 Governors are requested to note that it is a specific requirement of NHS Improvement's Annual Reporting Manual that the Annual Report & Accounts cannot be published until the document has been laid before Parliament. Ordinarily, this process would be completed in early July prior to the summer Parliamentary recess. However, a delay in completion of audit work, due to additional requirements associated with the Value for Money (VFM) assessment, meant that this was not possible, and the process of laying before Parliament was deferred until September 2021. It should be noted that this deferral was not peculiar to the Walton Centre and the delay in audit completion was experienced by NHS Foundation Trusts across the country. The Trust's Annual Report & Accounts document was laid before Parliament on 9 September 2021 and confirmation in the form of the Votes & Proceedings document of 9 September 2021 is included for reference at Annex A to this report. A copy of the Annual Report & Accounts document was subsequently circulated to Governors and published on the Trust's website.
- 3.2 Governors are also requested to note that there was again no requirement for the Quality Account to be incorporated in the Annual Report & Accounts, which was consistent with the arrangements adopted for 2019/20 annual reports in the context of the Covid-19 pandemic situation. Similarly, Quality Accounts were not subject to limited assurance audit by the External Auditors. Following approval by the Board of Directors, the Trust's Quality Account 2020/21 was published on the Trust's website in advance of the 30 June 2021 deadline.
- 3.3 Copies of the Annual Report & Accounts 2020/21 and the Quality Account 2020/21 are included in the Council of Governors meeting pack for information. The Trust's External Auditor, Grant Thornton LLP, will attend the meeting on 30 September 2021 to present the Annual Audit Report for 2020/21.

## **4.0 Recommendations**

- 4.1 The Council of Governors is recommended to:
- Receive and note the report on the Annual Report & Accounts 2020/21



# House of Commons

## Thursday 9 September 2021

### Votes and Proceedings

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The House met at 9.30 am.

Prayers

**1 Private Bills: Highgate Cemetery Bill [Lords]: Consideration of the Bill, as amended**

*Ordered*, That the Highgate Cemetery Bill [Lords] be now considered.—(*First Deputy Chairman of Ways and Means.*)

No amendments on consideration.

Bill to be read the third time.

**2 Questions to the Secretary of State for Transport**

**3 Urgent Question: Afghanistan: FCDO responses to Members (James Cleverly)**

**4 Business Question (Leader of the House)**

**5 Statement: Ajax Armoured Cavalry Programme (Jeremy Quin)**

**6 Second Report from the Committee on Standards**

*Resolved*, That this House endorses the recommendations in paragraphs 52, 55 and 64 of the Second Report of the Committee on Standards, HC 582; and accordingly suspends—

(a) Mrs Natalie Elphicke from the service of the House for a period of one sitting day, on Friday 10 September;

(b) Sir Roger Gale from the service of the House for a period of one sitting day, on Friday 10 September; and

(c) Theresa Villiers from the service of the House for a period of one sitting day, on Friday 10 September.—(*Stuart Andrew.*)

**7 Rating (Coronavirus) and Directors Disqualification (Dissolved Companies) Bill (Programme) (No. 2)**

*Ordered*, That the Order of 28 June 2021 (Rating (Coronavirus) and Directors Disqualification (Dissolved Companies) Bill (Programme)) be varied as follows:

1. Paragraphs (4) and (5) of the Order shall be omitted.

2. Proceedings on Consideration shall (so far as not previously concluded) be brought to a conclusion two hours after the commencement of proceedings on the Motion for this Order.

3. Proceedings on Third Reading shall (so far as not previously concluded) be brought to a conclusion three hours after the commencement of proceedings on the Motion for this Order.—(*Luke Hall.*)

**8 Rating (Coronavirus) and Directors Disqualification (Dissolved Companies) Bill: Consideration of the Bill, not amended in the Public Bill Committee**

New Clause NC1—(*Jeff Smith*)—brought up, and read the first time.

Question proposed, That the Clause be read a second time.

Clause, by leave, withdrawn.

Amendments 1-6 made.

**9 Rating (Coronavirus) and Directors Disqualification (Dissolved Companies) Bill: Third Reading**

Bill read the third time, and passed.

**10 Backbench Business**

Legacy of Jo Cox

*Resolved*, That this House has considered the legacy of Jo Cox.—(*Neil Coyle.*)

**11 Changes to membership of select committees**

*Ordered*, That Chris Elmore be discharged from the Committee on Standards and Yvonne Fovargue be added.—(*Alan Mak, on behalf of the Committee of Selection.*)

**12 Changes to membership of select committees**

*Ordered*, That Chris Elmore be discharged from the Committee of Privileges and Yvonne Fovargue be added.—(*Alan Mak, on behalf of the Committee of Selection.*)

**13 Adjournment**

Subject: Emergency Services Cenotaph in Westminster (Sir Mike Penning)

*Resolved*, That this House do now adjourn.—(*Alan Mak.*)

Adjourned at 4.21 pm until tomorrow.

## Other Proceedings

### *Changes to Notices Given*

**14 Israel Arms Trade (Prohibition) Bill**

Order for Second Reading on Friday 10 September, read and discharged.

Bill to be read a second time on Friday 10 December.

**15 Tips Bill**

Order for Second Reading on Friday 10 September, read and discharged.

Bill to be read a second time on Friday 14 January 2022.

### *General Committees: Reports*

#### **16 Building Safety Bill Committee**

Mrs Maria Miller (Chair) reported:

(1) That the Committee had come to the following Resolution, That, subject to the discretion of the Chair, any written evidence received by the Committee shall be reported to the House for publication; and

(2) Written evidence.

Written evidence to be published.

#### **17 Health and Care Bill Committee**

Steve McCabe (Chair) reported written evidence submitted to the Committee.

Written evidence to be published.

### *General Committees: Appointments*

*The Speaker appoints the Chair of General Committees and members of Programming Sub-Committees, and allocates Statutory Instruments to Delegated Legislation Committees.*

*The Committee of Selection nominates Members to serve on General Committees (and certain Members to serve on Grand Committees).*

#### **18 Elections Bill Committee**

Chairs: Rushanara Ali, Sir Edward Leigh, Mark Pritchard and Christina Rees

#### **19 Health and Care Bill Committee (Programming Sub-Committee)**

Members: Mike Amesbury, Daisy Cooper, Eddie Hughes, Scott Mann, Christopher Pincher, Ms Marie Rimmer and Jacob Young

#### **20 First Delegated Legislation Committee (draft Conference of the Parties to the United Nations Framework Convention on Climate Change (Immunities and Privileges) Order 2021)**

Chair: Yvonne Fovargue

#### **21 Second Delegated Legislation Committee (The Money Laundering and Terrorist Financing (Amendment) (No. 2) (High-Risk Countries) Regulations 2021 (SI, 2021, No. 827))**

Chair: Sir Graham Brady

#### **22 Third Delegated Legislation Committee (The Health Protection (Coronavirus, Restrictions) (Steps etc.) (England) (Revocation and Amendment) Regulations 2021 (SI, 2021, No. 848), The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) (Amendment) Regulations 2021 (SI, 2021, No. 851), and The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) (Amendment) (No. 2) Regulations 2021 (SI, 2021, No. 864))**

Chair: Siobhain McDonagh

**23 Fourth Delegated Legislation Committee (draft Introduction and the Import of Cultural Goods (Revocation) Regulations 2021)**

(1) Chair: Stewart Hosie

(2) Members: Miriam Cates discharged and Claire Coutinho nominated in substitution.

**24 Fifth Delegated Legislation Committee (draft Merchant Shipping (Prevention of Air Pollution from Ships) (Amendment) Regulations 2021)**

Chair: Geraint Davies

**25 Sixth Delegated Legislation Committee (draft Capital Requirements Regulation (Amendment) Regulations 2021)**

Chair: Mrs Sheryll Murray

*Reports from Select Committees*

**26 Backbench Business Committee**

Determination of business to be taken on Thursday 16 September in the Chamber and in Westminster Hall and Tuesday 21 September in Westminster Hall (Ian Mearns).

**27 Digital, Culture, Media and Sport Committee**

*Pre-appointment hearing for Information Commissioner:*

(i) Fifth Report, to be printed, with the formal minutes relating to the Report (HC 260);

(ii) Oral evidence, to be published (HC 260)

(Julian Knight).

**28 Draft Online Safety Bill (Joint Committee on)**

*Draft Online Safety Bill:* Oral and written evidence, to be published (HC 609) (Damian Collins).

**29 Public Accounts (Committee of)**

(1) *Principles of Effective Regulation:* Sixteenth Report, to be printed, with the formal minutes relating to the Report (HC 176);

(2) *DWP Accounts- Fraud and error in the benefits system:* Oral and written evidence, to be published (HC 633);

(3) *Correspondence from Heathrow Southern Railway relating to Southern Access to Heathrow (SAth):* Written evidence, to be published;

(4) *Correspondence from the Cabinet Office relating to the progress in implementing recommendations of the second Boardman review:* Written evidence, to be published;

(5) *Correspondence from the Department for Business, Energy and Industrial Strategy relating to HMG indemnity for a gap in nuclear market insurance:* Written evidence, to be published;

(6) *Correspondence from the Department for Business, Energy and Industrial Strategy and the Department of Health and Social Care relating to COVID-19 Vaccine Liabilities:* Written evidence, to be published;

- (7) *Correspondence from the Department for Business, Energy and Industrial Strategy and the Department of Health and Social Care relating to the Transition of the Vaccine Taskforce to a joint unit:* Written evidence, to be published;
- (8) *Correspondence from the Department of Health and Social Care relating to Contingent Liability: Clinical Negligence in Community Testing:* Written evidence, to be published;
- (9) *Correspondence from the Home Office relating to the Emergency Services Mobile Communication Programme (ESMCP):* Written evidence, to be published;
- (10) *Correspondence from the Ministry of Defence relating to an offer to the shareholders of Sheffield Forgemasters International Limited (SFIL):* Written evidence, to be published;
- (11) *Correspondence relating to the Committee's previous Reports:* Written evidence, to be published;
- (12) *Correspondence with HM Treasury relating to Whole of Government Accounts:* Written evidence, to be published;
- (13) *Crossrail: A progress update:* Written evidence, to be published (HC 184);
- (14) *Improving the performance of defence contracts:* Written evidence, to be published (HC 185);
- (15) *Protecting consumers from unsafe products:* Written evidence, to be published (HC 180);
- (16) *School funding:* Written evidence, to be published (HC 183);
- (17) *Timeliness of local auditor reporting on local government in England:* Written evidence, to be published (HC 171)
- (Dame Meg Hillier).

### 30 Welsh Affairs Committee

- (1) *One-off session on S4C:* Oral evidence, to be published (HC 621);
- (2) *The benefits system in Wales:* Written evidence, to be published (HC 337)
- (Stephen Crabb).

*Lindsay Hoyle*  
Speaker

## Westminster Hall

The sitting began at 1.30 pm

Business determined by the Backbench Business Committee (Standing Orders No. 10(7) and No. 14(4))

### 1 Role of immunology research in responding to the COVID-19 outbreak

*Resolved*, That this House has considered the role of immunology research in responding to the COVID-19 outbreak.—(*Jim Shannon*.)

*The sitting was suspended between 2.42 pm and 3.00 pm.*

**2 Definition of Islamophobia**

*Resolved*, That this House has considered the definition of Islamophobia.—(Paul Bristow.)

Sitting adjourned without Question put (Standing Order No. 10(14)).

Adjourned at 4.30 pm until tomorrow.

*Eleanor Laing*

Chairman of Ways and Means

## Papers Laid

### Papers subject to Affirmative Resolution

**1 Church of England (General Synod) (Measures)**

Measure passed by the General Synod of the Church of England, entitled Safeguarding (Code of Practice) Measure (by Act), (HC 689) (Clerk of the House)

**2 Energy**

Draft Green Gas Support Scheme Regulations 2021 (by Act), with an Explanatory Memorandum and an Impact Assessment (by Command) (Secretary Kwasi Kwarteng)

### Papers subject to Negative Resolution

**3 Children and Young Persons**

Childcare (Childminder Agencies) (Registration, Inspection and Supply and Disclosure of Information) and Her Majesty's Chief Inspector of Education, Children's Services and Skills (Fees and Frequency of Inspections) (Children's Homes etc.) (Coronavirus) (Amendment) Regulations 2021 (SI, 2021, No. 1019), dated 8 September 2021 (by Act), with an Explanatory Memorandum (by Command) (Vicky Ford)

**4 Criminal Law**

(1) Serious Organised Crime and Police Act 2005 (Designated Scottish Sites under Section 129) Order 2021 (SI, 2021, No. 1021), dated 8 September 2021 (by Act), with an Explanatory Memorandum (by Command) (Secretary Priti Patel)

(2) Serious Organised Crime and Police Act 2005 (Designated Sites under Section 128) (Amendment) Order 2021 (SI, 2021, No. 1022), dated 8 September 2021 (by Act), with an Explanatory Memorandum (by Command) (Secretary Priti Patel)

**5 Customs**

Customs (Safety and Security Procedures) Regulations 2021 (SI, 2021, No. 1011), dated 8 September 2021 (by Act), with an Explanatory Memorandum (by Command) (Jesse Norman)

**6 Domestic Abuse**

Domestic Abuse Support (Local Authority Strategies and Annual Reports) Regulations 2021 (SI, 2021, No. 990), dated 6 September 2021 (by Act), with an Explanatory Memorandum (by Command) (Eddie Hughes)

**7 Education**

Education (Student Loans) (Repayment) (Amendment) (No. 3) Regulations 2021 (SI, 2021, No. 1005), dated 7 September 2021 (by Act), with an Explanatory Memorandum (by Command) (Michelle Donelan)

**8 Gender Recognition**

Gender Recognition (Disclosure of Information) (England and Wales) Order 2021 (SI, 2021, No. 1020), dated 8 September 2021 (by Act), with an Explanatory Memorandum (by Command) (Secretary Robert Buckland)

**9 Housing**

Domestic Abuse Support (Relevant Accommodation and Housing Benefit and Universal Credit Sanctuary Schemes) (Amendment) Regulations 2021 (SI, 2021, No. 991), dated 6 September 2021 (by Act), with an Explanatory Memorandum (by Command) (Eddie Hughes)

**10 Immigration**

Immigration (Disposal of Property) (Amendment) Regulations 2021 (SI, 2021, No. 1007), dated 7 September 2021 (by Act), with an Explanatory Memorandum (by Command) (Secretary Priti Patel)

**11 Insolvency**

(1) Insolvency (England and Wales) (No.2) (Amendment) Rules 2021 (SI, 2021, No. 1028), dated 8 September 2021 (by Act), with an Explanatory Memorandum (by Command) (Secretary Kwasi Kwarteng)

(2) Insolvency (Scotland) (Company Voluntary Arrangements and Administration) (Amendment) Rules 2021 (SI, 2021, No. 1026), dated 8 September 2021 (by Act), with an Explanatory Memorandum (by Command) (Secretary Kwasi Kwarteng)

(3) Insolvency (Scotland) (Receivership and Winding up) (Amendment) Rules 2021 (SI, 2021, No. 1025), dated 8 September 2021 (by Act), with an Explanatory Memorandum (by Command) (Secretary Kwasi Kwarteng)

**12 National Lottery**

National Lottery (Revocation and Amendment) Regulations 2021 (SI, 2021, No. 1009), dated 8 September 2021 (by Act), with an Explanatory Memorandum (by Command) (Mr John Whittingdale)

**13 Social Security**

Statutory Sick Pay (Coronavirus) (Funding of Employers' Liabilities) (Closure) Regulations and the Statutory Sick Pay (Coronavirus) (Funding of Employers' Liabilities) (Northern Ireland) (Closure) Regulations 2021 (SI, 2021, No. 1013), dated 8 September 2021 (by Act), with an Explanatory Memorandum (by Command) (Jesse Norman)

**14 Taxes**

- (1) Indirect Taxes (Disclosure of Avoidance Schemes) (Amendment) Regulations 2021 (SI, 2021, No. 979), dated 8 September 2021 (by Act), with an Explanatory Memorandum (by Command) (Jesse Norman)
- (2) Promoters of Tax Avoidance Schemes (Prescribed Circumstances under Section 235) (Amendment) Regulations 2021 (SI, 2021, No. 1010), dated 8 September 2021 (by Act), with an Explanatory Memorandum (by Command) (Jesse Norman)
- (3) Tax Avoidance Schemes (Information) (Amendment) Regulations 2021 (SI, 2021, No. 980), dated 8 September 2021 (by Act), with an Explanatory Memorandum (by Command) (Jesse Norman)

**Other papers****15 Church of England (General Synod) (Measures)**

Report by the Ecclesiastical Committee on the Safeguarding (Code of Practice) Measure (by Act), to be printed (HC 688) (Clerk of the House)

**16 National Health Service**

- (1) Report and Accounts of Berkshire Healthcare NHS Foundation Trust for 2020–21 (by Act) (Secretary Sajid Javid)
- (2) Report and Accounts of Birmingham Community Healthcare NHS Foundation Trust for 2020–21 (by Act) (Secretary Sajid Javid)
- (3) Report and Accounts of East Kent Hospitals University NHS Foundation Trust for 2020–21 (by Act) (Secretary Sajid Javid)
- (4) Report and Accounts of Kent Community Health NHS Foundation Trust for 2020–21 (by Act) (Secretary Sajid Javid)
- (5) Report and Accounts of Liverpool Heart and Chest Hospital NHS Foundation Trust for 2020–21 (by Act) (Secretary Sajid Javid)
- (6) Report and Accounts of Salisbury NHS Foundation Trust for 2020–21 (by Act) (Secretary Sajid Javid)
- (7) Report and Accounts of South East Coast Ambulance Service NHS Foundation Trust for 2020–21 (by Act) (Secretary Sajid Javid)
- (8) Report and Accounts of The Walton Centre NHS Foundation Trust for 2020–21 (by Act) (Secretary Sajid Javid)

# Auditor's Annual Report on The Walton Centre NHS Foundation Trust

2020-21

September 2021



# Contents



We are required under Schedule 10 paragraph 1(d) of the National Health Service Act 2006 to satisfy ourselves that the Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the National Audit Office (NAO) requires us to report to you our commentary relating to proper arrangements.

We report if significant matters have come to our attention. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.



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# Executive summary

 Value for money arrangements and key recommendation(s)

Under the National Audit Office (NAO) Code of Audit Practice ('the Code'), we are required to consider whether the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. The auditor is no longer required to give a binary qualified / unqualified VFM conclusion. Instead, auditors report in more detail on the Trust's overall arrangements, as well as key recommendations on any significant weaknesses in arrangements identified during the audit.

Auditors are required to report their commentary on the Trust's arrangements under specified criteria. As part of our work, we considered whether there were any risks of significant weakness in the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Our conclusions are summarised in the table below.

Criteria	Risk assessment	Conclusion
Financial sustainability	No risks of significant weakness identified	No significant weaknesses in arrangements identified, but two improvement recommendations have been made
Governance	No risks of significant weakness identified	No significant weaknesses in arrangements identified, but an improvement recommendation has been made
Improving economy, efficiency and effectiveness	No risks of significant weakness identified	No significant weaknesses in arrangements identified



# Executive summary



## Financial sustainability

We did not identify any risks of significant weaknesses in the Trust's financial sustainability arrangements in our initial risk assessment. Our further work confirmed this view, with no significant weaknesses in arrangements identified. We have made two improvement recommendations. Our findings are set out in further detail on pages 7 to 10.



## Governance

We did not identify any risks of significant weaknesses in the Trust's financial sustainability arrangements in our initial risk assessment. Our further work confirmed this view, with no significant weaknesses in arrangements identified. We have made an improvement recommendation. Our findings are set out in further detail on pages 11 to 14.



## Improving economy, efficiency and effectiveness

We did not identify any risks of significant weaknesses in the Trust's financial sustainability arrangements in our initial risk assessment. Our further work confirmed this view, with no significant weaknesses in arrangements identified, or improvement recommendations needing to be made. Our findings are set out in further detail on pages 15 to 16.



## Opinion on the financial statements

Our audit work was completed remotely between April and June 2021. We completed our audit of your financial statements and issued an unqualified audit opinion on 25 June 2021, following the Audit Committee meeting on 24 June 2021.

Our findings are set out in further detail on page 16.

# Use of formal auditor's powers

We bring the following matters to your attention:

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## Public Interest Report

Under Schedule 10 of the National Health Service Act 2006, auditors of foundation trusts have a responsibility to make a report in the public interest if they consider a matter is sufficiently important to be brought to the attention of the audited body or the public as a matter of urgency, including matters which may already be known to the public, but where it is in the public interest for the auditor to publish their independent view.

We did not issue a Public Interest Report.

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## Referral to NHS Regulator

Under Schedule 10 of the National Health Service Act 2006 auditors of foundation trusts have the responsibility to report to the relevant NHS regulatory body if the auditor has reason to believe that the foundation trust (or director or officer of the foundation trust) is:

- about to make, or has made a decision which involves or would involve unlawful expenditure;
- About to take, or has taken, a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss of deficiency.

We did not issue any referrals to the regulator under Schedule 10 of the National Health Service Act 2006.

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# Commentary on the Foundation Trust's arrangements to secure economy, efficiency and effectiveness in its use of resources

All Foundation Trusts are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness from their resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money. The Trust's responsibilities are set out in Appendix A.

Foundation Trusts report on their arrangements, and the effectiveness of these arrangements as part of their annual governance statement.

Under Schedule 10 of the National Health Service Act 2006, we are required to be satisfied whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

The National Audit Office's Auditor Guidance Note (AGN) 3, requires us to assess arrangements under three areas:

 <p><b>Financial Sustainability</b></p> <p>Arrangements for ensuring the Trust can continue to deliver services. This includes planning resources to ensure adequate finances and maintain sustainable levels of spending over the medium term (3-5 years).</p>	 <p><b>Governance</b></p> <p>Arrangements for ensuring that the Trust makes appropriate decisions in the right way. This includes arrangements for budget setting and management, risk management, and ensuring the Foundation Trust makes decisions based on appropriate information.</p>	 <p><b>Improving economy, efficiency and effectiveness</b></p> <p>Arrangements for improving the way the Trust delivers its services. This includes arrangements for understanding costs and delivering efficiencies and improving outcomes for service users.</p>
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 Our commentary on each of these three areas, as well as the impact of COVID-19, is set out on pages 17 to 18. Further detail on how we approached our work is included in Appendix B.



# Financial sustainability



## We considered how the Foundation Trust:

- identifies all the significant financial pressures it is facing and builds these into its plans
- plans to bridge its funding gaps and identify achievable savings
- plans its finances to support the sustainable delivery of services in accordance with strategic and statutory priorities
- ensures its financial plan is consistent with other plans such as workforce, capital, investment and other operational planning
- identifies and manages risk to financial resilience, such as unplanned changes in demand and assumptions underlying its plans.

## Summary of the Trust's arrangements

The Trust has processes in place which detail the responsibilities of the Board of Directors and other senior management for planning and managing the Trust's finances. These are set out in the Trust's standing financial instructions. We have not identified any evidence of the Trust not complying with these processes. The finance team identifies future cost pressures based on assumptions from NHSE/I, the Cheshire and Merseyside Health and Care Partnership (C&M HCP) and known pay inflation and increments as part of its initial budget setting process. This is shared with operational colleagues to obtain their input on activity plans and start to develop cost improvement plans (CIPs), and with commissioners to understand income levels for the year.

For both 2020/21 and 2021/22, normal contract negotiations with commissioners were suspended in response to the COVID-19 pandemic, and replaced with a financial regime based on block contracts. This remains in place up to the first half of 2021/22, with uncertainty in arrangements beyond this. The Trust's financial plans are developed in conjunction with its partners in the C&M HCP, which enable the strategic priorities for this system to be taken into account, as well as key assumptions around demand and funding. Four main scenarios were modelled for the full year of 2021/22 with different assumptions for the second half of the year. We consider this good practise to cover for the uncertainty in the national finance regime beyond September 2021.

The Board reviewed the initial plan in March 2021, and delegated responsibility to approve the final plan, forming part of the HCP submission, to the Business Performance Committee given the timing required for the submission.

The Director of Finance, maintains an overview of the Trust's financial position and prepares a monthly report to the Business Performance Committee, which in turn is regularly presented to the Board of Directors. These reports set out key financial information, such as actual and forecast performance against plan for income and expenditure, cashflow, and capital expenditure, plus further analysis of COVID-19 expenditure, and rolling 12 month cashflow and agency expenditure. Key financial risks and actions to address them are also reported. These reports are sent out in advance of the meetings, which enables questions to be formulated for discussion and scrutiny and challenge to take place.

The Director of Finance takes the lead on ensuring that the Trust's financial plans are consistent with its workforce and operational plans, liaising with other senior management colleagues as appropriate.



### 2020/21 outturn

The Trust reported an outturn position at the end of 2020/21 of a £1.5m surplus. This exceeded the year end forecast, submitted to NHSEI in December 2020, of a £1.3m deficit. The £1.5m surplus includes almost £1.0m of top-up funding for non-NHS income lost in 2020/21 due to the pandemic.

As noted above, due to the COVID-19 pandemic, the normal regime of financial planning used in 2019/20 was paused in April 2020 and a temporary financial framework was put in place which meant the Trust would post a breakeven position over the first six months of the year through a 'top up' mechanism from NHSE/E. For the second six months of the year, retrospective monthly top-up funding was removed. Further details of the temporary financial regime in place are included on page 14.



It was not possible to identify and deliver efficiency savings during 2020/21 as a result of supporting the COVID-19 response. Furthermore, nationally, no efficiency factor was applied to contract inflationary uplifts.

Whilst specialist trusts have experienced a better control total achievement track record than general acute trusts in recent years, the Walton Centre has performed particularly well and has a good track record of reporting surpluses and, meeting or exceeding its control totals. The COVID-19 financial regime in place has meant there was no efficiency requirement in 2020/21.

### Financial planning for 2021/22 and savings plans

The financial regime in place for H2 of 2020/21 will continue for at least the first six months of 2021/22. The Trust, as part of C&M HCP has submitted a plan for only the first half of 2021/22 to date. It has budgeted for a breakeven position based on income of £68.8m. Based on its performance in H2 of 2020/21 this is achievable, but the Trust will face different challenges to that period such as supporting the C&M HCP in the recovery and restoration of services to reduce the waiting list backlog. In response to this, the hospital cell within the C&M HCP, of which the trust is a member, is working on an Elective Transformation Programme (ETP). This aims to take a system-approach to tackling the waiting list as part of the restoration and recovery of health and care services after the worst impacts of the COVID-19 pandemic, and gain access to the national Elective Recovery Fund.

The official efficiency requirement as part of the planning requirements is £0.3m for the first half of 2021/22 although there are additional efficiencies of c£1.8m or 1.5% required to manage breakeven for the C&M HCP. This is likely to increase over the second half of 2021/22. The Trust has a good track record on delivering CIPs greater than this in pre-COVID times, but the current COVID-19 financial regime limits the opportunities to make savings. Additionally, due there not having been an efficiency requirement in 2020/21, the Trust may have lost the culture that has supported delivering savings in the past, so will need to work on rebuilding that.

### Conclusion

Overall, we found no evidence of any significant weaknesses in the Trust's arrangements for ensuring the Trust can continue to deliver financially sustainable services. We have made two improvement recommendations, around monitoring of the Elective Transformation Programme and re-establishing a savings culture within the Trust which are set out overleaf.

# Improvement recommendations

## Financial sustainability

<b>01 Recommendation</b>	The Board should formally monitor the performance of the Elective Transformation Programme against its planned trajectories for outpatient, inpatient day-case and elective to support its delivery across the C&M HCP.
<b>Why/impact</b>	Reducing waiting lists following the Covid-19 pandemic is a national, regional and local priority for the NHS. Performance in achieving national targets for recovery is measured at a system level, with overperformance against 2019/20 levels rewarded with additional funding from the Elective Recovery Fund, and underperformance penalised with retrospective financial penalty. There is a risk that the Trust overperforms against its targets, but the C&M HCP does not achieve the target as a whole, so the Trust would not receive additional funding to meet the increased levels of activity.
<b>Auditor judgement</b>	Due to the potential for additional funding or retrospective financial penalty depending on performance against national targets for restoration of outpatient and elective service across the C&M HCP, the success of the Elective Transformation Programme is critically important to the Trust.
<b>Summary findings</b>	The Elective Transformation Programme across the C&M HCP plans to exceed the national targets that have been set by stepping up activity across.
<b>Management comment</b>	The Trust recognises the importance of the elective transformation programme for patients and the overall recovery following the initial pandemic. There are regular reviews in place between operational teams to manage the Trusts ongoing activity performance against the targets that have been set nationally. Weekly updates on activity performance are presented at the executive meeting and financial forecasts are updated on a regular basis to reflect performance.



The range of recommendations that external auditors can make is explained in Appendix C.

# Improvement recommendations

## Financial sustainability

<b>02 Recommendation</b>	Support staff to redevelop the savings culture across the Trust to deliver sustainable recurrent savings as the financial regime allows.
<b>Why/impact</b>	Delivering savings is vital to ensuring the continued financial sustainability.
<b>Auditor judgement</b>	The lack of an efficiency requirement for the Trust in 2020/21, due to the changes to the financial regime caused by the NHS's response to COVID-19, has had a detrimental effect on the culture that puts efficiencies at the forefront as it not a priority. Re-establishing a culture takes time and effort. Setting an internal efficiency target in excess of the efficiency requirement as a stretch goal
<b>Summary findings</b>	For the first half of 2021/22, there is an efficiency requirement of 0.28%, but due to the nature of the block contracting arrangements that continue, much of the Trust's response to this is non-recurrent. As new guidance becomes available for the second half of 2021/22, the Trust should support staff to identify recurrent savings.
<b>Management comment</b>	It is recognised that following the pandemic there needs to be a concentration on recurrent efficiency plans and generating savings to ensure ongoing financial sustainability and to contribute to the wider HCP financial performance. To that end, the Trust has started to engage with staff through 'World Café' style events to generate savings ideas, whilst focus has shifted back to the wider transformational programmes that the trust had previously planned to implement longer term recurrent efficiencies within the organisation. The transformation and efficiency agenda are reported regularly at the Trust's Business Performance Committee where NED's can track progress and gain assurance across the wider savings agenda.



The range of recommendations that external auditors can make is explained in Appendix C.

# Governance



## We considered how the Foundation Trust:

- monitors and assesses risk and gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud
- approaches and carries out its annual budget setting process
- ensures effective processes and systems are in place to ensure budgetary control
- ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency
- monitors and ensures appropriate standards.

## Leadership and committee effectiveness

Appropriate leadership is in place. The Trust is led by its Board of Directors which is supported by an appropriate committee structure. Senior officers attend the Board of Directors and Committees to present reports and are open to questions during Committee meetings. The Board of Directors contains a number of clinical members who regularly attend meetings.

The Audit Committee demonstrates appropriate challenge of financial and non-financial items. The Committee contains members with financial knowledge to provide appropriate challenge on these items. Major decisions are made by the Board of Directors. These are discussed at an Executive level prior to the presentation to Board of Directors / Committee. The Trust requires minuted approval of the Board of Directors' decisions.

The Trust has a Council of Governors in place. Their role is to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors, and to represent the interests of the members of the Foundation Trust as a whole and the interests of the public. Due to COVID-19 restrictions, quarterly meetings were held remotely in 2020/21.

## Risk management

We have reviewed the processes the Trust has in place to monitor and assess risk. The Trust's Risk Management Strategy demonstrates that risk management is integrated into its business decision making, planning, performance reporting and delivery processes. The strategy outlines the overall process for identifying risks. The Risk Management

Policy sets out sets out how risks are recorded, scored, managed and escalated within the organisation. They sit alongside the Board Assurance Framework (BAF) and trust wide risk register to capture the principal risks threatening the delivery of the Trusts strategic objectives.

The BAF Aligns principal risks, key controls and assurances to each objective with gaps identified where key controls and assurances are insufficient to mitigate the risk of non-delivery. This enables the Board to develop and monitor action plans intended to close the gaps. The BAF reports the principal risk scores, from initial, current and target. A summary of all the principal risks shows how they have changed in past few quarters which supports the Board in understanding the key risks facing the Trust and how they change through the year.

The BAF and trust wide risk register are actively managed as they are updated and refreshed between each committee.

The Board sees just the BAF. Trust Wide, Divisional and Departmental Risk Registers are considered at lower level committees and other meetings. This ensures the Board is focussed on the principal risks, but allows deeper dives into divisional and department risks if required.

## Policies, procedures and controls

The Trust has a constitution in place which is regularly reviewed and updated. The constitution is publicly available on the Trust's website.

The Trust has an Internal Audit function provided by Merseyside Internal Audit Agency (MIAA). The Trust's internal auditors deliver a wide programme of work and its reports

support the Audit Committee in assuring itself that systems, processes and controls are operating effectively. Despite the COVID-19 pandemic, they were able to complete sufficient work to be able to issue their Head of Internal Audit Opinion for 2020/21. Their overall opinion was substantial assurance *'that there is a good system of internal control designed to meet the organisations' objectives, and that controls are generally being applied consistently'*. A review of the Assurance Framework in operation at the Trust was completed in March 2021. It concluded that Trust's Assurance Framework is structured to meet the NHS requirements, it is demonstrably used by the Trust, and it clearly reflects the risks discussed by the Board.

The Trust has a Raising Concerns (Whistleblowing) Policy and an Anti-Fraud, Bribery and Corruption Policy. These policies detail how staff can raise concerns about risk, malpractice or wrongdoing they think is harming the service the Trust delivers, as well as reasonable suspicions of fraud, bribery or corruption. The Local Counter Fraud Specialist reports regularly to the Audit Committee throughout the year. Only one report of fraud was made in 2020/21. The report was closed before the end of the year on the basis that it was not possible to prove any offence to a criminal standard.

#### Budget setting and monitoring

The Trust has demonstrated that it has an appropriate annual budget setting process in place. Key stakeholders are involved in the process throughout, including through budgetary approvals and reviews. To enable them to understand financial performance against budget, operational budget holders are provided with monthly monitoring reports. Discussions between the finance team and budget holders facilitate appropriate challenge and responses to adverse variances. Service activity against plan is presented alongside the finance reports in the Integrated Performance Reports that are taken to the Business Performance Committee and the Board of Directors. The system financial budget plan highlights the inherent risks within the plan and this has been reported to the Business Performance Committee.

#### Impact of budget setting, management and reporting

We note that the appropriate policies and procedures are in place with regard to budget setting, financial management, and reporting. Over recent years, the Trust has operated with surpluses, often exceeding its control total, which reflects good financial planning and management. 2020/21 was an exceptional year, due to the financial regime in place due to COVID-19, which meant the Trust posted a £1.5m surplus. It also created opportunities to forge closer links to other providers in the local health economy to manage capacity across the region. For 2021/22 a system control total is in place and the Trust needs to build on work and relationships developed in 2020/21 to continue to work with its health economy partners to manage service delivery and contribute to addressing the underlying system overspend.

#### Financial management and reporting

Financial management processes are appropriate. Budget reviews are undertaken monthly and are reported to the Business Performance Committee. Variances against income and expenditure, and capital budgets are investigated to identify reasons for variances and the actions required. Financial monitoring reports are regularly sent to the Board of Directors as part of the Integrated Performance Report. Reporting is sufficiently detailed with budget reports outlining the headlines for the period.

Financial performance is a key objective for senior managers in terms of the reporting and identification of risks and responses to these risks. We have not noted a high turnover of finance staff during 2019/20 or 2020/21. There is no evidence of a lack of capacity in the finance department, with budget monitoring and submissions being made on time and to an overall high standard. Additionally, the Trust's financial leaders have been acknowledged as high performers in recent regional and national awards.

There is no evidence of serious or pervasive weaknesses in the Trust's processes for preparing its financial statements. The current and prior year audits did not identify any material errors. This is detailed further in the 'Opinion on the financial statements' section of this report. The standard of draft accounts has been good in previous years and there is no history of failure to meet statutory reporting deadlines. Unmodified audit opinions have been issued on the 2020/21 and previous financial statements.





### Monitoring and ensuring appropriate standards

The Trust has arrangements in place to monitor compliance with legislation and regulatory standards, including receiving reports to the Audit Committee from internal audit and counter fraud.

Part of the Local Counter Fraud Specialist's role is to inform and involve staff. As part of this they have run fraud awareness sessions, shared videos explaining fraud and giving examples, and issue a regular newsletter. They have also reviewed and have input into counter fraud policies.

The Trust has a Managing Conflicts of Interest policy, which details the arrangements in place to make declarations of interests, and rules on giving and receiving gifts and hospitality. Decision making staff, as defined in the policy, are required to make annual declarations for interests, which are made publicly available via links from the Trust's website. An Internal Audit review of managing conflicts of interest found the Trust was fully compliant with decision making processes including procurement decisions; and reporting concern and identifying and managing breaches / non-compliance. It also found the Trust partially compliant with governance arrangements; declarations of interests and gifts and hospitality; and register of interests, gifts and hospitality.

All directors of care providers registered with the Care Quality Commission (CQC), including the Trust, have a statutory fit and proper persons requirement (FPPR). The Board of Director's meeting in May 2020 confirmed that all existing Executive and Non-Executive Directors meet the requirements of the Fit & Proper Persons Test. An Internal Audit review completed on the FPPR in 2020/21 provided substantial assurance that there was an adequate system of internal control, however, in some areas inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.

### Conclusion

Overall, we found no evidence of any significant weaknesses in the Trust's arrangements for ensuring that it makes informed decisions and properly manages its risks.

# Improvement recommendations

## Governance

<b>03 Recommendation</b>	Ensure benefits of relationships established, and new ways of working established during the COVID-19 pandemic are captured and lessons learned.
<b>Why/impact</b>	Despite the difficulties of operating during COVID-19, many innovative ways of working together with local partners were developed across the whole country, that could have a beneficial impact to both patient experience and healthcare economy finances. Not learning these lessons and returning to the old ways of working would be a retrograde step.
<b>Auditor judgement</b>	The COVID-19 pandemic caused a seismic change in how health and care services were delivered across the country. As providers worked together to manage surge capacity, providers worked together in different ways, taking system level view to overcome issues. The development of the C&M HCP into an ICS gives the members an opportunity use the relationships established and lessons learned to establish fresh structures to encourage bodies to work together effectively for the benefit of the local population and health economy.
<b>Summary findings</b>	The Trust proved to be a good partner within the region, such as taking on head and neck cancer surgery and stroke services from neighbouring trusts.
<b>Management comment</b>	The Trust will continue to work with partners across the HCP and wider health economy for the benefit of patients and continues to offer mutual support when requested through the regular HCP Chief Operating Officer meetings. The Trust also continues to work closely with the other specialist trusts in Cheshire and Merseyside and Healthcare Procurement Liverpool has been established to provide resilience and pool opportunities in purchasing and contract management across 4 specialist trusts through the consolidation of Procurement Teams. It is anticipated that further opportunities will evolve at both HCP and specialist trust level to collaborate further to deliver benefits to the local population and health economy.



The range of recommendations that external auditors can make is explained in Appendix C.

# Improving economy, efficiency and effectiveness



## We considered how the Foundation Trust:

- uses financial and performance information to assess performance to identify areas for improvement
- evaluates the services it provides to assess performance and identify areas for improvement
- ensures it delivers its role within significant partnerships, engages with stakeholders, monitors performance against expectations and ensures action is taken where necessary to improve
- ensures that it commissions or procures services in accordance with relevant legislation, professional standards and internal policies, and assesses whether it is realising the expected benefits.

## Identifying areas for improvement

An Integrated Performance Report is reviewed by relevant committees and the Board of Directors each month. The report begins with a high level overview of the KPIs covering the five KPI (and CQC) scorecard areas of:

- Caring
- Well led
- Safe
- Responsive
- Effective

This summarises the high performing measures, opportunities for improvement measures and underperforming measures succinctly which enables executives and non-executives to easily see which areas they need to focus on.

The KPIs are shown in graph format covering one to five years, which enables readers to see and understand trends over a long period rather than just the current position. Narrative alongside the graphs provide explanations for some of the KPIs not meeting targets.

The final section of the Integrated Performance Report, summarises the key risks facing the Trust, and planned actions to address them, that may impact on delivery of the financial plan in the near future. At March 2021, most of these risks relate to working with the wider health economy, both within the C&M HCP and outside, to recover services following the first waves of the COVID-19 pandemic.

## Working with others

The response to COVID-19 accelerated closer working across the C&M HCP. It will be important to build on the relationships built during the pandemic to make a success of the recovery across the region.

During the pandemic so far, the Trust has taken over head and neck cancer services from Liverpool University Hospitals NHS Foundation Trust, to free up capacity there for their response to COVID. The Trust has also hosted the already well established Critical Care Network, which has enabled staff sharing to increase critical care capacity. An example of the providers within the HCP working together post second wave is the Hospital Cell within the HCP. They have commissioned an Elective Transformation Programme (ETP) that will take a system-approach to tackling the waiting list that have grown during lockdowns, with the aim of ensuring that no patients waiting more than 52 weeks by January 2022.



As the C&M HCP matures into an Integrated Care System (ICS), we expect to see further shared services for back of house services such as IT, payroll and procurement in order to share resources and expertise across the region rather than competing for a limited pool of staff.

In March 2021, the Board reviewed the latest version of the C&M HCP Memorandum of Understanding (MOU). The MOU provides a foundation and shared understanding from which members of the nascent HCP can explore the implications and development of it into an ICS. The version endorsed by the Board, confirms specialist providers will be represented on the Partnership Board. The Trust is a member of the regional specialist provider collaborative which will feed into the specialist representative on the Partnership Board to ensure the Trust's and other specialist providers' voices are represented at HCP level.

The Trust is also a member of a national alliance of specialist providers. The Trust's Medical Director represents the Trust at the meetings, and shares best practise on benchmarking and strategy that have led to improvements in practise. The alliance will also provide a collective response to calls for feedback on national issues.



### Procurement

The Trust's procurement strategy was merged with the finance strategy in 2020 to form the Finance and Procurement Strategy to drive closer working between the finance and procurement teams. The main focus of the strategy is to support the Trust's ambitions, primarily 'Invest – be financially strong'. On the procurement side, the strategy's aims include driving value for patients and taxpayers by identifying cost-savings, whilst procuring locally where possible by building on the mutual aid networks established during COVID-19. The Trust's website has a section on procurement which details its approach to procurement publicly, which is consistent with the Trust operating fair and open procurements. We have seen examples of procurement exercises carried out recently by the Trust. For larger contracts, full options appraisals are carried out, comparing options including remaining with current provider, undertaking a retendering exercise, bringing services in-house and setting up a wholly owned subsidiary. When necessary, the Trust will engage the use of outside experts both legal and sector specific to support procurement exercises to provide an independent view. For smaller contracts, the Trust may carry out a market appraisal to benchmark prices before deciding to retender or renegotiating with current provider for better prices. This is good practice to ensure the Trust is fully informed when it considers the risks and rewards of all the available options.

Where necessary, the Trust includes KPIs within contracts so performance can be managed and providers can be held to account. This is usually done by the receiving department, though for very large contracts or where spend needs to be more closely tracked, the procurement team will support them in doing this. KPIs are reported to the Business Performance Committee and when necessary, escalated to the Board of Directors.

We have not identified any procurement exercises carried out recently that have led to significant financial loss or failure to deliver expected efficiency or performance improvements.

### Conclusion

Overall, we found no evidence of any significant weaknesses in the Trust's arrangements for improving the way the Trust delivers its services.

# COVID-19 arrangements



Since March 2020 COVID-19 has had a significant impact on the population as a whole and how NHS services are delivered.

We have considered how the Trust's arrangements have adapted to respond to the new risks they are facing.

## Financial sustainability

The impact of COVID-19 has radically altered the financial framework within the NHS. During March 2020 business as usual was suspended in relation to NHS finances. This allowed the system to respond to managing the pandemic and focus on the uncertainties created by the outbreak of COVID-19.

NHS England Improvement (NHSEI) announced the move to an expenditure based system to ensure that providers had the funding required to provide patient care. Funding arrangements were set nationally by NHSEI, removing the need for contract negotiations.

The revised financial arrangements have included the following:

- Suspension of 2020/21 business planning
- Payment by Results (PbR) suspended for the year with income based on block values determined nationally using November 2019 to January 2020 expenditure as the baseline. Income was not reduced for the national efficiency target.
- Top Up' payments were made in Months 1 - 6 2020/21 to ensure that provider organisations were able to report a breakeven position whilst incurring reasonable additional costs in relation to the COVID-19 response
- All organisations reported a breakeven position for the period 1 April to 30 September 2020
- Additional block funding allocated to organisations (rather than top-up funding) from 1 October 2020 which included anticipated spend relating to Covid-19
- System-level financial targets were set at Cheshire & Merseyside Health & Care Partnership
- Capital resource limits set at a system level for 2020/21
- Financial regime for Months 7 - 12 2020/21 to continue for at least the first six months of 2021/22.

The Trust has been required to submit half year plans to NHSEI as a result of the amendment to the financial regime noted above. Our review of the Trust's processes identified that it complied with relevant requirements in relation to its financial plans.

COVID-19 related income and expenditure was coded to separate financial codes to ensure they were accurately captured. Monitoring of COVID-19 related income and expenditure was undertaken on a regular basis, with monthly reporting to the Business Performance Committee, which was regularly shared with the Board. The regular reporting of information enabled comparison month on month, and for the Board to appropriately identify any trends in the data.

Internal finance updates took place on a regular basis in the early stages of the first national lockdown. Weekly regional and CSM HCP, and regular national meetings also taking place, the Trust's finance team was able to keep up to date with national guidance, to ensure they were able to claim COVID related expenditure correctly.



# COVID-19 arrangements

## Governance

All office-based staff were provided with the necessary equipment to work from home, enabling a smooth transition to remote working where this was possible. Home-based working has continued throughout the pandemic, and the Trust has not seen a significant impact on productivity as a result. Requiring staff to work from home also supported the Trust's protection of its frontline staff and patients by reducing the risk of cross-contamination.

From the end of March 2020, the Trust updated its arrangements for managing the response to the pandemic. The Trust was being managed from a top-down approach. As such, all decisions were being logged from Command & Control. Regional and National calls were taking place daily so that the Trust was receiving suitable direction from the latest guidance in a rapidly changing environment. At the April Board meeting, the Emergency Powers within the Standing Orders were amended to allow decisions normally reserved for the Board to be made by the Chief Executive or 2 Executive Directors and the Chairman acting jointly and after having consulted with at least two Non-Executive Directors. This improved flexibility of decision making during the pandemic. Where emergency powers were exercised, it was still required that this was reported to the next formal meeting of the Board of Directors for ratification. The Scheme of Reservation and Delegation was updated setting new limits of approval. These were kept under review, and benchmarked by Internal Audit against similar sized organisations, and adjusted in November 2020.

Following the national lockdown, committee meetings moved to video conferencing and have taken place remotely throughout the pandemic and continue to do so. There is evidence within Board minutes that appropriate levels of scrutiny and challenge continues to be applied by non-executive members, and that they were satisfied with the appropriateness, detail and timeliness of the information they had been provided on COVID-19. The strategic risk register and BAF have been updated to ensure COVID-19 related risks are recorded appropriately, mitigated where appropriate and monitored.

## Improving economy, efficiency and effectiveness

In the last week of March 2020, a structure was put in place across Cheshire and Merseyside to coordinate hospital information / capacity issues / bed modelling availability and capacity. As elective activity was reduced across the HCP area to support critical care support capacity and mutual aid across the region, the Trust continued to provide elective activity for patients who urgently required surgery within one month, including undertaking head and neck cancer surgery and transitioning the stroke unit from the Liverpool University Hospital Foundation Trust Aintree site to the Trust.

In April 2020, there were national, and indeed, worldwide shortages of personal protective equipment (PPE). Members of the C&M HCP collaborated to identify alternative sources for obtaining gowns, scrubs and visors, including from local producers, and through contacts shared by local organisations. This continued until 1 May 2020, when the Department of Health and Social Care sent a letter to providers stating that procurement for PPE was to be centralised.

## Conclusion

Overall, we found no evidence of any significant weaknesses in the Trust's arrangements adapted to respond to the new risks they are facing as a result of COVID-19.



# Opinion on the financial statements



## Audit opinion on the financial statements

We gave an unqualified on the financial statements on 25 June 2021.

## Other opinion/key findings

We issued unmodified opinions in respect of other information and the auditable elements of the Remuneration Report and Staff Report.

We did not report any matters by exception.

## Audit Findings Report

More detailed findings can be found in our AFR, which was published and reported to the Trust's Audit Committee on 24 June 2021.

## Whole of Government Accounts

To support the audit of Consolidated NHS Provider Accounts, the Department of Health and Social Care group accounts, and the Whole of Government Accounts, we are required to examine and report on the consistency of the Trust's consolidation schedules with their audited financial statements. This work includes performing specified procedures under group audit instructions issued by the National Audit Office.

We completed this work and did not identify any issues.

## Preparation of the accounts

The Trust provided draft accounts in line with the national deadline and provided a good set of working papers to support these.

## Issues arising from the accounts:

- Recommendations were made in relation to controls around the approval journals and the qualification of service auditor reports.
- We did not identify any adjustments to the financial statements that resulted in an adjustment to the Trust's £1.5m surplus position.
- We identified some improvements that were required to disclosures within the financial statements.
- We identified some improvements that were required to disclosures the Annual Report to ensure compliance with the Foundation Trust Annual Reporting Manual and Foundation Trust Code of Governance, and for consistency with the financial statements.

## Grant Thornton provides an independent opinion on whether the accounts are:

- True and fair
- Prepared in accordance with relevant accounting standards
- Prepared in accordance with relevant UK legislation



# Appendices

# Appendix A - Responsibilities of the Foundation Trust



## The accounting officer is responsible for:

- Preparation of the statement of accounts
- Ensuring that income and expenditure is in line with relevant laws and regulations
- Assessing the Trust's ability to continue to operate as a going concern

Public bodies spending taxpayers' money are accountable for their stewardship of the resources entrusted to them. They should account properly for their use of resources and manage themselves well so that the public can be confident.

Financial statements are the main way in which local public bodies account for how they use their resources. Local public bodies are required to prepare and publish financial statements setting out their financial performance for the year. To do this, bodies need to maintain proper accounting records and ensure they have effective systems of internal control.

All local public bodies are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness from their resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money. Local public bodies report on their arrangements, and the effectiveness with which the arrangements are operating, as part of their annual governance statement.

The accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is also responsible for ensuring the regularity of expenditure and income.

The accounting officer is required to comply with the NHS foundation trust annual reporting manual and the Department of Health & Social Care group Accounting Manual and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. An organisation prepares accounts as a 'going concern' when it can reasonably expect to continue to function for the foreseeable future, usually regarded as at least the next 12 months.

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.



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# Appendix B - Risks of significant weaknesses - our procedures and conclusions

As part of our planning and assessment work, we considered whether there were any risks of significant weakness in the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources that we needed to perform further procedures on. As reported in our Audit Plan, we did not identify any risks of significant weakness in the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

# Appendix C - An explanatory note on recommendations

The recommendations that can be raised by the Trust's auditors are as follows:

Type of recommendation	Background	Raised within this report	Page reference
Key	The NAO Code of Audit Practice requires that where auditors identify significant weaknesses as part of their arrangements to secure value for money they should make recommendations setting out the actions that should be taken by the Trust. We have defined these recommendations as 'key recommendations'.	No	N/A
Improvement	These recommendations, if implemented should improve the arrangements in place at the Trust, but are not a result of identifying significant weaknesses in the Trust's arrangements.	Yes	9 10 14



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**Report to the Council of Governors**  
**Date: 30 September 2021**

<b>Title</b>	<b>Reappointment of a Non-Executive Director</b>
<b>Sponsoring Director</b>	Jan Ross Chief Executive
<b>Author (s)</b>	Paul Buckingham Interim Corporate Secretary
<b>Previously considered by:</b>	N/A
<b>Executive Summary</b>	<p>The purpose of this report is to seek approval from the Council of Governors for the reappointment of a Non-Executive Director.</p> <p>Mr S Crofts was initially appointed as a Non-Executive Director at the Walton Centre in November 2013. He has since completed two 3-year terms of office followed by two 1-year extensions, the latest of which is due to expire on 31 October 2021. The rationale and justification for a further 12-month extension to Mr Crofts' term of office are set out at s3 of the report.</p> <p>This matter was considered by the Council of Governors Nominations Committee at a meeting held on 14 September 2021. The Committee recommended the re-appointment of Mr S Crofts as a Non-Executive Director for a 12-month term of office commencing on 1 November 2021.</p>
<b>Related Trust Ambitions</b>	<ul style="list-style-type: none"> <li>• Best practice care</li> <li>• Be recognised as excellent in all we do</li> </ul>
<b>Risks associated with this paper</b>	
<b>Related Assurance Framework entries</b>	All
<b>Equality Impact Assessment completed</b>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<b>Any associated legal implications / regulatory requirements?</b>	The relevant guidance from Section B7 of the NHS Foundation Trust Code of Governance is set out in s3.4 of the report.
<b>Action required by the Council of Governors</b>	<p>The Council of Governors is recommended to:</p> <ul style="list-style-type: none"> <li>• Approve the re-appointment of Mr S Crofts as Non-Executive Director for a further 12-month period commencing 1 November 2021.</li> </ul>

## 1.0 Introduction

- 1.1 The purpose of this report is to seek approval from the Council of Governors for the reappointment of a Non-Executive Director.

## 2.0 Background

- 2.1 Mr S Crofts was initially appointed as a Non-Executive Director at the Walton Centre in November 2013. He has since completed two 3-year terms of office followed by two 1-year extensions, the latest of which is due to expire on 31 October 2021. During his tenure Mr Crofts has served as either a member or Chair of a range of key Board Committees which has given him an in-depth knowledge and understanding of the Trust and an extensive corporate memory. He also brings a wealth of knowledge of nursing and medical training from his external role as Dean of Faculty of Health and Social Care at Edge Hill University.
- 2.2 Mr Crofts is a passionate advocate of staff and patient experience and, pre-pandemic, regularly took part in organised and ad hoc walkabouts and is well known by staff across the Trust for his down to earth, approachable style. He is a regular attendee at Council of Governor meetings and has participated in the informal virtual Chair Briefing situations which were introduced during the pandemic situation.
- 2.3 Mr Crofts' current portfolio comprises:

### **Deputy Chair**

Mr Crofts is an effective and reliable Deputy Chair who has ably demonstrated his ability to discharge the responsibilities of the Trust Chair during the recent absence of Ms J Rosser.

### **Chair: Quality Committee**

A key Board Committee which oversees quality and governance on behalf of the Board and reports assurance to the Board on matters within these subject areas.

### **Chair: Research, Innovation & Medical Education Committee**

Mr Crofts was the first Non-Executive Chair of this Committee and provides an independent and knowledgeable dimension to its work.

### **Chair: Organ Donation Committee**

This is an area of work which is of particular interest to Mr Crofts who has become an integral part of the Committee.

### **Member: Audit Committee**

A key Board Committee which is responsible for seeking assurance on the effectiveness of the Trust's systems of internal control.

In addition to the above, Mr Crofts also undertakes the role of Senior Independent Director. He is the Non-Executive Director lead for Freedom to Speak Up and maintains regular contact with the Trust's Freedom to Speak Up Guardian.

- 2.4 His most recent appraisal was completed on 2 September 2020 and he was again able to demonstrate effective performance of, and commitment to, his role as a Non-Executive Director. Mr Crofts has continued to be an enormous asset to the Trust, both to the Board

of Directors and in his support for the Chair, and continues to demonstrate a willingness to go above and beyond the scope of his formal role for the benefit of the Trust.

### 3.0 Current Position

- 3.1 Mr Crofts' is currently serving a one-year extension to his term of office which is scheduled to complete on 31 October 2021. Council members will recall that the justification for this extension was the prevailing Covid-19 pandemic situation and the need to maintain continuity and stability at Board level in the face of extremely challenging circumstances for the Trust.
- 3.2 While we have managed these challenges over the past 18 months, we continue to operate in an uncertain and fast-changing environment and we remain in a pandemic situation which, while improved, is expected to continue for the foreseeable future. In this context, we face significant challenges in delivering our recovery and restoration programme and returning services to normal levels. In addition, significant changes to NHS structures are planned with the statutory establishment of Integrated Care Systems (ICS) which include a requirement for Trusts to participate in Provider Collaboratives. There will be a significant burden on the Board to ensure that the Trust is able to successfully navigate, influence and implement the changes associated with this development.
- 3.3 There is also currently a degree of uncertainty about the availability of the Trust Chair following emergency surgery and what is expected to be a lengthy period of recuperation. As our most experienced Non-Executive Director, Mr Crofts is providing important continuity in the effective discharge of the Chair's responsibilities during this period of absence. Given these circumstances, it is imperative that we maintain stability and do what we can to retain much-valued knowledge and experience within the Non-Executive cohort. Consequently, it is proposed that a further one-year extension to Mr Crofts' term of office be approved by the Council of Governors. This would ensure the retention of a hugely experienced Non-Executive Director for a further 12 months, during which time the Non-Executive Directors who were newly appointed in November 2020 will have further developed their knowledge and experience.
- 3.4 From a governance perspective, Section B7 of the NHS Foundation Trust Code of Governance states that **"Any term beyond six years for a Non-Executive Director should be subject to particularly rigorous review"**, and goes on to state that, **"Non-Executive Directors may, in exceptional circumstances, serve longer than six years but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a Non-Executive's independence"**. If approved, Mr Crofts will have served for a total of nine years by the time the extension expires in October 2022. However, there have been no circumstances which would cast doubt on Mr Crofts' independence and the current situation constitutes exceptional circumstances and provides sufficient justification for re-appointment.
- 3.5 If approved, Mr Crofts would continue to undertake his current portfolio and arrangements would be made for planned transition of responsibilities, such as Deputy Chair and Senior Independent Director over the 12-month period November 2021 - October 2022. No changes to Mr Crofts' terms and conditions will result from the proposed re-appointment.
- 3.6 This matter was considered by the Council of Governors Nomination Committee at a meeting held on 14 September 2021. The Committee recommended the re-appointment of Mr S Crofts as a Non-Executive Director for a 12-month period commencing 1 November 2021.

#### **4.0 Recommendations**

4.1 The Council of Governors is recommended to:

- Approve the re-appointment of Mr S Crofts as Non-Executive Director for a further 12-month period commencing 1 November 2021.



**Report to the Council of Governors**  
**Date: 30 September 2021**

Title	Terms of Reference – Nominations Committee
<b>Sponsoring Director</b>	Paul Buckingham Interim Corporate Secretary
<b>Author (s)</b>	Paul Buckingham Interim Corporate Secretary
<b>Previously considered by:</b>	Nominations Committee - 14 September 2021
<p><b>Executive Summary</b></p> <p>The purpose of this report is to seek approval of Terms of Reference for the Nominations Committee following periodic review.</p> <p>The Terms of Reference for the Nominations Committee were last reviewed and approved by the Council of Governors on 13 September 2016. Consequently, the Terms of Reference are significantly overdue for review. Revised Terms of Reference were presented to the Nominations Committee for consideration at a meeting held on 14 September 2021 and a summary of proposed amendments, recommended by the Nominations Committee, is included at s3 of the report.</p> <p>A draft Terms of Reference document, which incorporates outcomes from the review process, is included for reference at Annex A to this report.</p>	
<b>Related Trust Ambitions</b>	<ul style="list-style-type: none"> <li>• Best practice care</li> <li>• Be recognised as excellent in all we do</li> </ul>
<b>Risks associated with this paper</b>	
<b>Related Assurance Framework entries</b>	All
<b>Equality Impact Assessment completed</b>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<b>Any associated legal implications / regulatory requirements?</b>	
<b>Action required by the Council of Governors</b>	<p>The Council of Governors is recommended to:</p> <ul style="list-style-type: none"> <li>• Approve the Terms of Reference for the Nominations Committee as set out at Annex A to this report.</li> </ul>

## 1.0 Introduction

- 1.1 The purpose of this report is to seek approval of Terms of Reference for the Nominations Committee following periodic review.

## 2.0 Background

- 2.1 The Terms of Reference for the Nominations Committee were last reviewed and approved by the Council of Governors on 13 September 2016. Consequently, the Terms of Reference are significantly overdue for review.

## 3.0 Current Position

- 3.1 An initial review of the Terms of Reference was undertaken by the Interim Corporate Secretary with content compared against best practice guidance included in the Compendium of Good Governance published by the Foundation Trust Network (now incorporated in NHS Providers). Revised Terms of Reference were then presented to the Nominations Committee for consideration at a meeting held on 14 September 2021. A draft Terms of Reference document, which incorporates outcomes from this review process, is included for reference at Annex A to this report.

- 3.2 In the main, the Terms of Reference at Annex A simply provide a greater degree of clarity on the Committee's responsibilities relating to; Nominations, Succession Planning and Terms & Conditions, all of which are consistent with NHS Foundation Trust Code of Governance principles, and are considered to be non-contentious. There are, however, a limited number of areas where a material change to current arrangements is proposed. These changes are summarised as follows:

- 3.3 Committee Chair – The Committee's current Terms of Reference state that *The Committee will be Chaired by a Governor*. However, this is contrary to the requirements set out in Article B.2.4 of the NHS Foundation Trust Code of Governance which states:

***The chairperson or an independent non-executive director should chair the nominations committee. At the discretion of the committee, a governor can chair the committee in the case of appointments of non-executive directors or the chairman.***

The revised Terms of Reference at Annex A (s2.4 refers) include an amendment in relation to the Committee Chair to ensure compliance with the NHS Foundation Trust Code of Governance.

- 3.4 Committee Membership – The Committee's current Terms of Reference state that the Committee will comprise of the Trust Chair, two elected Governors and an appointed Governor i.e. three Governors in total. The Nominations Committee considered whether the current level of membership was sufficient to ensure that a quorum could be achieved in the event of absences and proposed that the membership be adjusted to comprise of the Trust Chair, the Deputy Chair, four elected Governors and an appointed Governor i.e. five Governors in total. This proposal is reflected in s2.1 of the Terms of reference at Annex A.

- 3.5 Term of Office – The Committee's current Terms of Reference do not stipulate any 'term of office' for Governor members. It is considered good practice to incorporate the potential for turnover in Committee members and therefore s2.3 of the revised Terms of Reference

states that Governor appointments to the Committee shall be for a period of three years, provided that the Committee member remains a Governor of the Foundation Trust.

3.6 The revised Terms of Reference at Annex A were agreed by the Nominations Committee on 14 September 2021 and were recommended to the Council of Governors for approval.

#### **4.0 Recommendations**

4.1 The Council of Governors is recommended to:

- Approve the Terms of Reference for the Nominations Committee as set out at Annex A to this report.

## COUNCIL OF GOVERNORS NOMINATIONS COMMITTEE

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### TERMS OF REFERENCE

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#### 1. CONSTITUTION

- 1.1 The Nominations Committee (*hereinafter referred to as 'the Committee'*) is constituted as a standing Committee of the Council of Governors. The Committee's constitution and terms of reference shall be as set out below, subject to amendment at future Council of Governors meetings.
- 1.2 The Committee, with external advice as appropriate, and with due consideration to laws and regulations and the provisions of the NHS Foundation Trust Code of Governance and other relevant guidance, will have responsibility for:
- The identification and nomination of Non-Executive Directors, including the Chair
  - Consideration of appropriate succession planning
  - Periodic review of appropriate terms and conditions for Non-Executive Directors
  - Managing the process for any removal of the Chair and other Non-Executive Directors.

#### 2. MEMBERSHIP

- 2.1 The Committee will comprise the Chair, the Deputy Chair, four elected Governors (to include the Lead Governor) and one appointed Governor.
- 2.2 Only members of the Committee have the right to attend Committee meetings. Other individuals, such as the Chief Executive, Director of Workforce & Innovation and external advisers, may be invited to attend for all, or part of, any meeting as appropriate.
- 2.3 Governor appointments to the Committee shall be for a period of three years, provided the Committee member remains a Governor of the Foundation Trust, and

will be approved by the Council of Governors. Appointees to the Committee shall have served a minimum of one year as a Governor or be considered to have the relevant experience to undertake the role.

- 2.4 The Chair of the Committee shall be the Chair of the Board of Directors, or Deputy Chair of the Board of Directors or a Non-Executive Director. In the absence of the Chair and/or an appointed Deputy, the remaining members present shall elect one of their number to chair the meeting. The Chair shall not chair the Committee when it is dealing with the matter of succession to the Chair position and shall not participate in discussions concerning their performance or possible re-appointment.

### **3. SECRETARY**

- 3.1 The Corporate Secretary or their nominee shall act as the Secretary to the Committee.

### **4. QUORUM**

- 4.1 The quorum necessary for the transaction of Committee business shall be three members, to include at least two Governors and either the Chair or Deputy Chair. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

### **5. FREQUENCY OF MEETINGS**

- 5.1 The Committee shall meet at least twice a year and at such other times as the Chair of the Committee shall require.

### **6. NOTICE OF MEETINGS**

- 6.1 Meetings of the Committee shall be called by the Secretary to the Committee at the request of the Chair of the Committee.
- 6.2 Unless otherwise agreed, notice of each meeting confirming the venue, time, date, together with an agenda of items to be discussed and supporting papers, shall be forwarded to each member of the Committee no later than five days before the date of the meeting.

### **7. MINUTES OF MEETINGS**

- 7.1 The Secretary shall minute the proceedings and resolutions of all meetings of the Committee, including recording names of those present and in attendance.
- 7.2 The Secretary shall ascertain, at the beginning of each meeting, the existence of any conflicts of interest and minute them accordingly. Minutes of Committee meetings shall be circulated promptly to all members of the Committee.

## **8. DUTIES - NOMINATIONS**

- 8.1 Identification and nomination of Non-Executive Directors, including the Chair.
- 8.2 Having reviewed the Succession Plan, the Committee should consider and agree an appropriate person specification and description of the role in advance of a recruitment process.
- 8.3 The Committee will oversee the recruitment process ensuring that open advertising is used to ensure candidates from a wide range of backgrounds are able to apply.
- 8.4 The Committee may on occasions use the services of external advisers to facilitate a search for candidates.
- 8.5 The Committee will have final responsibility for shortlisting candidates using objective criteria and deciding on the details of the selection process.
- 8.6 The Committee will oversee the selection process on behalf of the Council of Governors and be responsible for the identification and nomination of candidates for final approval by the Council of Governors. The Committee will ensure that there is a majority of Governors on the interview panel.
- 8.7 Ensure that on appointment to the Board of Directors, Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, Committee service and involvement outside Board meetings, and that all Non-Executive Directors have confirmed that they have the time to serve.

## **9. DUTIES - SUCCESSION PLANNING**

- 9.1 Periodically review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors and make recommendations to the Board of Directors and report to the Council of Governors with regard to any outcomes.
- 9.2 Give consideration to succession planning for Non-Executive Directors taking into account the challenges and opportunities facing the Trust and what skills and expertise might be needed by the Board in future.
- 9.3 Where an existing Non-Executive Director seeks re-appointment, the Committee should look at the candidate's performance against the job description and person specification for their role at the Trust. Due consideration should also be given to the relevance of the NHS Foundation Trust Code of Governance and guidance on such a re-appointment. Once these processes have been undertaken, the re-appointment can be put to the Council of Governors for approval.

9.4 The Committee shall make recommendations to the Council of Governors concerning the proposals for the position of Deputy Chair, where appropriate and with due regard for the opinions of the Board of Directors.

9.5 The Chair will consult with the Committee on the appointment of one of the Non-Executive Directors as the Senior Independent Director.

## **10. DUTIES - TERMS AND CONDITIONS**

10.1 Review and make recommendations to the Council of Governors with regard to appropriate terms and conditions for Non-Executive Directors.

10.2 Periodically consider the scale of remuneration of Non-Executive Directors, including the Chair, taking account of all relevant NHS Foundation Trust policies, guidance and any available market comparisons.

10.3 Make appropriate recommendations to the Council of Governors on any alterations to Non-Executive Director terms and conditions including remuneration.

## **11. DUTIES - OTHER**

11.1 Coordination of the process for removal of the Chair and Non-Executive Directors in accordance with requirements set out in the Trust Constitution.

11.2 Review the outcomes of annual appraisals of the Chair and Non-Executive Directors in advance of consideration by the Council of Governors.

## **12. REPORTING**

12.1 The Committee Chair shall report formally to the Council of Governors on its proceedings after each meeting.

12.2 A statement will be included in the Trust's Annual Report about the Committee's activities, attendance at Committee meetings, the process used to make appointments and to explain whether external advice and/or open advertising has been used.

12.3 The Committee will at least once a year review its own performance and compliance with its terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Council of Governors.

**13. AUTHORITY**

- 13.1 The Committee is a Committee of the Council of Governors and has no executive powers, other than those specifically delegated in these terms of reference.
- 13.2 The Committee is authorised to obtain, at the Trust's expense, external professional advice on any matter within its terms of reference.

**14. REVIEW**

- 14.1 The Terms of Reference will be reviewed every three years.



**Report to the Council of Governors**  
**Date: 30 September 2021**

<b>Title</b>	<b>Lead Governor report</b>
<b>Sponsoring Director</b>	Paul Buckingham Interim Corporate Secretary
<b>Author (s)</b>	Barbara Strong Lead Governor
<b>Previously considered by:</b>	
<b>Executive Summary</b>	<p>The purpose of this report is to update Governors on the significant events or developments in which the Lead Governor has been involved since the last Council of Governors meeting held on 8th June 2021 and approve the appointment of the Deputy Lead Governor.</p>
<b>Related Trust Ambitions</b>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Risks associated with this paper</b>	
<b>Related Assurance Framework entries</b>	All
<b>Equality Impact Assessment completed</b>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<b>Any associated legal implications / regulatory requirements?</b>	
<b>Action required by the Council of Governors</b>	<p>The Council of Governors is recommended to:</p> <ul style="list-style-type: none"> <li>• Note the Report and</li> <li>• Approve the recommendation that the Council of Governors appoints Mr J Kitchen as Deputy Lead Governor for a two-year term of office commencing 1st October 2021.</li> </ul>

## **1.0 Council of Governors Membership and Engagement Group held on 22 June 2021**

1.1 Due to the number of apologies, the meeting was not quorate so decisions were deferred to next meeting, which will be held on 6th October:

- Communications Strategy - Developing a Membership Plan
- The Terms of Reference for the Membership and Engagement Group

1.3 Communications and Charity activity updates were given on recent activity.

1.4 Volunteer update was deferred until the next meeting.

### Governor Elections

The Interim Corporate Secretary gave an update on the plans for the forthcoming elections and encouraged governors to publicise the elections to their networks and communities.

### Planning for the Annual Members' Meeting (AMM)

The Interim Corporate Secretary outlined the plans for the AMM which would be conducted virtually with the possibility of a hybrid meeting if feasible. He explained that the date would be moved to allow time to meet the revised statutory requirements in relation to documents that had to be presented at the AMM.

## **2.0 Appointment of Chief Executive 23 June 2021**

2.1 The Lead Governor participated in the recruitment day for the new Trust Chief Executive. The decision to appoint Jan Ross as Chief Executive was approved by the CoG in an extraordinary meeting held on 29th June.

## **3.0 Governor Focus Conference 6 July 2021**

3.1 The Lead Governor attended day one of the on-line conference, which included:

A strategic overview from Chris Hopson, Chief Executive of NHS Providers.

This covered a look back to the lessons learned from the past 16 months and the key issues facing the provider sector in the near to medium term. There was a particular emphasis on the areas of greatest concern to governors, e.g., their role and status in the new integrated systems of health and social care.

Trust Showcase from Kettering General Hospital outlining the ways governors engaged with local people to provide information on hospital services and support, using governors' networks and talents.

## **4.0 Chair and Governor on-line Briefings**

4.1 These briefings continue to be helpful, informative and well received by governors. The most recent meeting was held on 21st July and the topics covered are listed below. There was a short Q&A session after each section of the briefing.

Strategic update covering Covid 19, Cheshire & Merseyside Integrated Care System (ICS) development and the Trust performance

### Briefing from David Topliffe, Non-Executive Director

David presented the governors with a summary of his background and credentials, and outlined the approach he brings with his trust work. As a result of questions and discussion, the meeting reached its hour duration before David had moved on to present an outline of his work with the Business Performance Committee (BPC) so it was agreed that he would return to present this at a future meeting.

The next Chair's Governor Briefing is due to be held on line at 10.00 on 13th October 2021

#### **5.0 Lead Governor's Association**

- 5.1 The Lead Governors' Association functions as a national group where members can share ideas and good practice, discuss relevant issues and provide mutual support.
- 5.2 The term of office of Jan Whitby, the incumbent chair of the association expired at the beginning of September. The association agreed to make her an associate member, due to her continued association with the NHS and her wealth of knowledge and organisational memory. The new chair is Clare Illingworth , who works in Harrogate and District NHSFT.

The most recent topics of discussion on line were:

- Significant Transactions – Level of Governor involvement in these
- How do Governors observe and challenge NEDs?

#### **6.0 Farewell to Governors who have reached the end of their terms**

- 6.1 Goodbye and sincere thanks to the departing governors listed below, for their consistent and valuable contribution to the work of the CoG. Their term ends on 30th September 2021.

Public Cheshire                      Colin Cheesman

Public Merseyside                      Doreen Brown  
Richard Cottier  
Adrian Wells  
Melissa Hubbard

Public North Wales                      Stan Winstanley

#### **7.0 What's app group**

- 7.1 To support communications during the pandemic, the lead governor set up a governors' What's App group that has been used appropriately and as a faster method of communication than email, it has proved helpful for last minute changes or rapid communications.
- 7.2 New governors are invited to join this group. Please email the Lead Governor with your mobile number if you wish to join.

## 8.0 Deputy Lead Governor (DLG) Role

- 8.1 At the Council of Governors meeting held on 8th June 2021, the Lead Governor proposed the establishment of a Deputy Lead Governor role and noted the following reasons for establishing the role:

The role would provide another public governor with the opportunity to become more involved with the work of the Council;

- The deputy role would help to share the workload of the Lead Governor; and
- A deputy would be in place to provide cover in the event of prolonged absence of the Lead Governor.

- 8.2 It was agreed by the Council that the Interim Corporate Secretary would subsequently seek expressions of interest in the role from amongst the Public Governor cohort.

- 8.3 Expressions of Interest in the Deputy Lead Governor role were sought by the Interim Corporate Secretary during the period 22nd June to 16th July 2021. There was one Expression of Interest submitted which was from Mr J Kitchen who provided the following personal statement:

“ I offer my support to the Walton Centre and Lead Governor as Deputy Lead Governor. I believe that the Walton Centre and our Lead Governor, in the light of changes involving the Trust and NHS (local and national) requires a Deputy to share some of the work and to provide cover during the Lead Governor’s absence for holidays etc.

This is my final term as a Governor. I have been actively involved in several Committees, attended Board meetings and Training courses during my tenure. This has led me to have some understanding of the many challenges going forward. If appointed, I shall do my best to fulfil the role as it develops.”

## 9.0 Recommendations

- 9.1 The Council of Governors is recommended to:  
Appoint Mr J Kitchen as Deputy Lead Governor for a two-year term of office commencing 1st October 2021.

# **The Walton Centre NHS Foundation Trust**

## **Governors Report for the Period Ending June 2021**

## Glossary

- **Open Pathway. Target 8.2 weeks**

The Walton Centre is taking part in a Referral to Treatment pilot scheme where performance is measured by average patient waiting times in weeks. A requirement of this scheme is that performance is shown by average waiting time instead of against the 92% standard. Open pathways, or incomplete pathways are where the patient is still awaiting first definitive treatment (either as an Outpatient or Inpatient). In order to sustain delivery of the standard the average wait of these patients must be under 8.2 weeks.

- **I&E (Income & Expenditure).**

The Income and expenditure account records the Income received from undertaking patient care and other sources of Income including medical training. This is offset by the cost of running the organisation.

- **CIP (Cost Improvement Programme).**

The NHS is required to make efficiency savings on an annual basis. The efficiency requirement is reflected within the national tariffs set each financial year. The target is expressed as a % of the expenditure budgets of the organisation.

- **Capital Target.**

Capital expenditure is expenditure on building and equipment within the organisation.

- **Use of Resource Risk Rating (UoR)**

NHS Improvement introduced the Single Oversight Framework in October 2016. This incorporates 5 ratings:

- Capital service cover - the level of income available to fund the Trust's capital commitments;
- Liquidity - the level of cash available to fund the Trust's activities;
- I&E margin - the % of the Trust's surplus/(deficit) in relation to its income;
- Variance on the I&E margin - the % variance of the I&E margin against plan; and
- Agency Expenditure – The percentage of Agency Expenditure compared to the Trust Agency Ceiling control total.

Scoring 4 (poorest) to 1 (best) against each metric, the overall finance and use of resources score is a mean average of the scores of the individual metrics under this theme – except that if a provider scores 4 on any individual finance and use of resources metric, their overall use of resources score is at least a 3.

## Finance

Due to COVID, the financial regime remains based on block funding for the 1<sup>st</sup> 6 months of the financial year (H1) and anticipated spend for the same period (based on average spend in Q3 of 2020/21). The H1 plan is at a break-even position (submitted to HCP and NHS E/I in May).

The current H1 plan includes:

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

It is also expected that the Healthcare Partnership (HCP) will deliver a balanced financial plan for H1 and the Trust is working with the partnership to achieve this position.

At the end of quarter 1 2021/22 the Trust is reporting a £14k surplus.

The position includes £1,917k elective recovery fund against a planned position of £1,263k, £654k above plan. Please note NHSE/I have yet to confirm ERF income values for the Trust and is subject to change.

### COVID Expenditure

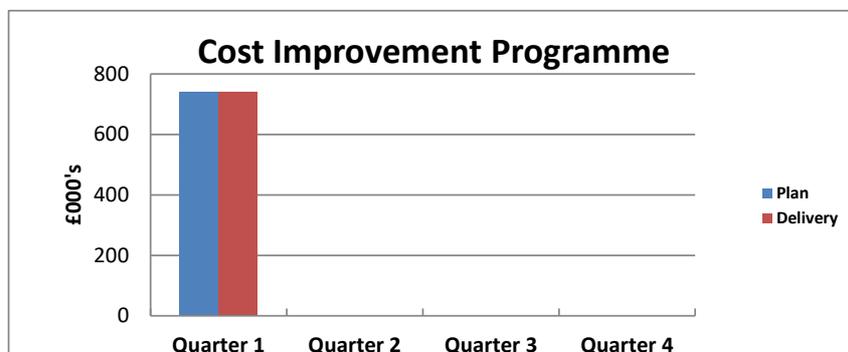
A summary of the Trust COVID-19 expenditure for Quarter 1 is below. At the end of the June, £287k had been incurred in response to COVID-19 for this financial year.

<b>COVID -19</b>	<b>Apr-21</b>	<b>May-21</b>	<b>Jun-21</b>	<b>Year to Date</b>
Expenditure	Actual	Actual	Actual	Actual
	£'000	£'000	£'000	£'000
Pay cost (incl. additional shifts, on-call, etc )	93	50	57	200
Decontamination	0	7	3	10
Agile working	0	12	1	13
Other	20	1	43	64
<b>TOTAL</b>	<b>113</b>	<b>70</b>	<b>104</b>	<b>287</b>

Other spend includes providing free car parking for staff.

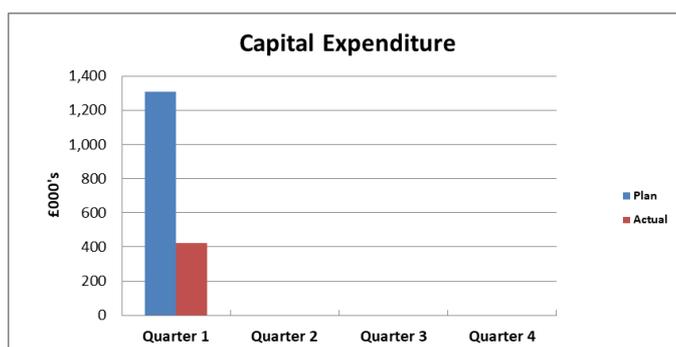
### Efficiency Savings

In order to deliver the Trust's control total target for H1 in 2021/22, we need to deliver a QIP savings target. By September (end of H1), we plan to achieve this target, and achieve the planned break-even position.



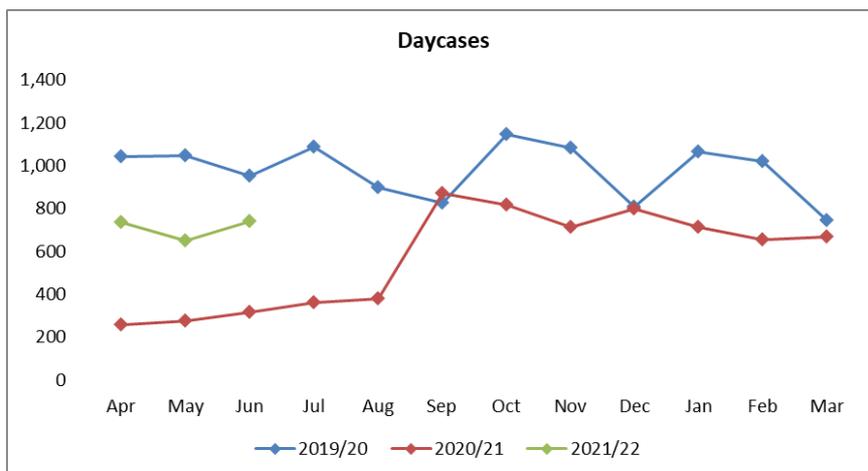
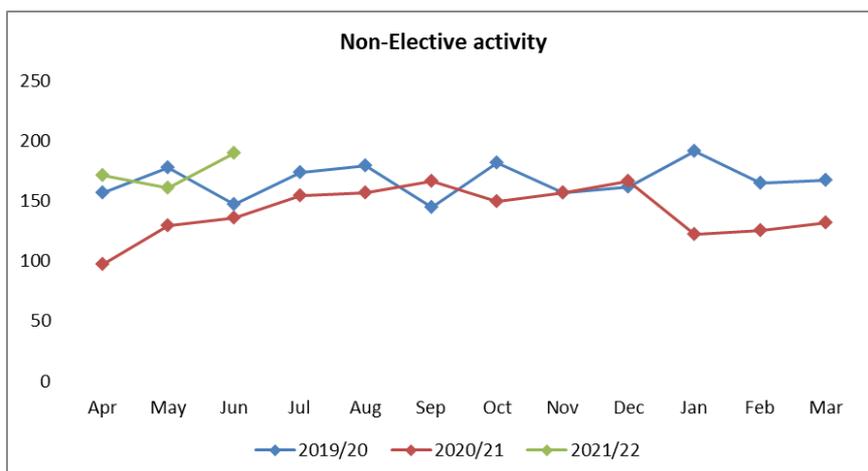
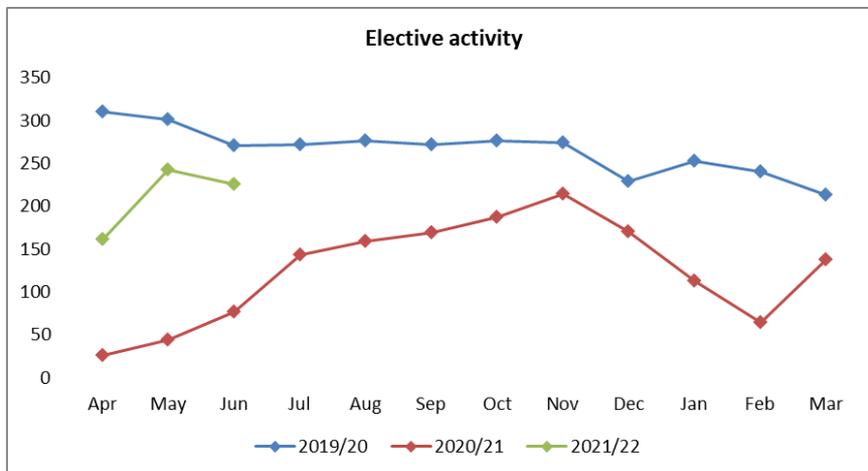
### Capital

The Q1 capital spend is £424k, £885k below the total agreed funding allocations for the Q1 of £1.309m.

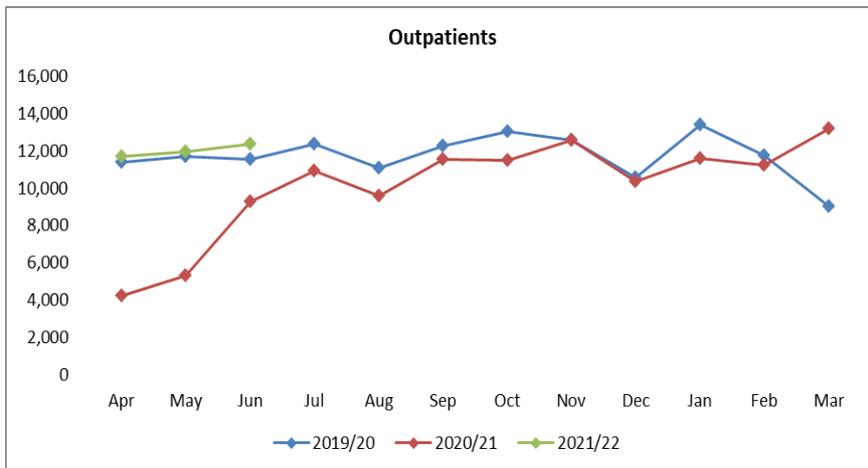


**Activity**

**Inpatient & Day Case Activity:** Inpatient activity remained at similar levels in Q1 2021/22 to Q4 for Daycase while Elective and Non Elective increased.



**Outpatient Activity:** Outpatient activity remained consistent in Q1 2021/22`.



### Referrals for outpatient appointments

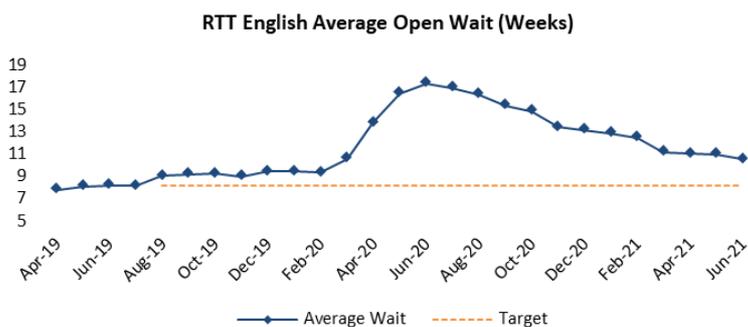
Clean referrals exclude referrals that are created by consultants retiring or transferring part of their practice to a colleague as part of service development or reorganisation and give a clearer indication of growth in demand for our services.

Referrals continued to recover in Q1 2021/22 following the drop due to Covid-19.

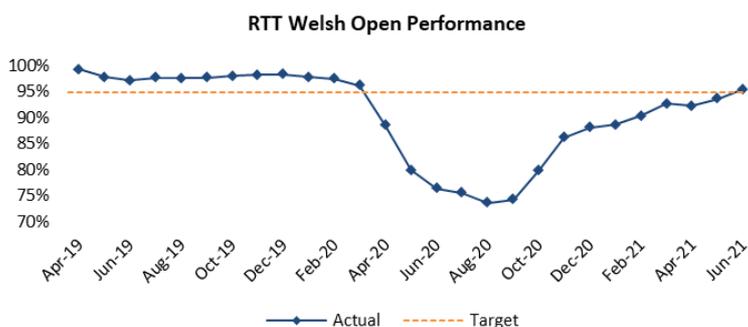


**RTT (Referral to Treatment)**

The Walton Centre is taking part in a Referral to Treatment (RTT) pilot scheme, where performance is measured by average patient waiting times in weeks. A requirement of this scheme is that performance is shown by average waiting time, rather than against the 92% standard and that the backlog cannot be shown. Performance at the end of Q1 21/22 is 10.54 weeks. Performance has improved through the quarter following a deterioration of performance due to Covid-19

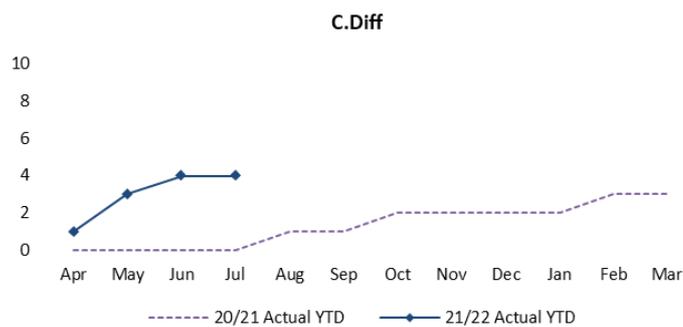
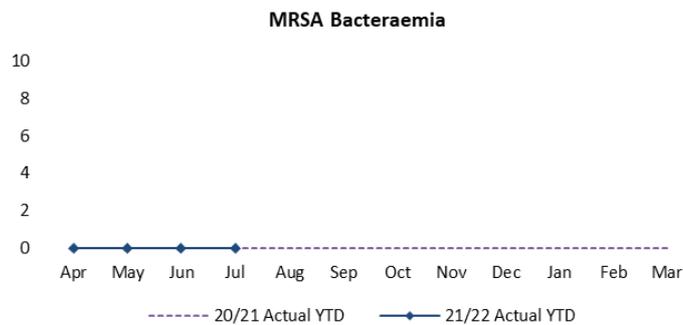


Welsh RTT performance continues to be monitored against the 95% standard, with performance above the standard at 95.52% in June 2021. Performance against the Welsh RTT target has stabilised throughout the Quarter following a drop in performance due to Covid-19.



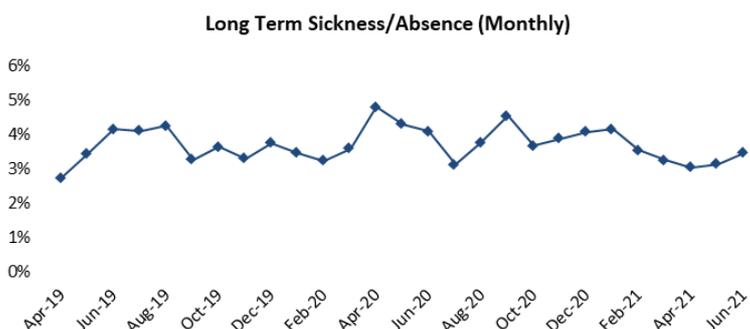
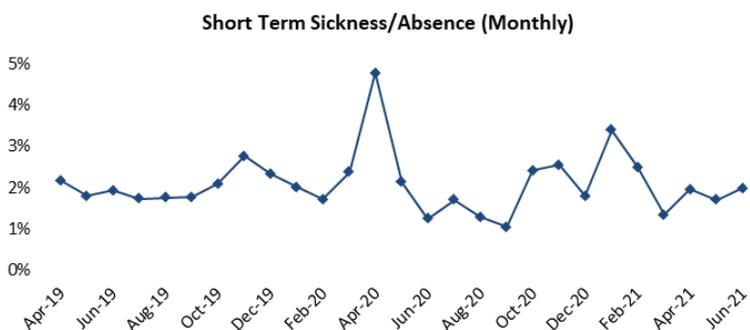
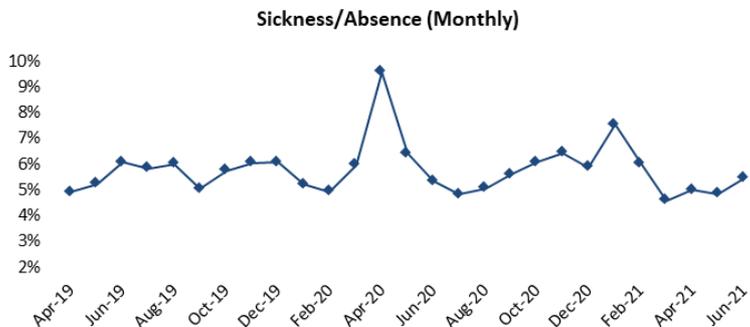
**Infection Rates**

No cases of MRSA Bacteraemia were reported during Q1 2021/22. The Trust has reported 4 cases of Clostridium Difficile against the PHE year-end threshold of 5 cases for 2021/22.



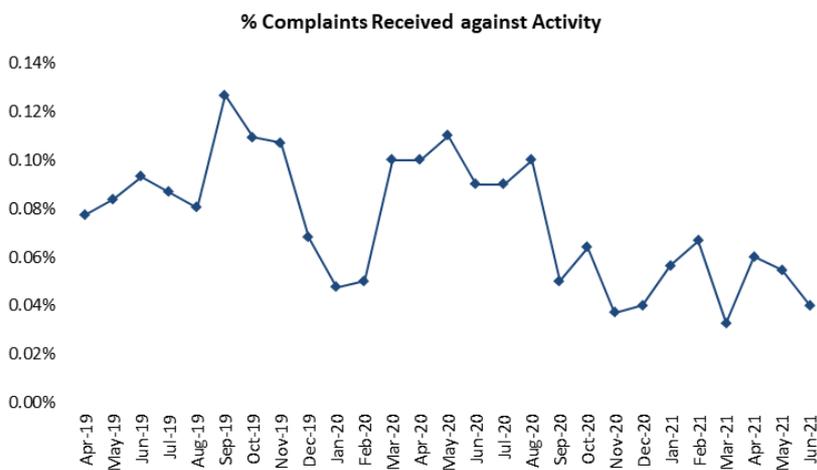
**Workforce**

Monthly sickness/absence rate is 5.46% which is above the target of 4.75%. The breakdown between long term and short term sickness as at June 2021 is as follows: 3.47% on long term sickness and 1.99% on short term.



**Complaints**

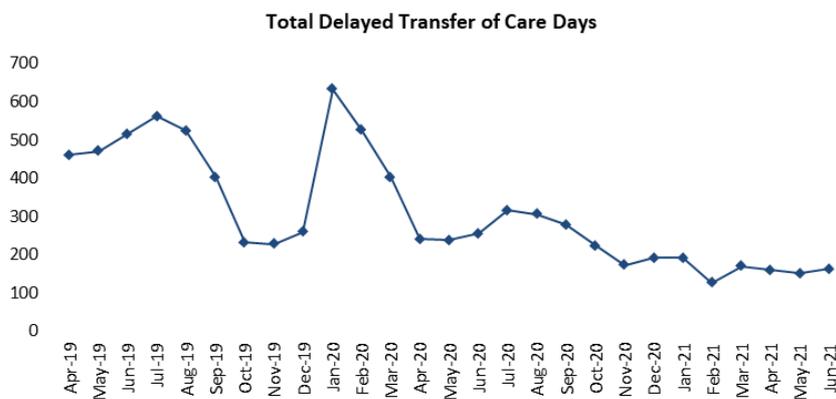
The Executive team receive a detailed monthly report in relation to complaints. Trends and themes are discussed and challenged. A Quarterly report is also provided to the Patient Experience Group. Q1 2021/22 has seen 20 complaints reported.



**Efficiency Measures**

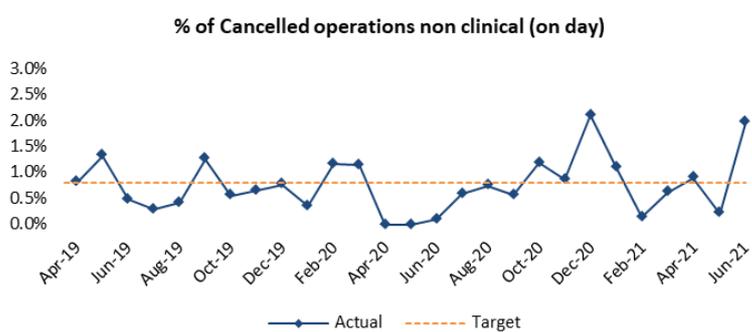
**Delayed Discharges / Delayed Transfers of Care (DTC):**

The total Delayed Patient days has remained consistent during Q1 2021/22.



**Cancelled Operations:** The number of cancelled operations in Q1 2021/22 has increased compared to Q4 in 2020/21.

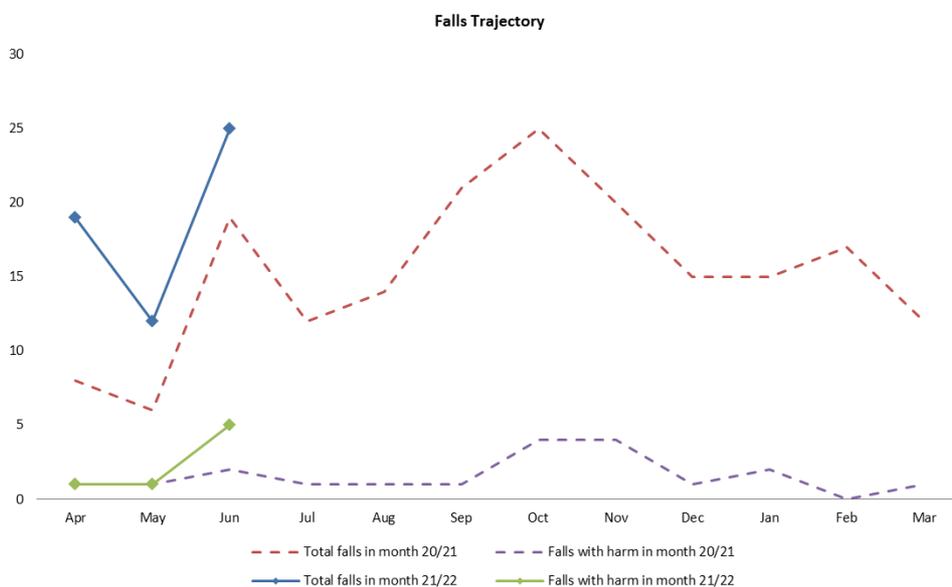
	Number of non-clinical cancellations
Q1 2021/22	29
Q4 2020/21	15
Variance	+14



**Safety Indicators**

**Patient Falls:**

Our goal is to achieve a year on year improvement with the prevention of falls and falls with harm.



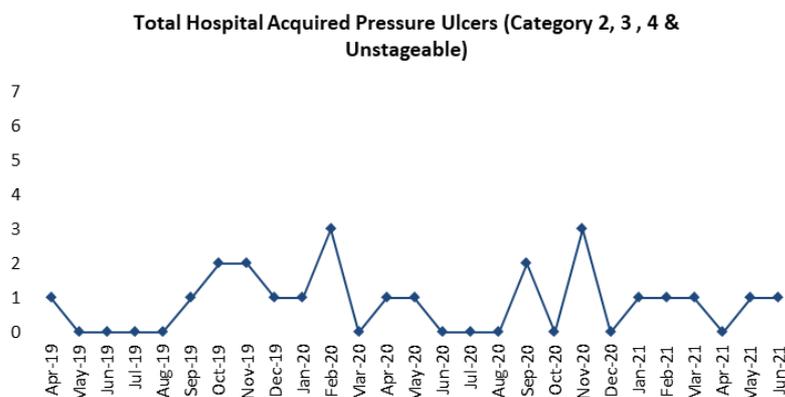
In 21/22 there has been 56 total falls of which 7 were minor harm. This compares to 33 total falls at this stage of 20/21. There was one moderate harm fall within the Trust in Q1 21/22.

A monthly falls analysis report is currently compiled by the Falls prevention steering group then disseminated to local departments/wards highlighting any themes/trends in month, lessons learnt and any good practice for sharing. Patients at risk of falls are being correctly identified and there is evidence that measures are being taken to reduce the risk. Falls at the bedside and in bathrooms are most common; more patients who have fallen have capacity and choose to take the risk of mobilising on their own. Follow up questionnaires are done in real time to try and establish the reasons for the fall and any actions that can be taken to reduce future risk.

### Pressure Ulcers

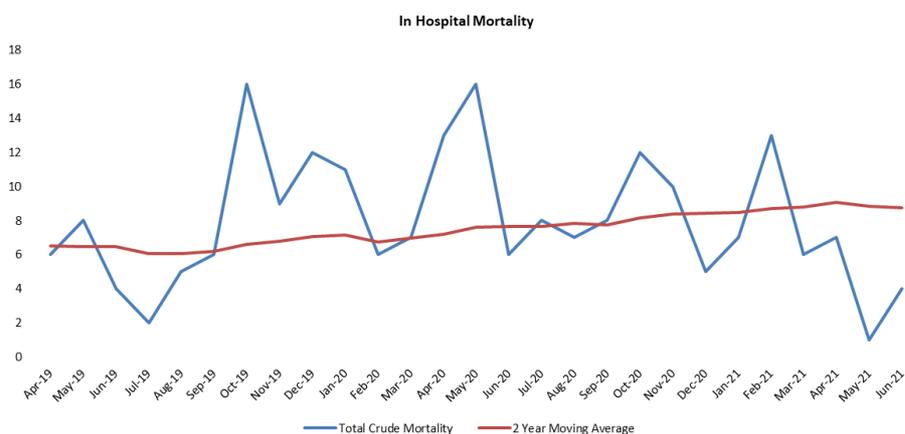
In Q1 2021/22 there was two Walton Centre acquired pressure ulcer.

Below is a graphic representation of our position to date



### Mortality

Crude mortality reduced in June 21. All cases are subject to detailed clinical review and discussion at Quality Committee and no cause for concern identified.





**The Walton Centre**  
NHS Foundation Trust

**The Walton Centre NHS Foundation Trust**

**Annual Report and Accounts 2020/21**

**Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the  
National Health Service Act 2006**



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## Foreword from Chair and Chief Executive

Welcome to The Walton Centre NHS Foundation Trust's Annual Report for the period 1 April 2020 to 31 March 2021. This report sets out the key developments at the Trust during this period, as well as details of our performance and ongoing strategy.

The impact of the Covid-19 pandemic has been felt in hospitals and health care settings across the UK, and the world, and the past year has seen profound challenges, upheaval and change for everyone at The Walton Centre - our staff, our patients and families and friends. We are incredibly proud of the way our staff rallied together, put our patients' needs first and foremost and looked out for each other. Many staff changed the way they work, whether it was working flexibly from home or moving to a different department to provide support. However, the outstanding treatment and care we have provided for our patients has never wavered and we would like to thank every member of staff for their incredible work over the last 12 months.

Even during the height of the pandemic, staff continued to provide the very best care to our patients. Clinicians at The Walton Centre played a leading role into neurological research in Covid-19 patients. Lead Researcher, Dr Benedict Michael, a consultant neurologist with the Trust, worked with the *CoroNerve* Studies Group, a collaboration between the universities of Liverpool, Southampton, Newcastle and University College London, to study 153 patients treated in UK hospitals during the initial acute phase of the Covid-19 pandemic. The findings, published in June 2020, described a range of neurological and psychiatric complications that may be linked to the disease and provided valuable information for clinicians and researchers taking the next steps in neuroscience Covid-19 research and planning.

Dr Michael was also the co-lead of the Covid-19 Clinical Neuroscience Study which will review 800 UK patients who were admitted to hospital with Covid-19 and had neurological or neuropsychiatric complications, to understand how these problems occur and develop strategies to prevent and treat them. A grant of circa £2 million was awarded to the project by UK Research and Innovation and the Department of Health and Social Care.

Our leading work in neurosurgery also continued with the foundation of the first centre of excellence for spinal services at The Walton Centre. The Centre will give surgeons and medical device manufacturers detailed insight on the long term effectiveness of spinal surgeries and implants through a partnership with Northgate Public Services. New technology, funded by a legacy donation to The Walton Centre Charity, could also transform treatment of spinal patients. The innovative endoscopic equipment, made by RIWOspine, involves 'keyhole' technology, which will allow our surgeons to perform precision spinal procedures. It could mean that patients having certain types of surgery spend less time in hospital.

In January 2021, the Trust commenced its Covid-19 vaccination programme working with Liverpool University Hospitals NHS Foundation Trust to vaccinate staff and their family members, and patients. By mid-April 2021 almost 90% of our staff had received two vaccine doses which was a fantastic effort and will support us as we move out of the pandemic restrictions and work to deliver our recovery and restoration plans.

At the end of the financial year, we said goodbye to Hayley Citrine who had been our Chief Executive since 2018. Having originally joined the Trust in 2014 as Director of Nursing & Quality, Hayley left to take up the position of Chief Nurse for the North West with NHS England / NHS Improvement. Jan Ross, our Deputy Chief Executive and Director of Operations & Strategy, was appointed as Interim Chief Executive with effect from 1 April 2021 and we commenced a recruitment process which will result in a substantive appointment being made in June / July 2021. Other changes at Board level included two of our Non-Executive Directors; Sheila Samuels and Barbara Spicer, leaving the Trust during the autumn of 2020 and we welcomed Karen Bentley and David Topliffe as their replacements on 1 November 2020.

The Walton Centre would not be the hospital it is without its outstanding staff. Their exceptional commitment, professionalism and compassion is commented on by so many of our patients and their families. We would like to take the opportunity to thank them once again for their incredible efforts throughout an extremely challenging year, taking the deep breaths and holding on, and for the ongoing dedication and support they give our patients every single day.



**Jan Ross, Chief Executive**

**24 June 2021**



**Janet Rosser, Chair**

**24 June 2021**

This report was approved and adopted by the Board of Directors on 24 June 2021. The Trust's 2020/21 accounts have been prepared under a direction issued by Monitor under the National Health Service Act 2006.

# Section 1- Performance Report

## 1.1 Performance Overview

### Statement from the Chief Executive

Welcome to The Walton Centre NHS Foundation Trust's Annual Report for the period 1 April 2020 to 31 March 2021. 2020/21, a year like no other, and undoubtedly the most challenging year in the 73 year history of the National Health Service. By the start of the year the Covid-19 pandemic had resulted in an unprecedented situation resulting in major challenges at national, regional and local levels. The country was in 'lockdown' and the level of hospital admissions and, sadly, deaths, was escalating. The challenges facing the Trust were no different from the challenges faced by NHS organisations across the country, with a suspension of business as usual activity to enable operational focus on managing the pandemic situation. In these circumstances it was impossible to prevent a significant impact on staff, patients and the Trust's ability to see and treat patients in a timely manner.

The Trust rapidly transitioned to a 'Command and Control' approach and implemented a Gold, Silver and Bronze Command structure to ensure comprehensive oversight of the situation and facilitate effective and timely decision-making. It was imperative that both the control structure and staff generally had a clear and accurate sight of patient numbers and patient flow and, to this end, our Information Team designed an electronic dashboard which provided live information. The effectiveness of this dashboard was subsequently acknowledged as best practice during a visit by NHS England / NHS Improvement representatives later in the year.

The Trust adopted its own lockdown measures, with staff working remotely, where practicable, to reduce on-site numbers, and the introduction of rigorous social distancing measures to protect staff and patients in the hospital environment. We reviewed our usual governance arrangements with the suspension of non-essential meetings and the streamlining of essential meetings to focus on the fast-changing operational situation. We also made effective use of the available technology to support these arrangements with a move to virtual platforms for meetings. We reviewed these arrangements throughout the year, in the context of the local situation and in response to national guidance, which changed regularly, to ensure that the arrangements in place remained effective, supported good governance and mitigated the risk of an accumulation of routine business matters. However, the use of virtual meetings was maintained throughout the year.

We had to change the way that we worked, both internally within the Trust and externally with our partners in the local and regional health and care system. The situation necessitated a collaborative approach within a regional command structure characterised by mutual aid and support to ensure the best possible levels of care for the patients in our communities. The Trust participated fully in these arrangements. For

example, the Chief Executive had a key leadership role in the regional In-Hospital Cell for much of the year and other Directors and senior managers contributed to various specialist groups established within the Cheshire & Merseyside Health and Care Partnership. Members of staff were redeployed to support clinical services in the Manchester Nightingale facility and, later in the year, our staff played an integral part in establishing and delivering an effective Covid-19 vaccination service in the Aintree Vaccination Hub.

Within the hospital we redeployed clinical staff to areas where their skills could be best used to deliver high quality patient care. For example, clinical staff from Neurophysiology moved to wards and delivered care across all shift patterns of long days and nights. Similarly, our Specialist Nurse teams also moved to wards and the Intensive Care Unit to deliver enhanced care. Non-clinical staff from various disciplines across the Trust provided an extra resource in clinical areas undertaking tasks such as; portering services, cleaning duties and enabling facetime between patients and their families. The way in which staff from across the Trust responded to the situation in a team-centred way was truly heartening and demonstrated just how embedded our 'Walton Way' values are.

The need to limit the number of people on site and comply with social distancing guidelines, thus reducing the risk of infection, meant that we had to take a different approach to Outpatient appointments. Where possible we provided the service through the use of online consultations and telephone calls to ensure continuity of patient care in the safest possible way. Where the patient condition necessitated face to face consultations appropriate measures were put in place to keep both patients and staff safe.

Similarly, containing the spread of infection and complying with social distancing requirements meant that we had to suspend patient visiting, apart from a limited number of exceptional circumstances. Although consistent with the national approach, this was a particularly difficult decision to take as it was contrary to our long-established principles of patient and family centred care where we routinely welcome families into the hospital. However, while difficult, this was absolutely necessary to protect both patients and staff from the risk of infection and we implemented a number of measures to lessen the impact on our patients. These included regular phone calls from a member of staff to family members to provide updates on the patient's condition, the provision of tablet devices and mobile phones to provide the means for patients to connect with their families and a facility for families to send email messages to patients. Our Charity Team also ensured that basic hygiene products, such as toothpaste, shampoo and shaving gel, which ordinarily would be brought in by visitors, were available on the wards for patient use.

Despite the undoubted challenge of the pandemic situation, we were able to maintain an excellent level of operational performance and achieved all of the national cancer standards through the year. The enhanced emphasis on infection prevention and control also contributed to a strong performance against our quality metrics. In addition, the Trust exceeded its financial plan for the year in achieving a £1.5m surplus against a planned deficit position of £1.3m. We also delivered an extensive Capital programme in 2020/21. Further detail on these subject areas can be found in the Performance Overview section on page 39 of the report.

The Trust has worked with Investors in People for a number of years now and achieved accreditation as an Investors in People Gold Employer in May 2017. A reaccreditation assessment was completed in October 2020 and it is pleasing to report that the Trust maintained its Gold Award status. This has added significance given that the assessment involves extensive engagement with staff and was conducted in the context of the Covid-19 pandemic. A culture characterised by openness, trust and empowerment together with deeply embedded core values with staff members seeing themselves as custodians of the Walton Way were identified as strengths during the assessment.

First wave, second wave, third wave; it really was relentless throughout the year. However, at the end of the year, while a national lockdown continued to be in place, the outlook appeared to be more optimistic than at any time in the previous 12 months. The infection rate had significantly decreased, we had no patients who were Covid-positive in the hospital on 31 March 2021, and restrictions were beginning to be eased. We had a roadmap in place, consistent with the national roadmap, to inform a planned return to normal service provision and we were able to welcome visitors back to the Trust, albeit in a limited capacity. Our focus turned to recovery and restoration and plans to increase elective activity and manage the backlog of 52-week breaches that had resulted from the pandemic.

In line with the 2021/22 national priorities, an essential part of our recovery plan relates to our staff. Supporting the health and wellbeing of staff and taking action on recruitment and retention. The scale of the challenge faced by our staff throughout 2020/21 cannot be overstated and, while our people responded to the challenge magnificently, and can be rightly proud of what they achieved, the pressures experienced both within work and their professional lives but also in their home and personal lives are likely to have an impact on individuals; either mentally or physically or both for many months to come. We will do everything within our power to support our people and to maintain staff resilience. This is absolutely essential in our efforts to resume the delivery of high quality patient and family centred care.

### **Trust History and Statutory Background**

The Walton Centre began as two wards in Walton Hospital on Rice Lane, Liverpool in the late 1940s. Neuroscience services in the city of Liverpool grew into a department, including pain management and a critical care unit. In 1992, The Walton Centre was established as an NHS Trust and was subsequently authorised as an NHS Foundation Trust in 2009. The Walton Centre is the only specialist hospital trust in the UK dedicated to providing comprehensive neurology, neurosurgery, spinal and pain management services.

Our specialist staff provide a world-class service in diagnosing and treating injuries and illnesses affecting the brain, spine and peripheral nerves and muscles, and in supporting people suffering from a wide range of long-term neurological conditions. We serve a catchment area of circa 3.5 million people across Merseyside, Cheshire, Lancashire, Greater Manchester, the Isle of Man, North Wales and beyond. While our main hospital site is situated in Fazakerley, Liverpool, services are also delivered through service partnerships with 18 NHS hospitals across the area we serve.

## Vision, Objectives and Values

The Trust published its five-year strategy in 2018 following a comprehensive consultation process with internal and external stakeholders. The strategy sets out the Trust’s Vision, Purpose, Ambitions and Values as detailed below.

Our Vision is what we strive for and our Purpose is what we do:

- **Vision** - Our vision is Excellence in Neuroscience. We are always striving for outstanding patient outcomes and the best patient, family and carer experience. We will continue to cherish the standards we have achieved, whilst exploring how we can enhance these further, shaping Neuroscience treatment and care for the future
- **Purpose** - Dedicated specialist staff leading future treatment and excellent clinical outcomes for brain, spinal and neurological care nationally and internationally.

Through consultation with staff, patients and partners, we agreed a set of **Ambitions** which will enable us to deliver our **Vision** and achieve our **Purpose**. We will:



These ambitions, which are the key drivers for our work across all areas of the Trust, form the basis of our strategic objectives which are incorporated in the Board Assurance Framework (BAF). The BAF details the principal risks to delivery of these objectives and is subject to regular review by the Board of Directors.

In order to achieve our ambitions, we ensure a learning culture that empowers staff to believe they can make and lead change, be curious and seek continuous improvement. We want all staff to feel comfortable

with being open and honest, treating patients and each other with dignity and respect and we do this through our Walton Way values;



- Caring – caring enough to put the needs of others first
- Dignity – passionate about delivering dignity for all
- Openness – open and honest in all we do
- Pride – proud to be part of one big team
- Respect – courtesy and professionalism, it's all about respect

The Walton Way values, which were designed with input from our staff, underpin the Trust's strategy and are at the heart of everything that we do. These values are now deeply embedded across the organisation and were clearly demonstrated by staff throughout 2020/21.

### Business Model and Operating Environment

The Trust operates as the hub for a network of services provided in hospitals and community locations across Merseyside, Cheshire, North Wales and the wider North West – The Cheshire and Merseyside Major Trauma Centre Collaborative, Cheshire and Merseyside Rehabilitation Network, our neurology services provided in 34 locations and the developing spinal surgery network. This also includes supporting GPs and hospitals to manage patients with neurological conditions better locally, without referring to the specialist centre. Services are delivered through the Trust's two Divisions; the Neurosurgery Division and the Neurology Division.

### Neurosurgery Division

The Division of Neurosurgery is responsible for:

Neurosurgery	Anaesthetics
Theatres	Surgical Wards
Critical Care	Pain Medicine
Pain Management Programme	Neuroscience Laboratories
Day Case Unit	Cancer Services
Major Trauma Service	Clinical Audit and Outcomes
Advanced Neurosurgery Nurses	Advanced Pain Medicine Nurses

Within the Neurosurgery service there are 20 Consultant Neurosurgeons, 5 Consultant Orthopaedic surgeons and 27 Specialist Nurses working alongside Allied Health Professionals (AHPs) to deliver specialist services at the Centre and at nine satellites sites at partner trusts across Cheshire and Merseyside, Isle of Man and Wales.

Within the Pain Medicine Service there are 7 Consultants in Pain Medicine and 5 Specialist Nurses again supported by AHPs, to deliver a highly specialised pain service on site enhanced by joint specialist clinics working with Liverpool Women's NHS Foundation Trust, Liverpool University Hospitals NHS Foundation Trust (Aintree site) and Alder Hey Children's NHS Foundation Trust.

In common with the rest of the Trust, the Division faced significant challenges during 2020/21 as a result of the Covid-19 pandemic, with a range of service changes being introduced in order to continue to support the delivery of services in line with national and local guidelines, and in order to support the health and wellbeing of staff. Whilst the Division's plans to recover activity after the second wave of the pandemic were on track in Quarter 3, the advent of the third wave in Quarter 4 resulted in a step down of elective activity from mid-January 2021, with the exception of patients who urgently required surgery. The step down formed part of the regional approach to facilitate staffing for critical care surge capacity and support mutual aid initiatives in the Cheshire and Merseyside region. This approach continued through to March 2021.

### **Division of Neurosurgery**

In normal circumstances the Division is one of the busiest neurosurgical units in the country, seeing approximately 9,800 new patients, 3,800 elective patients, and 1,700 emergency inpatients per annum. Clearly 2020/21 was far from a normal year and the Covid-19 pandemic had a significant impact on activity levels across the Division. Under national direction almost all clinical activity was stopped for a period during the early phase of the pandemic, with only priority one surgery being performed. However, despite the considerable challenges of delivering surgical services in a safe manner in the context of the pandemic, it is pleasing to report that our cancer patients did not experience any delays in their surgical treatment with positive levels of performance being maintained throughout the year.

The need to minimise patient and staff exposure in clinical settings rapidly advanced the use of technologies to permit remote consultations. This led to the use of Attend Anywhere, a video consultation platform. Patients have found the use of remote consultation to be incredibly helpful and this is a service that will undoubtedly remain a viable option for selected patient groups in the longer term.

The Divisional focus continues to be patient centred and, in addition to maintaining our existing satellite clinics, a second satellite service was established in North Wales with a fortnightly spinal clinic being launched in January 2021. This has allowed patients to be reviewed locally and has also allowed The Walton Centre to grow as a regional hub by providing on the ground teaching to the local specialist physiotherapy services who are responsible for triaging, managing and referral of spinal patients. In a

similar vein, we have now formally established a service level agreement with Southport and Ormskirk Hospital NHS Trust to allow fortnightly teaching based on case discussions, and to act as a point of contact for local MCAS practitioners.

As part of the Getting It Right First Time (GIRFT) recommendations, we have successfully implemented a single Complex Spinal consultant on-call emergency rota across the whole region. The Division recruited a Spinal Clinical Lead and an Operational Lead in 2020 for the reconfiguration of spinal services across Cheshire and Merseyside. This followed the identification of the Walton Centre as the lead provider for spinal services in the region. A significant programme of work was achieved during 2020/21, with an additional four Spinal Consultants from Liverpool University Hospitals joining the spinal rota, and the development has a forecast completion date of July 2021.

Mr Pigott, Consultant, has remained the past president of Eurospine and raised the profile of the Trust through a landmark address to the G20 conference in a pre-congress presentation promoting spinal health worldwide. Mr Pigott has also been the driving force behind the development of our data collection tool, via Spine Tango, which has been recognised to be of extremely high quality and will form the basis of a spinal improvement partnership with industry which we anticipate will be established during 2021/22.

Research activities continued throughout the year and Professor Jenkinson was appointed as Sir John Fisher / RCS Chair of Surgical Trials at the University of Liverpool in November 2020. His remit is to work across Liverpool and the wider region to increase clinical trials in all surgical specialities. Professor May, in addition to his role as the GIRFT National Clinical Lead for Adolescent and Paediatric Neurosurgery, was appointed as the Director of Clinical Academic Development for the University of Liverpool, and is instrumental in the integrated academic training programme, as well as guiding future research to be more relevant to the local Liverpool population. There were many publications from all areas of subspecialty, but of most significance was the landmark NERVES trial which was published in the Lancet. This work is expected to change the management of 'slipped discs' in the lumbar spine both regionally and nationally.

Our commitment to teaching remains at all levels with Mr Carleton-Bland being recognised by Health Education England, The North West School of Surgery, as a supra-regional educator through a Certificate of Excellence in Education. Mr Carleton-Bland with Mr Tierney, the Practice Education Facilitator for theatres, have successfully established a human factors training programme. Thanks to Mr Tierney's ongoing commitment to education and safety, he was appointed to the Board of The Association for Perioperative Practice.

In line with national and local guidance, the Walton Centre actively sought an electronic solution for emergency referrals made for neurosurgical advice or intervention. On 6 July 2020, the Trust went live with a pilot of ORION cloud, which is a referral system that can be used by external Trusts to refer emergency patients via an online platform. The pilot has been of significant success and is now into its second phase of implementation with three local Hospital Trusts and three Welsh Hospital Trusts now using the platform

as a route to refer patients. The Divisional teams continue to work with ORION cloud and during the year have co-designed functions for electronic MDT outcomes, an emergency referral triage tool and online access to educational material and clinical guidelines endorsed and developed by the neurosurgical teams. The team is currently working towards an electronic solution for critical care transfers for use within the network.

In 2020/21 the Division successfully implemented the Faster Diagnostic Standard, a national initiative to notify patients of their diagnosis within 28 days. This required a whole pathway review of the two week wait cancer standard and we consistently achieved 100% success. Despite the effects of the pandemic, our neuro-oncology team continued to work tirelessly, providing excellent care to this patient cohort, and maintaining the waiting times standard associated with cancer care. In addition, Divisional teams worked collaboratively with Liverpool University Hospitals NHS Foundation Trust on mutual aid arrangements to ensure that patients requiring cancer care were able to continue to access treatment.

### **Anaesthesia and Critical Care**

The Anaesthetic Department maintained their Anaesthesia Clinical Services Accreditation (ACSA) from the Royal College of Anaesthetists (RCoA) in 2019/20. ACSA is the RCoA's peer reviewed scheme which promotes quality improvement and the highest standards of patient experience, patient safety and clinical leadership within anaesthetic services. ACSA accreditation was first awarded to our Anaesthetic department in 2017; the Trust was the eighth in the North of England and the seventeenth in the UK to receive the prestigious accreditation and continues to develop the service for the benefit of patients and staff. The reaccreditation process is scheduled to be completed in November 2021.

In 2020/21 the Department developed a programme of education for the in-house delivery of Immediate Life Support (ILS) which all key staff are able to access. The course will be delivered in the Sid Watkins Building, utilising the recently located Sim Centre. The course is taught and delivered by our existing resuscitation leads, with assistance from the Advanced Critical Care Practitioners in Intensive Care

Our Critical Care department actively received both Covid positive and non-COVID positive patients into the unit as a means of mutual aid to neighbouring Hospital Trusts across the region during the course of the Covid-19 pandemic. A PEER review of the Intensive Care Unit was undertaken in 2020 as part of a scheduled review by the Cheshire and Mersey Critical Care Network (CMCCN). While no immediate concerns were identified during the course of the review, publication of the review outcomes has been delayed as a result of the Covid-19 pandemic. Similarly, the CMCCN had planned to undertake a scheduled Specification review in February 2021 but this was deferred to a later date due to the increased workload of the Network during the pandemic.

A Divisional priority during the year was to review the way in which pre-operative assessment is delivered as part of a wider transformation programme. This review was successfully completed and identified the need for an anaesthetic led generic pre-operative assessment service. The team successfully appointed

into the required nursing posts, funding was identified for an online IT platform to support the service and a phased approach for implementation was initiated.

### **Pain Medicine**

The Covid-19 pandemic posed significant challenges to the Pain Department over the course of 2020/21. At the start of the pandemic, during the first lockdown, several Pain Consultants updated their core skills to provide assistance and clinical support to Theatres & Critical Care. The remaining Pain Consultants adapted their practice to ensure that remote patient consultations could continue. Although most new patients will require face-to-face appointments, it has become evident that a significant number of follow-up appointments may continue to take place remotely, and this has been added to our programme of work for 2021/22.

The Department worked closely with the Service Improvement Team and developed a new Pain Injection Service - Halton Hospital. The procedures take place in a purpose built day-case unit and the service has the potential to improve patient experience and reduce waiting times. Further development and full implementation was unfortunately delayed due to the pandemic situation but we plan to restart the service in May 2021. The Walton Centre is currently the only Pain Service in England that is still able to provide a percutaneous cordotomy service for terminally ill cancer patients with pain that cannot be controlled by drugs.

Dr Sharma remains an elected Board member for the Faculty of Pain Medicine. Miss Johnson, Pain Specialist Physiotherapist, is on the Executive Committee for The Physiotherapy Pain Association and is now a Clinical Research Fellow and PhD student. She has also set up regular educational and research meetings for the department. Mr Tetlow, Lead Occupational Therapist, is a committee member for the Chronic Pain Guidelines which is an advisory Committee to The National Institute for Health and Care Excellence's (NICE) Board. Dr Goebel co-authored ten publications in 2020.

### **Pain Management Programme (PMP)**

Prior to the Covid-19 pandemic, the PMP model was based on groups of patients working together with health professionals to learn to manage their problems and to try to restore their quality of life. It was impractical to continue with this model due to the restrictions imposed during the pandemic and therefore the team developed on-line programmes to deliver the service remotely. Despite the significant logistical and IT challenges, these programmes have been running successfully since Summer 2020 and have enabled those patients with access to the appropriate technology to continue to receive the service. Unfortunately, not all potential participants have the appropriate technology at home, or may not be suitable to participate, and therefore access has been limited. The PMP team is looking forward to restarting the face to face programmes as soon as possible. A huge amount of effort was made across the MDT to ensure high quality care could be provided in this new format (at tertiary level) and the service provides one of the more intensive online PMPs available in the UK.

The team continued to collect a range of PROM data to enable auditing of the online service and the initial analysis demonstrated effective clinical outcomes, although not quite commensurate with face-to-face outcomes in certain key domains, the service will review its continued use of remote clinics (particularly for follow up appointments and long distance patients) as this is seen as an effective and useful additional aspect to our clinical pathway options.

The Pain psychology team led on the development of a Staff Support Helpline in the early stages of the pandemic, which provided quick access telephone-based support to staff who felt that they needed support or were experiencing difficulties at work or at home. The Helpline was launched in April 2020 and ensured that colleagues and teams across the Trust had an immediate avenue of support during the particularly challenging period at the start of the pandemic. We discontinued the service in October 2020 as other avenues of support, such as occupational health and national support services had by then become available. These included an onsite counselling service provided by the Network of Staff Supporters (NOSS), which incorporated a 24/7 telephone helpline service, and access to the VIVUP health and wellbeing platform.

### **The Neuroscience Laboratories**

The Covid-19 pandemic affected both the activity and working practices of the Neuroscience Laboratories throughout 2020/21. While the pandemic situation resulted in a significant reduction of activity in Neuropathology, specialist testing activity referred to the Clinical Neuroimmunology and Clinical Neurobiochemistry laboratories from external hospitals remained relatively high throughout the year. The workforce adapted well to changes in working practice, with remote working introduced where practicable and social distancing measures rigorously implemented following comprehensive risk assessments to protect those members of staff working on site.

The Neuropathology Service is led by two full time Consultant Neuropathologists who also maintain a strong network with the regional North West Neuropathology units, the regional Genomic Laboratory Hub in Manchester and national Neuropathology referral centres. We commenced the recruitment process for a third Neuropathologist at Senior Lecturer level and this new joint position for the Trust and the University of Liverpool will also link with the newly created Liverpool Head and Neck Institute. The successful candidate will be expected to develop and expand the neuropathology research platform, linking in with clinical and academic colleagues to build a first class, world leading department. They will also be working alongside our two Consultant Neuropathologists to develop and expand the clinical service of the department. Our Neuropathologists continued to provide teaching to both undergraduate and postgraduate trainees with sessions during the year delivered both virtually and face to face.

The Neuropathology service is supported by an excellent laboratory team, which is now fully established following the appointment of a new Senior Biomedical Scientist in September 2020. Development of staff is positively encouraged; two of our Biomedical Scientists successfully completed the Institute of Biomedical Science Specialist Diploma during 2020/21 with a further two undertaking Master's Degrees in Biomedical

Science. Two Associate Practitioners are working towards the Institute of Biomedical Sciences Certificate of Achievement and both our Principal Clinical Scientists are working towards FRCPath qualifications.

The Liverpool Neuroscience Biobank at The Walton Centre (LNBW) continued to recruit samples from patients to support research, although sample collection was much reduced in 2020/21 due to the pandemic situation. Sample recruitment will increase as the pandemic situation improves and we plan to expand the Biobank through the procurement of two -80C long term storage freezers. We have applied for UKAS accreditation against ISO20387:2018 Biobanking and this accreditation will provide researchers with assurance that our collection and storage of samples is compliant with the ISO standards and can therefore be trusted to support their research. Pre-assessment took place in March 2021 and the initial assessment will take place later in the year.

Research and development activities continued throughout the year, primarily on a virtual basis, and the pandemic situation meant that, unfortunately, a number of planned research activities had to be deferred. The team did, however, successfully evaluate, verify and introduce into routine use a standardised ELISA method for ganglioside antibodies. UKAS accreditation extension to scope has been applied for. We plan to commence a number of deferred projects as the pandemic situation improves and these include:

- Evaluation of CSF free light chains and comparison with oligoclonal bands as a marker of intrathecal IgG synthesis.
- Methylmalonic Acid (MMA) analysis will be evaluated on a new Waters Xevo TQS micro mass spectrometer as a marker for low vitamin B12.
- Development of an in-house rat brain immunofluorescence as an additional screening method for autoimmune encephalitis will be restarted.

The laboratories upgraded the Technidata Laboratory Information Management System (LIMS) in late 2020 and we plan to implement Associated Analytics software in 2021/22.

Following the publication of the NHSE/I Pathology Quality Assurance Dashboard (PQAD) – Second Edition, The National Pathology Consolidation Programme requested data to be submitted on various pre-defined quality and performance indicators concerning pathology laboratories. The first submission was made in April 2020 with subsequent submissions made on a quarterly basis. The PQAD is also presented quarterly at Quality Committee meetings.

### Neurology Division

The Division of Neurology is responsible for:

Consultant Neurologists (currently 46 people in post)	Long term condition pathway development and management such as Headache, Epilepsy, Multiple Sclerosis, Parkinson's Disease
Hosting and managing the Cheshire and	Neuropsychiatry for CMRN and the main hospital

Merseyside Rehabilitation Network (CMRN)	services
Neuropsychology - outpatient and inpatient	Neurophysiology and Neuro-Ophthalmology
Neuroradiology	Thrombectomy service
Outpatient and Inpatient Therapy Service	Outpatient services
Neurology day cases	Neurology Specialist Nurses and Integrated Neurology Nurses Specialists(INNS)
Clinical Audit	Orthotics
Intravenous Immunoglobulin Database	Regional Neuro Myelitis Optica service

### Division of Neurology

The Neurology Division continues to deliver a responsive specialist service to patients; both in the Centre and at partner trusts and community settings via an outreach service. This model of care was chosen as a preferred model by the Association of British Neurologists (ABN) following work undertaken by the Trust as part of the NHS Acute Care Collaboration Vanguard and more recently by the NHSE/I review of Neurology services in England.

The Neurology service provides specialist care to patients across Cheshire, Merseyside, North Wales and the Isle of Man. Our network of satellite clinics operates from 15 acute hospitals, providing both outpatient services and support to inpatients. It is a large and busy neurology service which in 2020/21, saw 68,452 new and follow up outpatients and treated 3,799 inpatients in either The Walton Centre's day case or ward facilities.

The Neurology service is delivered by a multi-skilled professional team. There are 46 consultants and 28 specialist nurses, who work alongside an experienced therapy team to provide the holistic and multidisciplinary care required for our patients. Sub-speciality clinics are also provided in Epilepsy, Movement Disorders, Headache, Neuromuscular, Multiple Sclerosis, Motor Neurone Disease, Vascular and Neuro Myelitis Optica.

There continues to be an increase in demand for our service year on year. As such, robust plans are required for both the Consultant and nursing workforce. Two further consultants were appointed in 2020/21 and an additional 4 nurse specialists were appointed working in the areas of Epilepsy and Headache.

We continue to support neurology service provision at Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, having initially agreed sub-contract arrangements in 2017/18, with further discussions taking place during 2020/21 to enhance service provision through the addition of an Integrated Neurology Nurse. Our Neurologists support service provision at Ashworth Hospital and we have worked collaboratively with colleagues from Mersey Care NHS Foundation Trust to develop the service for patients with Neurology conditions who are detained under the mental health act.

Following the NHS Acute Care Collaboration Vanguard programme, work has continued on the development and implementation of the Acute Headache pathway, alongside the national development of best practice guidelines for Headache. In the field of Epilepsy, we are supporting the implementation of the National Audit of Seizures in Hospitals (NASH) 3 recommendations which link to the post seizure pathway. The development of a pathway excellence framework for Parkinson's disease has also commenced along with the implementation of the Multiple Sclerosis optimum care pathway. We have senior leadership representation on all related national working groups and this has included work on the future commissioning of Neuropsychiatry.

Requests to share our learning at national events and to support the development of other neurology services across the country have continued, despite the pandemic situation, and our Divisional Director is the founder of a National Neurology Managers Network with two successful meetings held during the year which enabled sharing and learning from good practice.

The Cochrane Epilepsy Group continues to be based in Liverpool which maintains a high national and international profile, with awards of National Institute for Health Research (NIHR) grants and close collaboration with the European Brain Council. There also continues to be major interest in the service delivery of Epilepsy, the genetics of Epilepsy, magnetic resonance imaging (MRI) scanning and the drug treatment of Epilepsy including issues associated with prescribing Valproate in people of child bearing age.

The Neurology Service has continued to develop its core services as part of our strategic service direction. This work is aligned with recommendations from the Getting it Right First Time (GIRFT) programme to improve our ability as a system partner to meet patient healthcare needs and demand. This has been achieved by optimising the performance of our acute neurology model to improve quality, patient experience and operational performance while delivering financial efficiencies across the system. The work has included:

#### Ambulatory Care

Providing a high-quality patient focussed care pathway that delivers rapid senior assessment whilst avoiding the need for an inpatient stay. This service is currently in place at the Liverpool University Hospitals NHS Foundation Trust (both Royal Liverpool and Aintree sites) and Whiston Hospital, with further sites identified.

#### Rapid Access to Neurology Assessment (RANA)

This service provides direct access to an expert neurologist to discuss patients presenting at Emergency Departments with Neurological signs or symptoms, with access to the Walton Centre onsite ambulatory clinic or ring fenced neurology assessment beds.

## Therapy Services

The Therapy services encompass five groups of Allied Healthcare Professionals (AHP) within a range of multidisciplinary teams. Each group has an identified professional lead to provide assurance of professional competence and accessible support. All staff work to a combined collaborative / interdisciplinary model to deliver safe, effective and holistic patient centred care during all stages of the patient pathway including; major trauma, critical care and acute inpatients via a comprehensive rehabilitation pathway. The Long Term Conditions therapy team provides outpatient care for patients living with long term neurological conditions.

As the pandemic situation developed at the beginning of the year, the Therapies service initiated business continuity plans as part of the Trust's response to the Covid-19 pandemic. The Therapies staff responded swiftly and effectively to support the Trust in fulfilling its mutual aid obligations by redeploying staff and allocating available resources in response to fluctuating clinical demands. The team was integral to the successful transfer and delivery of acute Stroke rehabilitation from a neighbouring Trust and the transfer was achieved with minimal disruption to patient care.

Patient care was disrupted due to the cancellation of outpatient clinics in response to the pandemic situation, but this provided the opportunity to redeploy staff to deliver care where needed in other parts of the organisation. The resumption of outpatient clinics towards the end of 2020 necessitated flexibility and creativity to ensure that patient care was delivered in the safest way possible. Therapy staff adopted a hybrid model of care utilising a blend of technology solutions and agile working to achieve best outcomes for their patients. All Therapy service improvement plans and innovation projects were put on hold as the pandemic situation continued throughout the year. We plan to resume these activities as soon as practicable in 2021/22.

## Rehabilitation Therapy

The therapy teams work across the Hyper Acute Unit and the Complex Rehabilitation Unit situated on the Walton Centre site. The teams were actively involved in supporting Trust activities during the pandemic including a relaxation of 'Rehab' criteria to support the mutual aid agenda by offering post-Covid rehabilitation and stroke rehabilitation. The most challenging time for this staff group was during the initial phase of the pandemic when patients had to cut short inpatient rehabilitation and return home earlier than normal to reduce the risk of infection spread. As a consequence, the Complex Community Rehabilitation team experienced increased demand to care for and treat these 'early discharge' patients at home.

A TUPE transfer of locality 1 community team from Bridgewater Community services to the Cheshire and Merseyside Rehabilitation was completed during the first wave of the pandemic in April 2020, although the prevailing situation denied this particular staff group the usual opportunity to meet and engage with the wider Therapies team. However, much was achieved in terms of welcoming the team to the Walton Centre through the introduction of virtual meetings and virtual training opportunities and senior Therapy staff were successfully appointed to lead the team.

Despite the many challenges of the pandemic situation, a culture of enquiry and research activity continued to be encouraged. Education, training, research and innovation are key functions of the wider therapy service and we look forward to a time in the near future when staff will again be able to focus on optimising learning resources and skills for a shared learning approach that is innovative, supportive and aligned to a Neuroscience centre of excellence.

### **Complex Rehabilitation**

The Walton Centre is both the host and provider of the Cheshire and Merseyside Rehabilitation Network (CMRN), commissioned by NHS England and CCGs in January 2013 to integrate complex rehabilitation services from hyper acute to community in the region.

The CMRN works to a collaborative model to deliver safe, effective and holistic patient care and is a unique collaboration of five provider partner organisations to deliver a high quality, co-ordinated and seamless pathway of care. The partner organisations for this service are:

- The Walton Centre (Level 1 Hub Units, Level 2 Spoke Unit and Community Service)
- Liverpool University Hospitals NHS Foundation Trust (Level 2 Spoke Unit)
- St Helens and Knowsley Teaching Hospital (Level 2 Spoke Unit)
- Wirral University Teaching Hospital (Level 2 Spoke Unit)
- Oak Vale Gardens Priory Group (Level 3 Extended Unit)

The CMRN delivers a responsive and coordinated inpatient and community service to patients with complex rehabilitation needs following traumatic illness or injury, regardless of diagnosis. The service is delivered by multidisciplinary teams at each service level with rehabilitation consultants, nurses and therapists to improve medical, physical, cognitive, communicative and behavioural outcomes.

The Network has a strong focus on maximising clinical outcomes, optimising patient flow and occupancy to ensure that we are utilising our resources across the pathway effectively. During 2020/21 we continued to focus on our performance and clinical outcome data to enable increased collaboration and partnership working through the Strategic Board, Operational Committee and Clinical Management Group to respond more effectively and efficiently to operational practice and inform clinical, operational and strategic service improvements.

Education and quality are key functions of the CMRN where a culture of shared learning and continuous improvements is encouraged. The network is actively involved in delivering specialist rehabilitation education through a Masters module in partnership with Liverpool John Moore's University to both network staff as well as staff from external provider organisations across the region. The network Quality Group has continued to develop and deliver a comprehensive plan of several service and network level audits, service

evaluation and research and innovation projects that are aligned to our network values and strategic objectives.

The Network's response to the Covid-19 pandemic throughout the year has been on continuing to provide specialist rehabilitation to those patients requiring it, but where possible adapting their management to minimise inpatient length of stay and optimise patient flow. Capacity created through this approach was subsequently utilised to provide mutual aid to acute providers within the region. This was achieved by flexing admission criteria for inpatient admission and with more targeted support aligned to the Stroke Pathway to facilitate earlier discharge, thus releasing capacity within the Liverpool University Hospitals inpatient bed base. It is planned that collaborations developed through this period will provide a sound foundation for more enhanced partnerships and integrated clinical pathways to be embedded in future service delivery.

In response to Covid-19 restrictions and the associated stringent infection prevention and control protocols, both inpatient and community teams have adapted and flexed working practices using virtual IT platforms to maintain essential communications with families and carers but also to deliver clinical intervention remotely where this could be facilitated effectively.

The Network is now four years into a five-year strategic plan. Recognising that all NHS services are operating in a time of unprecedented change, particularly with the advent of integrated commissioning, the network is positioned to be agile and responsive to this changing landscape. In 2021/22 the focus will continue on working in collaboration and partnership with both provider and existing commissioning partners to ensure that CMRN continues to deliver a model of care that is effective, efficient, sustainable and fit for purpose in the longer term.

### **Neuropsychology**

The Neuropsychology service experienced some challenging times in 2020-2021. Early in the year there was an extended period of time when mainly follow up patients were seen remotely due to the Covid-19 situation, although some patients were seen face to face where there was a clear clinical need to do so. As technology solutions were developed, the service adapted well and was able to provide some Neuropsychological assessment that could be completed remotely via the combined use of Attend Anywhere and a Visualiser that allowed cognitive test materials to be viewed and completed appropriately over video. This enabled the team to restart the non-urgent new patient appointments that had previously been put on hold. Waiting list length was a concern, however, with enhanced focus it gradually improved as the year progressed.

### **Neuroradiology**

During 2020/21 the service completed the procurement and installation of a Siemens ICONO Biplane, as a replacement for 12 year old GE Biplane. Biplane fluoroscopy offers high quality imaging and resolution to provide comprehensive three dimensional views of blood vessels within the brain. Biplanes are essential to support the development of the Thrombectomy service.

In addition, the service also completed the procurement and installation of a second CT scanner, utilising NHS England adapt and adopt funding. Regional system support for this development was integral to the success of the bid for funding. This second scanner will support a reduction in delays in patient pathways, increased complexity of scans (which may require more scan time to complete) and an increase in referrals and CT guided biopsies. The Department also successfully completed recruitment programmes for the appointment of two Consultant Radiologists (1x Diagnostic and 1x Intervention). Neuroradiology continues to be an active member of the Cheshire and Merseyside Imaging Network Programme, leading on the Stroke Imaging Pathway, and providing operational leadership for Consortium Radiology Information System replacement.

The development of the mechanical thrombectomy service for stroke patients across Cheshire and Merseyside has continued with expansion to a seven day service. Mechanical thrombectomy is a momentous development in the treatment of stroke, demonstrating significantly improved outcomes and reduced disability for many stroke survivors. It remains an ambition of NHS England to see this treatment available 24/7 in the future in collaboration with local partners. Work is underway at The Walton Centre to realise this for our population.

### **Neurophysiology**

There were two areas of exciting innovation and development within Neurophysiology during 2020/21. The service has undertaken video ambulatory EEG, within the home setting, for many years. This equipment prevents the requirement for a hospital admission, as all the data can be captured within the home setting. In 2020, equipment was purchased that embraces new innovative technology and incorporates an i-pad device which patients have found easier to use and, in addition, the clinical team have reported excellent technical quality and reliability from the recording systems.

Neurophysiology has four EEG telemetry beds on Chavasse ward which support the epilepsy surgery programme. As a result of the pandemic access to these beds was lost when the ward was required for the treatment of Covid-19 patients. The supplier was able to integrate the full telemetry system (fully integrated computer and infra-red camera) onto a specialised cart. Testing and IT infrastructure installation for this was completed in December 2020. The cart, which is portable, can provide flexibility and responsiveness so that the service can function in a choice of multiple side rooms across a number of wards. The telemetry service will recommence, with the first newly installed cart, as part of the Trust's Recovery and Restoration plan in 2021/22.

### **Pharmacy**

Pharmacy services are provided via a service level agreement with Liverpool University Hospitals NHS Foundation Trust and the service continues to develop year on year. In addition to the standard clinical pharmacy service for inpatients, a pharmacist prescribing service is now well established. Pharmacist prescribers play a key role in the same day admission process for elective surgical patients, contribute to

daily neurosurgical ward rounds and other multidisciplinary clinical rounds, and write discharge prescriptions.

The designated senior neurosciences pharmacist team work closely with other staff within the Trust to deliver medicines governance and safety agendas, and seek to continually develop and improve practice. As the coronavirus pandemic unfolded throughout the year, the team continually adapted their working processes and supported the Trust responses in various ways. For example, preparing clinical guidelines on medicines for Covid-19, supporting the temporary relocation of stroke services and advising on inpatient vaccination. Further expansion of the neurosciences pharmacy team occurred this year following increased funding for governance of homecare medicines and a second pharmacist for neuro-critical care.

## 1.2 Operational Performance

Performance and activity during 2020/21 were severely impacted by the Covid-19 pandemic. During this period there were activity cancellations by both patients and the Trust and national guidance required all Trusts to limit elective activity to urgent patients only. Our ability to progress patient activity was also constrained by the implementation of rigorous infection prevention and control and social distancing requirements. These factors impacted both bed occupancy levels and performance against key indicators. The Trust is working towards restoring activity to 2019/20 levels over the course of 2021/22 in accordance with national and regional planning requirements.

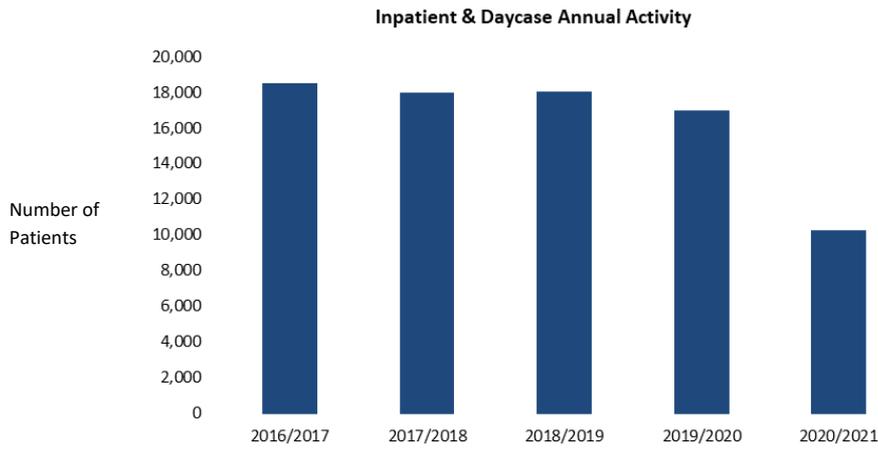
### Summary of Activity

Table 1 and Charts 1 - 3 show activity levels for 2020/21 in comparison with previous years. The impact of the pandemic situation on activity is clearly demonstrated in each case, although it was encouraging that the level of reduction in Outpatient activity was relatively modest with the outturn position representing 86% of the 2019/20 level. Overall, total activity for the year was 82.5% of the level in 2019/20.

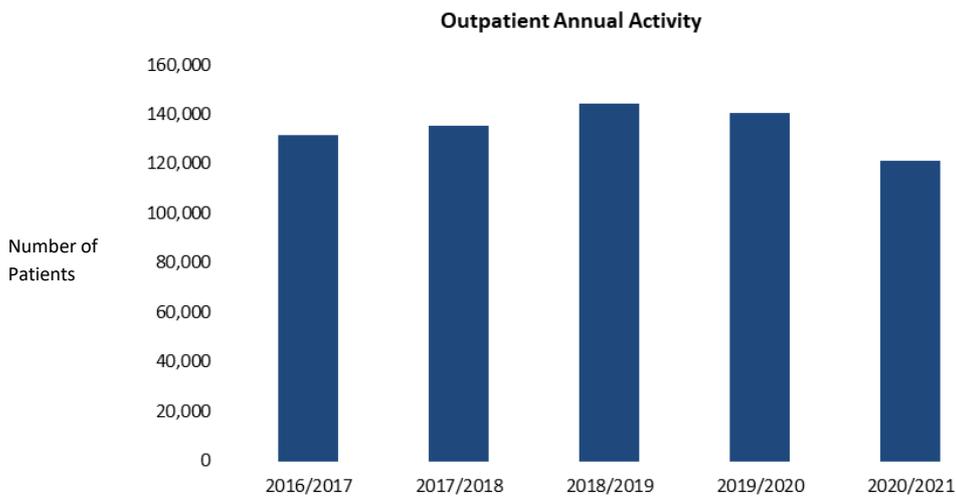
**Table 1**

Activity	2016/2017	2017/2018	2018/2019	2019/2020	<b>2020/2021</b>
Day cases	13024	12602	12559	11877	<b>6862</b>
Inpatients	5503	5429	5483	5141	<b>3444</b>
Outpatients	131761	135721	144681	140878	<b>121566</b>
Key Diagnostic tests	28229	26143	26325	26425	<b>20176</b>

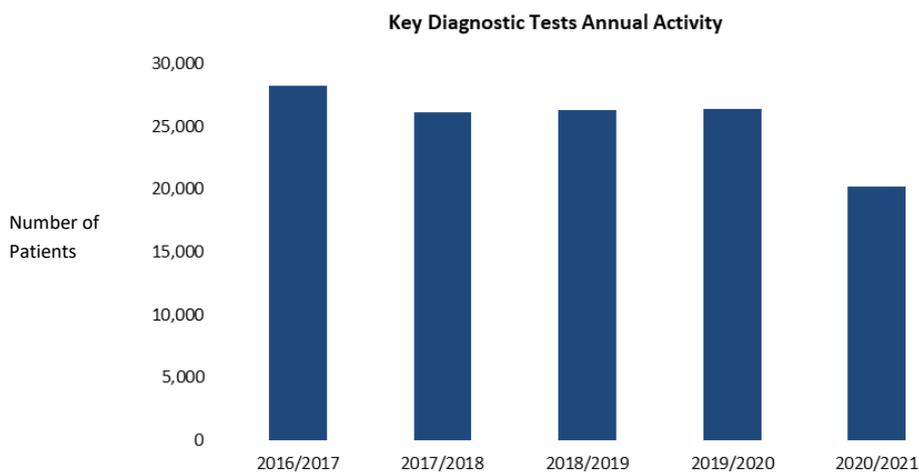
**Chart 1**



**Chart 2**



**Chart 3**



## Bed Occupancy Rates

Bed Occupancy is measured by counting the number of open beds occupied at midnight on each day. The following table details bed occupancy rates for the last 3 years, split by quarter and by bed type. Again, the rates for 2020/21 clearly illustrate the effect of the pandemic situation on bed occupancy levels with a general trend of reducing rates for General and Acute beds and Rehabilitation beds being offset by increased occupancy rates for Critical Care beds in Quarter 3 and Quarter 4 2020/21. This increase reflected the Trust's participation in regional mutual aid arrangements to maximise critical care capacity.

**Table 2**

<b>General &amp; Acute</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Overall</b>
2018/19	83.06%	74.60%	79.99%	86.35%	<b>80.96%</b>
2019/20	77.45%	77.97%	71.91%	73.77%	<b>75.27%</b>
<b>2020/21</b>	<b>54.74%</b>	<b>70.09%</b>	<b>64.42%</b>	<b>58.72%</b>	<b>62.03%</b>
<b>Rehabilitation</b>					
2018/19	82.17%	92.47%	81.39%	81.58%	<b>84.42%</b>
2019/20	76.10%	69.70%	74.54%	75.05%	<b>73.84%</b>
<b>2020/21</b>	<b>48.32%</b>	<b>50.14%</b>	<b>64.38%</b>	<b>76.44%</b>	<b>59.76%</b>
<b>Critical Care</b>					
2018/19	79.23%	82.34%	76.58%	78.22%	<b>79.10%</b>
2019/20	77.25%	81.14%	74.13%	66.98%	<b>74.89%</b>
<b>2020/21</b>	<b>72.38%</b>	<b>78.41%</b>	<b>88.62%</b>	<b>91.48%</b>	<b>82.70%</b>

## Performance against National Standards

Table 3 summarises the Trust's performance against national standards during 2020/21 and it is pleasing to report that all standards were achieved despite the unprecedented challenges associated with the Covid-19 situation.

**Table 3**

<b>Performance Indicator</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2020/21</b>
	<b>Performance</b>	<b>Performance</b>	<b>Target</b>	<b>Performance</b>
Referral to treatment time, 18 weeks in aggregate, incomplete pathways*	94.27%	N/A	N/A	N/A
All Cancers: 62 days wait for 1st treatment from urgent GP referral to treatment	100%	100%	85%	<b>100%</b>
All Cancers: Maximum wait time of 31 days for second or subsequent treatment: surgery	100%	98.6%	94%	<b>100%</b>

All Cancers: Maximum waiting time of 31 days from diagnosis to first treatment	99%	100%	96%	<b>100%</b>
All Cancers: 2 week wait from referral date to date first seen	100%	98.9%	93%	<b>98.9%</b>
Incidence of Clostridium Difficile	7	7	8	<b>5</b>
Compliance with requirements regarding access to healthcare for people with a learning disability	Achieved	Achieved	Achieved	<b>Achieved</b>

\* Referral to Treatment (RTT) Target. Since August 2019, the Trust has been taking part in field testing the use of an average (mean) wait measure for patients on the referral to treatment waiting list as a potential alternative to the metric of 92% of patients waiting less than 18 weeks as part of an NHS England / NHS Improvement clinically-led review of NHS access standards. As part of this pilot, the Trust has not been required to measure or report performance against the existing 92% target.

### Equality of Service Delivery

The Trust has undertaken an analysis of accessibility to our services regarding race and ethnicity via the Strategic BAME Advisory Committee. The analysis indicated that fewer patients from Black, Asian and Minority Ethnic backgrounds were accessing our services in comparison with their proportionate demographic percentage of the population we serve.

Area	Asian or Asian British	Black or Black British	Mixed	Other Ethnic Groups	White	BAME
Liverpool	4.30%	2.86%	2.89%	1.97%	87.98%	12.02%
Merseyside	2.33%	1.16%	1.78%	0.81%	93.92%	6.08%
Cheshire & Merseyside	2.06%	0.80%	1.53%	0.56%	95.06%	4.94%
North West	6.70%	1.53%	1.90%	0.70%	89.18%	10.82%
England & Wales	7.96%	3.56%	2.63%	1.07%	84.78%	15.22%

	Asian or Asian British	Black or Black British	Mixed	Other Ethnic Groups	BAME	White
% Daycase	0.71%	0.35%	0.55%	0.43%	2.03%	97.97%
% Elective	0.53%	0.31%	0.56%	0.62%	2.02%	97.98%
% Non Elective	0.49%	0.53%	0.53%	0.91%	2.46%	97.54%
% Overall	0.65%	0.36%	0.55%	0.52%	2.08%	97.92%

We have taken steps to ascertain the reasons for this disparity with relatively fewer numbers of Black, Asian and Minority Ethnic patients accessing services. The following barriers were identified through networking with voluntary sector organisations such as the Neurological Alliance:

- A lack of knowledge in some newer communities as to how the health system works and how to access health services e.g. refugees and asylums seekers.
- Language can be a barrier for people who have English as a second language. Basic information as to how to navigate the health system can be more difficult to access, resulting in patients not being referred on from primary care in the numbers we might expect.
- Different ways of understanding illness and describing symptoms in some communities leading to greater difficulties in diagnosis of some conditions e.g. in some languages there is no separate word for a neurological condition and a mental health condition.
- Stigma and a reluctance to come forward for diagnosis because of fear of being stigmatised in some communities.
- A greater emphasis in some communities on families taking care of their own family members rather than relying on health care services, leading to later presentation at health services and later diagnosis.

The Trust is continuing to network with the Neurological Alliance and other organisations to find ways to address these barriers e.g. the Trust has participated in the Steering Group of the Cheshire and Merseyside Health and Care Partnerships, community insight research “Getting Under the Skin” which, though primarily aimed at measuring the impact of COVID- 19 on Black, Asian and Minority Ethnic communities, will lead to better mapping of and engagement with these communities in relation to a wide variety of health conditions including neurological conditions.

### **Disability Patient Accessibility**

Disability Accessibility will be enhanced by the introduction of a new Reasonable Adjustments Standard Operating Procedure in 2021, which will help ensure that the Trust continues to identify and accommodate accessibility needs of patients.

Further information on the Trust’s work in these areas can be found in our Equality, Diversity & Inclusion Annual Report which is available on the Trust’s website.

## **1.3 Quality Performance**

Ordinarily, a full Quality Report would be incorporated in the Annual Report & Accounts document. However, this requirement was waived for the reporting period 2020/21 as set out in the NHS Improvement Annual Reporting Manual 2020/21. Instead, the Trust is required to separately publish the annual Quality Report for 2020/21 via its website by 30 June 2021. This section is intended to provide an overview of Quality Performance during the reporting period.

## Quality Metrics

The Trust has identified a range of infection control metrics with associated targets and performance against the metrics is routinely monitored by the Quality Committee and the Board of Directors. Performance against these metrics during 2020/21 was as follows:

Metric	2020/21 Target	2020/21	2019/20
MRSA Bacteraemia	Nil	Nil	Nil
CPE	No threshold set	10	4
Clostridium Difficile	5	3	5
E.Coli	11	7	13
Klebsiella Bacteraemia	No threshold set	6	3
Pseudomonas Bacteraemia	No threshold set	3	1
MSSA	8	13	4

As indicated above, the Trust experienced a stepped increase in Meticillin Sensitive Staphylococcus Aureus (MSSA) infections during 2020/21 which were in excess of the target level. A 'deep dive' into the factors driving this increase was commissioned by the Quality Committee and measures to improve performance were identified. Progress on improvements will be monitored by the Infection Prevention & Control Committee with assurance reporting on outcomes to the Quality Committee.

## Infection Prevention and Control

Clearly a key focus throughout 2020/21 was on the introduction and maintenance of rigorous infection prevention and control (IPC) measures to prevent the spread of Covid-19 (nosocomial infections). Our IPC team worked tirelessly and effectively throughout the year to implement, monitor and, where necessary, adjust appropriate measures. The measures implemented to mitigate the risk of nosocomial infections included:

- All staff, including office staff, wearing the correct Personal Protective Equipment (PPE) in all areas. Signage was clearly displayed across the Trust with regular compliance inspections undertaken by the IPC team.
- Delivery of training by the IPC team in all clinical areas regarding the safe donning and doffing of PPE.
- The wearing of surgical masks by all patients, including when mobilised out of their bed space e.g. when visiting bathrooms, day rooms or other departments.
- All beds were subject to rigorous 2 metre social distancing spacing. This resulted in an overall reduction of 19 beds across the Trust.
- Risk assessments in clinical areas were completed to ensure 2 metre social distancing compliance
- Suspension of patient visiting

- Routine Covid-19 testing for staff and patients on day 1, day 5 and day 14 of their stay
- Regular communication and updates via a daily safety huddle and daily tactical command meeting in relation to the risk of staff socialising outside work and the need for compliance with national guidance.
- Rapid completion of deep cleaning programmes where required in affected areas.

With regard to assurance on the effectiveness of infection prevention and control arrangements, the Board of Directors adopted the IPC Board Assurance Framework published by NHS England / NHS Improvement. An updated framework was published in October 2020 and the Board of Directors reviewed the Trust's position against the framework on 3 December 2020. The Trust's Informatics Team responded to the situation and successfully developed a Covid dashboard to support IPC decision-making.

### **Personal Protective Equipment (PPE)**

Staff in the Trust used various types of PPE, depending on the nature of the role being undertaken, to protect both the wearer and the patient from the risk of infection. While sourcing PPE proved to be a challenge in the early stages of the pandemic situation, the national and regional arrangements for allocation of equipment worked well and the efforts of our Procurement team and operational managers ensured the availability of sufficient PPE throughout the year.

### **Covid-19 Vaccination Programme**

The Trust has a service level agreement with Liverpool University Hospitals NHS Foundation Trust for pharmacy services. Once the Covid-19 vaccine became available in the UK in December 2020, we worked with our partners on the Aintree Hospital site to establish, staff and operate a major vaccination hub. These arrangements proved to be extremely effective, demonstrated excellent partnership working and by 31 March 2021 circa 81% of Trust staff had received the first dose of the vaccination. We also commenced patient vaccinations in accordance with national guidelines to protect patients in our care.

### **International Recruitment**

The national shortage of registered nurses is widely recognised and the likelihood of nurses choosing to either retire or leave the profession after the pandemic would greatly exacerbate this problem. At the Walton Centre we continually strive to keep vacancy levels at a minimum and, to this end, we worked on a successful international recruitment programme during 2020/21 to recruit 40 nurses. The first cohort of nurses were due to arrive in April 2021, however, this was paused nationally due to the pandemic crisis in India. Once this is reviewed, and the government confirm that recruitment can recommence, we will endeavour to have all nurses in the UK by 31 December 2021. Measures are in place to ensure that these staff are fully supported to quickly become embedded into the workforce and culture of the organisation.

### **E-Roster**

The efficient and effective use of staff in post is a key factor in workforce planning and ensuring good quality care. While the Trust has had an electronic roster system in place for a number of years, a decision was taken during 2020/21 to transition to a new system that has enhanced functionality and can better

monitor staffing levels with a consequent positive impact on patient safety. The system will interface with the Trust's Bank system (where some staff work additional shifts on an ad hoc basis) to ensure that individual members of staff are not working excessive hours. The system significantly enhances general staff planning and facilitates planning for annual leave, study days and the movement of staff between clinical areas where required. Implementation of the system commence in 2021/22 and is scheduled to be completed in the early part of 2022/23.

### **Violence and Aggression**

It is a reality that certain patients, many of whom lack capacity, can exhibit violent and/or aggressive behaviour and this can result in staff being verbally or physically abused. Unfortunately, the number of these types of incidents has been increasing and various interventions have been considered and implemented to address this increase. 'Specialling' arrangements to provide individual patients with additional nursing support are used and staff receive appropriate training to mitigate the risk of such incidents. In 2020/21 we introduced a 'Looking after Staff to Look after Patients (LASTLAP) programme to ensure that staff are able to escalate risks and receive support from both their line manager and the Governance Team (which includes a personal safety trainer and the local security manager).

Nonetheless, these types of incident remain a key issue for the Trust and we commenced benchmarking work with another NHS Trust that has similar patient groups to share learning and identify opportunities to undertake further initiatives to mitigate the risk. Harm to staff and patients is identified as a principal risk in the Board Assurance Framework.

### **Mental Health Training**

The Trust has focused on improving all aspects of our Mental Health Liaison Service in order to reduce waiting times for both inpatients and outpatients. Additional investment has been made to support team working 7 days per week which has increased accessibility, leading to improved response times and a more comprehensive service provision for patients. Delivery of Mental Health Act training commenced in March 2021 and will continue on a weekly basis in order to ensure that all clinical staff have the relevant competencies and awareness for mental health service provision.

The Care Quality Commission carried out an inspection of our Mental Health services in December 2020 which resulted in a positive outcome with a small number of recommended actions to ensure that we are providing the appropriate provision in order for us to safely use the Mental Health Act. We also carried out a review of the On-call Psychiatry service during the year which identified a need to enhance out of hours cover. We subsequently agreed and implemented a service level agreement with Mersey Care NHS Foundation Trust to provide out of hours emergency cover.

### **Care Quality Commission (CQC)**

The Trust is registered with the CQC and current registration status is fully compliant with no conditions. No enforcement action was taken by the CQC against the Trust during the period 1 April 2020 to 31 March 2021. The most recent inspection was reported in August 2019 and resulted in an overall rating of

Outstanding. The CQC is conducting a consultation process to inform decisions on how future visits and reviews will be undertaken. This is likely to include the use of feedback from wider systems on how an individual organisation is functioning as well as continuing to seek patient, family and staff feedback. Regular virtual meetings have been held between CQC representatives and the Director of Nursing & Governance throughout the year to ensure an understanding of service changes and challenges during the pandemic situation.

### **Transformation Programme**

The aim of our Transformation Programme is to enhance service quality and, in the process, improve efficiency. In 2020/21 work on the programme, impaired to an extent by the Covid-19 situation, was focused on three key projects; Outpatients, Theatres and Patient Flow. A summary of work in each of these areas is included below.

#### Outpatients

The focus of this project is to reduce the number of face to face follow up appointments by one third by 2022, in line with the national outpatient programme objectives, whilst ensuring that decisions made are appropriate to patient experience and patient safety. Redesign of the pre-operative assessment process enables a proportionate approach and a reduction in the number of duplicate pre-operative assess ensuring that patients are seen by an appropriate healthcare professional at the right time. Introduction of Patient-Initiated Follow Up pathways will empower patients to arrange a follow up appointment when needed which will reduce the number of inappropriate or unnecessary appointments. Work has also been undertaken on technological solutions to facilitate the delivery of virtual follow up appointments.

#### Theatres

The aim of this project is to maximise utilisation of our theatres and enhance the skills and knowledge of our theatre staff. Processes have been developed to ensure that elective theatre lists start on time and implementation of eDCGold, a track and trace solution, facilitates patient level costing with option to undertake safety recalls of theatre products if required. PDSA cycles have been used to streamline processes for Theatre Turnaround times and Recovery and we developed a performance dashboard to show near real time performance against key performance indicators within the theatre setting.

#### Patient Flow

The focus of the Patient Flow project is to optimise the patient's journey to remove any unnecessary steps from the pathway. This will allow us to deliver care in the right place, at the right time, enabling patients to return to their usual place of care in a timely manner. Work has been undertaken to determine how we can increase the proportion of same day admissions and discharges to improve patient experience and focus groups have been conducted with ward staff to identify factors that can compromise patient flow and develop solutions to address these factors. Planning has also commenced for the implementation of nurse-led discharge within the Trust.

## 1.4 Financial Performance

### Going Concern Disclosure

After making enquiries, the Directors have a reasonable expectation that the services provided by the Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the Directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

The main factors in reaching this conclusion are:

- The Trust is in excellent financial health with good levels of reserves and has a track record of delivering surpluses
- The Trust has a robust governance structure which includes a Business Performance Committee, a sub-committee of the Board of Directors, which has responsibility to monitor financial performance and oversee the necessary corrective action on behalf of, and in conjunction with, the Board of Directors
- NHS England/Improvement (NHSE/I) have stated that the government has issued a mandate to NHSE/I for the continued provision of services in 2021/22 and commissioner allocations have been set for the first six months of 2021/22. While these may be subject to minor changes as a result of changes to the national financial framework following Covid-19, providers can continue to expect NHS funding to flow at similar levels to that previously provided where services are reasonably still expected to be commissioned
- While mechanisms for contracting and payment are not definitively in place, it is clear that NHS services will continue to be funded and government funding is in place for this
- Projected cash balances are sufficient to sustain the capital investment programme and meet short term operating costs. The Trust has sufficient cash headroom to support its plans
- The Trust has sufficient cash reserves to be able to operate for over 100 days if all income flows were to immediately cease
- There is no expectation for short term loans or overdraft facilities
- Auditors' opinions have provided assurance as to the accuracy and reliability of the Trust's financial systems and the robustness of the internal controls
- The Trust does not have evidence indicating that the going concern basis is not appropriate or that there is any prospect of intervention or dissolution within 12 months from the date of approval of these financial statements. In terms of the sustainable provision of services, there has been no indication from the Department of Health and Social Care that the Trust will not continue to be a going concern.

Consideration of risks to the financial sustainability of the organisation is a separate matter to the application of the going concern concept. Determining the financial sustainability of the organisation

requires an assessment of its anticipated resources in the medium term. Any identified significant risk to financial sustainability is likely to form part of the risks disclosures included in the wider performance report, but is a separate matter from the going concern assessment.

### Financial Performance 2020/21

The Trust delivered a £1,508k surplus for the financial year ending 31 March 2021. This position includes non-recurrent funding for non-NHS income lost in 2020/21 as a result of the Covid-19 pandemic (£984k) and £1,381K funding from NHSE/I in relation to the costs of covering annual leave not taken as a result of the pandemic. In response to the Covid-19 pandemic, the normal national 2020/21 financial regime for the NHS was suspended with key changes being made to the financial framework which included:

- Suspension of 2020/21 business planning
- Payment by Results (PbR) suspended for the year with income based on block values determined nationally (based on 2019/20 expenditure during the period November 2019 to January 2020). Income was not reduced for the national efficiency target.
- 'Top Up' payments were made in Months 1 - 6 2020/21 to ensure that provider organisations were able to report a breakeven position whilst incurring reasonable additional costs in relation to the Covid-19 response
- All organisations reported a breakeven position for the period 1 April to 30 September 2020
- Additional block funding allocated to organisations (rather than top-up funding) from 1 October 2020 which included anticipated spend relating to Covid-19
- System-level financial targets were set (Cheshire & Merseyside Health & Care Partnership)
- Capital resource limits set at a system level for 2020/21
- Financial regime for Months 7 – 12 2020/21 to continue for at least the first six months of 2021/22.

The Trust was not able to deliver all of its planned activity in 2020/21 as a result of activities to support the regional response to the Covid-19 pandemic (activity was suspended in accordance with national guidance to maximise bed capacity). During the periods where it was possible to resume activity between waves of the pandemic, the Trust continued to face significant challenges with regard to patient acuity, which required one to one therapeutic specialising care (and sometimes more).

It was not possible to identify and deliver efficiency savings during 2020/21 as a result of supporting the Covid-19 response. Nationally, no efficiency factor was applied to contract inflationary uplifts.

Table 4 sets out the reconciliation of the annual accounts to the Trust's Normalised Trading Surplus for the year ended 31 March 2021.

Table 4

	<b>Foundation Trust £000</b>
Surplus/(deficit) from continuing operations	1,576
<b>Normalising adjustments:</b>	
Capital donations I&E impact	<b>(68)</b>
<b>Adjusted financial performance surplus/(deficit) for the period</b>	<b>1,508</b>
<b>Adjusted financial performance excluding PSF, FRF and MRET</b>	<b>1,508</b>

### Normalisation

The NHS Improvement Compliance Framework measures Trusts' performance on the underlying or normalised trading position of the Trust after allowing for the adjustment of exceptional items that are one off in nature and not related to the core routine business of the Trust.

### Revaluation of Trust Property

During 2020/21 following a review of the Trust's assets, including a revaluation of land and buildings by an independent valuer, an increase in the valuation of £403k was identified. The revaluation is a technical accounting adjustment which has no impact on the Trust's cash position (as it is a non-cash item) or its overall reported performance to NHS Improvement (as the adjustment is normalised) in the financial statements. The valuation exercise was carried out in March 2021 with a valuation date of 31 March 2021. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020, the valuer declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by the Covid-19 pandemic. The values in the report have been used to inform the measurement of property assets at valuation in the financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

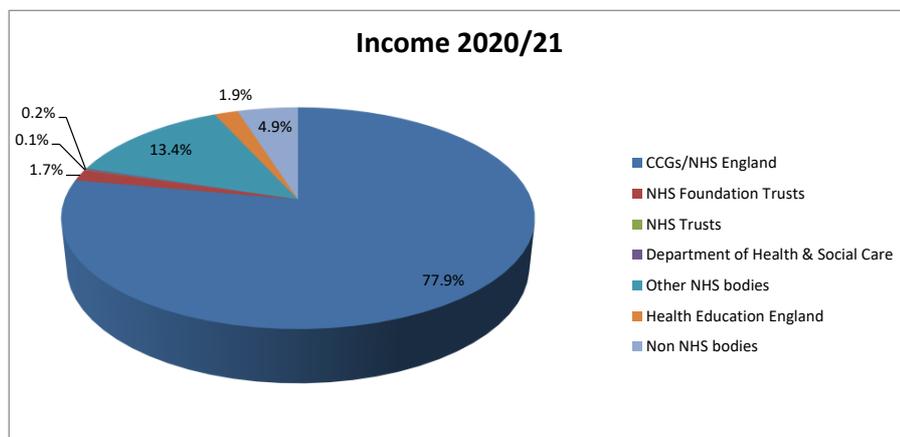
### Income

In 2020/21 Trust income (turnover) increased by £4 million from the previous year (year ending 31 March 2020) which represents a 3% increase. The Trust receives the largest element of its income from NHS England for the provision of Specialised Prescribed Services. The Trust received £110.1 million from NHS England/CCGs in the year ending 31 March 2021, an increase of 3.8% on the previous financial year. This reflects additional funding received for the expansion of thrombectomy services.

In addition, the Trust received £18.6 million of income from the Welsh Health Specialised Services Committee (WHSSC) for provision of services to the population of (mainly) North Wales, both through outreach clinics held within hospitals within Wales and for Welsh patients attending The Walton Centre,

either as an outpatient or inpatient. This was a 1.6% reduction of the income received in 2019/20 due to a decrease in excluded high cost drugs and devices usage as a result of the pandemic.

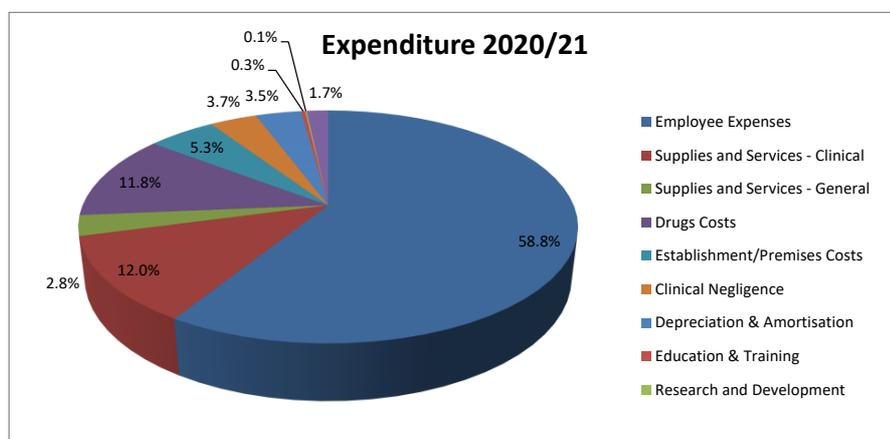
The Trust also receives income from other sources as set out in Chart 4.



### Expenditure

In line with the growth in income (turnover), the Trust has seen an increase in Operating Expenses of £7.5 million (5.76%) compared to the previous year. Chart 5 sets out the main components of expenditure incurred by the Trust in 2020/21.

Chart 5



The largest single item of expenditure incurred by the Trust relates to employment of staff to deliver the range of services provided by the Trust. The Trust spent £80.6 million on staffing during 2020/21 which was an increase of £6.6 million (8.9%) on the previous year. There was also increase in Clinical Negligence Scheme for Trusts (CNST) costs of £1.4m. Increased costs incurred in responding to the Covid-19 pandemic were partly offset by reductions in other consumable costs (including high cost drugs and devices) as a result of lower activity levels due to the pandemic.

## Exit Packages

There was 1 exit package paid in 2020/21 compared to 1 in the previous year. Tables 5 - 7 show the number and value of exit packages for 2020/21 and 2019/20.

**Table 5 (Subject to audit)**

Reporting of compensation schemes - exit packages 2020/21			
	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
£10,000 - £25,000	0	1	1
<b>Total number of exit packages by type</b>	<b>0</b>	<b>1</b>	<b>1</b>
Total cost (£)	£0	£23,000	<b>£23,000</b>

**Table 6 (Subject to audit)**

Reporting of compensation schemes - exit packages 2019/20			
	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
£50,001 - £100,000	0	1	1
<b>Total number of exit packages by type</b>	<b>0</b>	<b>1</b>	<b>1</b>
Total resource cost (£)	£0	£55,000	<b>£55,000</b>

**Table 7 (Subject to audit)**

Exit packages: other (non-compulsory) departure payments	2020/21		2019/20	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Contractual payments in lieu of notice	1	23	1	55
<b>Total</b>	<b>1</b>	<b>23</b>	<b>1</b>	<b>55</b>
<b>Of which:</b>				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	0	0	0	0

## Delivery of Efficiency (Cost Improvement Programme)

There was no requirement for the Trust to deliver efficiency savings in 2020/21 due to the focus on response to the Covid-19 pandemic. There will, however, be a requirement to deliver recurrent efficiency savings in 2021/22 and the Trust plans to continue its previous quality improvement approach to generating efficiency savings. As in previous years, all identified savings schemes will be subject to a Quality Impact Assessment (QIA), jointly approved by the Medical Director and Director of Nursing and Governance, to ensure that there is no adverse impact on patient safety, quality or experience.

## Investment in Trust Infrastructure and Equipment

The Trust delivered a capital programme with an overall value of £8.9m in 2020/21. Expenditure during the year included replacement of an MRI scanner, pipework for the implementation of new heating across the Trust, as well as expenditure on an equipment replacement programme and progression of the Trust's Digital Strategy. Additional national capital funding was made available to the Trust in 2020/21 for a number of initiatives such as improving critical infrastructure, implementation of an e-rostering system, an additional CT scanner and projects to develop the digital maturity of the organisation (digital aspirant funding). Additional capital funding was also allocated to support the Trust's response to the Covid-19 pandemic. Planning for the components of our capital programme is guided by principles of patient safety, business continuity/service delivery and clinical developments in line with the Trust's strategy. Table 8 sets out the major components of the Trust's capital investment expenditure programme for the year ended 31 March 2021.

**Table 8**

<b>Capital - 2020/21</b>	
<b>Division</b>	<b>£'000</b>
Estates	1,915
IM&T	1,422
Neurology	2,312
Neurosurgery	2,450
Corporate	264
COVID-19	488
<b>Total Capital</b>	<b>8,851</b>

## Forward Look

The financial framework introduced from October 2020 was extended for the period 1 April to 30 September 2021. During this period the Trust will receive block funding on the basis of average expenditure incurred during Quarter 3 of 2020/21 (extrapolated for six months) adjusted for inflation. At the present time it is unclear what the financial framework will be post-September 2021, although it is evident that Cheshire & Merseyside system financial plans and targets will be maintained throughout 2021/22.

## Risks and Uncertainties

There continues to be a good deal of uncertainty within the NHS and the Trust is managing several risks and issues. These can be broadly categorised into the following main headings:

- **Productivity:** ensuring the performance levels necessary to meet patient demand and continue to deliver access targets and financial plans whilst ensuring that all infection control measures remain in place to manage the Covid-19 pandemic. The delivery of services has changed to take account of social distancing requirements, PPE availability and the willingness of patients to come into hospital

- Workforce: recruitment, retention and succession planning of the right workforce at the right time to deliver the increase in activity as well as the increasing complexity of patients. The availability of staff will also be potentially affected by Covid-19
- Healthcare acquired infections: continued control of infections and management of newly emerging infections
- Future financial framework: at the time of writing the financial architecture for the NHS beyond September 2021 is not known. As such, it is not clear how future commissioning arrangements will work and the form future tariffs will take. This increases the complexity of financial planning and the ability to understand any future potential efficiency requirements
- Patients: impact of the pandemic on waiting lists and waiting times for patients and continuing to manage the potential risks to long waiting patients i.e. those patients waiting over 52 weeks.

## Financial Risks

The main financial risks facing the Trust are:

- The current financial framework for contractual payments set by NHSI/E is based on receiving income in line with a comparable period for the last financial year plus 0.5% inflation. The Trust has a devolved administration body and a large contract where this approach may not be followed which could result in an income shortfall.
- Capital plans are set at Cheshire and Merseyside Health & Care Partnership level. The Trust has previously had the flexibility (under NHS Foundation Trust rules) to utilise cash reserves to fund additional or urgent capital schemes if required. This is no longer possible in the context of system planning arrangements which means that the Trust will have to prioritise its investments in-year.
- Delivery of efficiency savings to ensure the financial plan is achieved. Delivery of recurrent efficient saving has historically been a challenge for the organisation. The requirement to deliver efficiencies will remain a challenge especially in the post-pandemic period.
- Delivery of the financial plan to ensure delivery of a Healthcare Partnership system breakeven position. There are uncertainties around funding levels as the Trust is now working as part of the wider regional system. There is currently a principle that all organisations will work to deliver breakeven but it is currently unclear as to how this mechanism will work.

## Innovation

Innovation is central to the Trust maintaining its position as the outstanding centre of excellence for Neuroscience in the United Kingdom. The Trust's first Innovation Strategy, approved by the Board of Directors in January 2020, focuses on establishing a culture of innovation and developing a range of initiatives that reflect the scope of services across the Trust as a whole. The Trust has increased its capacity with the appointment of key members of staff in recent years such as; a Clinical Lead for Innovation, a Head of Commercial Engagement and Marketing and an Innovation Co-ordinator.

Progress against the Innovation Strategy was significantly impaired by the Covid-19 pandemic as there was a clear need to focus resources on managing the operational challenges facing the Trust. There was a clear and understandable need for the Clinical Lead for Innovation to prioritise clinical demands and the Innovation Co-ordinator was seconded to support Trust testing and vaccination activities. However, we were still able to progress a number of innovation activities, despite the pandemic situation due, in large part, to a recognition across the organisation of the importance of innovation in helping us to continue to deliver excellent patient care.

Our Innovation activities during 2020/21 included:

- Electronic Routine Nutritional Screening Tool (ERNST) - This digital product will enable patients at risk of malnutrition and obesity to access appropriate care and treatment more efficiently and consistently. Along with our partners, we secured funding to develop a prototype, completed the IT development and designed a pilot clinical study to evaluate the prototype. We plan to commence the pilot study in early 2021/22.
- Virtual Engagement Rehabilitation Assistant (VERA) – This is an interactive digital platform that supports holistic rehabilitation of patients and carers in community and in-patient settings. Again with partners, we secured funding to develop a prototype, progressed IT development and designed and organised a complex pilot clinical study to evaluate the prototype which is scheduled to commence in early/mid 2021/22.
- Spinal Improvement Partnership (SIP) - A new mechanism to provide reports to medtech companies on implanted spinal devices to improve quality and patient safety. The initiative was delayed due to the pandemic impact on spinal surgery, but we resumed negotiations with medtech companies towards the end of 2020/21.
- Chatbots/Artificial Intelligence projects – A range of digital chatbots (conversational agents) are in development to facilitate patient interactions with the Trust and support their care. Initial chatbot and other Artificial Intelligence projects are being defined, with programmes to be initiated in 2021/22 subject to Trust approvals.
- Multitom Rax – The world's first twin robotic X-ray imaging system that enhances both patient care and productivity. It has the capability to performing numerous x-rays in one room and the ability to image in 3D, whilst requiring less patient positioning and transfers. The equipment was installed at The Walton Centre in early 2020. The Trust is the first health care provider in Europe to have a Multitom Rax.
- Movement Analysis Laboratory Business Case - The Trust has been engaging key stakeholders, within the constraints of the pandemic situation, on a proposed and ambitious new improvement for complex rehabilitation services. While our planned levels of engagement with clinical colleagues have been impaired by the pandemic, this initiative will be a primary focus of innovation activity in the coming year.

There were positive signs of a gradual improvement in the Covid-19 situation towards the end of the year, with plans being prepared for a phased recovery and the likelihood of a return to normal business activities over the course of 2021/22. We remain committed to the Innovation agenda and will take the opportunity to review and re-set the aims set out in our Innovation Strategy having taken into account the implications of the pandemic situation.

A handwritten signature in black ink that reads "J Ross". The signature is written in a cursive style with a large, stylized 'J' and 'R'.

**Jan Ross**  
**Chief Executive**  
**24 June 2021**

## Section 2 - Accountability Report

### 2.1 Directors' Report

The Board of Directors is a unitary board, which means that both the Non-Executive Directors and the Executive Directors are jointly and severally responsible for the actions they take. In compliance with the NHS Foundation Trust Code of Governance, the Trust's Constitution provides for the composition of the Board of Directors as follows:

- A Chairperson
- Up to seven Non-Executive Directors
- Up to seven Executive Directors, including the Chief Executive
- One other director (the Director of Workforce and Innovation) attends the Board in a non-voting capacity.

The Board of Directors has collective responsibility for setting the strategic direction and organisational culture; and for the effective stewardship of the Trust's affairs, ensuring that the Trust complies with its licence, constitution, mandated guidance and contractual and statutory duties. The Board of Directors also provides effective leadership of the Trust within a robust framework of internal controls and risk management processes.

The Board of Directors approves the Trust's strategic and operational plans, taking into account the views of the Council of Governors. It sets the vision, values and standards of conduct and behaviour, ensuring that its obligations to stakeholders, including patients, members and the wider public are met. The Board is responsible for ensuring the safety and quality of services, research and education and application of clinical governance standards including those set by NHS Improvement, the CQC, NHS Resolution and other relevant bodies. The Board of Directors has a formal Schedule of Matters Reserved for Board decisions and a Scheme of Delegation.

The unitary nature of the Board of Directors means that Non-Executive Directors and Executive Directors share the same liability and same responsibility for Board decisions and the development and delivery of the Trust's strategic and operational plans. The Board of Directors delegates operational management to the Executive Team and has established a Board Committee structure to enable it to receive assurances that it is discharging its responsibilities. Decisions reserved for the Council of Governors as set out in statute are contained within the Trust's Constitution.

Members of the Board of Directors during 2020/21 were as follows:

**Janet Rosser, Chair****Current term: April 2020 to March 2023**

Janet was appointed as Chair of the Trust in April 2017. Prior to this, she was a Non-Executive Director and the Deputy Chair of the Trust. After having a family, she qualified as a lawyer in 1987 and trained with a North West firm in property and commercial law, spent some time lecturing undergraduate and post-graduate students before moving to an international law firm spending ten years in the corporate department, embedding new systems of working. She then moved on to work for a publishing house, writing and editing corporate based law books and updates. She is passionate about The Walton Centre and keen to ensure that it remains an outstanding Trust.

**Non-Executive Directors****Seth Crofts, Non-Executive Director, Senior Independent Director and Deputy Chair****Current term: Nov 2019 to Oct 2021**

Seth is the Pro Vice-Chancellor and Dean for the Faculty of Health and Social Care at Edge Hill University and is also a registered nurse in both Adult and Mental Health Nursing with 33 years of nursing experience. He is an experienced leader of health care education, has worked as a reviewer for the Quality Assurance Agency for Higher Education (QAA) since 2002 and been extensively involved in working to develop professional practice in higher education. He has made a major commitment to developing graduate employability and is currently involved in developing practice in health and social care organisations, with a specific interest in developing leadership skills in senior nurses.

**Professor Nalin Thakkar – Non-Executive Director****Current term: 1 Jan 2019 – 31 Dec 2021**

Professor Thakkar is Associate Vice-President and Professor of Molecular Pathology at The University of Manchester, Consultant Histopathologist at the Manchester University Hospitals NHS Foundation Trust. He has previously served as a Non-Executive Director of the Health Research Authority, member of Royal College of Pathologists' Ethics Committee and National Research Ethics Advisor.

**Su Rai, Non-Executive Director****Current term: 1 Aug 2019 – 31 July 2022**

Su Rai is a Chartered Accountant in Practice and established her own firm, Raise Associates, in 2010. Previous to that Su worked with international accountancy practices. In 2012, she became a Non-Executive Director and Chair of the Audit Committee at St Helens and Knowsley Trust. Other roles have included Senior Position at KPMG and Audit Partner in Howarth Clark Whitehill and Mazars. Su has worked with a number of charities and has held the position of Trustee with two charities involved with young people in performing arts and mental health services. Su is also a Past President of The Manchester Society of Chartered Accountants.

**Karen Bentley, Non-Executive Director****Current term: 1 Nov 2020 – 31 Oct 2023**

Karen Bentley is a Transformation Consultant and Executive Coach who established her own firm, Kinetic People Limited, in 2008. Her early career was in HR with Cooperative Financial Services, where she ultimately led on the people aspects of large change projects across the insurance and banking businesses. In her consultancy work she has supported a wide variety of clients through complex change in diverse industry sectors. She latterly held senior in-house roles in the energy sector as Head of Change at Inenco and Change Director at Electricity North West. Karen also has 12 years of voluntary experience on the Board of a national not-for-profit organisation which champions the human rights of people with learning disabilities.

**David Topliffe, Non-Executive Director****Current term: 1 Nov 2020 – 31 Oct 2023**

David is a chartered chemical engineer with 37 years of manufacturing experience in the chemical industry, mainly with Royal Dutch Shell. Amongst various senior leadership responsibilities, he has served as a Non-Executive Director within joint ventures and a large trade association, where he chaired the Audit Committee and a Technical Committee. Amongst a number of voluntary roles, David is a street pastor and a debt counsellor within a community-based debt advice centre.

**Sheila Samuels, Non-Executive Director, Deputy Chair****Term of Office: 1 Sept 2018 – 31 Jul 2020**

Sheila joined the Trust in September 2015 and had a wealth of experience in public sector management and leadership. She had previously held Executive Director Board level roles in local government and the NHS. Since retiring in 2013 after 35 years public service, she undertook a number of consultancy assignments to support public sector and charitable organisations in addressing major organisational challenges. Sheila was initially appointed as a Non-Executive Director in September 2015 and completed her second term of office in July 2020.

**Barbara Spicer, CBE Non-Executive Director****Term of Office: 1 Jun 2019 – 30 Sep 2020**

Barbara Spicer CBE is Chief Executive of Plus Dane - a housing association working across Merseyside and Cheshire providing homes for close to 30,000 people. Barbara's previous roles included a period in Westminster as interim Chief Executive of the Skills Funding Agency and before that, Chief Executive of Salford City Council, a role she held for eight years. During her time in Salford she led key developments in the city, including the bid to relocate the BBC to Salford Quays at MediaCity UK, creating a development of international significance. Barbara is Social Housing Advisor to the Metro Mayor of Liverpool City Region and was recently appointed to the Northern Housing Consortium Board.

## Executive Directors

### Hayley Citrine, Chief Executive

Hayley was appointed as Chief Executive from 1 February 2018. Prior to this, Hayley joined The Walton Centre in 2014 as Executive Director of Nursing and Quality following a role as Acting Chief Nurse in her previous organisation. In 2016, the role was extended to include operations and performance as well as nursing and quality, widening her brief. Hayley started her career in the NHS in 1985 and has worked as Deputy Director and Associate Director of Nursing for a number of years following previous experience in a variety of clinical posts at South Manchester University Hospitals Trust, Salford Royal Foundation Trust, Warrington and Halton Hospitals Foundation Trust and East Lancashire NHS Trust. During her career she has also experienced roles in governance and general management which has added to her breadth of knowledge.

Hayley qualified in 1989 and has undertaken a wide variety of clinical training, holds three diplomas, a BA (Hons) in Health Studies and is a Master Practitioner in Neurolinguistic Programming (NLP). She has undertaken a variety of leadership development programmes through the Kings Fund, CASS Business School and NHS leadership programmes.

### Jan Ross, Director of Operations and Strategy

Jan Ross was appointed to the Executive Team in January 2019 following an interim appointment period from November 2018. Jan has over 25 years' experience working in the NHS after qualifying as a nurse in 1995. She joined The Walton Centre as the Director of Operations and Strategy after gaining experience in roles at Southport and Ormskirk Hospital NHS Trust, Warrington and Halton Hospitals NHS Foundation Trust, and the Royal Liverpool and Broadgreen University Hospitals NHS Trust. Jan holds a diploma, BA (Hons) and a post-graduate diploma in organisational change, she is a Master Practitioner in NLP and has taken part in a number of leadership development programmes, she completed the Nye Bevan programme in 2017.

Jan is the executive lead for the annual operational plan, operations and performance, the capital programme and emergency resilience and planning. Her responsibilities also include estates and facilities management and service improvement. In addition to her portfolio, Jan was appointed as Deputy Chief Executive from January 2020.

### Dr Andrew Nicolson, Medical Director

Andy completed his medical training in Manchester and neurology training mainly in the North West, before he was appointed as a Consultant Neurologist at The Walton Centre in 2005. He has a specialist interest in epilepsy, and remains part of the multidisciplinary team providing epilepsy services at the Trust. He has previously provided outreach neurology services to Liverpool University Hospitals NHS Foundation Trust (The Royal Liverpool Hospital site) and Wirral University Teaching Hospital NHS Foundation Trust (Arrowe

Park Hospital site), and currently runs a community general neurology clinic in Wirral. He was Director of Medical Education 2007-13 and then Assistant Medical Director 2013-16. He was appointed as Medical Director from September 2016.

### **Mike Burns, Director of Finance and Information Technology**

Mike joined The Walton Centre in 2012 as Deputy Director of Finance after previously working for the Strategic Health Authority and Wrightington, Wigan and Leigh Foundation Trust. Prior to this he had worked in a range of sectors including consultancy, financial services, banking and retail. He qualified as a Chartered Management Accountant (CIMA) in 2001 after gaining a BSc (Hons) in Economics. Mike's portfolio includes Finance, Procurement, Information Management and Technology (IM&T) and Corporate Information. He took up the post of Director of Finance in April 2016. Mike extended his portfolio in 2018 to include Information Management and Technology.

### **Lisa Salter, Director of Nursing and Governance**

Lisa completed her nurse training at the Royal Liverpool and Broadgreen Hospital NHS Trust and worked in various wards and departments. In 2009, Lisa moved to Liverpool Heart and Chest NHS Foundation Trust as Matron where she later became Assistant Director of Nursing for Patient Experience making changes for the benefit of both patients and staff. Her final role at the Trust was Divisional Head of Nursing for Surgery and Quality before commencing her role at The Walton Centre in June 2017 as Deputy Director of Nursing and Lead Nurse for Neurosurgery.

Lisa qualified in 1994, holding a diploma in renal medicine, BSc Hons in Clinical Management and an MSc in Healthcare Leadership, the latter being as part of the NHS Leadership Academy. She has also completed several leadership and coaching programmes throughout her career to date. Lisa joined the Trust in June 2017 and was appointed Director of Nursing and Governance in May 2018, having acted into the post since February 2018. Lisa is also the Executive Lead for infection prevention and control, safeguarding, therapies and health and safety.

### **Lindsey Vlasman, Acting Director of Nursing and Governance**

Lindsey completed her nurse training at the Royal Liverpool and Broadgreen Hospital NHS Trust in 1997. On qualification as a staff nurse she moved to Liverpool Heart and Chest Hospital. Lindsey then progressed through different nursing roles within the Trust with the final role as the Divisional Nurse Director of Cardiology. In 2014, Lindsey moved to Warrington District General Hospital to undertake the post of Deputy Divisional Director of Operations prior to taking up a post as Divisional Director of Nursing for Medicine and Emergency Department at Aintree Hospital in 2016. She commenced her substantive role as Deputy Director of Nursing and Governance at the Walton Centre in 2018.

Lindsey qualified in 1997 and holds a Diploma in Adult Nursing, BSc Hons in Health and Social Care Practice an MSc in Advanced Practice and an MSC in Healthcare Leadership, the latter being as part of the NHS Leadership Academy. She has also completed several leadership and advanced practice courses including non-medical prescribing throughout her career to date. Lindsey acted as Director of Nursing and Governance from September 2020 to March 2021.

### **Mike Gibney, Director of Workforce and Innovation (Non-voting)**

Mike joined the NHS in August 2009 through the Gateway to Leadership Scheme. Prior to joining the Walton Centre he worked for 5 years in commissioning and has extensive experience in local government, including nine years in Social Services. Mike is qualified to Masters level in Human Resource Management and a Fellow of the Chartered Institute of Personnel and Development. At The Walton Centre his portfolio includes Human Resources, Training and Development, Communications, Fundraising, Research and, Development and Innovation.

### **Balance, Completeness and Appropriateness**

The Board of Directors considers itself to be balanced and complete, having an appropriate mix of skills and experience in the areas of finance, operational management, governance, law, commerce, education, human resources, medicine, clinical research, diagnostics and nursing. There is a clear separation of the roles of the Trust Chair and Chief Executive, which have been set out in writing and agreed by the Board of Directors.

### **Changes to Board Membership during 2020/21**

There were a number of changes to the Board during 2020/21:

- Mrs Sheila Samuels – term of office ended 31 July 2020
- Mrs Barbara Spicer – term of office ended 30 September 2020
- Mrs Karen Bentley, Non-Executive Director, was appointed with effect from 1 November 2020
- Mr David Topliffe, Non-Executive Director, was appointed with effect from 1 November 2020.
- Mrs Lindsey Vlasman was appointed as Acting Director of Nursing & Governance September 2020 to March 2021

### **Meetings of the Non-Executive Directors**

In accordance with guidance set out in the NHS Foundation Trust Code of Governance, arrangements have continued during the period for the Chairman and Non-Executive Directors to meet outside of Board meetings.

### **Directors Register of Interests**

In accordance with the Code of Governance, the Board considers that its Non-Executive Directors are independent in character and judgement. The Trust maintains a Register of Directors' interests which is

subject to annual review by the Board of Directors. Access to the register is available on line: <https://wcfm.mydeclarations.co.uk/home>.

### The Board of Directors and Committees

Prior to 2020/21, the Board of Directors met in public at least 8 times a year. During the year, the Board reviewed its meeting cycle and, in September 2020, agreed an approach based on 10 meetings a year with meetings to be held on the first Thursday of each month. A total of 9 meetings were held in 2020/21 and Table 9 shows the attendance at meetings during this period. No meetings were held in the months of August and October 2020 and January 2021.

**Table 9**

<b>Members:</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Sep</b>	<b>Nov</b>	<b>Dec</b>	<b>Feb</b>	<b>Mar</b>
Ms J Rosser	✓	✓	✓	✓	✓	✓	✓	A	✓
Mr S Crofts	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ms S Samuels	✓	✓	✓	✓					
Ms B Spicer	✓	✓	✓	✓	A				
Ms S Rai	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prof N Thakkar	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mr D Topliffe						✓	✓	✓	✓
Ms K Bentley						✓	✓	✓	✓
Ms H Citrine	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mr M Burns	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mr M Gibney*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr A Nicolson	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ms J Ross	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ms L Salter	✓	✓	✓	✓	A	A	A	A	✓
Ms L Vlasman					✓	✓	✓	✓	

**KEY:** ✓ = Present    A = Apologies

\*Non-voting

### Board Committees

The Board of Directors has three statutory Committees; the Audit Committee, the Remuneration Committee and the Charity Committee. There are four additional Committees; the Quality Committee, Business Performance Committee, Research, Innovation & Medical Education (RIME) Committee and the Strategic BAME Advisory Committee. Each Committee reports directly to the Board by way of Committee chair reporting and urgent matters can be escalated by the Committee Chair to the Board through the Chair's Reports as appropriate. Each Committee is chaired by an independent Non-Executive Director with the exception of the Remuneration Committee which is chaired by the Trust Chair. The powers and functions of each Committee are set out in formal Terms of Reference which are approved by the Board of Directors. These Terms of Reference are subject to annual review by the relevant Committee with outcomes subsequently reported to the Board of Directors for approval. Further details on the work of the Committees can be found at:

- Audit Committee - page 50
- Charity Committee - page 52

- Other Committees - Annual Governance Statement, page 102

### Audit Committee

The Audit Committee undertakes detailed scrutiny of the Trust's governance and assurance processes on behalf of the Board of Directors. The Audit Committee is chaired by a suitably qualified Non-Executive Director, Su Rai, with the two other members being the Non-Executive Directors, Seth Crofts and David Topliffe. The Committee met on five occasions during 2020/21 and all meetings were held virtually due to the ongoing pandemic situation. Member attendance at meetings is detailed in Table 10 below:

**Table 10**

<b>Members:</b>	<b>21 Apr 20</b>	<b>22 Jun 20</b>	<b>21 Jul 20</b>	<b>20 Oct 20</b>	<b>19 Jan 21</b>
Ms S Rai (Chair)	✓	✓	✓	✓	✓
Mr S Crofts	✓	✓	✓	✓	✓
Mr D Topliffe (from 1 Nov 20)					✓
Ms B Spicer (until 30 Sep 20)	✓	✓	✓		

\* Appointed from 1 November 2020

\*\*Term of Office ended 30 September 2020

The Director of Finance & IT and the Director of Nursing & Governance also routinely attend meetings together with representatives from the external audit, internal audit and anti-fraud service providers. Other directors and officers are also invited to attend when the Committee is considering a matter that is the responsibility of that director or officer. Members of the Audit Committee also hold periodic meetings with the Trust's internal and external auditors without officers of the Trust present.

### Overview of the Year

During 2020/21 the Audit Committee maintained its approach in reviewing the effectiveness of the organisation's systems of governance, risk management and internal control, through a programme of work involving the scrutiny of assurances provided by internal audit, external audit, the local anti-fraud specialist and Trust management. The Committee has an annual cycle of business that is informed by the External Audit Plan, the Internal Audit Plan and the Anti-Fraud Plan for the Trust.

The pandemic situation meant that both External Audit and Internal Audit had to adopt revised, remote working approaches in undertaking their respective work. Effective communication and a collaborative approach with Trust staff resulted in the audit work on the 2019/20 financial statements being completed in advance of the revised submission deadline set by NHS England / NHS Improvement. Likewise, our Internal Audit provider delivered the audit plan year and provided regular progress reports during the year. The positive outcomes from the Internal Audit programme provided the Committee with assurance on the effectiveness of internal controls and contributed to an overall assessment of Substantial Assurance in the Head of Internal Audit Opinion for 2020/21. Outcomes of the reviews completed in the 2020/21 Internal Audit Plan are summarised below:

Title of Audit	Assessment
General Ledger	High Assurance
Accounts Receivable	High Assurance
Budgetary Control	High Assurance
Treasury Management	High Assurance
Accounts Payable	Substantial Assurance
Fit and Proper Persons	Substantial Assurance
ITU / HDU Staffing	Substantial Assurance
Data Quality	Substantial Assurance
Cyber Security	Substantial Assurance

### Delivery of the Work Programme

During the period of this report, the key business considered by the Committee was as follows:

- Internal Audit and Anti-Fraud Programmes:
  - Approved the Internal Audit Plan and Anti-Fraud Plan for 2020/21 and monitored delivery of the plans throughout the year
  - Considered the Head of Internal Audit Opinion for 2019/20
  - Reviewed Internal Audit progress reports and recommendations arising from audit reviews
  - Reviewed reports detailing progress with implementation of audit recommendations
  - Reviewed the Internal Audit Charter and outcomes of an Internal Audit Quality Assessment
- External Audit and Financial Reporting:
  - Reviewed the Auditor's report on the 2019/20 Financial Statements
  - Reviewed the 2019/20 Financial Statements and 2019/20 Annual Report and made recommendations to the Board of Directors for signature
  - Considered the Trust's Going Concern Statement as part of the Accounting Policies and Accounts Timetable for the 2020/21 Financial Statements
  - Received updates from the External Auditor on their work throughout the year, including key risks and management's responses to those risks and other issues raised.
- Governance:
  - Considered and recommended to the Board of Directors for approval, updated Standing Financial Instructions and Scheme of Delegation
  - Reviewed compliance with the NHS Foundation Trust Code of Governance
  - Received reports on losses and special payments made during the financial year
  - Received reports on bad debts, aged debt and waivers of Standing Financial Instructions
  - Reviewed the Register of Interests
  - Completed an annual review of Standing Financial Instructions and the Scheme of Delegation
  - Reviewed the Committee's Terms of Reference
  - Reviewed the effectiveness of Internal Audit and External Audit services
  - Considered a Divisional Assurance presentation from the Neurology Division

- Reviewed and approved the Committee's cycle of business for 2021/22
- Significant Issues:  
The following significant issues were discussed by the Audit Committee during 2020/21:
  - Valuation of Land & Buildings
  - Management Override of Controls
  - The Trust's Going Concern position
  - Audit implications of a new Code of Audit Practice, published by the National Audit Office, which came into force on 1 April 2020 and applies to audits for 2020/21.

The Audit Committee undertakes an annual review of the effectiveness of both the Internal Audit (including the Anti-Fraud service) and External Audit functions. The review was completed during a meeting held on 19 January 2021 and the Committee considered the effectiveness of service providers against criteria which included; Quality of Outputs, Quality of Engagement, Independence & Objectivity and Value for Money. The Committee was satisfied that the review had identified no concerns in relation to the services provided by the Trust's auditors. The outcome of this review, in respect of the External Audit service provider, informed a recommendation to the Council of Governors on award of contract. At a meeting held on 9 March 2021, the Council of Governors approved award of contract to Grant Thornton UK LLP for a two-year period with effect from 1 April 2021.

The fee paid for external audit services for the year ended 31 March 2021 was £75,000 (excluding VAT). Grant Thornton UK LLP did not provide any non-audit services to the Trust in the period 1 April 2020 to 31 March 2021.

### **Walton Centre Charity Committee (WCCC)**

The role of the WCCC is to ensure the Charity is managed and administered in accordance with the requirements of the Charity Commission and that the Charity produces audited Annual Accounts. It ensures that the Charity has an investment policy in place; that this is reviewed at least annually and that the Committee receives an annual report, as a minimum, from its investment managers/advisors.

The Committee ensures that items of expenditure are approved in line with the objectives of the fund, are charitable in nature, and that the Charity can demonstrate public benefit for its expenditure. Through delegated authority from the Board of Directors, it establishes the strategy, policies, budget, spending priorities and criteria for spending decisions for each fund. The strategy and policies must comply with charity law and the specific objectives of each fund.

In addition, the WCCC oversees all fundraising activities relating to the Charity, ensuring that activities are conducted in accordance with The Code of Fundraising Practice as overseen by the Fundraising Regulator. It develops and recommends fundraising appeals for approval by the Board of Directors in support of the Trust's strategic vision and monitors subsequent fundraising targets.

## **NHS Improvement's Well-Led Framework**

NHS Improvement published its Well-Led Framework in June 2017. The Framework provides a means for trusts to undertake developmental reviews in order to assess their arrangements for effective leadership and governance. The Framework is based on eight Key Lines of Enquiry (KLOE), consistent with those used by the Care Quality Commission for inspection purposes, and outcomes of periodic reviews inform the content of Board-owned development plans to enhance practice, as appropriate, across the range of KLOE subject areas. There is an expectation that trusts will undertake annual development review activities, with the scope determined by the Board of Directors, with an independent external validation being undertaken every three years.

The Trust's plans in this area for 2020/21 were severely impaired by the Covid-19 pandemic and the necessity of an organisational focus on operational matters. However, we commissioned Deloitte LLP to facilitate Board development work on the Well-Led Framework which was delivered in September 2020. The work focused on the key lines of enquiry relating to; Leadership Capacity & Capability, Culture of High Quality Sustainable Care and Roles & Responsibilities to Support Good Governance, with action areas identified for further development work. These actions included arrangements for an externally-facilitated Board Development programme which commenced in March 2021 with activities planned through to December 2021. We plan to undertake a comprehensive self-assessment against all elements of each of the eight KLOE during 2021/22.

There are no material inconsistencies between the Annual Governance Statement, the Corporate Governance Statement and the Annual Report.

## **Stakeholder Relations**

The Walton Centre Foundation Trust is part of the Cheshire & Merseyside Health and Care Partnership. The partnership is focussed on improving the health of the population, delivering care more efficiently and during 2020/21 coordinated the regional response to the Covid-19 pandemic. The Trust is committed to working collaboratively and productively within the partnership arrangements as these develop towards an Integrated Care System (ICS) during 2021/22.

The Trust is part of the Cheshire and Merseyside Major Trauma Network, one of the best performing networks in England in terms of rates of survival and works with the Liverpool University Hospitals NHS Foundation Trust to ensure that more people can survive a major trauma and that the standards and quality of care are consistent across the country.

In addition to this, the Trust is part of the Cheshire and Merseyside Rehabilitation Network. The Network is a partnership between the area's specialist regional inpatient rehabilitation unit from six partner organisations that provide supportive, active and extended specialist rehabilitation care to adults following

traumatic injury or serious illness to enable people to live as independently as possible by maximising their clinical outcomes.

The Trust also hosts the Cheshire and Mersey Critical Care Operational Delivery Network.

### Income/Financial Disclosures

The Trust has met the requirement as detailed in Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) i.e. that the Trust's income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes. The Trust receives income for the provision of health services to Wales through the Welsh Assembly Government. There is a small proportion of private patient income (0.05% of total income) and research and medical development income which are utilised to enhance the provision of the Trust's clinical services and the patient experience.

### Better Payment Practice Code

The Better Payment Practice Code (BPPC) requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. Table 11 summarises the Trust's performance against the BPPC in 2020/21.

**Table 11**

	2020/21	
	Number	£'000
<b>Better Payment Practice Code - Measure of Compliance</b>		
<b>Non-NHS Payables</b>		
Total bills paid in the year	21,751	55,152
Total bills paid within target	19,615	52,081
Percentage of Non-NHS invoices paid within target	<b>90.2%</b>	<b>94.4%</b>
<b>NHS Payables</b>		
Total bills paid in the year	1,491	28,539
Total bills paid within target	1,141	25,872
Percentage of NHS invoices paid within target	<b>76.5%</b>	<b>90.7%</b>
<b>Total</b>		
Total bills paid in the year	23,242	83,691
Total bills paid within target	20,756	77,953
Percentage of invoices paid within target	<b>89.3%</b>	<b>93.1%</b>

In 2020/21, £39 interest was paid by virtue of failing to pay within the 30 day period; however no additional liability to pay interest has been accrued. The Directors confirm that the Trust complies with the public sector Better Payment Practice Code unless other agreements have been reached with Suppliers.

The Directors can confirm that the Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

### Disclosures to Auditors

So far as each Director is aware, there is no relevant audit information of which the Trust's auditor is unaware and the Board of Directors has taken all the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information, and to establish that the Trust's auditor is aware of that information.

### Additional Reporting Information

Additional information or statements which fall into other sections within the annual report are signposted below:

- The Trust did not make or receive any political donations in 2020/21
- Accounting policies for pensions and other retirement benefits are set out in the Remuneration Report on page 58
- Disclosures required under Schedule 7 of the large and medium sized companies and groups (accounts and reports) Regulations 2008 are included in the Remuneration Report on page 56
- Details of sickness absence data can be found in the Staff Report on page 72.



**Jan Ross**

**Chief Executive**

**24 June 2021**

## 2.2 Remuneration Report

The Trust has two Committees that deal with remuneration:

- The Remuneration Committee – A Board Committee, comprised of the Chair and other Non-Executive Directors
- The Nominations Committee – This is a Committee of the Council of Governors.

### Nominations Committee

The Nominations Committee is responsible for considering both the appointment and remuneration of the Chair and other Non-Executive Directors, making recommendations to the Council of Governors for approval. The Committee also considers outcomes from the appraisals of the Chair and other Non-Executive Directors. Members of the Committee during 2020/21 were:

- Janet Rosser, Trust Chair
- Barbara Strong, Public Governor
- Ella Pereira, Stakeholder Governor
- John Kitchen, Public Governor

The Committee met on two occasions during the year, in May 2020 and February 2021, to consider proposals for the re-appointment of a Non-Executive Director, Non-Executive Director succession planning and outcomes of the Chair's Appraisal.

### Remuneration Committee

This section of the report includes some elements that are subject to audit. The elements that are subject to audit have been individually identified.

The Trust's Remuneration Committee determines the terms and conditions for Executive and Corporate Directors taking account of benchmarking reports on NHS executive salaries and conditions, and the financial circumstances relating to the Trust. The Committee met on 2 occasions during the reporting period to consider the following business:

- Very Senior Manager (VSM) Pay Arrangements
- Chief Executive Performance and Remuneration
- Planning for Non-Executive Director Recruitment
- Deputy Chief Executive Role
- Pension Contribution Alternative Award Scheme
- Inflationary Pay Award

In determining and reviewing remuneration for Executive Directors, the Committee takes into account relevant benchmarking with other NHS organisations, guidance from NHS England / NHS Improvement, national inflationary uplifts recommended for other NHS staff and any variation or change to the responsibilities of Executive Directors or other very senior managers. With regard to remuneration, the Committee agreed a 1.03% inflationary pay award, consistent with national guidance, for the period 1 April 2020 to 31 March 2021. The Trust's Equality, Diversity and Human Rights Policy is taken into account by the Committee when considering matters for decision.

The Remuneration Committee introduced a four point scale for each of the Executive Director posts in March 2015 (subsequently reviewed in 2018) and salaries are determined in line with this range. In order to ensure that these arrangements remain appropriate, the Committee commissioned an external independent review of Executive Director remuneration during Quarter 4 2020/21. Outcomes from this review will inform Committee consideration of the remuneration arrangements in 2021/22.

All Executive Directors are subject to an annual appraisal which is completed with the Chief Executive. The appraisal for the Chief Executive is completed with the Chair. As with all other staff in the organisation, performance against agreed objectives is reviewed at appraisal meetings together with agreement on objectives for the following year.

Membership of the Committee and attendance at meetings during 2020/21 is detailed in table 12 below:

**Table 12**

<b>Members Name</b>	<b>Title</b>	<b>Attendance</b>
Janet Rosser	Chair	2/2
Seth Crofts	Non-Executive Director	2/2
Su Rai	Non-Executive Director	2/2
Nalin Thakkar	Non-Executive Director	2/2
Karen Bentley (from 1 November 2020)	Non-Executive Director	1/1
David Topliffe (from 1 November 2020)	Non-Executive Director	1/1

The Chief Executive and Director of Workforce & Innovation attend meetings other than when matters being discussed would result in a conflict of interest. Minutes of meetings are recorded by the Corporate Secretary. The Committee did not receive any external advice or services during the period covered by this report.

### **Senior Managers Remuneration Policy**

In considering the remuneration of Directors, the Committee takes into account the national inflationary uplifts recommended for other NHS staff, any variation in or change to, the responsibility of Executive Directors and relevant benchmarking with other public sector posts.

The service contract for the Chief Executive and Executive Directors is the Contract of Employment. This is substantive and continues unless terminated by notice. The notice period for termination by the Trust is 6 months and for termination by the Director is also 6 months. The contract does not provide for any other payment for loss of office, but does provide for compensation for early retirement and redundancy in accordance with the provisions in section 16 of the Agenda for Change: NHS Terms and Conditions of Service Handbook.

The service contract for Non-Executive Directors is not an employment contract. Non-Executive Directors are appointed for an initial term of up to three years and are eligible to be considered for further terms of appointment up to six years. After serving two three year terms (6 years in total), careful consideration is given to any further re-appointment in the context of independence and objectivity.

All non-medical employees of the Trust including senior managers, are remunerated in accordance with the nationally agreed NHS Terms and Conditions of Employment. Medical staff are remunerated in accordance with the national Terms and Conditions of Service for Doctors and Dentists.

Executive and Corporate Directors' contracts are permanent on appointment and new appointments are subject to a period of six months' probation and are entitled to NHS redundancy payments should their posts be made redundant. In relation to the policy on payments for loss of office for Directors, any payments would be in accordance with their terms and conditions of employment.

Unless otherwise stated, all Executive Directors are either members (or are former members) of the NHS Pension Scheme. This entitles members to a pension based on their service final pensionable salary subject to HM Revenue & Customs limits. None of the Non-Executive Directors are members of the NHS Pension Scheme and the Non-Executive members of the Board of Directors do not receive pensionable remuneration.

### **Annual Report on Remuneration**

Total remuneration (detailed in tables 13 and 14) includes salary, non-consolidated performance related pay and benefits in kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. The value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide.

The pension benefit table (Table 14) provides further information on the pension benefits accruing to the individual.

### **Directors' Expenses**

The value of expenses claimed by Directors, in accordance with the Trust's Constitution, rounded to the nearest £100, totalled £100 in 2020/21. Reimbursement was made to 1 Director from a total of 15 Directors. In 2019/20 the total value of expenses claimed was £1,500. Reimbursement was made to 5 Directors from a total of 16 Directors.

### **Fair Pay Multiple - subject to audit**

The Trust is required to disclose the relationship between the remuneration of the highest paid Director and the median remuneration of the Trust's workforce. The median remuneration of the employees paid by The Walton Centre is £31,365 (2019/20: £30,401). The highest paid director is the Medical Director who received £195k-£200k remuneration (Bands of £5,000) (2019/20: £185k-£190k). This is 6.3 times the median remuneration (2019/20: 6.2 times).

In 2020/21, no employees received remuneration in excess of the highest paid director (2019/20, 1 employee, a doctor). Remuneration ranged from £18,005 (2019/20: £17,652) to £195,066 (2019/20: £187,201). The lowest paid employee in 2020/21 was a Band 2 Administration Assistant.

In relation to Table 13:

- The salaries and fees for A Nicolson include remuneration for his clinical responsibilities:
  - A Nicolson £163,185 (2019/20: £157,572)
- No directors received annual performance-related bonuses or long-term performance related bonuses in either period
- No payments have been made to people who have previously been Directors in the Trust in either period
- H Citrine took part in a Pension Contribution Alternative Reward Scheme which was introduced by the Trust in November 2019 to support staff affected by the annual and lifetime allowance. The scheme enables staff to be paid the equivalent employer's contributions adjusted for employer's National Insurance contributions on receipt of evidence that they were or would be affected. Evidence was provided and a panel reviewed and confirmed the decision independently
- H Citrine received an additional annual leave allowance in place of inflationary pay uplift.

Table 13 (Subject to audit)

Name	Position	1 April 2020 - 31 March 2021											1 April 2019 - 31 March 2020										
		Salary			Expense Payments (taxable)	All Pension Related Benefits			Total			Salary			Expense Payments (taxable)	All Pension Related Benefits			Total				
		£000 (Bands of £5,000)			£ (Nearest £100)	£000 (Bands of £2,500)			£000 (Bands of £5,000)			£000 (Bands of £5,000)			£ (Nearest £100)	£000 (Bands of £2,500)			£000 (Bands of £5,000)				
K Bentley	Non-Executive Director (from 01/11/20)	5	-	10	0	0.0	-	0.0	5	-	10	0	-	0	0	0.0	-	0.0	0	-	0		
M Burns	Director of Finance & IT	125	-	130	0	32.5	-	35.0	160	-	165	125	-	130	0	37.5	-	40.0	160	-	165		
E Burraston	Acting Director of Operations and Strategy (from 18/12/19 to 31/01/20)	0	-	0	0	0.0	-	0.0	0	-	0	10	-	15	0	40.0	-	42.5	120	-	125		
H Citrine	Chief Executive	185	-	190	0	0.0	-	0.0	185	-	190	155	-	160	0	0.0	-	0.0	155	-	160		
S Crofts	Non-Executive Director	10	-	15	0	0.0	-	0.0	10	-	15	10	-	15	0	0.0	-	0.0	10	-	15		
M Gibney	Director of Workforce	105	-	110	0	77.5	-	80.0	185	-	190	100	-	105	0	0.0	-	0.0	100	-	105		
A McCracken	Non-Executive Director (to 31/05/19)	0	-	0	0	0.0	-	0.0	0	-	0	0	-	5	100	0.0	-	0.0	0	-	5		
A Nicolson	Medical Director	195	-	200	0	42.5	-	45.0	235	-	240	185	-	190	0	65.0	-	67.5	250	-	255		
J Ross	Director of Operations and Strategy (from 01/01/19); Acting Chief Executive (from 18/12/19 to 31/01/20)	115	-	120	0	47.5	-	50.0	165	-	170	105	-	110	0	32.5	-	35.0	140	-	145		
J Rosser	Chair	45	-	50	800	0.0	-	0.0	45	-	50	45	-	50	1,500	0.0	-	0.0	45	-	50		
L Saller	Director of Nursing and Governance	105	-	110	0	0.0	-	0.0	105	-	110	105	-	110	0	50.0	-	52.5	155	-	160		
S Samuels	Non-Executive Director (to 31/08/20)	5	-	10	0	0.0	-	0.0	5	-	10	10	-	15	300	0.0	-	0.0	10	-	15		
A Sharples	Non-Executive Director (to 31/07/19)	0	-	0	0	0.0	-	0.0	0	-	0	5	-	10	500	0.0	-	0.0	5	-	10		
B Spicer	Non-Executive Director (from 01/08/19 to 30/09/20)	5	-	10	0	0.0	-	0.0	5	-	10	10	-	15	0	0.0	-	0.0	10	-	15		
S Rai	Non-Executive Director (from 01/08/19)	10	-	15	0	0.0	-	0.0	10	-	15	5	-	10	0	0.0	-	0.0	5	-	10		
N Thakkar	Non-Executive Director (from 07/01/19)	10	-	15	0	0.0	-	0.0	10	-	15	10	-	15	0	0.0	-	0.0	10	-	15		
D Topliffe	Non-Executive Director (from 01/11/20)	5	-	10	0	0.0	-	0.0	5	-	10	0	-	0	0	0.0	-	0.0	0	-	0		
L Vlasman	Acting Director of Nursing and Governance; 2020/21 (from 07/09/20 to 10/01/21; 2019/20 (from 28/11/19 to 31/01/20)	25	-	30	0	7.5	-	10.0	35	-	40	15	-	20	0	87.5	-	90.0	165	-	170		

**Table 14**

Pension Benefits (subject to audit)

Name	Position	Real Increase in Pension at Pension Age			Real Increase in Pension Lump Sum at Pension Age			Total Accrued Pension at Pension Age at 31 March 2021			Lump Sum at Pension Age Related to Accrued Pension at 31 March 2021			Cash Equivalent Transfer Value at 31 March 2021	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2020	Employer's Contribution to Stakeholder Pension
		(Bands of £2,500)			(Bands of £2,500)			(Bands of £5,000)			(Bands of £5,000)			£'000	£'000	£'000	£'000
Burns M	Director of Finance	2.5	-	5	0.0	-	2.5	25.0	-	30.0	0.0	-	5.0	349	18	307	0
Citrine H	Chief Executive	0.0	-	0.0	0.0	-	0.0	45.0	-	50.0	140.0	-	145.0	854	0	854	0
Gibney M	Director of Workforce	4.5	-	7	0.0	-	2.5	55.0	-	60.0	0.0	-	5.0	905	76	801	0
Nicolson A	Medical Director	2.5	-	5	1.0	-	3.5	45.0	-	50.0	95.0	-	100.0	799	38	729	0
Ross J	Director of Operations and Strategy; Acting Chief Executive (from 18/12/19 to 31/01/20)	2.5	-	5	2.5	-	5	35.0	-	40.0	75.0	-	80.0	627	39	563	0
Salter L	Director of Nursing and Governance	0.0	-	0.0	0.0	-	0.0	35.0	-	40.0	85.0	-	90.0	684	0	678	0
Vlasman L*	Acting Director of Nursing and Governance; 2020/21 (from 07/09/20 to 10/01/21; 2019/20 (from 28/11/19 to 31/01/20)	0.0	-	2.5	0.0	-	2.5	25.0	-	30.0	50.0	-	55.0	391	5	358	0

- H Citrine and M Gibney opted out of the NHS Pension Scheme on the 31 January 2018.
- M Gibney opted back into the NHS Pension Scheme on the 1 April 2019.
- The total accrued pension, lump sum and cash equivalent transfer values represent the total value for each Director. The real increases have been adjusted for directors not in post throughout the period to reflect only the increase attributable to their role as a Director (marked\*).



**Jan Ross**  
**Chief Executive**  
**24 June 2021**

## 2.3 Staff Report

### Staff Analysis

The biggest single item of expenditure incurred by the Trust relates to employment of staff to deliver the range of services provided by the Trust. The Walton Centre spent £81 million on staffing during 2020/21, which was an increase of £6.6 million (8.9%) on the previous year. The increase in costs was primarily related to costs being assumed to cover the cost of annual leave not taken in year as a result of the Covid-19 pandemic together with increased employer pension contributions and the cost of national pay awards.

The average number of whole time equivalent (WTE) staff has increased by 14 from the previous year (of which there has been an increase of 32 permanent staff and a reduction of 18 temporary staff). The majority of the increase was due to expansion of the thrombectomy service during 2020/21. Tables 15 and 16 show staff costs and average number of employees for 2019/20 and 2020/21.

**Table 15 – subject to audit**

Staff costs	Group			Foundation Trust		
	Permanent £000	Other £000	Total £000	Permanent £000	Other £000	Total £000
<b>2020/21</b>						
Salaries and wages	59,941	1,413	61,354	59,941	1,413	61,354
Social security costs	5,651	0	5,651	5,651	0	5,651
Apprenticeship levy	270	0	270	270	0	270
Employer's contributions to NHS pension scheme	9,473	0	9,473	9,473	0	9,473
Pension cost - other	53	0	53	53	0	53
Termination benefits	23	0	23	23	0	23
Temporary staff	0	4,088	4,088	0	4,088	4,088
NHS charitable funds staff	168	0	168	0	0	0
<b>Total staff costs</b>	<b>75,579</b>	<b>5,501</b>	<b>81,080</b>	<b>75,411</b>	<b>5,501</b>	<b>80,912</b>
<b>Of which</b>						
Costs capitalised as part of assets	(152)	(178)	(330)	(152)	(178)	(330)
<b>Staff costs</b>	<b>75,427</b>	<b>5,323</b>	<b>80,750</b>	<b>75,259</b>	<b>5,323</b>	<b>80,582</b>
<b>2019/20</b>						
Salaries and wages	54,613	1,301	55,914	54,613	1,301	55,914
Social security costs	5,385	0	5,385	5,385	0	5,385
Apprenticeship levy	258	0	258	258	0	258
Employer's contributions to NHS pension scheme	9,042	0	9,042	9,042	0	9,042
Pension cost - other	48	0	48	48	0	48
Termination benefits	57	0	57	57	0	57
Temporary staff	0	4,182	4,182	0	4,182	4,182
NHS charitable funds staff	164	0	164	0	0	0
<b>Total staff costs</b>	<b>69,567</b>	<b>5,483</b>	<b>75,050</b>	<b>69,403</b>	<b>5,483</b>	<b>74,886</b>
<b>Of which</b>						
Costs capitalised as part of assets	(706)	(190)	(896)	(706)	(190)	(896)
<b>Staff costs</b>	<b>68,861</b>	<b>5,293</b>	<b>74,154</b>	<b>68,697</b>	<b>5,293</b>	<b>73,990</b>

**Table 16** – subject to audit

Average number of employees (WTE basis)						
	Group			Foundation Trust		
	Permanent Number	Other Number	Total Number	Permanent Number	Other Number	Total Number
<b>2020/21</b>						
Medical and dental	186	2	188	186	2	188
Administration and estates	344	15	359	341	15	356
Healthcare assistants and other support staff	215	44	259	215	44	259
Nursing, midwifery and health visiting staff	394	21	415	394	21	415
Scientific, therapeutic and technical staff	242	0	242	242	0	242
<b>Total average numbers</b>	<b>1,381</b>	<b>82</b>	<b>1,463</b>	<b>1,378</b>	<b>82</b>	<b>1,460</b>
<b>Of which:</b>						
Number of employees (WTE) engaged on capital projects	4	3	7	4	3	7
<b>2019/20</b>						
Medical and dental	183	3	186	183	3	186
Administration and estates	331	17	348	328	17	345
Healthcare assistants and other support staff	204	54	258	204	54	258
Nursing, midwifery and health visiting staff	397	25	422	397	25	422
Scientific, therapeutic and technical staff	234	1	235	234	1	235
<b>Total average numbers</b>	<b>1,349</b>	<b>100</b>	<b>1,449</b>	<b>1,346</b>	<b>100</b>	<b>1,446</b>
<b>Of which:</b>						
Number of employees (WTE) engaged on capital projects	18	3	21	18	3	21

**Staff Profile**

On 31 March 2021, the Trust permanently employed whole time equivalents made up of the following groups in Table 17.

**Table 17**

Staff Group	Headcount	FTE
Add Prof Scientific and Technic	56	49.55
Additional Clinical Services	263	228.68
Administrative and Clerical	385	346.80
Allied Health Professionals	181	157.19
Estates and Ancillary	17	12.76
Healthcare Scientists	31	28.03
Medical and Dental	143	136.86
Nursing and Midwifery Registered	421	389.96
<b>Total</b>	<b>1,497</b>	<b>1,349.83</b>

The total number of staff has marginally increased from the 2019/20. The small increase has no significant impact on overall equality and diversity at the Trust.

**Workforce Diversity – Equality, Diversity & Inclusion (ED&I)**

On 31 March 2021, the Board of Directors comprised of:

- Three male and three female Non-Executive Directors (including the Trust's Chair)
- Three male and three female Executive and Corporate Directors

- Ten Board members are recorded as White and two Board members are recorded as coming from a Black, Asian or minority ethnic background.

Further details about the Board's composition can be found in the Trust's WRES Report which is available on the Trust's website:

<http://www.thewaltoncentre.nhs.uk/uploadedfiles/documents/corporate/WRES%20Report%20%202020%20Final.pdf>

The following tables illustrate the diversity of the Trust's workforce as a whole as at 31 March 2021.

**Table 18 Gender**

Gender	Headcount	Percentage
Female	1159	77.42%
Male	338	22.58%
<b>Total</b>	<b>1497</b>	<b>100.00%</b>

There has been a marginal increase in the percentage of male staff from the 2019/20 level. The gender imbalance, with far more females employed than men, is a product of the national and international tendency for many more women than men to work in the nursing and caring professions in general. Fuller details about the Gender composition of the Trust and equality can be found in the Trust's Gender Pay Gap Report which is published on the Trust website:

<http://www.thewaltoncentre.nhs.uk/uploadedfiles/Gender%20Pay%20Gap%20Report%202020.pdf>

**Table 19 Age**

Age Range	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61+	Total
Female	0	85	145	171	152	127	123	137	132	87	<b>1159</b>
Male	3	15	41	58	45	39	55	37	26	19	<b>338</b>
<b>Total</b>	<b>3</b>	<b>100</b>	<b>186</b>	<b>229</b>	<b>197</b>	<b>166</b>	<b>178</b>	<b>174</b>	<b>158</b>	<b>106</b>	<b>1497</b>

The age profile of staffing at the Trust has not significantly changed from 2019/20 levels. The most notable figures in relation to age are the relatively low numbers of staff aged 16-20. This level has decreased from 7 in 2019/20 to 3 in 2020/21. The Trust's plans to increase the number of apprenticeships available are likely to help address this age imbalance.

**Table 20 Ethnicity**

Ethnicity	Headcount	Percentage
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<b>Ethnicity</b>	<b>Headcount</b>	<b>Percentage</b>
A White - British	1268	84.7%
B White - Irish	25	1.67%
C White - Any other White background	41	2.74%
CP White Polish	1	0.07%
CY White Other European	2	0.13%
D Mixed - White & Black Caribbean	1	0.07%
E Mixed - White & Black African	4	0.27%
F Mixed - White & Asian	1	0.07%
G Mixed - Any other mixed background	5	0.33%
H Asian or Asian British - Indian	73	4.88%
J Asian or Asian British - Pakistani	3	0.20%
K Asian or Asian British - Bangladeshi	1	0.07%
L Asian or Asian British - Any other Asian background	11	0.73%
LH Asian British	1	0.07%
LK Asian Unspecified	1	0.07%
M Black or Black British - Caribbean	1	0.07%
N Black or Black British - African	24	1.60%
P Black or Black British - Any other Black background	1	0.07%
S Any Other Ethnic Group	21	1.40%
SC Filipino	1	0.07%
Z Not Stated	11	0.73%
<b>Total</b>	<b>1497</b>	<b>100%</b>

There has been no significant change to the overall race equality composition of the Trust's staff from the 2019/20 figures. Further details about staff race equality composition and actions to increase diversity can be found in the Trust's WRES report which is published on the Trust website:

<http://www.thewaltoncentre.nhs.uk/uploadedfiles/documents/corporate/WRES%20Report%20%202020%20Final.pdf>

**Table 21 Religion**

<b>Religion</b>	<b>Headcount</b>	<b>Percentage</b>
Atheism	176	11.76%
Buddhism	3	0.20%
Christianity	925	61.79%
Hinduism	35	2.34%
Not Disclosed	139	9.29%
Islam	24	1.60%
Judaism	2	0.13%
Other	113	7.55%
Unspecified	80	5.34%
<b>Total</b>	<b>1497</b>	<b>100%</b>

**Table 22 Disability**

Disability	Headcount	Percentage
No	1169	78.09%
Not Declared	45	3.01%
Unspecified	238	15.90%
Yes	45	3.01%
<b>Total</b>	<b>1497</b>	<b>100%</b>

There has been a small increase in the number of Trust staff stating that they have a disability from 40 in 2019/20 to 45 in 2020/21. However, the number of staff stating that they have a disability remains much lower than may be expected given that 19% of the UK working age population states a disability. Further details about the staff disability equality composition and actions to increase diversity can be found in the Trust's WDES report which is published on the Trust website:

[http://www.thewaltoncentre.nhs.uk/uploadedfiles/documents/corporate/WDES%20Report%202020%20Final%20\(4\).pdf](http://www.thewaltoncentre.nhs.uk/uploadedfiles/documents/corporate/WDES%20Report%202020%20Final%20(4).pdf)

**Table 23 Sexual Orientation**

Sexual Orientation	Headcount	Percentage
Bisexual	11	0.73%
Gay or Lesbian	35	2.34%
Heterosexual or Straight	1257	83.97%
Not stated (person asked but declined to respond)	94	6.28%
Other sexual orientation not listed	1	0.07%
Undecided	1	0.07%
Unspecified	98	6.55%
<b>Total</b>	<b>1497</b>	<b>100.00%</b>

In comparison with 2019/20, there has been no significant change in the overall percentage of heterosexual staff and staff with other sexual orientations. This may be because the Trust still has over 12% of staff who either declined to provide a response to the question about their sexual orientation or whose sexual orientation remains unspecified for other reasons. The equality challenge that this comparatively large sexual orientation unknown figure sets for the Trust is to help more staff feel more safe to state their sexual orientation where they do not wish to be recorded as heterosexual. The Trust is taking steps to increase response rates to sexual orientation monitoring in line with its Equality and Inclusion 5 Year Vision which is available on the Trust's website:

<http://www.thewaltoncentre.nhs.uk/uploadedfiles/documents/EDI%20Vision%202017.pdf>

**Table 24 Marriage and Civil Partnership**

<b>Marital Status</b>	<b>Headcount</b>	<b>Percentage</b>
Civil Partnership	21	1.40%
Divorced	82	5.48%
Legally Separated	8	0.53%
Married	649	43.35%
Single	676	45.16%
Unknown	51	3.41%
Widowed	10	0.67%
<b>Total</b>	<b>1497</b>	<b>100.00%</b>

**Information on diversity and inclusion policies, initiatives and longer term ambitions**

The Trust has set its own vision to improve equality, diversity and inclusion (ED&I) for both patients and staff. This is an example of the Trust going beyond statutory duties and compliance in its commitment to ED&I. The vision has come from both staff and patients sharing what good practice looks like and how we will know when we have achieved it. Supported by a detailed strategic action plan, the vision is now being delivered by the ED&I Steering Group.

Performance against the internal priorities set by the Trust continue to be monitored through the Quality Committee with an annual review of the vision and progress against the action plan. This vision is guiding the Trust towards making systematic improvements around ED&I this year and in coming years. The Trust has also set up a new Board-level Strategic Black, Asian, and Minority Ethnic (BAME) Advisory Committee which is chaired by the Chief Executive. This Committee will inform the development and provide assurance against the following strategies, associated policies, action plans and annual reports:

- People Strategy related to race equality
- Equality, Diversity and Inclusion Vision and work related to race equality
- Workforce and patient population strategies, policies or plans related to Black, Asian and minority ethnic staff or communities
- The Trust Strategy in relation to race equality

The Trust also has an Equality Diversity and Human Rights Policy to form the policy basis for its ED&I activities. Examples of these activities are included below:

- The Trust has participated in the NHS Employers Partners Programmes and has committed to a new programme with NHS Employers due to start from June 2021. This will be a three month initiative to enhance staff knowledge of, and support for, Neurodiversity.

- The Trust has continued its charter mark and participation in the Department for Work and Pensions' Disability Confident Employer Scheme level 2.
- The Trust has continued its lesbian, gay, bisexual and transgender (LGBT+) competent Navajo Chartermark
- The Trust has maintained membership of the Navajo Health Sub-group to tackle health inequalities for LGBT+ patients, and now has staff trained and approved as Navajo Assessors to share good practice in terms of LGBT+ accessibility
- The Trust has continued to work with its ED&I Champions, who are staff volunteers committed to making ED&I a priority. We want to be a workplace that inspires leadership at all levels, with all staff, where everyone's voice is heard.
- The Trust has engaged with Black Asian and Minority Ethnic staff to foster mutual support. This engagement and the establishment of a new Black, Asian and Minority Ethnic network, were part of an effective response to the added challenges faced by the Trust in relation to the disproportionate effect of the Covid-19 pandemic on Black, Asian and Minority Ethnic communities.
- The Trust designed and produced its own 'We Say No To Racism' badges to help staff to challenge racist behaviour.

### **Progress against the Workforce Disability Equality Standards**

2020/21 was the second year that the Trust took part in the NHS Workforce Disability Equality Standard (WDES). WDES is designed to improve workplace experience and career opportunities for disabled people working, or seeking employment in the 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 provides 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, the information can be used to understand where key differences lie; and will provide the basis for the development of action plans enabling organisations to track progress on a year by year basis.

The WDES is based on ten evidence-based metrics which took effect from 1 April 2019. The 2020 data is taken from the 2018/19 financial year. The WDES is mandated in the NHS Standard Contract to enable comparisons to be made between NHS trusts. The Trust's WDES metrics data was reported to NHS England prior to the deadline of 1 August 2020. The 2020 WDES report does not show significant change or improvement on the previous year. A key figure which would need to improve for the Trust to have better confidence in the data is the number of staff willing to state that they have a disability which remains much lower than might be expected given the numbers of disabled adults in the UK (see above

and below). There were 1452 staff members employed within the organisation. Of those, the proportion of staff recorded as Disabled on the Electronic Staff Records system (ESR) was 40 (2.72%) this compares with the 2018/19 figure for Disabled staff of 43 which was (3.14%) measured against the then total staff number of 1414. So the number of Disabled staff at the Trust has fallen by 3 while the total number of staff has risen by 38 in this reporting period. This data and the full report is also published on The Walton Centre website: [http://www.thewaltoncentre.nhs.uk/uploadedfiles/documents/corporate/WDES%20Report%202020%20Final%20\(4\).pdf](http://www.thewaltoncentre.nhs.uk/uploadedfiles/documents/corporate/WDES%20Report%202020%20Final%20(4).pdf)

### **Progress against the Workforce Race Equality Standard**

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

The Trust is making clear progress against eight of the nine WRES indicators. The exception relates the indicator on the pay bands for BAME staff and where they work in the Trust. The Walton Centre remains broadly representative in terms of the overall numbers of BAME staff but numbers have fallen slightly and work will need to be done both to ensure that the Trust remains broadly representative and to make BAME representation more equal across the higher pay bands.

As of 31 March 2021 there were 1452 staff employed by the Trust. This figure comprised 1300 (89.5%) White staff and 138 (9.5%) staff with 14 (0.96%) unknown ethnicity. The percentage figure for BME staff marginally increased in this reporting year from (9.41%) to (9.50%). This new figure remains approximately in line with the BME census figures for the North West and is well above the BME census figures for Merseyside. The current figure indicates that the Trust is not underrepresented in the overall numbers of BME staff. The highest percentage of BME staff measured against the total staff is to be found within the Clinical staff and stands at (4.89%). Medical BME staff make up (4.55%) of the whole workforce and Non Clinical BME staff constitute (0.69%). These figures provide no justification for further positive actions to boost the overall numbers of BME staff at the Trust.

However, the comparatively low percentage of staff in the non-clinical workforce and the low numbers of clinical and non-clinical staff at Band 7 and above justifies further positive actions to boost BME staff numbers in these areas. In order to fully understand the significance of the percentages above they need to be examined alongside the Non Clinical, Clinical and Medical staff figures and percentages. As context for all of the above staff race statistics, the Office of National Statistics, 2011 Census, states that 5.5% of the Merseyside population has a Black, Minority Ethnic background (BME) which is lower than the North West average (9.8%).

Source: Census 2011: [www.ons.gov.uk](http://www.ons.gov.uk)

Further data and the full 2020 WRES report is also published on The Walton Centre website: <http://www.thewaltoncentre.nhs.uk/uploadedfiles/documents/corporate/WRES%20Report%20%202020%20Final.pdf>

### **Equality, Diversity and Inclusion Training for Staff**

The Trust carries out mandatory Equality, Diversity and Human Rights training for all new starters, which is refreshed on a three yearly basis. This online training continued throughout 2020/21. Further face to face ED&I training which was originally planned to take place in 2020 was deferred as a result of the Covid-19 pandemic.

### **Cultural Ambassadors Programme**

The Trust has continued to support the Cultural Ambassador Programme having recruited some of our Black and Minority Ethnic (BAME) staff to receive training to be able to support colleagues through various Human Resources processes to ensure fairness e.g. disciplinary, grievance and capability processes. The Trust has however, comparatively few grievances involving BAME staff, so actions to potentially widen the programme out into supporting fairness in recruitment processes have been explored via talks with unions and colleagues from the Cheshire & Merseyside Health & Care Partnership. In advance of launching the expanded programme, the Trust's Equality and Inclusion Lead currently performs the function of advising on fairness in recruitment by participating in the recruitment processes for senior leaders at the Trust.

### **Navajo Chartermark and Disability Confident Employer**

The Trust continued its participation in the Navajo Chartermark scheme which is an indicator of good practice, commitment and knowledge of the specific needs, issues and barriers

facing LGBT+ people in Merseyside. Further progress in this area during 2020/21 was impaired by the constraints associated with the Covid-19 pandemic.

### **Department for Work and Pensions (DWP) Disability Confident Employer Scheme**

The Trust has continued to participate in the Department for Work and Pensions' (DWP) Disability Confident Employer Scheme which commits the Trust to take positive actions to ensure that we have equitable and accessible recruitment processes relating to disability. The Trust has now achieved DWP Disability Confident Level 2, which was one of the Trust's equality objectives for 2020/21. We had also planned to work towards gaining Disability Confident Level 3 in 2020/21. However, Level 3 entails a great deal of engagement and sharing of best practice with partner organisations which was not practical to progress in the context of the Covid-19 pandemic. Consequently, this development was deferred and we now plan to progress to Disability Confident Level 3 in 2021/22.

### **Gender Pay Gap**

The Trust has again met its gender pay gap reporting obligations and the results are published on the Trust's website in the Gender Pay Gap Report 2020:

<http://www.thewaltoncentre.nhs.uk/uploadedfiles/Gender%20Pay%20Gap%20Report%202020.pdf>

Despite the majority of the workforce being female, a higher proportion of the Trust's senior medical roles are filled by men. In addition to this, the high value of Clinical Excellence Awards causes a variation of bonus pay as these are primarily awarded to males, whereas local awards, which are much lower in value, are more likely to be awarded to females as the majority of the workforce. This is consequently leading to a high pay gap. The findings do, however, again reflect a small improvement on the pay by gender for the previous financial years (findings as at 31 March 2017, 2018 and 2019 respectively). The Trust has taken note of the results and has made use of the data to inform action planning aimed at closing the gender pay gap.

### **Reciprocal Mentoring**

The Trust established its Reciprocal Mentoring programme with the aim of tackling the disproportionately low numbers of BAME staff in non-medical senior leadership roles through supporting BAME staff to further their development, while also improving the senior leaders understanding of what it is like to be a BAME employee within the Trust. It proved impractical to run this face to face mentoring programme during 2020/21 due to the pandemic situation. However, work was undertaken to plan a pilot of an online version of

the programme in 2021/22 and we also plan to explore the feasibility of extending the programme to include disabled staff 2021/22.

### **Equality Delivery System**

The Trust's Equality Delivery System (EDS 2) review for 2020 has been undertaken and published on the Trust's website within the Public Sector Equality Duty, Diversity and Inclusion Annual Report 2020. The Trust did not seek to increase its grades on any of the sub-goals in 2020/21 as the Covid-19 pandemic severely restricted the number of ED&I initiatives that could be undertaken.

### **Equality Impact Analysis**

The Equality Impact Assessments/Analysis (EIAs) are undertaken by the Trust in relation to all relevant policies, procedures, strategies and papers that go before the Board of Directors in compliance with the Public Sector Equality Duty (PSED) under the Equality Act 2010. The Trust's Equality and Inclusion Lead continues to offer advice and support to managers on the completion of EIAs.

### **Engagement**

During 2020/21 the Trust engaged with The Neurological Alliance, both locally and on a national level, to address some of the barriers facing Black, Asian and minority ethnic communities in accessing neurological services. The Trust also engaged with the Cheshire and Merseyside Health and Care Partnership to help with a research project into the impact of Covid-19 on BAME communities. Two of the Trust's Directors represent the Trust as members of the North West Black, Asian and Minority Ethnic Strategic Advisory Committee.

### **Occupational Health**

The Trust continues to support a programme of health and wellbeing initiatives for staff and is continually looking to develop and expand the scope of the programme. The circumstances of the Covid-19 pandemic meant that our usual Staff health and wellbeing days, which involved face-to-face contact, were replaced by a series of on-line initiatives.

The Trust's Health and Wellbeing Occupational Health Service continues to be provided through a service level agreement with Liverpool University Hospitals NHS Foundation Trust with key performance indicators for the service being monitored at quarterly review meetings. During 2020/21 collaboration between the Trust and the Occupational Health Service resulted in successful delivery of flu and Covid vaccination programmes with circa 84% of staff receiving a first dose of the Covid vaccination by 31 March 2021. The Trust has

an onsite counselling service which is provided by the Network of Staff Supporters (NOSS) with staff able to access the service by either self-referral or referral via their line manager. The NOSS provided a 24/7 telephone service for staff throughout the pandemic. Following staff feedback during Wave 3 of the pandemic we initiated a programme of onsite workshops which provided the opportunity for staff to receive face to face support.

The following table details sickness absence for the period as at 31 March 2021:

**Table 25**

<b>Staff Sickness Absence</b>	<b>2019/20</b>	<b>2020/21</b>
Days Lost (Long Term)	22,170	23,766
Days Lost (Short Term)	8,699	10,467
Total Days Lost	30,869	34,233
Average Staff Service Years	7.1	6.69
Average Calendar Days Lost	14.86	18.29
Total Staff Employed in Period (Headcount)	1456	1509
Total Staff Employed in Period with No Absence (Headcount)	539	630
Percentage Staff with No Sick Leave	37.02%	41.75%

The total number of days lost due to sickness increased in comparison with the previous year, primarily as a result of the Covid-19 pandemic with a 20% increase in the number of short term sickness absences. Total days lost increased by 10%. However, there was a noticeable increase in the number of staff with no recorded sickness absence which may be related to a range of staff groups having the opportunity for remote working during the reporting period.

Of the 34,233 days lost to sickness, 8,941 days were specifically due to Covid-19 related sickness. The broader issue of absence from work due to the impact of the pandemic should also be noted. An additional 17,137 days were lost to Covid-19 related special leave, principally due to isolation requirements.

### **Staff Turnover**

Perversely, the Covid-19 pandemic had a positive effect in relation to staff turnover, with a reduction of circa 3% across all staff groups over the course of the year as there was a general reduction in the numbers of staff moving between organisations during the pandemic situation. The level of reduction was slightly higher in the Nursing staff group at 3.7% and a number of initiatives have been put in place, including a comprehensive health and wellbeing offer, to retain staff and to maintain the improved turnover position.

Further information on Trust and NHS workforce statistics is available through NHS Digital at the following web address <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics>

**Table 26 – Turnover (all Staff Groups)**

	2020/04	2020/05	2020/06	2020/07	2020/08	2020/09	2020/10	2020/11	2020/12	2021/01	2021/02	2021/03
Turnover Rate (FTE)	1.01%	0.55%	0.79%	1.52%	1.65%	0.61%	1.05%	0.74%	1.29%	0.82%	0.72%	0.95%
Turnover Rate FTE (12m)	14.35%	14.05%	13.41%	13.89%	13.59%	13.06%	13.05%	12.73%	12.72%	12.75%	12.18%	11.61%

**Table 27 – Turnover (Nursing Staff)**

	2020/04	2020/05	2020/06	2020/07	2020/08	2020/09	2020/10	2020/11	2020/12	2021/01	2021/02	2021/03
Turnover Rate (FTE)	1.63%	1.23%	0.21%	0.93%	0.68%	0.07%	1.12%	0.91%	1.92%	1.59%	0.68%	1.29%
Turnover Rate FTE (12m)	15.96%	16.82%	14.70%	15.48%	14.62%	13.18%	13.57%	13.26%	13.51%	14.43%	13.32%	12.28%

### Number of Individuals Who Retired Early on ill-health Grounds during the Period of Reporting

During the period 1 April 2020 to 31 March 2021 there were no instances of early retirement on the grounds of ill-health.

### Staff Survey

The 2020 survey was distributed to all Trust staff between September and November 2020. The Staff Survey is a key element of the organisation's overall approach to staff engagement. Other elements include:

- Established staff communications and engagement methods including a daily Trust-wide safety huddle, Chief Executive huddle, weekly email bulletin to all staff, a 'Walton Weekly' newsletter; plus a monthly team brief meeting for all heads of department which is led by the Chief Executive
- Quarterly clinical senates draw together clinicians to discuss clinical issues and are well attended from all specialties
- Quarterly staff listening weeks/health and wellbeing days
- Participation in Staff Friends and Family Test

- Regular Executive Walkabouts.

The Walton Centre had 548 staff take part in this survey with a response rate of 39% of all staff compared with a national average response rate of 56% for specialist trusts in England. A comparison of results year on year can be seen in Table 28.

**Table 28**

	2020		2019		2018	
	Trust	Benchmark Group	Trust	Benchmark Group	Trust	Benchmark Group
Equality, diversity and inclusion	9.3	9.2	9.3	9.2	9.4	9.3
Health and Wellbeing	6.8	6.5	6.5	6.3	6.5	6.3
Immediate Managers	7.1	7.1	7.3	7.1	7.0	7.0
Morale	6.6	6.4	6.6	6.4	6.4	6.3
Quality of Appraisals	N/A	N/A	5.7	5.8	5.4	5.7
Quality of Care	8.1	7.9	7.9	7.9	7.8	7.9
Safe Environment – bullying and harassment	8.5	8.4	8.4	8.3	8.3	8.2
Safe Environment – violence	9.3	9.8	9.2	9.8	9.2	9.8
Safety Culture	7.2	7.0	7.7	7.0	6.8	6.9
Staff Engagement	7.6	7.4	7.6	7.5	7.4	7.4
Team Working	7.0	6.8	7.1	6.9	6.8	6.9

The findings for the 2020 survey are arranged under ten themes:

- Equality, Diversity and Inclusion – **outcome better than the national average**
- Health and Wellbeing – **outcome better than the national average**
- Immediate Managers – **outcome better than the national average**
- Morale – **outcome better than the national average**
- Quality of Care – **outcome better than the national average**
- Safe Environment - bullying and harassment – **outcome better than the national average**
- Safe Environment – violence – **outcome slightly worse than the national average**
- Safety Culture – **outcome better than the national average**
- Staff Engagement – **outcome better than the national average**
- Team Working – **outcome better than the national average**

In the following four themes the Trust had the best score in its benchmarking group:

- Health and Wellbeing
- Quality of Care
- Staff Engagement
- Team Working

Some key highlights of the 2020 survey were as follows:

- Opportunities for flexible working patterns – increase from 60.4% in 2019 to 66.4% in 2020
- In the last 3 months have you come to work despite not feeling well enough? – decrease from 55.7% in 2019 to 39.6% in 2020
- I am able to deliver the care I aspire to – increase from 75.5% in 2019 to 82% in 2020, best in benchmarking group
- Care of patients is my Organisation's top priority – increase from 87.4% in 2019 to 91.8% in 2020, best in benchmarking group

The 2020 Staff Survey asked a series of questions which related to staff experience during the Covid-19 pandemic. Key concerns and highlights from this question set were as follows:

#### Key Concerns

- Safe environment – violence – for all staff had the lowest score in the benchmarking group
- Team working for shielding staff had the lowest score in the benchmarking group

#### Key Highlights

- Health and Wellbeing for all staff had the highest score in the benchmarking group
- Morale had the best score in the benchmarking group for those staff working on a specific Covid ward / area
- Staff engagement and team working for all staff had the highest score in the benchmarking group

Whilst the detailed results of the Staff Survey are variable, it is important to recognise that the outcomes are mainly positive in nature. An action plan has been developed to address matters arising from each of the ten themes.

#### Future Priorities and Actions

The 2021/22 Staff Experience action plan will focus on the less positive themes from the staff survey:

- Relationships with Immediate Managers
- Morale

These areas will be targeted in our various staff engagement events in 2021/22. The Staff Engagement action plan will be refreshed in partnership with Staff Side and progress will be monitored by both the Staff Partnership Committee and Business Performance Committee. Divisional plans will be formulated to support delivery of the overarching Staff Engagement action plan.

### **Workforce Wellbeing**

The Walton Centre's health and wellbeing work is directed by the Staff Experience Action Plan, which is part of the Trust's People Strategy. This is informed by the results of the national NHS Staff Survey, the NHS People Plan and outcomes from on-going staff engagement comprising face to face sessions (limited during 2020/21 due to the Covid-19 pandemic) and regular surveys.

The Trust has continued to offer a range of benefits and support to staff to promote physical, mental and financial wellbeing and an established programme of health and wellbeing activities has been available to all staff. The programme was expanded during 2020/21 to include additional activities in direct response to staff feedback / requests, including face to face counselling workshops and support sessions for managers and staff. The Health and Wellbeing programme is supported by a core group of staff with a senior physiotherapist acting as Clinical Lead. Staff were provided with free access to the VIVUP health and wellbeing platform (see below) and are also able to access occupational health support or the NOSS counselling service.

VIVUP is a new staff benefits and wellbeing platform which was introduced during 2020/21. The platform contains advice on maintaining good health and wellbeing and enables staff to access benefits such as discounts at high street stores and pay for a range of items, such as home electronics or appliances, through a salary sacrifice scheme. The VIVUP system is free of charge to use and can be accessed through both work and home devices.

The Trust has supported the work of Liverpool City Council and is an active member of a working group whose aim is to provide a health and wellbeing offer for all health and social

care staff across the city. The Trust was re-accredited with the Investors in People Gold Standard in 2020 which reflects the strong, supportive culture created for staff.

A multi-dimensional approach to staff health and wellbeing was adopted during the pandemic with initiatives on local and national level and also from charitable perspective. Some examples are as follows:

- **Poster Campaign** – tips on how staff could look after themselves and colleagues with advice for those working from home for the first time
- **Staff Facebook Group** – staff were able to keep informed by joining the Trust's closed group on the Facebook platform
- **Physiotherapy Service** – staff were able to self-refer to this service via Occupational Health
- **NHS Employers Resources** – NHS Employers created a 'hub page' containing links to all their staff wellbeing resources

### Our NHS People

The Our NHS People service, which incorporates health and wellbeing initiatives, launched in early April 2020 and means of accessing support during the Covid-19 pandemic included:

- [Website and app](#) - Information, and access to group and 1-1 support direct to your phone, laptop or PC
- Helpline - a free wellbeing support helpline 0300 131 7000, available from 7.00 am – 11.00 pm seven days a week, providing confidential listening from trained professionals and specialist advice - including coaching, bereavement care, mental health and financial help
- Text - a 24/7 text alternative to the above helpline - simply text FRONTLINE to 85258
- [Silver Cloud](#) - Mental Health Modules for Stress, Resilience, Sleep and Anxiety. Use the code NHS2020
- Apps - free access to mental health apps including [Unmind](#), [Headspace](#), [Sleepio](#) and [Daylight](#)

### Charity Support

Charitable support to the Trust featured both donations to a dedicated Covid-19 appeal and product / gift in kind donations from community and corporate supporters. The Trust is also a member of the NHS Charities Together and so benefited from the very high profile national fundraising campaign with funding made available for specific objectives related to staff wellbeing, psychological support, food provision and other items identified by staff during the crisis.

A dedicated appeal was set up on the Walton Centre Charity website for supporters who wished to contribute during the Covid-19 pandemic. The objectives of this appeal were consistent with those of the national objectives for NHS Charities Together i.e. to support staff physical and mental wellbeing during the pandemic. It was made clear to prospective donors that any surplus funds from the appeal when the pandemic situation ends would be used to support charitable projects in the hospital which may have been adversely impacted through the cessation of general fundraising activities and initiatives during the pandemic period.

### **Education and Organisational Development**

Supporting the Trust's strategic plan, the organisation continues to be highly committed to promoting excellence in education and training to ensure it delivers the highest calibre of health care staff to care for and support our patients.

The role of the Education team is to support the organisation to provide education, training and development opportunities to develop the current workforce and to support the talent of the future. The Trust maintains a high standard for staff development and is recognised for these efforts in having been re-accredited with Investors in People Gold status in 2020. Some of the education and organisational development initiatives we progressed during 2020/21 included:

- The “Building Rapport - The Walton Way” leadership development programme was initially launched in November 2019 with the aim that all line managers in the organisation would complete the course. At the point that the programme was paused in 2020, in line with the suspension of non-essential training in response to the pandemic, all existing managers had completed part of the course with approximately 50% of managers having completed the full programme. Evaluations received to date have been positive and the impact of this development programme was reflected in outcomes for Line Managers in the Staff Survey. The Building Rapport programme will recommence in Summer 2021 to ensure that all existing managers and any new managers complete the full programme.
- Internal coaching continues to be offered across the organisation to provide support where needed and to help staff achieve their full potential. A range of staff benefitted from coaching opportunities during 2020/21 and feedback remains unanimously positive. Our cohort of internal coaches have continued their own professional development and peer support to ensure they are able to support staff

in the most effective way. In addition, the Building Rapport programme includes a full day coaching element and attendees have cited a greater understanding of coaching and its associated benefits. This has resulted in increased interest from staff wishing to undertake coaching and in managers seeking to adopt a coaching approach in their leadership style.

- Our coaching group has continued to develop connections with Trusts from across Cheshire and Merseyside and we have benefited from a number of reciprocal coaching arrangements as a result. Such arrangements also have a financial benefit through a reduction in expenditure on the procurement of external coaching services. A successful bid to Health Education England resulted in the Trust securing funding to train five consultant educators who have been able to use their newly acquired coaching skills when working with our trainees and students.
- Access to leadership development programmes and various other opportunities provided by the North West Leadership Academy continue to be available to all staff. The Trust has supported a member of staff to become a facilitator on the Mary Seacole development programme which allow us to deliver this programme internally in the future.
- A further two cohorts completed The Walton Centre's standalone 30 credits Masters module (designed and delivered in conjunction with Liverpool John Moore's University) titled 'Acute and Chronic Neurosciences Care and Management'. Available to both internal and external delegates, the module is accessible to a range staff from the multidisciplinary team including; occupational therapists, physiotherapists, pharmacists, psychology, nursing as well as other AHPs. The module is designed and delivered by clinicians who work for The Walton Centre some of whom are both nationally and internationally recognised.
- The Walton Centre continues to provide excellent undergraduate placements for 5<sup>th</sup> year Selective in Advanced Medical Practice (SAMP) medical students, in partnership with the Liverpool School of Medicine. Every SAMP student who attends The Walton Centre has the breadth of learning opportunities available in the units. Secondly, it gives individual students the option of choosing to be attached to a consultant from any of the sub-specialities including; Neurology, Neurosurgery, Neuroanesthetics and Intensive Care, Pain, Neuroradiology and Neurophysiology for an 8 week block.
- From September 2020, 4<sup>th</sup> year medical students have attended The Walton Centre for a 4 week Neuroscience block. Although lectures have been delivered virtually, students still have exposure to a range of clinical learning experiences including; Neurology and Neurosurgery lectures, Neurosurgical on-call shadowing, district

general exposure, Neurorehabilitation sessions, small group ward-based teaching, outpatient clinics (including Pain Management) and a series of symptom-based tutorials.

- The Trust has maintained good levels of statutory and mandatory training compliance, despite the limitations of the national pandemic situation, through the introduction of socially distanced study days and transition to virtual training delivery where possible.
- Apprenticeships continue to be supported and developed and our first cohort of Trainee Nurse Associate apprentices graduated in February 2021. Other apprenticeships undertaken during 2020/21 included:
  - Senior Healthcare Support Worker L3 apprenticeship
  - Healthcare Assistant Practitioner L5 apprenticeship
  - Healthcare Science Practitioner L6 apprenticeship
  - Operations Department Manager L5 apprenticeship
  - Senior Leader Master's Degree apprenticeship

The Walton Centre remains committed to corporate social responsibility but we were unable to support work placements during 2020/21 due to the pandemic situation. However, following a successful application to the Department of Work and Pensions (DWP), the Trust has been approved to host future Kickstart job placements. The Kickstart scheme differs from work placements in that it provides individuals on Universal Credit who are at risk of long term unemployment with a paid job placement for six months (funded by the DWP).

### Trade Union Facility Time

In line with the Trust's Partnership Agreement with its recognised staff representative bodies, in 2020/21 the Trust provided the following supported time for its recognised staff representative bodies per week;

#### Relevant Union Officials

Number of Employees who were Relevant Union Officials during the Relevant Period	Full-time Equivalent Employee Number
9.0	1504

#### Percentage of Time Spent on Facility Time

Percentage of Time	Number of Employees
0%	1.0
1-50%	8.0
51%-99%	-

Percentage of Time	Number of Employees
100%	-

#### Percentage of Pay Bill Spent on Facility Time

<b>Total Cost of Facility Time</b>	£14,359
<b>Total Pay Bill</b>	£80 million
<b>Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100</b>	0.018%

#### Paid Trade Union Activities

<b>Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100</b>	4.01%
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#### Off-payroll Arrangements

Details of highly paid and/or senior off-payroll engagements during 2020/21 are included in tables 29 – 31 below.

**Table 29 – Off-payroll worker engagements as at 31 March 2021**

	Number
Number of existing engagements as of 31 March 2021	0
Of which, the number that have existed:	
for less than one year at the time of reporting	
for between one and two years at the time of reporting	
for between two and three years at the time of reporting	
for between three and four years at the time of reporting	
for four or more years at the time of reporting	

**Table 30 – All off-payroll workers engaged at any point during the year ended 31 March 2021**

	Number

Number of off-payroll workers engaged during the year ended 31 March 2021	0
Of which...	
Number assessed as within the scope of IR35	
Number assessed as not within the scope of IR35	
Number of engagements reassessed for consistency/assurance purposes during the year	
Of which: number of engagements that saw a change to IR35 status following review	
Number of engagements where the status was disputed under provisions in the off-payroll legislation	
Of which: number of engagements that saw a change to IR35 status following review	

**Table 31: For any off-payroll engagements of Board members, and/or senior officials with significant financial responsibility, between 1 April 2020 and 31 March 2021**

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Number of individuals that have been deemed "board members and/or senior officials with significant financial responsibility" during the financial year. This figure must include both off-payroll and on-payroll engagements	15

### Countering Fraud and Corruption

The Trust is committed to countering fraud and corruption and engages the services of an Anti-Fraud Specialist (AFS) through contract arrangements with Mersey Internal Audit Agency. The AFS works with the Trust to ensure compliance with the NHS Counter Fraud Authority's Fraud, Bribery and Corruption Standards. The AFS is actively supported by the Director of Finance and the Audit Committee and produces a work plan at the start of each year which outlines the core activities to be undertaken during the financial year. These activities cover the mandated areas of; strategic governance, inform and involve, prevent and deter and hold to account. The work plan is reviewed and approved by the Audit Committee and the AFS produces periodic progress reports for the Committee throughout the year. The periodic reports culminate in an Anti-Fraud Annual Report to the Audit Committee which provides assurance on outcomes from activities undertaken during the year.

There is clear strategic support for anti-fraud and bribery work at the Trust. There is an Anti-Fraud, Bribery and Corruption Policy and a Raising Concerns Policy in place. The Director of Finance is the executive lead for anti-fraud matters.

## **2.4 Disclosures set out in the NHS Foundation Trust Code of Governance**

### **Statement of Compliance with the Code**

The Walton Centre has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

An NHS Foundation Trust is required to provide a specific set of disclosures in its Annual Report to meet the requirements of the Code of Governance. An annual review of the Code of Governance is undertaken and includes the identification of any areas for further development. The Audit Committee reviewed the compliance status on 20 April 2021 and confirmed that the Trust had complied with the provisions of the Code in 2020/21.

## **The Council of Governors**

The statutory general duties of the Council of Governors are to:

- Hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and
- Represent the interests of the members of the Trust as a whole and the interests of the public.

Other powers include the appointment (or removal) and deciding the remuneration of the Trust's Chair and other Non-Executive Directors, appointment of the external auditors, receiving the Annual Report and Accounts, providing a view on the Trust's forward plan, approving increases in private patient income and approving significant transactions were the Trust to enter into a merger, acquisition, separation or dissolution. Decisions reserved to the Council of Governors are set out in the Trust's Constitution and any amendments to the Constitution must be approved by the Council of Governors. The Council of Governors is unable to veto or over-rule decisions made by the Board of Directors or be involved in the day to day running of the Trust, setting budgets, staff pay or other operational matters.

### **Structure and Council Members**

As detailed in the Trust's Constitution, the Council of Governors consists of 33 governors, 17 elected governors, 4 staff governors and 12 appointed partnership governors.

The Council of Governors is comprised of the following:

- Four public governors from the administrative county of Cheshire
- Eight public governors from the administrative county of Merseyside
- Three public governors from the administrative counties of North Wales
- Two public governors for the rest of England and Wales
- Twelve appointed partnership governors and
- Four staff governors.

The term of office for an elected governor is three years after which a governor is eligible for re-election. An elected governor may not hold office for more than nine consecutive years. The period of office for a partnership governor is three years after which a governor is eligible for re-appointment. A partnership governor may not hold office for more than nine years.

The members of the Council of Governors who served from 1 April 2020 to 31 March 2021 are set out in Table 32.

### **Table 32**

Name of Governor		Type	Date First Appointed	End of Tenure	Meeting Attendance
<b>Cheshire</b>					
Alison	Astles	Public	2019	2022	1 of 4
Colin	Cheesman	Public	2012	2021	3 of 4
Melissa	Hubbard	Public	2015	2021	1 of 4
<b>Rest of England</b>					
Cameron	Hill	Public	2019	2022	3 of 4
Chris	Sutton	Public	2019	2022	3 of 4
<b>Merseyside</b>					
Doreen	Brown	Public	2015	2021	1 of 4
Rich	Cottier	Public	2018	2021	4 of 4
Jonathan	Desmond	Public	2017	2020*	3 of 4
Natalie	Dill	Public	2019	2022	0 of 4
William	Givens	Public	2019	2022	3 of 4
Linda	Griffiths	Public	2019	2020*	0 of 1
Barbara	Strong	Public	2014	2020*	4 of 4
Adrian	Wells	Public	2018	2021	0 of 4
<b>North Wales</b>					
Nicola	Brown	Public	2019	2021	1 of 2
John	Kitchen	Public	2015	2021	3 of 4
Stan	Winstanley	Public	2018	2021	4 of 4
<b>Staff Governors</b>					
Amanda	Chesterton	Clinical	2018	2021	4 of 4
Rhys	Davies	Medical	2016	2022	0 of 4
<b>Partnership Governors</b>					
Ruth	Austen-Vincent	Cheshire & Merseyside Neurological Alliance	2015	2020	0 of 2
Peter	Clegg	Liverpool University	2015	2021	1 of 4
Stella	Howard	North Wales CHC Joint Committee	2018	2021	3 of 4
Nanette	Mellor	The Brain Charity	2014	2023	2 of 4
Ella	Pereira	Edge Hill University	2014	2023	3 of 4
Jan	Vaughan	Merseyside & Cheshire Clinical Network	2014	2023	4 of 4
Melanie	Worthington	Cheshire & Merseyside Neurological Alliance	2020	2023	2 of 2

\* Council of Governors elections in 2020 were cancelled as a result of the Covid-19 pandemic. Consequently, the Council of Governors agreed a 12-month extension to the terms of office for those Governors whose term was scheduled to be completed in 2020.

### Council of Governors meetings

All Council of Governors meetings during 2020/21 were held virtually in compliance with the prevailing social distancing guidelines which prevented face-to-face meetings. The Trust's Constitution states that the Council of Governors will meet a minimum of four times a year with individual Governors being required to attend a minimum of three meetings each year. Compliance with the attendance requirement proved impractical in the national pandemic situation as a number of Governors were either front line NHS staff, key workers or had contracted Covid-19. The Trust Chair took a decision to suspend the attendance requirement for 2020/21. Attendance at meetings of the Council of Governors during 2020/21 is shown in Table 32 above.

The Trust's Chair and Chief Executive attend all meetings of the Council of Governors. Other Executive Directors attend as required by the agenda. Non-Executive Directors attend all meetings and the relevant Committee Chairs present an update from each of the assurance committees which allows the governors to hold them to account in relation to the assurances provided. The attendance of Non-Executive Directors also ensures that they develop an understanding of the views of governors and members about the Trust.

### **Lead Governor**

The NHS Foundation Trust Code of Governance (Appendix B) requires NHS Foundation Trusts to nominate a member of the Council of Governors as the Lead Governor. Barbara Strong held the role of Lead Governor throughout 2020/21.

### **Governor Training**

Training and development is essential to ensure that Governors understand their role and can contribute effectively to the work of the Council of Governors. Our ability to provide Governors with development opportunities during 2020/21 was impaired by the pandemic situation and was naturally limited to virtual training events. These included:

- Microsoft Teams Training
- New Governor Induction Training
- NHS Providers Governor Workshops
- NHS Providers National Conference for Governors
- Trust Innovation Podcast
- Trust Engagement Event – 'Proposal for a Liverpool NIHR Biomedical Research Centre in Infection
- HSJ Conference – Integrated Care and Strategic Learning in the context of Covid-19
- Sharing good practice from the Lead Governors' Association

A key development in the absence of face-to-face meeting opportunities and the inability of Governors to visit the Trust was the introduction of regular online Chair & Governor briefings. These informal meetings provided a means for Governors to understand the impact of the pandemic on the Trust's normal services and to be kept informed of progress on actions and developments both locally and regionally. These sessions were welcomed by participating Governors and this is a practice which we will look to continue post-pandemic. We also introduced online pre-meets to provide Governors with preparation time in advance of Council of Governors meetings and the Lead Governor established a What's App group to facilitate Governor contact during the pandemic situation.

We have continued to provide Governors with the opportunity to observe virtual meetings of the Board of Directors throughout 2020/21. We also ensured that Governors were able to keep up to date with Trust news and developments through the circulation of the following:

- Relevant 'All User' staff e-mails, Executive blogs and communications
- Walton Weekly
- Monthly Team Brief
- Coronavirus Updates
- NHS Providers News Bulletins
- Governor Engagement Opportunities

### **Governors Appointments and Elections**

All Public and Staff governors are appointed through an election process which is administered by an external Returning Officer on behalf of the Trust. Members are invited to self-nominate and the election process is held in accordance with the Model Election Rules included in the Trust's Constitution. Public and Staff governors are elected for a period of three years beginning and ending at an Annual Members Meeting. Partnership governors are nominated by their respective organisations and also have a three year term of office.

In April 2020 NHS England / NHS Improvement published guidance on revised governance arrangements in response to the Covid-19 pandemic. This guidance included the option for NHS Foundation Trusts to defer Council of Governors elections scheduled to be held in 2020. At a meeting held on 2 June 2020, the Council of Governors formally agreed to defer elections until 2021 and approved a 12-month extension to the terms of office for those Governors in seats where elections had been due to take place in 2020. The extension applied to two Governors in the Merseyside public constituency and it was agreed that,

should the individuals successfully stand for re-election in 2021, their subsequent term of office would be for a two-year period rather than the usual three-year period.

### **Governors Register of Interests**

Governors are required to declare any interests they hold upon appointment and as and when interests may arise. The Register is reviewed annually and was formally reviewed by the Council of Governors at a meeting held on 9 March 2021. The Register is available for viewing by public and can be accessed online at <https://wcftr.mydeclarations.co.uk/home>.

### **Governor Expenses**

In accordance with the Trust's Constitution, Governors may claim expenses for attendance at Council of Governor meetings and whilst representing members or the Trust at other events and meetings. No expenses were paid in 2020/21 as a result of compliance with pandemic travel restrictions and social distancing guidelines.

### **Trust Membership**

The Walton Centre is a public benefit organisation and its objective, with respect to membership, is to recruit and develop a diverse, representative and active membership which is engaged with the objectives of the Trust. Information for prospective members is posted on the Trust's website. In 2020/21 the Trust revised its Membership application form to include diversity information which will enable targeted recruitment in underrepresented groups to achieve a representative membership.

### **Public Constituencies**

Anyone aged 16 or over can register for Membership. This is provided they are not eligible to become a Member of the Staff Constituency or otherwise disqualified for Membership as described in the Constitution.

### **Staff Constituencies**

Members of staff are individuals who are employed with a contract of employment which does not have a fixed term, or with a fixed term of at least 12 months. The Staff Constituency also includes individuals who have been employed continuously by the Trust for 12 months. All staff employed by the Trust who are eligible, automatically become Members on appointment, although they can decide to opt out if desired.

## Membership

At 31 March 2021, the Trust's membership stood at 6,645 (6,647 on 31 March 2020). Table 33 provides a breakdown of the Trust's membership by constituency.

**Table 33**

<b>Membership by Constituency</b>		
<b>Constituency</b>	<b>31 Mar 2021</b>	<b>31 Mar 2020</b>
Public Cheshire	720	725
Public Merseyside	2565	2610
Public North Wales	1267	1288
Public England and Wales	706	714
Public Out of Trust Area	6	6
Staff Nursing	642*	403
Staff Medical	113	130
Staff Clinical	262*	432
Staff Non-Clinical	364	339
<b>Total</b>	<b>6645</b>	<b>6647</b>

\*Year on year variation resulted from data validation of staff constituency membership.

## Membership Development and Engagement

The Trust recognises the importance of Governors being accessible to Members. Council of Governors meetings are meetings held in public and agendas and meeting papers, together with details of how members can contact Governors, are publicised on the Trust's website. Governor photographs are also prominently displayed in the main hospital.

The Council of Governors is responsible for reviewing, contributing to and supporting the membership recruitment and engagement activities set out in the Trust's Communication Strategy. During 2020, the Council of Governors established a Membership and Engagement Group, chaired by the Lead Governor, with a focus on operationalising and monitoring Governor and membership objectives within the Trust's Communication Strategy. The Group endorsed the introduction of a revised membership application form which enables new members to indicate their areas of interest and preferred level of involvement and will allow the Group to plan targeted engagement activities.

Clearly, opportunities for engagement between Governors and members during 2020/21 were significantly limited by the national pandemic situation and our inability to facilitate

normal face-to-face engagement activities. We maintained contact with members via 'Neuromatters', the Trust's quarterly newsletter, which includes a membership section and articles from Governors. The newsletter is generally available on the Trust's website and via social media to promote membership. The Trust held a virtual Annual Members' Meeting in September 2020 with attendance open to all members and Governors.

To enable Members and prospective Members to contact the Membership Manager there is a dedicated email account [membership@thewaltoncentre.nhs.uk](mailto:membership@thewaltoncentre.nhs.uk)

Governors can be contacted by email [governors@thewaltoncentre.nhs.uk](mailto:governors@thewaltoncentre.nhs.uk)

### **NHS Oversight Framework**

NHS England and NHS Improvement's NHS Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework is based on five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led).

Based on information from these themes, providers are placed in a segmentation rating from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Trust was in Segment 1 throughout 2020/21 meaning that it had maximum autonomy with no support needs identified. This segmentation information is the Trust's position as at 1 May 2021. Current segmentation information for NHS Trusts and NHS Foundation Trusts is published on the NHS Improvement website.

## Statement of the Chief Executive's responsibilities as the Accounting Officer of The Walton Centre NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the accounting officer of The Walton Centre NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require The Walton Centre NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of The Walton Centre NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- Confirm that the Annual Report and Accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy and
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

A handwritten signature in black ink, appearing to read 'J Ross', with a stylized flourish underneath.

**Jan Ross**  
**Chief Executive**  
**24 June 2021**

## 2.5 Annual Governance Statement 2020/21

### Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

### The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of The Walton Centre NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in The Walton Centre NHS Foundation Trust for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts.

### Capacity to Handle Risk

The Trust has in place a Risk Management Strategy that has been approved by the Board of Directors and is kept under review. The Risk Management Strategy defines the Trust's approach to, and appetite for, risk and risk management, describes the structures and processes for managing risk and sets objectives against which progress can be measured. A copy of the strategy is available on the Trust intranet and website.

### Leadership

The Chief Executive has overall responsibility for ensuring that effective risk management systems are in place within the Trust and for meeting all statutory requirements and adhering to guidance issued by NHS England / NHS Improvement and other regulatory bodies in respect of risk and governance. The Chief Executive has delegated the following responsibilities to Executive Directors:

- The Director of Finance has responsibility for financial governance and associated financial risk
- The Director of Nursing & Governance has delegated authority for quality, risk management and complaints and is Executive lead for health and safety, safeguarding and infection prevention and control
- The Medical Director is responsible for all aspects of clinical risk management and clinical governance
- The Director of Operations & Strategy is responsible for emergency planning
- The Director of Workforce & Innovation is responsible for workforce governance and associated workforce-related risk
- All Executive Directors have responsibility for the management of strategic and operational risks within individual portfolios. These responsibilities include maintenance of risk registers and the promotion of risk management to staff within their areas of responsibility.

The Audit Committee has responsibility for the oversight of risk systems and processes within the Trust. The Trust's other assurance committees; Quality Committee, Business Performance Committee and Research, Innovation & Medical Education (RIME) Committee monitor the Trust's Board Assurance Framework (BAF), which details the 'principal risks' to achievement of the Trust's strategic objectives, and have oversight of progress against actions identified for relevant principal risks. The Board of Directors reviews the BAF on a quarterly basis and receives escalated reporting of changes to principal risks from the assurance committees as required.

### **Training**

It is the policy of the Trust to provide and maintain, so far as is reasonably practicable, all plant, systems of work (including safe use, handling, storage and transport of substances and articles), places of work and working conditions, such that they are safe and with minimal risks to employees, as well as to non-employees, and to provide such information, instruction and training as is necessary for this purpose.

To ensure that the Trust's approach to risk management is successfully implemented and maintained, staff of all levels, are appropriately trained in key elements of risk management. All staff are required to regularly update their knowledge and skills and maintain their personal awareness of their responsibilities for risk management via an on-going mandatory training programme which includes training related to; Health and Safety, Fire Safety, Infection Prevention and Control, Safeguarding Children and Vulnerable Adults, Information

Governance and Equality and Diversity. Relevant training is identified via a training needs analysis that is reflected in the Trust's Induction and Mandatory Training Policy.

All new employees of the Trust are required to attend a corporate induction programme that covers key aspects of risk management. In addition, to ensure a consistent approach to root cause analysis, investigation focussed training sessions are provided to relevant members of staff. Emergency resilience training is also delivered to all senior managers who undertake on-call duties and table top exercises are conducted to test robustness of the Trust's Major Incident Plan.

Compliance with mandatory training is reported to the Board of Directors (in addition to the Business Performance Committee) on a monthly basis and monthly reports informing managers of staff who require update training are sent to all Divisional and Departmental Managers.

The Nursing and Governance Directorate has a number of appropriately qualified and experienced staff to lead, support and advise staff at all levels of the organisation with the identification and management of risk. The Trust is an accredited centre for the Institution of Occupational Safety and Health (IOSH) Managing Safely course for senior staff. This is an internationally recognised certificate of competence.

Training in the use of Datix (the Trust's electronic risk management system) is provided to all staff. There is also an accessible, specialist system lead based centrally with the Risk Management Team. Developing a risk aware and risk sensitive culture continues to be an ongoing aim for the Trust. This is to enable risk management and risk management decisions to occur as near as practicable to the source of the risk and facilitate escalation of those risks that cannot be dealt with at the lower level.

All adverse events are recorded and investigated by the Trust utilising the Datix system. Those of a serious nature are considered and signed off via the Serious Incident Group led by the Medical Director and Director of Nursing and Governance. The outcomes of such incidents inform future training plans, policies and wider learning for the Trust. To further encourage a positive safety culture and to ensure learning, the Trust's internal quarterly governance feedback bulletin includes articles on the learning arising from the analysis of claims, incidents and complaints.

### **The Risk and Control Framework**

A framework for managing risks across the Trust is set out in the Risk Management Strategy and Risk Management Policy. This provides a clear, structured and systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes at all levels of the organisation. The Trust applies a principle whereby risks are identified early and are controlled and/or resolved as close as possible to where the risk originated.

The Board of Directors is committed to ensuring that a robust infrastructure is in place to manage risks from operational level to Board level and that where risks crystallise, demonstrable improvements can be put in place. The Risk Management Strategy outlines the Trust's approach to risk, accountability arrangements and the risk management process including identification, analysis, evaluation and approval of the risk appetite.

The Board of Directors maintains a Board Assurance Framework which identifies the principal risks to achieving the Trust's strategic objectives. Each principal risk is aligned to a Board Assurance Committee (or to the Board of Directors itself) and that Committee provides oversight and scrutiny on the effectiveness of controls and assurances relating to the relevant risks. The complete Board Assurance Framework is reviewed quarterly by the Board of Directors for consideration, challenge and assessment of available assurance.

The Trust's Risk Management Policy describes how risks are identified, recorded and managed via the electronic Datix system and how they are quantified, using a standard 5x5 risk scoring matrix. This allows standardisation of risk assessment across the Trust, utilising a common currency. The policy also requires action plans to be prepared and implemented for those risks where additional control measures are required.

### **Strategic Risks 2020/21**

The principal risks to delivery of the Trust's strategic objectives in 2020/21 were identified by the Board of Directors as follows:

- **COVID-19** - If the COVID-19 pandemic continues for an extended period then the Trust may be unable to deliver its strategic objectives leading to regulatory scrutiny and reputational damage
- **Quality Improvement Plan (closed November 2020)** - Failure to achieve the recurrent QIP financial plans in accordance with the Strategic Plan due to conflicting pressures/challenges without adequate mitigations

- **Operational Performance** - If the Trust does not see and treat patients in a timely manner then it will not meet the NHS constitutional standards leading to poor patient experience, regulatory scrutiny and reputational damage
- **Harm to Staff** – Due to the specialist nature of patients with a higher incidence of violence and aggression, if the Trust does not establish effective processes to prevent harm, then staff and/or patients may experience physical harm which could lead to high turnover, sickness absence, litigation and regulatory scrutiny
- **Quality** - If the Trust does not deliver the benefits identified within the Quality Strategy, then excellent patient and family centred care will not be sustained leading to potential harm, poor patient experience and reputational damage
- **Staffing** – If the Trust does not attract, retain and develop sufficient numbers of qualified staff, both medical and nursing, in shortage specialties, then it may be unable to maintain service standards leading to service disruption and increased costs
- **Estates** - If the Trust does not deliver the priorities within the Estates Strategy then the existing estate may not meet the needs of patients or support operational performance leading to poor patient experience and reputational damage and a building/estate that is not fit for purpose
- **Digital** - If the Trust does not maintain and improve its digital systems through implementation of the Digital Strategy, it may fail to secure digital transformation leading to reputational damage or missed opportunity
- **Cyber Security** - If methods of Cyber Crime continue to evolve then the Trust may receive a cyber-attack leading to service disruption, loss of data and financial penalties
- **Innovation** - If the Trust does not identify innovative methods of delivery then it will not maintain its centre of excellence status leading to unwarranted variation, increased costs and an inability to meet the future needs of patients
- **Partnerships** – Establishment of a Cheshire & Mersey Integrated Care System (ICS) will change the external landscape and how the Trust operates and influences within Cheshire and Merseyside with a potential risk that this could have a negative effect on the Trust.
- **Research and Development** – If the Trust does not maintain and grow the Trust's research and development agenda it may negatively impact upon its centre of excellence status leading to loss of income, reduced profile and inability to recruit/retain the most ambitious clinical staff.
- **Capital Allocation (opened November 2020)** – There is a risk that the allocation of capital will not support the Trust's full capital plan for 2020/21. There is therefore

a risk that the Trust will overspend the capital allocation or defer schemes which may result in maintenance and revenue costs or deterioration of the Estate.

- **Financial Plan (opened November 2020)** – If the Trust does not deliver the financial plan for 2020/21 due to changes in the financial framework and the impact of Covid-19 then it will fail to meet its financial duties and may be unable to deliver its strategic objectives leading to regulatory scrutiny.
- **Medical Education (opened March 2021)** – Ensuring the ongoing quality, capacity and capability of Medical Education for the Trust that is sustainable over the longer term.

The Board of Directors reviewed the principal risks set out in the Board Assurance Framework on 1 April 2021 and agreed that the principal risks at that date would constitute the Trust's principal risks for 2021/22 with the addition of the following risk:

- **Health Care Partnership** – The move to an integrated Health Care Partnership financial system, along with changes to tariffs and population-based specialised commissioning could destabilise the Trust's income base.

### **Risk Environment 2020/21**

The Trust's response to the Covid-19 pandemic, managed in accordance with national guidance, reflected changes made to the NHS financial framework and necessitated the implementation of both command and control arrangements and revised governance arrangements to ensure an ongoing focus on the emergency response. Consequently, there was a requirement for the Trust to operate in a different way to normal 'business as usual' practice. The national guidance was clear in stating that financial constraints must not stand in the way of taking immediate and necessary action but that there was no relaxation in fiduciary duties.

The Trust implemented Gold, Silver and Bronze command arrangements in April 2020 to ensure a robust and comprehensive operational focus with the flexibility for timely decision-making. These arrangements, while adapted to reflect the nature of the pandemic at given times, remained in place throughout the year. At its meeting held on 30 April 2020, the Board of Directors approved the implementation of revised emergency powers to facilitate timely decision-making and action under the Command structure arrangements and formally agreed the approach that had been adopted by Trust across a range of governance arrangements in response to national guidance.

In respect of governance arrangements, the agendas for Board of Directors meetings and Board Committee meetings were streamlined to ensure appropriate operational focus and all meetings were held virtually throughout the year. A number of non-essential meetings were suspended in Quarter 1 2020/21. The business cycles for the Board and Committees were closely monitored to ensure that key business matters were progressed and to mitigate the risk of an accumulation of core business items. A 'consent agenda' approach was implemented in Quarter 4 2020/21 as a means of progressing routine business and further mitigating the risk of accumulation.

The command and control arrangements referenced earlier were also applied at a national and regional level to ensure a coordinated response to the pandemic situation. The situation necessitated a collaborative approach characterised by mutual aid and support to ensure the best possible levels of care for patients in our communities. The Trust participated fully in these arrangements and proactively engaged with our partners in the Cheshire & Merseyside Health and Care Partnership throughout the year. The planning and financial framework in 2020/21 differed significantly from the norm with the suspension of commissioning arrangements, block cancellation of elective and non-elective activity and financial allocations arranged on a regional level.

### **Quality Governance Arrangements**

Quality Governance is provided via the Trust's Quality Committee which monitors the delivery of the Trust's Quality Strategy and compliance with Care Quality Commission standards. The work of the Quality Committee is informed by outputs from a number of management groups including; Quality & Patient Safety Group, Safeguarding Group, Health, Safety & Security Group, Infection Control Committee, Patient Experience Group and Equality, Diversity & Inclusion Group.

In September 2019, the Board of Directors approved a Quality Strategy that set out the Trust's ambitions for the five year period 2019-2024 to ensure that quality continues to exceed patient and family expectations, as well as internal and external targets. Progress against the Quality Strategy is monitored by the Quality Committee.

Quality is a central element of all Board meetings. Either a patient or staff story is used to open each meeting of the Board of Directors, to ensure that the focus on quality of patient care remains at the heart of all Board activity and decision making. In addition, the Board of Directors receives a quarterly governance report that contains details of serious incidents which includes near misses, serious case reviews, claims and coroners' inquests. The

Quality Committee also reviews these matters in more detail on a monthly basis, along with complaints and concerns and learning is disseminated via Divisional risk and governance meetings which consider both clinical and non-clinical issues.

The Trust-wide safety huddle supports the escalation of risk as it has representation from all specialties within the organisation. Meetings are held each weekday morning (daily during the pandemic situation) for approximately 20 minutes to ensure that issues and risks relating to the quality of care can be escalated. The meetings are chaired by the Director of Nursing & Governance or a member of the Senior Nursing Team. During 2020/21 the safety huddles were held virtually in order to comply with social distancing guidelines. This proved to be a positive development as the arrangements facilitated wider access than was the case with face to face meetings and we plan to continue this approach in 2021/22.

The Trust has a Raising Concerns at Work Policy in place, the content of which is consistent with national guidance in this area. Staff are aware of the policy and have direct access to the Freedom to Speak Up Guardian and a number of champions. The Guardian reports concerns and themes to the Board of Directors and also meets regularly with the Senior Independent Director to ensure that any matters that may relate to the Chair or Chief Executive can be addressed if required.

No nationally defined 'Never Events' occurred at the Trust during 2020/21.

### **Embedding Risk Management**

Risk Management is embedded within the organisation in a number of ways. All departments within Divisions maintain up to date risk registers via the Datix System and risk is a key agenda item on all meeting agendas. Where new risks are identified, mitigation is considered and agreed and, where appropriate, an entry is made on the relevant risk register or Board Assurance Framework. Risks are escalated via departmental risk registers to the Corporate and Divisional Risk Registers in line with the Risk Management policy. The Board Assurance Committees regularly review high level risks i.e. those risks with a residual risk score of 12 and above, for their respective areas of responsibility.

Management and operational structures are in place to manage the risks that the Trust faces. All groups working within the governance structure are remitted to identify and, where appropriate, escalate risks emerging from the business transacted. Management groups/committees report through the Board Assurance Committees which in turn report to the Board of Directors.

All schemes identified for the Trust's Cost Improvement Programme are subject to rigorous Quality Impact Assessments (QIA) and Equality Impact Assessments (EIA). These assessments serve to identify any risk of a negative impact on patient safety and quality which may arise from individual schemes and completed assessments are subject to joint approval by the Director of Nursing & Governance and the Medical Director. In addition, Business Cases for proposed service developments must include a full risk assessment and Equality Impact Assessment prior to be considered for approval.

#### **Compliance with NHS Foundation Trust Condition 4 (FT Governance)**

The Trust has a governance structure in place to support compliance with NHS Foundation Trust Condition 4(8)(b) (Foundation Trust Governance). The Board of Directors recognises its accountabilities and provides leadership within a framework of prudent and effective controls which enables risk to be assessed and managed. The Board has not identified any significant risks to compliance with provider licence condition FT4. This condition relates to the effectiveness of governance structures, the responsibilities of directors and committees and the reporting lines and accountabilities between the Board, its Committees and the Executive Team. The Board is satisfied with the timeliness and accuracy of information to assess risks to compliance with its NHS Provider Licence and the degree of rigour of oversight it has over performance.

The Board of Directors sets the strategic aims for the organisation and ensures that resources are in place to meet its objectives. It receives reports on the principal strategic risks through a combination of assurance reports and reports from the Board Committees. The Board of Directors has three key roles:

- Formulating strategy for the organisation
- Ensuring accountability by: holding the organisation to account for the delivery of the strategy; by being accountable for ensuring the organisation operates effectively and with openness, transparency and candour and by seeking assurance that systems of control are robust and reliable
- Shaping a healthy culture for the Board of Directors and the organisation.

In 2020/21 the Board of Directors comprised of:

- The Chair and 5 other Non-Executive Directors, including a Senior Independent Director
- The Chief Executive and 4 other voting Executive Directors
- 1 non-voting Executive Director

Details of Board members and changes in Board membership during the year are included in the Accountability Report section of the Annual Report & Accounts.

*Board Assurance Committees:*

- The Audit Committee is responsible for providing assurance to the Board of Directors on the effectiveness of the Trust's system of internal control by means of independent and objective review of corporate governance and risk management arrangements, including compliance with legislation, regulation and guidance governing the NHS. The Committee also has responsibility to maintain oversight of the Trust's general risk management structures and processes.
- The Business Performance Committee is responsible for providing information and recommendations to the Board of Directors in respect of operational, financial and workforce performance and providing assurance that these areas are managed effectively and safely. The Committee maintains an overview of the strategic business environment in which the Trust operates to identify strategic business risks and opportunities. The Committee considers relevant risks within the Board Assurance Framework together with high level risks from the Corporate Risk Register that relate to the remit of the Committee. It reports any areas of significant concern to the Board of Directors and/or Audit Committee as appropriate.
- The Quality Committee is responsible for providing the Board of Directors with assurance on all aspects of quality in respect of clinical care and regulatory standards of quality and safety. The Committee considers relevant risks within the Board Assurance Framework together with high level risks from the Corporate Risk Register that relate to the remit of the Committee. It reports any areas of significant concern to the Board of Directors and/or Audit Committee as appropriate.
- The Research, Innovation & Medical Education (RIME) Committee is responsible for providing the Board of Directors with assurance that there is a comprehensive and integrated approach to research, innovation and medical education. The Committee considers relevant risks within the Board Assurance Framework together with high level risks from the Corporate Risk Register that relate to the remit of the Committee. It reports any areas of significant concern to the Board of Directors and/or Audit Committee as appropriate.

- The Remuneration Committee has two primary responsibilities; it oversees the recruitment and selection of the Chief Executive and Executive Directors and determines the remuneration, terms of service and other contractual arrangements relating to the Chief Executive and Executive Directors. The Committee is also responsible for succession planning in respect of executive appointments and for any disciplinary matters relating to members of the Executive team.

Each Assurance Committee is chaired by a Non-Executive Director and has terms of reference that set out its functions and responsibilities including matters delegated to the Committee by the Board of Directors. Membership of both the Audit Committee and Remuneration is comprised solely of Non-Executive Directors. The Board and Committees review effectiveness on completion of each meeting and in 2020/21 formal effectiveness reviews commenced for each Committee with the aim of identifying any areas for development and where practice could be strengthened. These effectiveness reviews will be completed on an annual basis.

Directors' responsibilities are set out in their job descriptions which identify reporting lines and accountabilities. The Chair leads the Board of Directors and Council of Governors and ensures that the Board develops vision, strategies and objectives whilst understanding that it understands its own accountability for governing the Trust. The Chair provides visible leadership in developing a healthy culture for the organisation and ensures this is reflected and modelled in the individual Directors' own and the Board's behaviour and decision making.

Non-Executive Directors are responsible for bringing independence, external perspective and constructive challenge to strategy development. They hold the Executive Directors to account for delivery of the Trust's strategy, offer purposeful constructive scrutiny and challenge and chair or participate as members of the Board Committees that support accountability. Non-Executive Directors are held to account individually and collectively by the Council of Governors for the performance of the Board of Directors.

The Chief Executive is responsible for leading the strategy development process and for delivery of the strategy and acts as the Trust's accountable officer in the establishment of effective performance management arrangements. The Chief Executive provides visible leadership in developing a healthy culture for the organisation and ensures that this is reflected in their own and the Executive Directors behaviour and decision making. The Executive Directors take a lead role in developing strategic proposals, leading strategy

implementation in functional areas and managing performance in their areas of responsibility. Executive Directors seek to nurture good leadership at all levels.

The Board of Directors maintains oversight of the Trust's performance by consideration of an Integrated Performance Report (IPR) at each meeting. The IPR, the format of which is aligned with the NHS Oversight Framework, details variation against key performance standards and Executive Directors outline improvement plans and mitigating actions. Two of the Board's Committees, Quality Committee and Business Performance Committee, routinely review relevant aspects of Trust performance in accordance with terms of reference approved by the Board.

The Executive Management Team meets weekly (and at times met on a daily basis during the Covid-19 pandemic) and is accountable for the operational management of the Trust. The primary functions of the Executive Management Team include management of organisational governance, investment and disinvestment, performance delivery, horizon scanning, strategy and policy development, interpretation and implementation, and stakeholder and partner engagement.

The Board of Directors reviews its Scheme of Reservation and Delegation and Standing Financial Instructions on an annual basis and through this and review of the Terms of Reference of its committees, confirms that the Trust discharges its statutory functions. The Trust is satisfied that it has been compliant with these functions during 2020/21.

As required under NHS Foundation Trust Condition 4(8), the Board of Directors assures itself of the validity of its Corporate Governance Statement through the review of supporting evidence and details of the risks and mitigations. The Statement, which was reviewed and approved by the Board of Directors at its meeting on 24 June 2021, evidenced the current arrangements in place to mitigate risks to compliance and concluded that there were no material risks. The Trust is also able to assure itself of the validity of the Annual Governance Statement through referral to reports of assurance committees, reports from internal and external auditors and reviews of the Trust's performance against national and local standards.

### **Workforce Strategies**

The Trust has in place a comprehensive People Strategy 2019-2024 to drive focus and delivery in a number of areas such as workforce planning, retention, equality, diversity and inclusion, health and wellbeing and leadership and succession planning. The People

Strategy is aligned to both the NHS People Plan and the Trust's strategic priorities. Progress against the People Strategy is reported to the Board of Directors via the Business Performance Committee.

Workforce planning is an annual process where we review current establishment and incorporate any known changes. Adhering to the principles of safe staffing, as defined in 'Developing Workforce Safeguards' a combination of evidence-based tools and professional judgement are used to develop the workforce plan. Safe and appropriate rotas are then produced to ensure safe staffing in all areas. The Trust is mindful that changes in workforce models and skill mixes require a robust assessment of risk and quality to provide assurance that these changes within the workforce do not adversely impact on patient care.

The nursing workforce is reviewed on a 6-monthly basis in line with national guidance using various tools and data that is triangulated with nurse sensitive indicators to ensure that staffing is appropriate and safe. A benchmarking exercise is also undertaken to ensure that our patient staffing ratios are in line with those of other trusts. Outcomes of the reviews are presented to the Board of Directors on a bi-annual basis. The nursing establishment planned versus actual results are reviewed by the Director of Nursing and Governance and presented to relevant committees prior to their monthly submission to NHS England and the Trust website. The unify return is cross referenced with Friends and Family data, registered nurse to patient ratio, nurse sensitive indicators and occupancy rates.

Supply figures for Junior Doctors are agreed centrally at Health Education England. The process is locally co-ordinated through the Lead Employer, St Helens and Knowsley Teaching Hospitals NHS Trust. The Board of Directors receives reports providing assurance on arrangements for the Trust's junior doctors on a quarterly basis from the Guardian of Safe Working. Policies and processes are in place to enable any concerns to be raised in relation to safe staffing including access to the Trust's Freedom to Speak Up Guardian if necessary.

### **CQC Registration**

The Trust is fully compliant with the registration requirements of the CQC and during Q2 of 2019/20, was subject to a full inspection. The findings and outcome of that inspection was that the Trust was rated 'Outstanding' overall and achieved good in the Well-Led domain. To see the full report go to the CQC website <https://www.cqc.org.uk/provider/RET>.

### **Conflicts of Interest**

The Trust has published via its website an up to date register of interests, including gifts and hospitality for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

### **NHS Pension Scheme**

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

### **Equality Diversity and Human Rights**

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

### **Carbon Reduction**

The Trust has undertaken risk assessments and is currently working to produce a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

### **Review of economy, efficiency and effectiveness of the use of resources**

The Trust secures the economy, efficiency and effective use of resources through a variety of means including:

- A well-established policy framework including Standing Orders, Standing Financial Instructions and a Scheme of Reservation & Delegation
- Established commissioning and planning processes
- An organisational structure which ensures accountability and challenge
- Effective corporate functions supporting the planning and management of resources
- Detailed monthly financial reporting to Board of Directors.

The Trust invests significant time in improving systems and controls to deliver a more embedded range of monitoring and control processes. In-year use of resources is closely monitored by the Board of Directors and the following Board Committees:

- Audit Committee

- Business Performance Committee
- Quality Committee
- Research, Innovation & Medical Education Committee

Day to day management of resources is monitored through the Executive Management Team meetings. The Executive Team takes the lead in planning, delivering and initiating actions for recovery to bring variances back to plan when needed. Throughout the year the Executive Team has regularly reviewed performance against clinical, performance, workforce and financial indicators and has maintained an oversight of high level operational risks. In addition, the Director of Operations and Strategy holds regular performance review meetings with the Clinical Divisions and escalates any matters of concern at Executive Management Team meetings.

During 2020/21 the Executive Team established an Operational Management Board, chaired by the Director of Operations & Strategy, which provides oversight of the implementation of Trust strategies and objectives and provides assurance to the Executive Team that effective performance management continues to ensure delivery of the Trust's plans and operational targets.

The Trust employs a number of approaches to ensure best value for money (VFM) in delivering its services. Benchmarking is used to provide assurance and to inform and guide service redesign to deliver improvements in the quality of services and patient experience as well as financial performance. Our efforts to ensure value for money and the effective use of resources was supported by focussed use of the Trust's internal audit service and the risk-based Internal Audit Plan for 2020/21. The outputs from this Plan provide the Audit Committee and Board of Directors with independent and objective assurance that the Trust's risk management, governance and internal control processes are operating effectively. Value for money is also supported through the engagement of a dedicated, qualified Local Anti-Fraud Specialist.

### **Information Governance**

The Trust has a nominated Senior Information Risk Officer (SIRO) at executive level, the Director of Finance & IT, who has nominated responsibility for information risk. The Data Protection Officer (DPO) oversees Data Protection compliance throughout the Trust and provides independent advice to the Trust.

The programme of work for Information Governance for 2020/21 was progressed through the Information Governance & Security Forum which reports to the Business Performance Committee. The Trust is yet to submit its final assessment for 2020/21 against the Data Security and Protection Toolkit (DPST) with the deadline for submission extended to June 2021 as a result of the Covid-19 pandemic. However, the Trust expects to meet 100% of the mandatory evidence items in addition to completing and meeting all 42 assertions.

The Trust uses the Datix Incident Report Form to capture data breaches reported by all levels of staff. During 2020/21 a total of 76 breaches were reported. Of these, 3 were classed as externally reportable to the Information Commissioners' Office (ICO). The ICO notified the Trust that all cases were closed with no further action required due to the remedial actions taken by the Trust.

The Trust was externally audited in October 2020 for its full accreditation against ISO27001:20013 in relation to Information Security. The Trust successfully retained its accreditation. An internal audit of the 2019/20 Data Security and Protection Toolkit was undertaken in December 2020 - January 2021 and resulted in an assessment of Substantial Assurance, the tenth year in succession that the Trust has achieved this level of rating. A readiness audit was completed in March 2021 in advance of the full 2020/21 audit scheduled for May 2021.

### **Data Quality and Governance**

The Trust maintains effective processes to identify, investigate and resolve any issues that arise in relation to data quality across all of its systems. This involves regular monitoring, performance and incident reporting and the use of audit. Staff are fully aware of their roles and responsibilities regarding Data Quality and are encouraged and engaged in resolving concerns.

Data quality is monitored through a monthly Data Quality Systems Assurance Group (DQSAG) chaired by the Head of IM&T and includes representatives from key areas. It escalates by exception to the Information Governance and Security Forum (IGSF) which reports to the Business Performance Committee. The group monitors internal Key Performance Indicators on all of the Trust's activities, and develops targeted action plans on key issues and monitors those plans through to completion.

Dedicated Patient Administration Systems (PAS) and Data Quality, Clinical Systems, Information and Finance staff ensure that data and information are monitored and reviewed

regularly. The Data Quality Maturity Index (DQMI) with a score of 94.9% for January 2021 reflects this strong culture.

### **Assurances for Data Quality**

All patient demographic and activity data is coordinated from the Trust's PAS which updates both locally developed and off the shelf clinical systems and a Data Warehouse is used for Information and Business Intelligence analysis. There are data quality checks covering key areas on the patient's journey to ensure that data is accurate, valid and complete and users are trained to adhere to our standards in system use before being granted access. Users are made aware of the importance of Data Quality at mandatory induction.

Referral to Treatment (RTT) validators work closely with service managers to proactively manage our RTT pathways and ensure that pathways are recorded accurately in the Patient Administration System (PAS). Pathways are reviewed by exception at Weekly Assurance Meetings to escalate any issues. In terms of data submissions, the Information Team extracts data from PAS, via a data warehouse, and the data is collated prior to submission in accordance with RTT guidance. Data is then submitted following completion of further checks undertaken by Information and RTT validators.

The Trust's RTT data collection reporting process is subject to review by Internal Audit and no issues relating to accuracy of data were identified in the 2020/21 Mersey Internal Audit Agency review which resulted in an assessment of Substantial Assurance.

### **Review of Effectiveness**

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of Directors, the Audit Committee, the Business Performance Committee, the Research, Innovation and Medical Education Committee, the Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The process for maintaining and reviewing the effectiveness of the system of internal control is based on a governance structure with subject specific management groups at its foundations. Management groups, for example the Quality & Patient Safety Group or the Capital Management Group, report assurance, which may be positive or negative, and escalate issues to a Board-level Committee. The Board-level Committees review reports from the management groups, initiate further management action where necessary and report outcomes of each meeting to the Board of Directors by means of a Chair's Report.

The Audit Committee has a specific remit in assessing the effectiveness of internal control systems and considers the outcomes of work undertaken by Internal Audit to test system effectiveness at each meeting. The Committee also reviews assurance reports from management on system effectiveness and actions taken to address audit recommendations. The Audit Committee presents a Chair's Report to the Board following each meeting. The Board of Directors considers matters reported through the Committee Chair's Reports at each meeting and either acknowledges assurances provided or determines where remedial action may be required.

In describing the process that has been applied in maintaining and reviewing the effectiveness of the system of internal control I have detailed below some examples of the work undertaken during 2020/21. My review has been informed by:

- The Board Assurance Framework which provides the Trust with evidence of the effectiveness of the controls that manage the principal risks to the organisation's strategic objectives. The Assurance Framework is subject to regular review by the Board of Directors.
- Internal Audit review of the Board Assurance Framework and the effectiveness of the overall system of internal control as part of the Internal Audit Plan agreed by the Audit Committee.
- A positive Head of Internal Audit Opinion 2020/21 which resulted in an overall assessment of Substantial Assurance
- The Trust continues to be registered with the Care Quality Commission without conditions
- Committees within the Board's Committee structure having a clear timetable of meetings, agreed cycles of business and a clear reporting structure which enables matters to be reported and/or escalated in a timely manner
- Regular review of Integrated Performance Reports by the Board of Directors
- Outcomes from the 2020/21 Clinical Audit programme

- Audit Committee review of compliance with the NHS Foundation Trust Code of Governance
- The annual assurance provided to the Board in meeting the conditions of our Provider Licence
- Statements relating to the Trust accounts and financial position
- The NHS Data Protection and Security Toolkit and
- Outcomes of a self-assessment against the NHS Counter Fraud Authority Standards for Providers.

The Head of Internal Audit Opinion for the period 1 April 2020 to 31 March 2021 provided Substantial Assurance that there is a good system of internal control designed to meet the organisation's objectives and that controls are generally being applied consistently. An assessment of the Board Assurance Framework contributes to the overall opinion and the assessment for 2020/21 concluded that the Board Assurance Framework is structured to meet NHS requirements, is visibly used by the organisation and clearly reflects the risks discussed by the Board. This provides me with assurance that there is an effective system of internal control to manage the principal risks identified by the organisation.

The Trust has a comprehensive risk-based internal audit plan in place and this programme was delivered in full during 2020/21. The outcomes from this programme provide me with further assurance on the effectiveness of internal controls. A total of nine reviews were completed during the reporting period, all of which resulted in assessments of either High Assurance or Substantial Assurance. The relevant review areas were as follows:

#### High Assurance

- General Ledger
- Accounts Receivable
- Treasury Management
- Budgetary Control

#### Substantial Assurance

- Accounts Payable
- Fit and Proper Persons
- ITU / HDU Staffing
- Data Quality
- Cyber Security

Progress against any recommendations made following reviews to further strengthen systems and controls is subject to regular monitoring by Internal Audit, the Executive Team and the Audit Committee. No Critical or High Risk recommendations were made in 2020/21. The provision of briefings, learning events and benchmarking reports by our Internal Audit service provider have also supported the Trust in strengthening internal control arrangements.

### **Conclusion**

I confirm that the statements made in this report are correct for the period 1 April 2020 through to 31 March 2021, and up to the date of approval of the Annual Report and Accounts, and that no significant internal control issues have been identified.

A handwritten signature in black ink, appearing to read 'J Ross', with a large, stylized initial 'J' and 'R'.

**Jan Ross**

**Chief Executive**

**24 June 2021**

## Section 3 – Auditor’s Reports

### Independent auditor's report to the Council of Governors of The Walton Centre NHS Foundation Trust

#### Report on the Audit of the Financial Statements

##### Opinion on financial statements

We have audited the financial statements of The Walton Centre NHS Foundation Trust (the ‘Trust’) and its subsidiary (the ‘group’) for the year ended 31 March 2021, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Consolidated Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2021 and of the group’s expenditure and income and the Trust’s expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

##### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) (“the Code of Audit Practice”) approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the ‘Auditor’s responsibilities for the audit of the financial statements’ section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC’s Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

##### Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accounting Officer’s use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group and

the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the group or the Trust to cease to continue as a going concern.

In our evaluation of the Accounting Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2020 to 2021 that the group and Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the group and Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2020) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the group and Trust and the group and Trust's disclosures over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group and the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

The responsibilities of the Accounting Officer with respect to going concern are described in the 'Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements' section of this report.

### Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

## Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS foundation trust annual reporting manual 2020/21 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

## Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

## Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

## Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of the Chief Executive's responsibilities as the Accounting Officer set out on pages 86-87, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2020/21, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of the services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the group and Trust's financial reporting process.

### **Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

### **Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud**

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the group and Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021).
- We enquired of management and the Audit Committee, concerning the group and Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit, counter-fraud and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.

- We assessed the susceptibility of the group and Trust's financial statements to material misstatement, including how fraud might occur, by evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and fraudulent financial report. We determined that the principal risks were in relation to:
  - large and unusual journals that impacted the comprehensive income and expenditure statement made during the year and after the balance sheet date; and
  - accounting estimates and critical judgements made by management.
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus with a focus on manual journals that were unusual and high-risk journals;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of property, plant and equipment valuations; and
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. However, detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as those irregularities that result from fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- The communications between the audit team, management and Those Charged With Governance in respect of potential non-compliance with relevant laws and regulations, including the potential for management override, fraud in revenue and expenditure recognition, and the significant accounting estimates related to property, plant and equipment valuations.
- Assessment of the appropriateness of the collective competence and capabilities of the group and Trust's engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the group and Trust operates
  - understanding of the legal and regulatory requirements specific to the group and Trust including:
    - the provisions of the applicable legislation
    - NHS Improvement's rules and related guidance
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The group and Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, financial statement consolidation processes, expected financial statement disclosures and business risks that may result in risks of material misstatement.

- the group and Trust's control environment, including the policies and procedures implemented by the group and Trust to ensure compliance with the requirements of the financial reporting framework.

### **Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources**

#### **Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources**

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

Our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the Trust's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, these will be reported by exception in our Audit Completion Certificate. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2021.

### **Responsibilities of the Accounting Officer**

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

### **Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources**

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and

commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

### **Report on other legal and regulatory requirements – Delay in certification of completion of the audit**

We cannot formally conclude the audit and issue an audit certificate for The Walton Centre NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

### **Use of our report**

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Signature: *JD Roberts*

Jon Roberts, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Bristol

Date: 25 June 2021

## Independent auditor's report to the Council of Governors of The Walton Centre NHS Foundation Trust

In our auditor's report issued on 25 June 2021, we explained that we could not formally conclude the audit and issue an audit certificate for the Trust for the year ended 31 March 2021, in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice, until we had:

- Completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed this work, and the results of our work are set out below.

### Opinion on the financial statements

In our auditor's report for the year ended 31 March 2021 issued on 25 June 2021 we reported that, in our opinion the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2021 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave this opinion.

### Report on other legal and regulatory requirements - the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

#### Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have nothing to report in respect of the above matter.

#### Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

### Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

### Report on other legal and regulatory requirements – Audit certificate

We certify that we have completed the audit of The Walton Centre NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

### Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

### *JD Roberts*

Jon Roberts, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Bristol

7 September 2021

## Section 4 – Financial Accounts

### The Walton Centre NHS Foundation Trust

#### Accounts for the period ending 31 March 2021

The following presents the accounts for the Walton Centre NHS Foundation Trust for the period ending 31 March 2021.

The accounts have been prepared in accordance with the requirements as set out in paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 (the 2006 Act) in the form which NHS Improvement, the Independent Regulator of NHS Foundation Trusts has, with the approval of the Treasury, directed.



**Signed**

**Jan Ross**

**Chief Executive**

**24 June 2021**



## Reconciliation from financial statements to the Trust trading position

Foundation Trust £000		Foundation Trust £000
4,757	Surplus/(deficit) from continuing operations	1,576
	<b>Normalising adjustments:</b>	
200	Capital donations I&E impact	(68)
(106)	Prior year PSF post accounts reallocation	0
<u>4,851</u>	<b>Adjusted financial performance surplus/(deficit) for the period</b>	<u>1,508</u>
<u>3,469</u>	<b>Adjusted financial performance excluding PSF, FRF and MRET</b>	<u>1,508</u>

The Notes on pages 129 to 160 form part of these accounts:

## STATEMENT OF FINANCIAL POSITION

31-Mar-20				31-Mar-21	
Foundation Trust	Group		Note	Foundation Trust	Group
£000	£000			£000	£000
49	49	<b>Non-current assets</b>			
82,590	82,590	Intangible assets	10	869	869
0	967	Property, plant and equipment	11.3	86,164	86,164
341	341	Other investments/financial assets	12	0	1,162
<b>82,980</b>	<b>83,947</b>	Receivables	14.1	420	420
		<b>Total non-current assets</b>		<b>87,453</b>	<b>88,615</b>
		<b>Current assets</b>			
1,232	1,232	Inventories	13.1	1,157	1,157
8,946	8,922	Receivables	14.1	7,102	7,182
26,673	27,624	Cash and cash equivalents	15	35,689	36,369
<b>36,851</b>	<b>37,778</b>	<b>Total current assets</b>		<b>43,948</b>	<b>44,708</b>
<b>119,831</b>	<b>121,725</b>	<b>Total Assets</b>		<b>131,401</b>	<b>133,323</b>
(17,340)	(17,385)	<b>Current liabilities</b>			
(1,633)	(1,633)	Trade and other payables	16	(25,098)	(25,159)
(243)	(243)	Borrowings	17.1	(1,612)	(1,612)
(562)	(562)	Provisions	18.1	(245)	(245)
<b>(19,778)</b>	<b>(19,823)</b>	Other liabilities	19	(814)	(814)
<b>100,053</b>	<b>101,902</b>	<b>Total current liabilities</b>		<b>(27,769)</b>	<b>(27,830)</b>
		<b>Total assets less current liabilities</b>		<b>103,632</b>	<b>105,493</b>
(25,146)	(25,146)	<b>Non-current liabilities</b>			
(622)	(622)	Borrowings	17.1	(23,708)	(23,708)
<b>(25,768)</b>	<b>(25,768)</b>	Provisions	18.1	(701)	(701)
<b>74,285</b>	<b>76,134</b>	<b>Total non-current liabilities</b>		<b>(24,409)</b>	<b>(24,409)</b>
		<b>Total assets employed</b>		<b>79,223</b>	<b>81,084</b>
		<b>Financed by</b>			
		<b>Taxpayers' equity</b>			
27,554	27,554	Public Dividend Capital	26	30,513	30,513
2,544	2,544	Revaluation reserve	21	2,947	2,947
44,187	44,187	Income and expenditure reserve		45,763	45,763
0	1,849	<b>Others' equity</b>			
<b>74,285</b>	<b>76,134</b>	Charitable fund reserves	28	0	1,861
		<b>Total taxpayers' and others' equity</b>		<b>79,223</b>	<b>81,084</b>

The financial statements and notes on pages 124 to 160 were approved by the Board on 24 June 2021 and signed on its behalf by:



Jan Ross

Chief Executive

24 June 2021

## Consolidated Statement of Changes in Equity for the year ended 31 March 2021

	Group					Foundation Trust			
	Total Group equity	Charitable fund reserves	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total Taxpayers equity	Public dividend capital	Revaluation reserve	Income and expenditure reserve
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2020 - brought forward</b>	76,134	1,849	27,554	2,544	44,187	74,285	27,554	2,544	44,187
Surplus/(deficit) for the year	1,420	85	0	0	1,335	1,576	0	0	1,576
Revaluations	403	0	0	403	0	403	0	403	0
Fair value gains/(losses) on equity instruments designated at fair value through OCI	168	168	0	0	0	0	0	0	0
Public dividend capital received	2,959	0	2,959	0	0	2,959	2,959	0	0
Other reserve movements	0	(241)	0	0	241	0	0	0	0
<b>Taxpayers' and others' equity at 31 March 2021</b>	<b>81,084</b>	<b>1,861</b>	<b>30,513</b>	<b>2,947</b>	<b>45,763</b>	<b>79,223</b>	<b>30,513</b>	<b>2,947</b>	<b>45,763</b>

## Consolidated Statement of Changes in Equity for the year ended 31 March 2020

	Group					Foundation Trust			
	Total Group equity	Charitable fund reserves	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total	Public dividend capital	Revaluation reserve	Income and expenditure reserve
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2019 - brought forward</b>	70,688	1,467	26,675	3,116	39,430	69,221	26,675	3,116	39,430
Surplus/(deficit) for the year	5,143	478	0	0	4,665	4,757	0	0	4,757
Impairments	(572)	0	0	(572)	0	(572)	0	(572)	0
Fair value gains/(losses) on equity instruments designated at fair value through OCI	(4)	(4)	0	0	0	0	0	0	0
Public dividend capital received	879	0	879	0	0	879	879	0	0
Other reserve movements	0	(92)	0	0	92	0	0	0	0
<b>Taxpayers' and others' equity at 31 March 2020</b>	<b>76,134</b>	<b>1,849</b>	<b>27,554</b>	<b>2,544</b>	<b>44,187</b>	<b>74,285</b>	<b>27,554</b>	<b>2,544</b>	<b>44,187</b>

## STATEMENT OF CASH FLOWS

2019/20			2020/21	
Foundation Trust £000	Group £000		Foundation Trust £000	Group £000
6,772	7,131	<b>Cash flows from operating activities</b>		
		<b>Operating surplus/(deficit)</b>	<b>3,348</b>	<b>3,171</b>
		<b>Non-cash income and expense:</b>		
4,802	4,802	Depreciation and amortisation	4,860	4,860
(29)	0	Income recognised in respect of capital donations	(306)	(127)
3,167	3,166	(Increase)/decrease in receivables	1,720	1,691
(248)	(248)	(Increase)/decrease in inventories	76	76
(3,313)	(3,313)	Increase/(decrease) in trade and other payables	8,008	8,008
21	21	Increase/(decrease) in other liabilities	252	252
282	282	Increase/(decrease) in provisions	83	83
0	9	Movements in charitable fund working capital	0	(60)
1	1	Other movements in operating cash flows	(1)	(1)
<b>11,455</b>	<b>11,851</b>	<b>NET CASH GENERATED FROM/(USED IN) OPERATING ACTIVITIES</b>	<b>18,040</b>	<b>17,953</b>
		<b>Cash flows from investing activities:</b>		
158	158	Interest received	5	5
(31)	(31)	Purchase of Intangible Assets	(835)	(835)
(3,914)	(3,914)	Purchase of property, plant and equipment	(8,175)	(8,175)
2	2	Sales of property, plant and equipment	3	3
29	0	Receipt of cash donations to purchase capital assets	179	0
0	40	NHS charitable funds: net cash flows from investing activities	0	(5)
<b>(3,756)</b>	<b>(3,745)</b>	<b>Net cash generated from/(used in) investing activities</b>	<b>(8,823)</b>	<b>(9,007)</b>
		<b>Cash flows from financing activities:</b>		
879	879	Public dividend capital received	2,959	2,959
(1,396)	(1,396)	Movement in loans from the Department of Health and Social Care	(1,396)	(1,396)
(50)	(50)	Capital element of finance lease rental payments	(52)	(52)
(641)	(641)	Interest on loans	(610)	(610)
(9)	(9)	Interest paid on finance lease liabilities	(8)	(8)
(1,522)	(1,522)	PDC Dividend paid	(1,094)	(1,094)
<b>(2,739)</b>	<b>(2,739)</b>	<b>Net cash generated from/(used in) financing activities</b>	<b>(201)</b>	<b>(201)</b>
<b>4,960</b>	<b>5,367</b>	<b>Increase/(decrease) in cash and cash equivalents</b>	<b>9,016</b>	<b>8,745</b>
21,713	22,258	Cash and Cash equivalents at 1 April	26,673	27,624
<b>26,673</b>	<b>27,624</b>	<b>Cash and Cash equivalents at 31 March</b>	<b>35,689</b>	<b>36,369</b>

## Accounting Policies

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (DHSC GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC GAM 2020/21, issued by the Department of Health and Social Care. The accounting policies contained in the DHSC GAM follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (FRoM) to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DHSC GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the NHS Foundation Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

### 1.1 Going concern

The Walton Centre NHS Foundation Trust's annual report and accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

The main factors in reaching this conclusion are:

- Trust is in excellent financial health and has a track record of delivering surpluses in line with NHSE/I requirements;
- The Trust has a robust governance structure which includes a Business Performance Committee, a sub-committee of the Board, which has responsibility to monitor financial performance and oversee the necessary corrective action on behalf of and in conjunction with the Board of Directors;
- NHS England/Improvement (NHSE/I) have stated that the government has issued a mandate to NHSE/I for the continued provision of services in 2020/21 and commissioner allocations have been set for the 1<sup>st</sup> 6 months of 2020/21. While these may be subject to minor changes as a result of changes to the national financial framework following Covid-19, providers can therefore continue to expect NHS funding to flow at similar levels to that previously provided where services are reasonably still expected to be commissioned;
- While mechanisms for contracting and payment are not definitively in place, it is clear that NHS services will continue to be funded, and government funding is in place for this;
- Projected cash balances are sufficient to sustain the capital investment programme and meet short term operating costs. The Trust has sufficient cash headroom to support its plans;
- The Trust has sufficient cash reserves to be able to operate for over 100 days if all income flows were to immediately cease;
- There is no expectation for short term loans or overdraft facilities;
- Auditors' opinions have provided assurance as to the accuracy and reliability of the Trust's financial systems and the robustness of the internal controls;
- The Trust does not have evidence indicating that the going concern basis is not appropriate or that there is any prospect of intervention or dissolution within 12 months from the date of approval of these financial statements. In terms of the sustainable provision of services, there has been no indication from the Department of Health and Social Care that the Trust will not continue to be a going concern.

Consideration of risks to the financial sustainability of the organisation is a separate matter to the application of the going concern concept. Determining the financial sustainability of the organisation requires an assessment of its anticipated resources in the medium term. Any identified significant risk to financial sustainability is likely to form part of the risk disclosures included in the wider performance report, but is distinct from the going concern assessment.

## 1.2 Accounting Convention

These accounts have been prepared under the historical cost convention, modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

## 1.3 Consolidation

The Walton Centre Charity

The Trust is the corporate trustee to The Walton Centre Charity (the Charity). The Trust has assessed its relationship to the Charity and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the Charity and has the ability to affect those returns and other benefits through its power over the Charity.

The Charity's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the Charity's assets, liabilities and transactions to:

- Recognise and measure them in accordance with the Trust's accounting policies; and
- Eliminate intra-group transactions, balances, gains and losses.

## 1.4 Critical Accounting Judgements and Key Sources of Estimation Uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

### 1.4.1 Critical judgements in applying accounting policies

In the process of applying the Trust's accounting policies, management has not been required to make any judgements, apart from those involving estimations, which has had a significant effect on the amounts recognised in the financial statements.

### 1.4.2 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the Statement of Financial Position date, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Valuation and impairment of non-financial assets – the Trust assesses whether there are any indicators of impairment for all non-financial assets at each reporting date. The key area of uncertainty relates to the Trust's valuation of its land and buildings. Further details are provided in Note 9. The land and buildings were valued by Gerald Eve LLP as at 31 March 2021.

The outbreak of COVID-19, declared by the World Health Organisation as a "Global Pandemic" on the 11th March 2020, has and continues to impact many aspects of daily life and the global economy – with some real estate markets having experienced lower levels of transactional activity and liquidity. Travel restrictions have been implemented by many countries and "lockdowns" applied to varying degrees. Whilst restrictions have now been lifted in some cases, local lockdowns may continue to be

deployed as necessary and the emergence of significant further outbreaks are possible until the vaccines are fully deployed.

The pandemic and the measures taken to tackle COVID-19 continue to affect economies and real estate markets globally. Nevertheless, as at the valuation date some property markets have started to function again, with transaction volumes and other relevant evidence returning to levels where an adequate quantum of market evidence exists upon which to base opinions of value. Accordingly, and for the avoidance of doubt, our valuation is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

### 1.5 Operating Segments

The Trust operates as a single operating segment. The board of directors, led by the Chief Executive is the chief operating decision maker within the Trust. The Trust is the UK's only specialist neurological centre and sees patients with neurological associated conditions referred from all over the country. It is anticipated that contracts for services will be negotiated with commissioners and monitored on the basis of point of delivery, inpatients, outpatients etc. As an NHS Foundation Trust, all services are subject to the same regulatory environment and standards.

### 1.6 Revenue

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

#### 2020/21

The main source of revenue for the Trust is contracts with commissioners in respect of healthcare services. In 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Healthcare Partnership level. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

#### Comparative period (2019/20)

In the comparative period (2019/20), the trust's contracts with NHS commissioners included those where the trust's entitlement to income varied according to services delivered. Revenue in respect of services provided was recognised when (or as) performance obligations were satisfied by transferring promised services to the customer, and was measured at the amount of the transaction price allocated to that performance obligation. At the year end, the Trust accrued income relating to activity delivered in that year. For Welsh and Isle of Man patients where a care spell was incomplete at the year end, revenue relating to the partially complete spell was accrued in the same manner as other revenue.

In 2019/20, The PSF Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Where the Trust is aware of a penalty / risk share agreement based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The main source of revenue for the Trust is from NHS England (via the North West Specialised Commissioning Hub) for specialist treatment, Liverpool Clinical Commissioning Group for non-specialist services (as contract lead for the majority of non-specialist CCG activity), Welsh Assembly for patients from Wales and from the Isle of Man, which are government funded commissioners of NHS health and patient care.

### ***Revenue from Research Contracts***

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

## **1.7 Employee Benefits**

### ***Short-term employee benefits***

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that the employees are permitted to carry forward leave into the following period where it is deemed to be material.

#### **Pension costs**

Past and present employees are covered by the provisions of the NHS Pensions Scheme (the Scheme). The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. It is not possible for the Trust to identify its share of the underlying Scheme assets and liabilities. Therefore, the Scheme is accounted for as a defined contribution scheme. The cost to the Trust of participating in the Scheme is equal to the contributions payable to the Scheme for the accounting period.

Employer's pension cost contributions are charged to the Statement of Comprehensive Income as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the Scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment. The Scheme is subject to a full actuarial valuation every four years and an accounting valuation every year.

## 1.8 Expenditure on Other Goods and Services

Expenditure on goods and services is recognised when, and to the extent that, they have been received and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

### 1.8.1 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

## 1.9 Property, Plant and Equipment

### *Capitalisation*

Property, plant and equipment is capitalised where:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- It is expected to be used for more than one financial year; and
- The cost of the item can be measured reliably.

The asset must:

- Individually have a cost of at least £5,000; or
- Collectively have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Form part of the initial equipping and setting-up cost of a new building, ward or unit irrespective of their individual or collective cost.

### **Valuation**

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for the Trust's services or for administrative purposes are measured subsequently at current value in existing use. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the Statement of Financial Position date. Current values in existing use are based on modern equivalent assets basis for existing use on an alternative site valuation. The freehold property known as The Walton Centre NHS Foundation Trust estate was valued as at 31 March 2021 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the requirements of the RICS Valuation – Global Standards (2020) the national standards and guidance set out in the UK supplement (November 2018), the International Valuation Standards, and

IFRS as adapted and interpreted by the Financial Reporting Manual (FRm). The valuation of specialised properties were derived using the Depreciated Replacement Cost (DRC) method.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

### **Subsequent expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

### **Depreciation**

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated. Assets in the course of construction are not depreciated until the assets are brought into use. The estimated useful lives and residual values are reviewed each year-end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives or, where shorter, the lease term, unless the Trust expects to acquire the asset at the end of the lease term, in which case the asset is depreciated in the same manner as for owned assets. Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification.

### **Revaluation gains and losses**

Revaluation gains are taken to the revaluation reserve except where, and to the extent that, they reverse a revaluation decrease for the same asset previously recognised in the Statement of Comprehensive Income, in which case it is credited to the Statement of Comprehensive Income. A revaluation loss that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, is charged to the Statement of Comprehensive Income.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income.'

### **Impairments**

At each Statement of Financial Position date, the Trust reviews its tangible and intangible non-current assets to determine whether there is an indication that any have suffered impairment due to a loss of economic benefits or service potential. If there is an indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount.

In accordance with the DHSC GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; or (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefits or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenses to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments must be taken to the revaluation reserve to the extent that the impairment does not exceed the amount in the revaluation reserve for the asset in question, and thereafter to income and expenditure. Reversals of 'other impairments' are treated as revaluation gains.

#### **Donated, government grant and other grant funded assets**

Donated and grant funded property, plant and equipment assets are capitalised at current value in existing use if they will be held for their service potential, or otherwise at their fair value on receipt. The donation/grant is credited to the Statement of Comprehensive Income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

#### **1.10 Intangible Assets**

##### ***Recognition***

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Expenditure on research activities is recognised as an expense in the period in which it is incurred and is not capitalised. Intangible assets are capitalised when they have a cost of at least £5,000.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- The project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- The Trust intends to complete the intangible asset and sell or use it;
- The Trust has the ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic or service delivery benefits, e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- Adequate technical, financial and other resources are available to the Trust to complete the development and sell or use the asset;
- The Trust can measure reliably the expenditure attributable to the intangible asset during its development.

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

**Measurement**

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently, intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of amortised replacement cost (modern equivalent asset basis) and the value in use where the asset is income generating. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5. Internally-developed software is held at historic cost to reflect the opposite effects of development costs and technological advances.

Intangible assets not yet available for use are tested for impairment annually.

**Amortisation**

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

**1.11 Leases**

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

***The Trust as lessee***

Property, plant and equipment held under finance leases are initially recognised, at the commencement of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in the Statement of Comprehensive [Income / Net Expenditure].

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

***The Trust as lessor***

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

**1.12 Inventories**

Inventories are valued at the lower of cost and net realisable value using the first-in, first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

### 1.13 Cash and Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of any bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and any overdraft balances are recorded at current values.

### 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount as a result of a past event; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Early retirement provisions are discounted using HM Treasury's pension discount rate of negative 0.95% (2019-20: negative 0.50%) in real terms.

#### ***Clinical negligence costs***

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. The contribution is charged to the Statement of Comprehensive Income. Although NHS Resolution is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed in Note 18 but is not recognised in the Trust's accounts. The excess on these claims payable by the Trust is included in the accounts and disclosed in Note 18 as 'other legal claims.'

#### ***Non-clinical risk pooling***

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to the Statement of Comprehensive Income when the liability arises.

### 1.15 Contingencies

Contingent liabilities are not recognised, but are disclosed in Note 20, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- Possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the Trust's control; or
- Present obligations arising from past events but for which it is not probable that transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

## 1.16 Financial Instruments and Financial Liabilities

### **Recognition and de-recognition**

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs (i.e. when receipt or delivery of the goods or services is made).

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership. Financial liabilities are de-recognised when the obligation has been discharged, cancelled or expires.

### **Classification and measurement**

IFRS 9 requires the Trust to classify financial assets and financial liabilities in accordance with how they are subsequently measured. Financial assets must be classified as subsequently measured at:

- 'Amortised cost';
- 'Fair value through other comprehensive income'; or
- 'Fair value through profit and loss'.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

Simple debt instruments such as trade receivables and loans, where these are held in order to collect the amount owing and any interest charge, will be classified as subsequently measured at amortised cost. As such, 'amortised cost' is the only category relevant to the Trust.

The Charity investments are measured at fair value.

Financial assets and financial liabilities are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets and financial liabilities not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial liabilities are classified as subsequently measured at:

- 'Amortised cost'; or
- 'Fair value through profit or loss.'

All of the Trust's financial liabilities are categorised as subsequently measured at 'amortised cost.'

### **Financial assets at amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is to hold financial assets in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables, loans receivable, and other simple debt instruments. They are included in current assets.

The Trust's financial assets at amortised cost comprise:

- Current investments;
- Cash and cash equivalents;
- NHS receivables;
- Accrued income; and

- Other receivables.

After initial recognition, these financial assets are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

#### ***Financial liabilities at amortised cost***

Financial liabilities at amortised cost are recognised in the Statement of Financial Position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received.

After initial recognition, these financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability to the amortised cost of the financial liability. In the case of DHSC loans that would be the nominal rate charged on the loan.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs.

#### ***Impairment of financial assets***

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

### 1.17 Public Dividend Capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of the establishment of the predecessor NHS Trust. HM Treasury has determined that, being issued under statutory authority rather than under contract, PDC is not a financial instrument within the meaning of IAS 32.

An annual charge, reflecting the forecast cost of capital utilised by the Trust, is paid over as PDC dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for:

- Donated assets (including lottery funded assets);
- Average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits (excluding cash balances held in GBS accounts that relate to a short-term working capital facility);
- Approved expenditure on COVID-19 capital assets; and
- Any PDC dividend balance receivable or payable.

The average relevant net assets is calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts

### 1.18 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 26 to the accounts.

### 1.19 Losses and Special Payments

Losses and Special Payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and Special Payments are charged to the relevant functional headings in the Statement of Comprehensive Income on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

Note 28 on Losses and Special Payments is compiled directly from the losses and compensations register which is prepared on a cash basis.

### 1.20 Accounting standards that have been issued but have not yet been adopted

The DHSC GAM does not require the following Standards and Interpretations to be applied in 2020/21. These standards are still subject to HM Treasury FReM adoption.

IFRS 16 Leases – The Standard is effective 1 April 2022 as adapted and interpreted by the FReM.

- IFRS 17 Insurance Contracts – application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

#### Note 2.1 OPERATING INCOME (by source)

2019/20			2020/21	
Foundation Trust £000	Group £000		Foundation Trust £000	Group £000
		<b>Income from patient care activities</b>		
89,774	89,774	NHS England	90,518	90,518
16,308	16,308	Clinical commissioning groups	19,563	19,563
190	190	NHS Foundation Trusts	267	267
44	44	NHS Trusts	0	0
19,210	19,210	NHS other (including Public Health England)	18,650	18,650
142	142	Non NHS: private patients	64	64
44	44	Non-NHS: overseas patients (chargeable to patient)	67	67
372	372	Injury cost recovery scheme	175	175
2,010	2,010	Non-NHS: other	1,194	1,194
<b>128,094</b>	<b>128,094</b>	<b>Total income from patient care activities</b>	<b>130,498</b>	<b>130,498</b>
		<b>Other operating income from contracts with customers</b>		
1,119	1,119	Research and development (IFRS 15)	837	837
2,654	2,654	Education and training (excluding notional apprenticeship levy income)	2,654	2,654
1,488	1,488	Provider sustainability fund / Financial recovery fund / Marginal rate emergency tariff funding (PSF/FRF/MRET)	0	0
0	0	Reimbursement and top up funding	1,812	1,812
1,189	1,189	Income in respect of employee benefits accounted on a gross basis	1,272	1,272
810	810	Other (recognised in accordance with IFRS 15)	2.3 427	427
		<b>Other non-contract operating income</b>		
64	64	Education and training (notional apprenticeship levy income)	75	75
29	0	Receipt of capital grants and donations	306	127
63	0	Charitable and other contributions to expenditure	1,721	1,659
764	764	Rental revenue from operating leases	706	706
0	781	Charitable incoming resources (excluding investment income)	0	508
<b>8,180</b>	<b>8,869</b>	<b>Total other operating income</b>	<b>9,810</b>	<b>10,077</b>
<b>136,274</b>	<b>136,963</b>	<b>TOTAL OPERATING INCOME</b>	<b>140,308</b>	<b>140,575</b>
		<b>Of which:</b>		
136,274	136,963	Related to continuing operations	140,308	140,575

All income from activities and the income in respect of education and training arise from the provision of mandatory services set out in the NHS Improvement terms of authorisation.

NHS other includes income for patients from Wales, Scotland and Northern Ireland. Non-NHS other includes income for patients from the Isle of Man and Overseas.

**Note 2.2 Operating income from patient care activities (by nature)**

2019/20 £000	Foundation Trust and Group	2020/21 £000
	<b>Acute services</b>	
106,961	Block contract / system envelope income*	109,981
14,980	High cost drugs income from commissioners (excluding pass-through costs)	15,179
2,288	Other NHS clinical income	1,601
	<b>Community services</b>	
599	Block contract / system envelope income*	616
	<b>All trusts</b>	
142	Private patient income	64
2,752	Additional pension contribution central funding**	2,882
372	Other clinical income	175
<b>128,094</b>	<b>Total income from activities</b>	<b>130,498</b>
	<b>Of which:</b>	
128,094	Related to continuing operations	130,498

\*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

\*\*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

**Note 2.3 Analysis of Other Operating Income: Other**

2019/20			2020/21	
Foundation Trust £000	Group £000		Foundation Trust £000	Group £000
91	91	Car parking	5	5
22	22	Catering	9	9
157	157	Clinical excellence awards	67	67
540	540	Other	346	346
<b>810</b>	<b>810</b>	<b>Total</b>	<b>427</b>	<b>427</b>

**Note 2.4 Operating lease income**

<b>2019/20</b> <b>£000</b>	<b>Foundation Trust and Group</b>	<b>2020/21</b> <b>£000</b>
	<b>Operating Lease Income</b>	
764	Lease receipts recognised as income in the period	706
<b>764</b>	<b>TOTAL</b>	<b>706</b>
	<b>Future minimum lease receipts due</b>	
391	- not later than one year;	403
1,289	- later than one year and not later than five years;	1,311
16,766	- later than five years.	16,937
<b>18,446</b>	<b>TOTAL</b>	<b>18,651</b>

The operating lease income relates to the lease of land to The Clatterbridge Cancer Centre NHS FT to build a radiotherapy and stereotactic surgery centre, the lease of the coffee shops to ISS, and the lease of part of the Sid Watkins building to Mersey Care NHS FT for their brain injury rehabilitation unit. The Trust did not receive any income in Q1 for the lease of the coffee shops as a result of the COVID-19 pandemic.

### Note 3.1 OPERATING EXPENSES (by type)

2019/20			2020/21	
Foundation Trust	Group		Foundation Trust	Group
£000	£000		£000	£000
72,825	72,989	Staff and executive directors costs	79,380	79,548
901	901	Employee expenses - research & development	896	896
264	264	Employee expenses - education & training	306	306
122	122	Remuneration of non-executive directors	116	116
17,745	17,745	Supplies and services - clinical (excluding drugs costs)	16,368	16,368
3,722	3,722	Supplies and services - general	3,896	3,896
16,278	16,278	Drug costs	16,167	16,167
72	72	Consultancy costs	130	130
1,027	1,027	Establishment	907	907
5,320	5,320	Premises	6,304	6,304
366	366	Transport (including patient travel)	107	107
4,786	4,786	Depreciation on property, plant and equipment	4,845	4,845
16	16	Amortisation on intangible assets	15	15
99	99	Movement in credit loss allowance: contract receivables/contract assets	7	7
39	39	Change in provisions discount rate(s)	32	32
62	63	Audit fees payable to the external auditor		
66	66	audit services- statutory audit*	89	90
3,607	3,607	Internal audit costs	69	69
76	76	Clinical negligence	5,032	5,032
33	33	Legal fees	185	185
396	396	Insurance	41	41
428	428	Research and development	147	147
104	104	Education and training	426	426
440	440	Rentals under operating leases	104	104
3	3	Car parking & security	575	575
38	38	Hospitality	0	0
330	330	Losses, ex gratia & special payments	16	16
0	165	Other services, eg external payroll	326	326
337	337	Other NHS charitable fund resources expended	0	275
		Other	474	474
<b>129,502</b>	<b>129,832</b>	<b>TOTAL OPERATING EXPENSES</b>	<b>136,960</b>	<b>137,404</b>
		<b>Of which:</b>		
129,502	129,832	Related to continuing operations	136,960	137,404

The external auditors' liability is limited to £2,000,000. Audit fees are shown inclusive of VAT.

\* Audit fees payable to the external auditor audit services – statutory audit includes £3k additional fees for 19/20 and a reduction of £7k for the Quality report work cancelled due to the COVID-19 pandemic.

## Note 3.2 EMPLOYEE BENEFITS

2019/20			2020/21	
Foundation Trust	Group		Foundation Trust	Group
£000	£000		£000	£000
55,914	55,914	Salaries and wages	61,354	61,354
5,385	5,385	Social security costs	5,651	5,651
258	258	Apprenticeship levy	270	270
9,042	9,042	Employer's contributions to NHS pensions	9,473	9,473
48	48	Pension cost - other	53	53
57	57	Termination benefits	23	23
4,182	4,182	Temporary staff (including agency)	4,088	4,088
0	164	NHS charitable funds staff	0	168
<b>74,886</b>	<b>75,050</b>	<b>Total staff costs</b>	<b>80,912</b>	<b>81,080</b>
		<b>Of which</b>		
(896)	(896)	Costs capitalised as part of assets	(330)	(330)
<b>73,990</b>	<b>74,154</b>		<b>80,582</b>	<b>80,750</b>

## Note 4 Retirement Benefits

### Foundation Trust and Group

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

#### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

#### Note 5 Retirements due to Ill-health

##### Foundation Trust and Group

During the period 1 April 2020 to 31 March 2021 there were no early retirements due to ill health.

#### Note 6.1 Operating leases

2019/20 £000	Foundation Trust and Group	2020/21 £000
104	Minimum lease payments	104
<b>104</b>	<b>TOTAL</b>	<b>104</b>

#### Note 6.2 Arrangements containing an operating lease

2019/20 £000	Foundation Trust and Group	2020/21 £000
104	Future minimum lease payments due: - not later than one year;	104
<b>104</b>	<b>TOTAL</b>	<b>104</b>

#### Note 7.1 Finance income

Foundation Trust 2019/20 £000	Group 2019/20 £000		Foundation Trust 2020/21 £000	Group 2020/21 £000
0	27	NHS charitable fund investment income	0	21
158	158	Bank interest	5	5
<b>158</b>	<b>185</b>	<b>TOTAL</b>	<b>5</b>	<b>26</b>

**Note 7.2 Finance Expenditure**

Foundation Trust 2019/20 £000	Group 2019/20 £000		Foundation Trust 2020/21 £000	Group 2020/21 £000
		<b>Interest expense</b>		
635	635	Interest on capital loans from the Department of Health and Social Care	599	599
9	9	Interest on finance lease obligations	8	8
<b>644</b>	<b>644</b>	<b>Total interest expense</b>	<b>607</b>	<b>607</b>
1	1	Unwinding of discount on provisions	(2)	(2)
<b>645</b>	<b>645</b>	<b>TOTAL</b>	<b>605</b>	<b>605</b>

**Note 8 Gains/(Losses) on disposal**

2019/20 £000	Foundation Trust and Group	2020/21 £000
2	Gain on disposal of property, plant and equipment	3
<b>2</b>	<b>Total gains / (losses) on disposal of assets</b>	<b>3</b>

**Note 9 Impairment of assets**

2019/20 £000	Foundation Trust and Group	2020/21 £000
	<b>Net impairments charged to operating surplus / deficit resulting from:</b>	
572	Impairments charged to the revaluation reserve	0
<b>572</b>	<b>Total revaluation/net impairments</b>	<b>0</b>

During 2020/21 following a review of the Trust's assets, including a revaluation of land and buildings by the Trust's valuers, a net revaluation of £403,000 was identified:

- £971,000: related to a gain of the Sid Watkins land and building charged against the revaluation reserve; and
- £568,000: related to an impairment of the main site land and building transferred to the revaluation reserve.

In 2019/20, £572,000 net impairment was identified: £1,000,000 related to a net impairment of the Sid Watkins land and building charged against the revaluation reserve; £428,000 related to a net gain of land and buildings charged against the revaluation reserve. There have been no impairments identified on other assets in the Trust (2019/20: none).

**Note 10 Intangible assets**

<b>Foundation Trust and Group</b>	<b>Software licences (purchased)</b>	
	<b>2019/20 £000</b>	<b>2020/21 £000</b>
<b>Valuation/Gross cost at 1 April</b>	<b>582</b>	<b>613</b>
Additions - purchased	31	835
<b>Gross cost at 31 March</b>	<b>613</b>	<b>1,448</b>
<b>Amortisation at 1 April</b>	<b>548</b>	<b>564</b>
Provided during the year	16	15
<b>Accumulated amortisation at 31 March</b>	<b>564</b>	<b>579</b>
<b>Net Book Value at 31 March</b>	<b>49</b>	<b>869</b>

Software assets are carried at historic cost and amortised on a straight-line basis over a period of five years. Software assets in use at the Trust have economic lives of between three and five years.

Note 11.1 Property, Plant and Equipment - 2020/21

Foundation Trust and Group	Total £000	Land £000	Buildings Excluding Dwellings £000	Assets Under Construction £000	Plant & Machinery £000	Information Technology £000	Furniture & Fittings £000
<b>Valuation/gross cost at 1 April 2020</b>	<b>106,448</b>	<b>1,380</b>	<b>64,214</b>	<b>145</b>	<b>32,489</b>	<b>7,481</b>	<b>739</b>
Additions - purchased	7,710	0	1,874	0	4,944	892	0
Additions - assets purchased from cash donations/grants	179	0	0	0	179	0	0
Additions - equipment donated from DHSC for COVID response (non-cash)	127	0	0	0	127	0	0
Revaluations	(1,115)	0	(1,115)	0	0	0	0
Reclassifications	0	0	145	(145)	0	0	0
Disposals/derecognition	(381)	0	0	0	(381)	0	0
<b>Valuation/Gross cost at 31 March 2021</b>	<b>112,968</b>	<b>1,380</b>	<b>65,118</b>	<b>0</b>	<b>37,358</b>	<b>8,373</b>	<b>739</b>
<b>Accumulated depreciation at 1 April 2020</b>	<b>23,858</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18,421</b>	<b>5,024</b>	<b>413</b>
Provided during the year	4,845	0	1,518	0	2,503	786	38
Revaluations	(1,518)	0	(1,518)	0	0	0	0
Disposals/derecognition	(381)	0	0	0	(381)	0	0
<b>Accumulated depreciation at 31 March 2021</b>	<b>26,804</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20,543</b>	<b>5,810</b>	<b>451</b>

Note 11.2 Property, Plant and Equipment - 2019/20

Foundation Trust and Group	Total £000	Land £000	Buildings excluding dwellings £000	Assets Under Construction £000	Plant & Equipment £000	Information Technology £000	Furniture & fittings £000
<b>Valuation/Gross cost at 1 April 2019</b>	<b>102,747</b>	<b>1,570</b>	<b>64,503</b>	<b>167</b>	<b>29,565</b>	<b>6,203</b>	<b>739</b>
Additions - purchased	5,835	0	301	1,224	3,032	1,278	0
Additions - donated	29	0	14	0	15	0	0
Impairments	(2,040)	(190)	(1,850)	0	0	0	0
Reclassifications	0	0	1,246	(1,246)	0	0	0
Disposals	(123)	0	0	0	(123)	0	0
<b>Valuation/Gross cost at 31 March 2020</b>	<b>106,448</b>	<b>1,380</b>	<b>64,214</b>	<b>145</b>	<b>32,489</b>	<b>7,481</b>	<b>739</b>
<b>Accumulated depreciation at 1 April 2019</b>	<b>20,663</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16,247</b>	<b>4,044</b>	<b>372</b>
Provided during the year	4,786	0	1,468	0	2,297	980	41
Impairments	(1,468)	0	(1,468)	0	0	0	0
Disposals	(123)	0	0	0	(123)	0	0
<b>Accumulated depreciation at 31 March 2020</b>	<b>23,858</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18,421</b>	<b>5,024</b>	<b>413</b>

Foundation Trust and Group	Total £000	Land £000	Buildings excluding dwellings £000	Assets Under Construction £000	Plant & Equipment £000	Information Technology £000	Furniture & Fittings £000
<b>Net book value 31 March 2021</b>							
Owned	84,395	1,380	65,076	0	15,185	2,487	267
Finance lease	104	0	0	0	27	77	0
Owned - donated	1,538	0	42	0	1,475	0	21
Owned - equipment donated from DHSC and NHSE for COVID response	127	0	0	0	127	0	0
<b>Total net book value at 31 March 2021</b>	<b>86,164</b>	<b>1,380</b>	<b>65,118</b>	<b>0</b>	<b>16,814</b>	<b>2,564</b>	<b>288</b>
	£000	£000	£000	£000	£000	£000	£000
<b>Net book value 31 March 2020</b>							
Owned	80,772	1,380	64,157	145	12,442	2,346	302
Finance lease	157	0	0	0	45	112	0
Owned - donated	1,661	0	57	0	1,580	0	24
<b>Total net book value at 31 March 2020</b>	<b>82,590</b>	<b>1,380</b>	<b>64,214</b>	<b>145</b>	<b>14,067</b>	<b>2,458</b>	<b>326</b>

The Trust's land and buildings comprise the hospital site on Lower Lane, Fazakerley, Liverpool. The main hospital building was built in 1998 and the Sid Watkins Building was completed in December 2014. The site was revalued as at 31 March 2020 by Gerald Eve LLP as disclosed in Note 1.

#### Note 11.4 Economic life of property, plant and equipment

##### Foundation Trust and Group

	Min Life Years	Max Life Years
Buildings excluding dwellings	40	52
Plant & machinery	5	15
Information technology	4	10
Furniture & fittings	5	25

**Note 12 Other investments**

31-Mar-20 £000	Foundation Trust and Group	31-Mar-21 £000
971	Carrying value of investments at 1 April	967
0	Acquisitions in year	27
(4)	Movement in fair value through OCI	168
967	<b>Carrying value of investments at 31 March</b>	<b>1,162</b>

Investments held relate to The Walton Centre Charity

**Note 13.1 Inventories**

31-Mar-20 £000	Foundation Trust and Group	31-Mar-21 £000
1,232	Consumables	1,157
1,232	<b>TOTAL Inventories</b>	<b>1,157</b>

**Note 13.2 Inventories Recognised in Expenses**

31-Mar-20 £000	Foundation Trust and Group	31-Mar-21 £000
9,663	Inventories recognised in expenses	7,642
9,663	<b>TOTAL Inventories recognised in expenses</b>	<b>7,642</b>

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £1,633k of items purchased by DHSC and £6,009k of items purchased by other providers.

**Note 14.1 Trade receivables and other receivables**

31-Mar-20			31-Mar-21	
Foundation Trust £000	Group £000		Foundation Trust £000	Group £000
7,986	7,986	<b>Current</b>		
		Contract receivables	6,063	6,063
(426)	(426)	Allowance for impaired contract receivables / assets	(347)	(347)
573	573	Prepayments (non-PFI)	958	958
44	44	PDC dividend receivable	0	0
330	330	VAT receivable	49	49
439	410	Other receivables	379	379
0	5	NHS charitable funds receivables	0	80
8,946	8,922	<b>Total current receivables</b>	<b>7,102</b>	<b>7,182</b>
		<b>Non-current</b>		
341	341	Other receivables	420	420
341	341	<b>Total non-current receivables</b>	<b>420</b>	<b>420</b>
		<b>Of which receivable from NHS and DHSC group bodies:</b>		
		Of which are receivables from NHS and DHSC group bodies	3,470	3,470
6,767	6,767	Non-current	420	420
341	341			

## Note 14.2 Allowances for credit losses - 2020/21

Foundation Trust and Group	Contract receivables and contract assets £000
<b>Allowances as at 1 Apr 2020 - brought forward</b>	<b>426</b>
New allowances arising	0
Reversals of allowances	8
Utilisation of allowances (write offs)	(87)
<b>Allowances as at 31 Mar 2021</b>	<b>347</b>

## Note 14.3 Allowances for credit losses - 2019/20

Foundation Trust and Group	Contract receivables and contract assets £000
<b>Allowances as at 1 Apr 2019 - brought forward</b>	<b>367</b>
New allowances arising	116
Reversals of allowances	(17)
Utilisation of allowances (write offs)	(40)
<b>Allowances as at 31 Mar 2020</b>	<b>426</b>

## Note 15 Cash and cash equivalents

31-Mar-20			31-Mar-21		
Foundation			Foundation		
Trust	Group		Trust	Group	
£000	£000		£000	£000	
21,713	22,258	<b>At 1 April</b>	26,673	27,624	
4,960	5,366	Net change in year	9,016	8,745	
<b>26,673</b>	<b>27,624</b>	<b>At 31 March</b>	<b>35,689</b>	<b>36,369</b>	
		<b>Comprising:</b>			
16	967	Cash at commercial banks and in hand	200	880	
26,657	26,657	Cash with the Government Banking Service	35,489	35,489	
<b>26,673</b>	<b>27,624</b>	<b>Cash and cash equivalents as in SoFP</b>	<b>35,689</b>	<b>36,369</b>	
<b>26,673</b>	<b>27,624</b>	<b>Cash and cash equivalents as in SoCF</b>	<b>35,689</b>	<b>36,369</b>	

## Note 16 Trade and other payables

31-Mar-20			31-Mar-21	
Foundation Trust	Group		Foundation Trust	Group
£000	£000		£000	£000
		<b>Current</b>		
2,696	2,696	Trade payables	2,293	2,293
2,834	2,834	Capital payables (including capital accruals)	2,548	2,548
8,679	8,679	Accruals (revenue costs only)	11,677	11,677
750	750	Social security costs	814	814
664	664	Other taxes payable	856	856
0	0	PDC dividend payable	37	37
1,717	1,717	Other payables	6,873	6,873
0	45	NHS charitable funds: trade and other payables	0	61
<b>17,340</b>	<b>17,385</b>	<b>TOTAL CURRENT TRADE AND OTHER PAYABLES</b>	<b>25,098</b>	<b>25,159</b>
		Of which payable to NHS and DHSC group bodies		
3,151	3,151		6,454	6,454

## Note 17.1 Borrowings

31-Mar-20	Foundation Trust and Group	31-Mar-21
£000		£000
	<b>Current</b>	
1,581	Capital loans from the Department of Health	1,569
52	Obligations under finance leases	43
<b>1,633</b>	<b>TOTAL CURRENT BORROWINGS</b>	<b>1,612</b>
	<b>Non-current</b>	
25,031	Capital loans from the Department of Health and Social Care	23,636
115	Obligations under finance leases	72
<b>25,146</b>	<b>TOTAL OTHER NON CURRENT LIABILITIES</b>	<b>23,708</b>

## Note 17.2 Reconciliation of Liabilities Arising from Financing Activities

Foundation Trust and Group	Loans from DHSC £000	Finance leases £000	Total £000
Carrying value at 1 April 2020	26,612	167	26,779
<b>Cash movements:</b>			
Financing cash flows - payments and receipts of principal	(1,396)	(52)	(1,448)
Financing cash flows - payments of interest	(610)	(8)	(618)
<b>Non-cash movements:</b>			
Application of effective interest rate (interest charge arising in year)	599	8	607
<b>Carrying value at 31 March 2021</b>	<b>25,205</b>	<b>115</b>	<b>25,320</b>

## Note 18.1 Provisions for liabilities and charges

Foundation Trust and Group	Current		Non-current	
	31-Mar-21 £000	31-Mar-20 £000	31-Mar-21 £000	31-Mar-20 £000
Pensions - early departure costs	30	29	281	281
Other legal claims	27	17	0	0
Other	188	197	420	341
<b>Total</b>	<b>245</b>	<b>243</b>	<b>701</b>	<b>622</b>

## Note 18.2 Provisions for liabilities and charges analysis

Foundation Trust and Group	Total	Pensions - early departure costs	Legal claims	Other
	£000	£000	£000	£000
<b>At 1 April 2020</b>	<b>865</b>	<b>310</b>	<b>17</b>	<b>538</b>
Change in the discount rate	32	32	0	0
Arising during the year	93	0	23	70
Utilised during the year - accruals	0	0	0	0
Utilised during the year - cash	(36)	(29)	(7)	0
Reversed unused	(6)	0	(6)	0
<b>At 31 March 2021</b>	<b>948</b>	<b>313</b>	<b>27</b>	<b>608</b>
<b>Expected timing of cash flows:</b>				
- not later than one year	245	30	27	188
- later than one year and not later than five years	157	118	0	39
- later than five years	544	163	0	381
<b>TOTAL</b>	<b>946</b>	<b>311</b>	<b>27</b>	<b>608</b>

The pension provision relates to the anticipated costs for the enhanced element of ill-health pensions for former employees. These entitlements are explained in Note 4.

The provision for legal charges is in respect of legal claims accounted for as described in the accounting policies in Note 1. The figures are provided by NHS Resolution.

£28,499,855 (2019/20: £32,908,723) is included in the provisions of NHS Resolution at 31 March 2021 in respect of clinical negligence liabilities of the Trust.

**Note 19 Other liabilities**

31-Mar-20 £000	Foundation Trust and Group	31-Mar-21 £000
562	Deferred income	814
<u>562</u>	<b>TOTAL OTHER CURRENT LIABILITIES</b>	<u>814</u>

**Note 20 Contingencies**

The Trust has £20,025 contingent liabilities relating to NHS Resolution cases as at 31 March 2021 (2019/20: £23,006). There have been no contingent assets or other contingent liabilities recognised at 31 March 2021 (2019/20: nil).

**Note 21 Revaluation Reserve**

Foundation Trust and Group	Total revaluation reserve £000	Property, plant and equipment £000
<b>Revaluation Reserve at 1 April 2020</b>	2,544	2,544
Revaluations	403	403
<b>Revaluation reserve at 31 March 2021</b>	<u>2,947</u>	<u>2,947</u>

Foundation Trust and Group	Total revaluation reserve £000	Property, plant and equipment £000
<b>Revaluation reserve at 1 April 2019</b>	3,116	3,116
Prior period adjustment	0	0
<b>Revaluation reserve at 1 April 2018 - restated</b>	<u>3,116</u>	<u>3,116</u>
Net impairments	(572)	(572)
<b>Revaluation reserve at 31 March 2020</b>	<u>2,544</u>	<u>2,544</u>

The impairments, reversals and revaluations relate to the impact of the land and building valuations on The Walton Centre carried out by Gerald Eve LLP as at 31 March 2021.

**Note 22 Capital Commitments**

At 31 March 2021 the Trust capital commitments were nil (31 March 2020: £107,970) in relation to contractual commitments for capital items.

**Note 23.1 Financial instruments**

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with its commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply.

The Trust has considered its exposure to the following financial risks:

- **Currency Risk** – the Trust has no overseas operations and the majority of transactions are sterling based. Foreign currency transactions arise from purchases of equipment and supplies from overseas providers and a small proportion of charitable investments. However, these are not significant in value or number of transactions and the Trust therefore has low exposure to currency rate fluctuations;
- **Interest Rate Risk** – the Trust has loans for its capital expansion programme. However, these are at fixed rates with the Independent Trust Financing Facility. The Trust therefore has low exposure to interest rate fluctuations;
- **Credit Risk** – the majority of the Trust’s revenue is from contracts with other public sector bodies. The Trust holds significant cash balances but these are also held through the Government Banking Service. Therefore the Trust has low exposure to credit risk. The Charity uses a commercial bank but its cash balances are not material to the Group. The Charity’s investments are managed through external investment managers. Investments are held in UK multi-asset pooled charity funds. The maximum exposure on receivables at 31 March 2021 is disclosed in Note 14 Trade Receivables and Other Receivables; and
- **Liquidity Risk** – the Trust’s operating costs are incurred principally under contracts with commissioners. Capital expenditure is funded principally for the provision of public sector services. The Trust is not exposed to significant liquidity risk.

### Note 23.2 Fair Value of Non-current Financial Assets

The Charity held investments at 31 March 2021 with a fair value of £1,162,000 (31 March 2020: £967,154). The book value of these assets is £999,999.

### Note 23.3 Financial assets by category

	Foundation Trust		Total	Group	
	Total carrying value	Held at amortised cost		Held at amortised cost	Held at fair value through OCI
	£000	£000		£000	£000
<b>Carrying values of financial assets as at 31 March 2021</b>					
Trade and other receivables excluding non financial assets	6,514	6,514	6,514	6,514	0
Cash and cash equivalents	35,689	35,689	35,689	35,689	0
Consolidated NHS Charitable fund financial assets	0	0	1,842	680	1,162
<b>Total at 31 March 2021</b>	<b>42,203</b>	<b>42,203</b>	<b>44,045</b>	<b>42,883</b>	<b>1,162</b>
<b>Carrying values of financial assets as at 31 March 2020</b>					
Trade and other receivables excluding non financial assets	7,956	7,956	7,956	7,956	0
Cash and cash equivalents	26,673	26,673	26,673	26,673	0
Consolidated NHS Charitable fund financial assets	0	0	1,918	951	967
<b>Total at 31 March 2020</b>	<b>34,629</b>	<b>34,629</b>	<b>36,547</b>	<b>35,580</b>	<b>967</b>

**Note 23.4 Financial liabilities by category**

	Foundation Trust		Group	
	Total	Held at amortised cost	Total	Held at amortised cost
	£000	£000	£000	£000
<b>Carrying values of financial liabilities as at 31 March 2021</b>				
Loans from the Department of Health and Social Care	25,205	25,205	25,205	25,205
Obligations under finance leases	115	115	115	115
Trade and other payables excluding non financial liabilities	21,602	21,602	21,602	21,602
<b>Total at 31 March 2021</b>	<b>46,922</b>	<b>46,922</b>	<b>46,922</b>	<b>46,922</b>
<b>Carrying values of financial liabilities as at 31 March 2020</b>				
	<b>Total</b>	<b>Held at amortised cost</b>	<b>Total</b>	<b>Held at amortised cost</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Loans from the Department of Health and Social Care	26,612	26,612	26,612	26,612
Obligations under finance leases	167	167	167	167
Trade and other payables excluding non financial liabilities	15,004	15,004	15,004	15,004
<b>Total at 31 March 2020</b>	<b>41,783</b>	<b>41,783</b>	<b>41,783</b>	<b>41,783</b>

**Note 24 Events after the Statement of Financial Position Date**

The Directors are not aware of any event after the Statement of Financial Position date and up to the date that the financial statements were approved which will affect the accounts.

**Note 25 Public Dividend Capital**

NHS Trusts are required to pay a dividend of 3.5% of their average net relevant assets to the Department of Health. This is calculated on a full financial year. The dividend is payable in two instalments in September and March.

**Note 26 Third Party Balances**

At 31 March 2021 the Trust held £1,570.90 on behalf of patients (31 March 2020: £1,919.46).

**Note 27 Related Party Transactions**

The Walton Centre NHS Foundation Trust is a public interest body authorised by NHS England/Improvement, the Independent Regulator for NHS Foundation Trusts. During the period none of the Board members or members of the key management staff, or parties related to them, has undertaken any material transactions with The Walton Centre NHS Foundation Trust.

The Department of Health and Social Care is a related party as the parent department of the Trust. During the period The Walton Centre NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

- NHS England;
- Health Education England;
- NHS Liverpool CCG;
- NHS Cheshire CCG;
- NHS Knowsley CCG;
- NHS South Sefton CCG;
- NHS St Helens CCG;

- NHS Warrington CCG;
- NHS Wirral CCG;
- Liverpool University Hospital NHS Foundation Trust; and
- NHS Resolution.

In addition the Trust has had material transactions with the following central government body:

- Welsh Assembly Government including all Welsh Health bodies.

In 2012/13, Liverpool Health Partners Ltd, a company limited by guarantee, was set up between the University of Liverpool, Liverpool University Hospital NHS FT, Alder Hey Children's NHS FT, The Clatterbridge Cancer Centre NHS FT, Liverpool Women's NHS FT, The Walton Centre NHS FT, Liverpool Heart and Chest NHS FT and Liverpool School of Tropical Medicine. The objects of the company are to advance education, health, learning and research by facilitating world class research among the partners. Each organisation has a single share in the company and the Chief Executives are ex-officio directors of the company. A contribution of £102,000 (2019/20: £100,000) was made to the company to enable it to carry out its objectives.

The Trust's Council of Governors comprise 17 elected Governors, 4 staff Governors and 12 appointed Partnership Governors. Governors are drawn from a range of stakeholders including patient groups, neurological charities, research and academic groups, CCGs, Local Authorities, NHS England NHS Improvement and Wales. Therefore, many, by the nature of their appointment, have interests in organisations with whom the Trust contracts. A register of interests is maintained and declarations of interests are given at each Governor meeting.

Since 2013/14 the Trust has included The Walton Centre Charity as a subsidiary because the Trust has the power to govern the financial and operating policies of the Fund so as to obtain benefits from its activities for itself, its patients or its staff. Transactions between the Trust and the Charity are not material and are eliminated on consolidation. Assets held by the Charity are to be used for charitable purposes only.

The financial activity of the Charity during 2020/21 and its balance sheet at 31 March 2021 are summarised as:

#### Charitable Funds summary financial information prior to consolidation

Summary statement of financial activities	2019/20 £'000	2020/21 £'000
Operating income (incoming resources excluding investment income)	808	529
Operating expenditure	(422)	(685)
<b>Net (outgoing)/incoming resources before other recognised gains and losses</b>	<b>387</b>	<b>(156)</b>
Fair value gains/(losses) on equity instruments designated at fair value through OCI	(4)	168
<b>Net movement in funds</b>	<b>383</b>	<b>12</b>
<b>Summary balance sheet</b>	<b>31-Mar-20 £'000</b>	<b>31-Mar-21 £'000</b>
<b>Non-current assets</b>		
Other investments/financial assets	967	1,162
<b>Total non-current assets</b>	<b>967</b>	<b>1,162</b>
<b>Current assets</b>		
Receivables	5	80
Cash and cash equivalents	951	680
<b>Total current assets</b>	<b>956</b>	<b>760</b>
<b>Current liabilities</b>		
Trade and other payables	(74)	(61)
<b>Total current liabilities</b>	<b>(74)</b>	<b>(61)</b>
<b>Total net assets</b>	<b>1,849</b>	<b>1,861</b>
Unrestricted funds	1,849	1,861
<b>Total funds</b>	<b>1,849</b>	<b>1,861</b>

**Note 28 Losses and Special Payments**

During the period the Trust made 4 (2019/20: 7) special payments with a total value of £8,664 (2019/20: £24,166). Of these £8,611 (2019/20: £23,000) related to payments in respect of 2 (2019/20: 3) claims by third parties which are handled by NHS Resolution. The Trust also wrote off 4 (2019/20: 9) debts with a total value of £86,726 (2019/20: £245). No items of stock were written off due to loss, damage or expiry.







**The Walton Centre**  
NHS Foundation Trust

*Excellence in Neuroscience* 

# Quality Account

## 2020 – 2021





## Part 1 Statement on Quality from the Interim Chief Executive

## Part 2 Priorities for improvement and Statements of Assurance from the Board

### Improvement Priorities

#### 2.1 Update on Improvement Priorities for 2020–2021

- 2.1.1 Patient Safety
- 2.1.2 Clinical Effectiveness
- 2.1.3 Patient Experience

#### 2.2 What are our priorities for 2021-22?

- 2.2.1 Patient Safety
- 2.2.2 Clinical Effectiveness
- 2.2.3 Patient Experience

#### 2.3 Statements of Assurance from the Board

- 2.3.1 Data Quality
- 2.3.2 Participation in Clinical Audit and National Confidential Enquiries
- 2.3.3 National Audits
- 2.3.4 National Confidential Enquiries
- 2.3.5 Participation in Local Clinical Audits
- 2.3.6 Participation in Clinical Research and Development
- 2.3.7 CQUIN Framework & Performance
- 2.3.8 Care Quality Commission (CQC) Registration
- 2.3.9 Trust Data Quality
- 2.3.10 Learning from Deaths
- 2.3.11 Progress in Implementing Clinical Standards for Seven Day Hospital Services
- 2.3.12 Speaking Up

## Part 3 Trust Overview of Quality 2020/21

- 3.1 Complaints
- 3.2 Local Engagement – Quality Account
- 3.3 Quality Governance
- 3.4 Consultants Lead Research into Neurological Effects of Covid-19
- 3.5 Rated Sixth in the Country for Overall Experience – National Inpatient Survey
- 3.6 Project Wingman Open a ‘First Class Lounge’
- 3.7 Procurement Team Shortlisted for Excellence in Supply Awards
- 3.8 Walton Centre Neurologist to Co-Lead National Study
- 3.9 Network Lead Nurse Recognised in New Year’s Honours List
- 3.10 Spinal Improvement Partnership Set to Enhance Patient Safety
- 3.11 NHSX Digital Aspirant Funding
- 3.12 Walton Strategic Committee Created
- 3.13 Creation of an Operational Management Board
- 3.14 Supported Liverpool University Hospital Foundation Trust (LUHFT) in delivering care to patients following a stroke
- 3.15 Supported Liverpool University Hospital Foundation Trust (LUHFT) in enabling them to operate in the theatres at The Walton Centre
- 3.16 Overview of Performance in 2019/20 against National Priorities from the Department of Health’s Operating Framework
- 3.17 Overview of Performance in 2019/20 against NHS Outcomes Framework
- 3.18 Indicators

## Annex 1 Statements from Commissioners and Local Healthwatch Organisations

### Glossary of Terms

## Part 1 Statement on Quality from the Interim Chief Executive

We are delighted to share the Quality Account 2020/2021 for The Walton Centre NHS Foundation Trust which demonstrates our continual drive and commitment to delivering excellent standards of quality care to our patients and their families, enabling, “Excellence in Neuroscience”. This report details our performance over the last year whilst also highlighting our key priorities for 2021/2022.

2020/2021 was a difficult year across the NHS due to the covid 19 pandemic. We are extremely proud of how staff have managed in the last year at The Walton Centre and how they have continued to deliver outstanding patient care.

The Quality Strategy which encompasses our priority for patient and family centred care has continued to be worked on through the year and whilst covid has impacted on the hospital, the staff have continued to strive to ensure high quality care continues to be delivered. The Executive Team have worked closely with the teams across the hospital to provide care for patients in line with government guidelines and ensure that staff have the support required to undertake their role. A command and control way of working was established to support staff in all wards and departments during the pandemic, at a time when national guidance and advice was changing daily and at times felt confusing, the aim was to ensure staff were clear how to undertake their role in the correct PPE (personal protective equipment).

Despite the pandemic, the Walton Centre prioritised patient and staff safety however this meant that not all of the quality priorities could be achieved. Further information is detailed within this Quality Account.

In addition, this year we have achieved:

- Consultants Lead Research into Neurological Effects of Covid-19
- Rated Sixth in the Country for Overall Experience – National Inpatient Survey
- Project Wingman Open a ‘First Class Lounge’
- Procurement Team Shortlisted for Excellence in Supply Awards
- Walton Centre Neurologist to Co-Lead National Study
- Network Lead Nurse Recognised in New Year’s Honours List
- Spinal Improvement Partnership Set to Enhance Patient Safety
- NHSX Digital Aspirant Funding
- Walton Black, Asian and Minority Ethnic (BAME) Strategic Committee Created
- Creation of an Operational Management Board
- Supported LUHFT in delivering care to patients following a stroke at The Walton Centre
- Supported LUHFT in enabling them to operate in the theatres at The Walton Centre
- Expanded our critical care capacity to support the Cheshire and Merseyside system

Quality initiatives are usually discussed and debated through various Committees including the Audit Committee, Quality Committee and Business & Performance Committee in order to ensure that quality assurance is achieved. These Committees report to Trust Board to ensure that patient safety is a priority and is progressed. During the pandemic however, some committees and meetings were postponed (in line with NHSE guidance) and actions were taken through the command and control way of working to ensure good governance was in place and decisions and actions were logged.

The daily Trust Safety Huddle continued during the pandemic and moved onto MS Teams which enabled a greater number of staff to attend. This allowed for excellent communication and support to various staff disciplines.

In detailing our achievements and forthcoming priorities, I confirm that the information provided in this quality account is accurate and to the best of my knowledge.

**Jan Ross, Interim Chief Executive**



## Part 2 Priorities for Improvement and Statements of Assurance from the Board

Towards the end of each financial year, the Trust worked closely with various stakeholders to identify areas of focus for improvement for the forthcoming year. At this time it also allowed the Trust to reflect on the year's previous performance against the identified quality improvement priorities. The NHS has seen a very different year in 2020/21 due to the pandemic however in spite of this; the hospital remained focussed on delivering outstanding care and supporting patients from other organisations during the difficult times.

The delivery of the quality improvement priorities are monitored through meetings of the Quality Committee, chaired by a Non-Executive Director, with sub groups focussing on the 3 domains of quality: patient safety, clinical effectiveness and patient experience. The Director of Nursing and Governance is the Executive Lead responsible for delivering the plan and designates duties to operational leads for each of the priorities.

All of the priorities were identified following a review by Trust Board on the domains of quality reported in 2019/20. Consultation with patients, governors, commissioners, Healthwatch and other external agencies also informed the Board when focussing our priorities for 2020/21.

The Trust is committed to embracing improvement across a wide range of issues to achieve excellence in all areas of care. The following section includes a report on progress against the three improvement priority areas for 2020/21.

## 2.1 Update on Improvement Priorities for 2020–2021

In February 2021, the Board of Directors undertook a full review of quality priorities used by the Trust for the previous financial year and acknowledged the work implemented to ensure each priority was on target. At this review, quality priorities were identified and agreed for 2021/22. The improvement priorities all contained specific indicators which have been monitored over the last twelve months to provide evidence of sustainable improvement.

Performance has been managed through subcommittees to Trust Board. Operational groups within the Trust have been responsible for the implementation of the quality priorities and reporting to committees as required. Merseyside Internal Audit Agency (MIAA) has not been engaged in the year due to the pandemic. As the government guidance eases, moving forwards, MIAA will re-engage with the Trust to fulfil the requirements as set out by NHSEI.

### 2.1.1 Patient Safety

**Priority: Improve the number of staff trained in Immediate Life Support (ILS)**

**Reason for Prioritising:**

To ensure all clinical staff (band 4 and above) will be trained in ILS, and the training will be delivered on site by the SMART and Resuscitation team.

**Outcome: Postponed**

The training was not delivered due to social distancing measures during the COVID-19 pandemic.

**Priority: FOCUS – Free of Criticism for Universal Safety**

**Reason for Prioritising:**

FOCUS will provide the opportunity in the Theatre Department to pause practice if they feel the need to do so and if staff feel there is a safety risk to both staff and patients.

**Outcome: Postponed**

The introduction of FOCUS was not completed due to the outbreak of COVID-19 and staff focusing on the delivery of safe patient care.

**Priority: Introduction of MITEL System**

**Reason for Prioritising:**

Upgrading the telephone system in the Patient Access Centre (PAC) will ensure patients are able to leave a message and receive a call back. Patients will also be given their queue position and estimated wait time.

**Outcome: Achieved**

The MITELE phone system has been introduced within the Patient Access Centre.

**2.1.2 Clinical Effectiveness****Priority: Introduce Multitom Rax 3D Imaging****Reason for Prioritising:**

There will be no requirement for patients to attend another hospital to undergo 3D spinal imaging as it would be in-house. Less positioning and transfers are required as these images are undertaken in one room.

**Outcome: Partially Achieved**

The Multitom Rax machine has been introduced in the X-Ray Department. The 3D imaging software is due to be installed during quarter one 2021/22.

**Priority: HCA Apprenticeship Training****Reason for Prioritising:**

The training will develop the Health Care Assistant (HCA) workforce and offer career progression. The training will support the Trust with retention of HCAs and also to progress with recruitment of our Trainee Nurse Associates.

**Outcome: Achieved**

The Health Care Assistant Apprenticeship training has been launched.

**Priority: Bespoke Spinal Module****Reason for Prioritising:**

Offering a spinal module for the Trust will enhance the knowledge and expertise of clinical staff to be able to support spinal patients. This will also support retention and recruitment within the Trust.

**Outcome: Achieved**

The spinal module has been introduced.

**2.1.3 Patient Experience****Priority: Introduce the Road to Recovery****Reason for Prioritising:**

Patients who have had a subarachnoid haemorrhage are currently not able to attend the Trust to take part in a pathway as they live in Wales and are unable to travel to the classes.

**Outcome: Postponed**

The road to recovery has been postponed due to social distancing requirements during the COVID-19 pandemic.

**Priority: LASTLAP – Looking After Staff That Look After People****Reason for Prioritising:**

Introducing the LASTLAP will improve the health and wellbeing of staff. All staff members will be invited to a huddle to discuss their shift/work day and reflect on any issues or concerns which may have affected them.

**Outcome: Achieved**

LASTLAP has been launched and is widely used. The information is readily accessible across the Trust. An audit and survey will be undertaken to ascertain how effective this is.

**Priority: Outsourcing Mail****Reason for Prioritising:**

Introducing the outsourcing of mail to an external company for large volumes or clinical correspondence will reduce the need for a significant amount of manual work and reduce the number of incidents due to human error. Outsourcing will provide greater control and traceability of documents.

**Outcome: Postponed**

The outsourcing of mail has been postponed due to the social distancing measures as the external company could not come on site.

## 2.2 What are our priorities for 2021 – 2022?

In December 2020, the Board of Governors undertook a full review of quality priorities used by the Trust for the previous financial year and acknowledged the work implemented to ensure each indicator was successfully implemented and monitored. After this review, quality priorities were identified and agreed for 2021/22 with the Quality Committee, Health watch and Specialist Commissioners identifying the final priorities from those initially identified.

### How progress to achieve these priorities will be monitored and measured:

Each of the priorities has identified lead/s who has agreed milestones throughout the year. Monthly meetings are held to review progress and support is given as required.

### How progress to achieve these priorities will be reported:

Committees have been reinstated at The Walton Centre (following the pandemic) and updates are presented to the Quality Committee and Patient Experience Group which report to Trust Board. Quarterly quality meetings are now held with the commissioners (via MS Teams) to review quality assurance and provide external scrutiny and performance management. Due to Covid, Merseyside Internal Audit Agency (MIAA) did not undertake audits or provide assurance on the Quality Account via the Audit Committee.

### 2.2.1 Patient Safety

**Priority: Reduce pressure ulcers**

#### Reason for Prioritising:

Pressure ulcers are preventable and there is a need to ensure patient harm is reduced and nursing standards of care are improved. During 2020/21 there were a total of 13 hospital acquired pressure ulcers.

#### Outcome Required:

To have an overall 10% reduction in the number of hospital acquired pressure ulcers compared with the 2020/21 year end position and to have maintained zero tolerance of category 4 pressure ulcers across the Trust.

**Priority: Redevelop Pain Management Programme (PMP)**

**Reason for Prioritising:**

Due to the Covid pandemic and the need to work differently and restart services, an online PMP programme was designed

**Outcome Required:**

To support the delivery of the Pain Management Programme in the current climate, the programme will be reviewed and re-developed and provide video conferencing and an interactive online group course.

**Priority: Improve Patient Flow Across the Trust****Reason for Prioritising:**

Optimisation of the patient's journey to remove any unnecessary steps from the pathway will allow us to deliver care in the right place, at the right time and enable patients to return to their usual place of care in a timely manner.

**Outcome Required:**

Explore different ways to improve patient flow across the Trust. Streamline how bed and staff meetings are held and allow proactive management of any delays or issues.

**2.2.2 Clinical Effectiveness****Priority: Introduce Patient Initiated Follow Up (PIFU)****Reason for Prioritising:**

To give patients and their carers the flexibility to arrange their follow-up appointments as and when they need them. NHS England and NHS Improvement are supporting providers to roll out patient initiated follow-up (PIFU). PIFU can be used with patients with long or short-term conditions and following treatment or surgery. Adopting this approach makes it easier and more convenient for patients to receive care and support when they need it, whilst avoiding unnecessary trips to hospitals and clinics, saving time, money and stress. The approach helps empower patients to manage their own condition and plays a key role in enabling shared decision making and supported self-management in line with the personalised care agenda.

**Outcome Required:**

Implement PIFU for people with long term conditions or following surgery.

Work with NHSE/I to roll the priority out to provide the opportunity for patients and their carers to initiate their own appointments.

**Priority: Increase Outpatient Appointment Slot Utilisation**

**Reason for Prioritising:**

This will help ensure effective use of resources, by increasing slot utilisation. This will increase the number of patient appointments for both new and follow up slots and ensure the most appropriate use of clinicians time.

**Outcome Required:**

Increase outpatient slot utilisation by 5% during 2021/22. This will improve efficiency and aid the reduction in waiting times.

**Priority: Implement Inventory Management System**

**Reason for Prioritising:**

To provide Trusts with improved patient level costing information. eDC Gold enables products to be tracked to the patient and also provides greater operational inventory visibility on stock holding and expiry for Trusts.

**Outcome Required:**

Implement the Electronic Demand Capture (EDC) and EDC Gold inventory management system.

EDC - primary means of demand capture and order creation and is typically used for low value, high volume products (standard ward/theatre consumables).

EDC Gold - module within EDC providing inventory management visibility and control and is used for high value, low volume products.

The outcome of effectively using the system will include improved patient safety and provide detailed patient costings.

Standardised approach across NHS organisation - eDC is used in 90% of NHS trusts and eDC Gold is live in 30 NHS trusts.

### 2.2.3 Patient Experience

**Priority: Improve Wellbeing and Equality of Black and Asian Minority Ethnicity (BAME) Staff and Patients**

**Reason for Prioritising:**

Workforce Race Equality Standards data shows that Black and Asian Minority Ethnic staff experience higher rates of discrimination, harassment and bullying. National data on health inequalities relating to race consistently shows poorer outcomes for many Black, Asian and Minority Ethnic communities and patients. Trust patient monitoring indicates that fewer Black and Asian Minority Ethnic patients are referred to the Trust than we would expect given the racial demographics of North West England. In light of the disproportionate effect that COVID 19 has had on Black, Asian and Minority Ethnic communities, patients and staff, the Trust will prioritise the wellbeing of Black, Asian and Minority Ethnic patients and staff in relation to its COVID-19 response and post COVID-19 systems recovery.

**Outcome Required:**

Review progress/set stretch ambitions to improve wellbeing and equality of BAME staff and patients.

Set measurable ambitions and monitor progress at the Strategic BAME Advisory Committee which has recently been launched.

Demonstrate that there is no significant difference in the reported wellbeing of staff and patients in relation to COVID-19 and race and ethnicity. The Trust should also be able to demonstrate an increase in the percentage of Black, Asian and minority ethnic patients attending the hospital to a figure closer to the percentage for the Black, Asian and minority ethnic population in Cheshire and Merseyside which stand at 4.5%

**Priority: Provide Mental Health First Aid (MHFA) Training**

**Reason for Prioritising:**

A number of debrief sessions and supportive workshops have been held with staff across the Trust during the past 12 months. Without exception, staff have told us that they want a person to speak to rather than on line/remote support. MHFA is a nationally recognised training programme; the aim is to have a number of trained MHFA staff who will be able to provide advice and support to staff and patients as required.

**Outcome Required:**

Roll out Mental Health First Aid Training for 40 staff. Improving staff and patient access to direct personal support, improving mental health and wellbeing. Registered trained staff will be able to recognise if patients require support and can signpost more effectively.

**Priority: Improve Start Time of Theatre Lists and Same Day Discharges****Reason for Prioritising:**

To ensure we maximise the utilisation of our theatres and expertise of the staff who work there, which in turn will allow them to deliver outstanding patient treatment and care in an efficient and effective way.

**Outcome Required:**

Conduct a review of the Team Brief process to ensure theatre lists start on time.

Review the recovery process and time spent in recovery.

Review how the Trust can set up a designated area for same day discharges.

**2.3 Statements of Assurance from the Board**

During 2020/21, The Walton Centre provided and/or sub-contracted four relevant health services:

- Neurology
- Neurosurgery
- Pain Management
- Rehabilitation

The Walton Centre has reviewed all the data available to them on the quality of care in four of these relevant health services. We have interpreted this as services covered by our Quality Committee that are monitored by internal and external indicators and not necessarily a formal review.

The income generated by the relevant health services reviewed in 2020/21 represents 91.3% of the total income generated from the provision of the relevant health services by The Walton Centre for 2020/21.

### 2.3.1 Data Quality

The data reviewed covers three dimensions of quality – patient safety, clinical effectiveness and patient experience which are all encompassed within the Quality Committee Terms of Reference and Trust Board.

The Walton Centre takes the following actions to improve data quality:

- The Trust continues to develop internal data collection systems to provide assurance to the Quality Committee in relation to the accuracy of data quality.
- The Trust continuously reviews its internal processes in relation to the measurement and reporting of the quality indicators reported both to the Board and reported externally. This includes reviewing the quality indicators outlined within the Quality Accounts ensuring that there are standard operating procedures and data quality checks within each quality indicator process.

Ward to Board nursing quality indicator data has been collated over the last nine years which includes data collection of not only information to support progress against the Quality Accounts but additional nursing metrics to provide internal assurance and allow a clear focus for improving patient experience and delivery of quality care.

This information supports the Trust in building year on year metrics to show progress against important aspects of the patient journey.

### 2.3.2 Participation in Clinical Audit and National Confidential

During 2020/2021, 10 national clinical audits and 2 national confidential enquires covered relevant health services that The Walton Centre provides.

During that period The Walton Centre participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Walton Centre was eligible to participate in during 2020/2021 are as follows:

### 2.3.3 National Audits

- Adult Critical Care (ICNARC / case mix programme)

- Severe Trauma – Trauma Audit & Research Network (TARN)
- National Emergency Laparotomy Audit (NELA)
- The Sentinel Stroke National Audit Programme (SSNAP)
- National Audit of Care at the End of Life (NACEL)
- Falls and Fragility Fractures Audit Programme (FFFAP)
- National Comparative Audit of Blood Transfusion (NCABT)
- National Neurosurgery Audit Programme (NNAP)
- Perioperative Quality Improvement Programme
- British Spine Registry

### 2.3.4 National Confidential Enquiries

- Dysphagia in Parkinson's Disease
- Epilepsy

The national clinical audits and national confidential enquiries that The Walton Centre participated in, and for which data collection was completed during 2020/2021 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

National Audit	Participation	% Cases submitted
<b>Acute care</b>		
Adult Critical Care (ICNARC / Case Mix Programme)	Yes	100%
Severe Trauma (Trauma Audit & Research Network)	Yes	100%
National Emergency Laparotomy audit (NELA)	Yes	N/A – no eligible cases
The Sentinel Stroke National Audit Programme	Yes	98%
National Audit of Care at the End of Life (NACEL)	N/A	N/A postponed due to Covid-19
Perioperative Quality Improvement Programme	N/A	N/A - no eligible cases
British Spine Registry	Yes	65%
<b>Neurosurgery</b>		
National Neurosurgery Audit Programme (NNAP)	Yes	100% (HES Data)
National Comparative of Blood Transfusion (NCABT) – Audit of the management or perioperative paediatric anaemia	N/A	N/A
<b>Older people</b>		

Falls and Fragility Fractures Audit programme – National Audit of Inpatient Falls	N/A	N/A – No WCFT cases met the inclusion criteria
<b>National Confidential Enquiry into Patient Outcome and Death</b>		
Dysphagia in Parkinson's Disease	Yes	100%

The reports of 3 national clinical audits were reviewed by the provider in 2020/21 and The Walton Centre intends to take the following actions to improve the quality of healthcare provided:-

National Audit	Actions
Adult Critical Care (ICNARC / Case Mix Programme)	<ul style="list-style-type: none"> <li>Findings are discussed quarterly</li> <li>The Trust will continue participating in the ICNARC/Case Mix Programme by submitting data for all patients admitted to Critical Care</li> </ul>
Severe Trauma - Trauma Audit & Research Network (TARN)	<ul style="list-style-type: none"> <li>The Trust will continue to submit data to TARN and will review individual cases as appropriate</li> </ul>
The Sentinel Stroke National Audit programme (SSNAP)	<ul style="list-style-type: none"> <li>All WCFT thrombectomy cases are reviewed at the Regional Thrombectomy MDT group.</li> <li>The regional MDT group identify and discuss potential areas for improvement across the patient pathway</li> </ul>

### 2.3.5 Participation in Local Clinical Audits

The reports of 85 local clinical audits were reviewed by the Trust in 2020/21 and The Walton Centre intends to take the following actions to improve the quality of healthcare provided:-

#### Neurology Clinical Audits & Service Evaluations

Audit title	Actions
An evaluation of the Walton first seizure referral pathway (N 246)	<ul style="list-style-type: none"> <li>Vetting of all new referrals to first seizure clinic</li> <li>New digital referral system that ensures that mandatory information fields</li> </ul>
Re-audit of pre-counselling for women with epilepsy (N 294)	<ul style="list-style-type: none"> <li>Report to be discussed at health record group and audit presentation meetings</li> </ul>
Assessment of efficacy of the woven endobridge (WEB) device in endovascular treatment of intracranial aneurysm (N 271)	<ul style="list-style-type: none"> <li>Completion of 5 year follow up for all patients</li> </ul>
Re-audit of outpatient IV immunoglobulin use (N 292)	<ul style="list-style-type: none"> <li>Rapid access IVIg pre-assessment slots needed on Jefferson ward</li> <li>Discussed at Neurology lunchtime lecture audit slot</li> </ul>
Compliance with report writing standards for objectives swallowing assessments – FEES (fiberoptic endoscopic evaluation of swallowing) (N	<ul style="list-style-type: none"> <li>All trained FEES clinicians will need to ensure medical consent is sought and documented prior to carrying out FEES as well as a clinical rationale. The report format has recently been updated and adapted and is planned to be put on EP2 therefore it would be wise to add a</li> </ul>

299)	tick box for medical consent and space for rationale of assessment to ensure this is not missed in future.
Compliance with report writing standards for objective swallowing assessments (N 300)	<ul style="list-style-type: none"> <li>• An increase in reminders of all the Royal College Speech Language Therapist guidelines for all staff undergoing VFS procedures</li> </ul>
Transforming MND care experience survey (N 214)	<ul style="list-style-type: none"> <li>• <u>Cognitive assessments and Psychological support</u> Action:             <ul style="list-style-type: none"> <li>• To investigate the feasibility of more OT time to improve the potential to complete the ECAS tool on those patients that require it.</li> <li>• To discuss in house psychology provision with psychology department and MNDA to help with sourcing alternative services if necessary. <i>(Already in discussion, October 2019 Steering Group minutes)</i></li> <li>• To investigate means of recording RCDA contact in clinic and Association Visitor referral in patient notes in order to capture this data for future audit.</li> </ul> </li> <li>• Limitations:             <ul style="list-style-type: none"> <li>• <i>Staff availability, time, room availability, secretarial support, cost restrictions.</i></li> </ul> </li> <li>• <u>Cough effectiveness</u> Action:             <ul style="list-style-type: none"> <li>• Explore the potential for physiotherapy input in follow up clinics to encourage assessment and review of cough effectiveness and breathing exercises.</li> <li>• Consider the use of a peak cough flow assessment within existing clinical observations to enhance clinical decision making.</li> </ul> </li> <li>• Limitations:             <ul style="list-style-type: none"> <li>• <i>Staff availability, time, room availability, training, secretarial support, cost restrictions.</i></li> </ul> </li> <li>• <u>Nutrition and Gastrostomy</u> Action:             <ul style="list-style-type: none"> <li>• To explore the potential for dietetic support within the MND service to discuss dietary requirements. Particularly for those who do not yet need a community dietitian but have concerns regarding weight loss due to changes in swallow. This could also be due to a change in people's dietary requirements, i.e. vegan and vegetarian and having difficulty deciding on suitable nutritional supplements.</li> </ul> </li> <li>• Limitations:             <ul style="list-style-type: none"> <li>• <i>Staff availability, time, room availability, secretarial support, cost restrictions.</i></li> </ul> </li> <li>• <u>Planning for end of life</u> Action:             <ul style="list-style-type: none"> <li>• Consider the MND well-being day model working in more hospices within the locality to enable more patients' access to specialised palliative care.</li> <li>• Consider means of reporting referral to and attendance at wellbeing days.</li> </ul> </li> <li>• Limitations:</li> </ul>

	<ul style="list-style-type: none"> <li>• <i>Cost, hospice engagement, patient engagement.</i></li> </ul>
Audit of the Neuroradiology brain tumour service (N 133)	<ul style="list-style-type: none"> <li>• Advanced parameters have a role in non-enhancing brain tumours. Information gained from post-processing by research associate will optimise its utility. – Currently there is no funding source for this within neuroradiology</li> </ul>
Audit of the accuracy of voice recognition software in radiology (NRP 09)	<ul style="list-style-type: none"> <li>• Radiologists reminded to proof read reports and ensure correct placement of the microphone</li> </ul>
Audit of comparison of dose of X-ray guided lumbar puncture between radiologist and advanced practitioner (NRP 17)	<ul style="list-style-type: none"> <li>• Continue to audit to ensure radiation dose remains as low as reasonably practicable</li> </ul>
Audit of outcomes of X-ray guided lumbar puncture between radiologist and advanced practitioner (NRP 19)	<ul style="list-style-type: none"> <li>• No action necessary – continue to audit</li> </ul>
Audit of multiple radiological examinations in line with Royal College of Radiologists guidelines (NRP 18)	<ul style="list-style-type: none"> <li>• No action necessary – continue to audit</li> </ul>
Audit of the standards of communication of urgent radiological reports and fail safe notifications in line with RCR guidelines (NRP 20)	<ul style="list-style-type: none"> <li>• No action necessary – continue to audit</li> </ul>
Audit of Tracheostomy care quality indicators (N 265)	<ul style="list-style-type: none"> <li>• Re-commence service with service with new Royal College of Speech and Language Therapists guidance re COVID-19. Establish 5 day service. Commence using Tristell cleaning system.</li> <li>• Escalate to managers re lack of regular ENT inputs tracheostomy ward rounds and number of patients requiring this</li> <li>• Explore if tracheostomy if tracheostomy passport can be made available via Ep2</li> </ul>
Is there a need for physiotherapy assistants to support the respiratory (N 295)	<ul style="list-style-type: none"> <li>• When considering a 7 day rehabilitation service on critical care, consider the use of therapy assistants as part of uplift of staffing to support rehabilitation input as per GPCs guidance. Business case application has been started</li> </ul>
Review of bowel management in neurorehabilitation (N 296)	<ul style="list-style-type: none"> <li>• Issue – nil consistency in prescribing and administration of laxatives.</li> <li>• Action – present audit findings to nursing and medical teams, to generate discussion</li> <li>• Issue – Similar issues reported on acute wards.</li> <li>• Action – Share findings with dietetic team to allow consideration of similar project in acute teams</li> <li>• Update stool chart and present to team for consideration</li> </ul>
Audit of CT Pulmonary angiograms (NRP 11)	<ul style="list-style-type: none"> <li>• Encourage patients who are well enough to do so to position their arms above their head to improve scan</li> </ul>

	<p>quality</p> <ul style="list-style-type: none"> <li>• Reduce sub-optimal imaging – presentation/ education and monthly team brief</li> <li>• Re-audit to be undertaken April 2021</li> </ul>
Audit of WHO surgical checklists in Radiologists (NRP 15)	<ul style="list-style-type: none"> <li>• No actions necessary</li> </ul>
Evaluation of the usability of an MS self-reported assessment tool for people with multiple sclerosis (N 266)	<ul style="list-style-type: none"> <li>• Consideration of future use of the tool in WCFT service – MS team discussion</li> </ul>
Review of cases of intracranial hypotension treated with IV caffeine – (N 267)	<ul style="list-style-type: none"> <li>• This is an off license medication for which there is very little safety / efficacy data – audit results to be factored into IV caffeine pharmacy policy</li> </ul>
Focus group testing of patient and family perception of rehabilitation goal setting meetings – (N 268)	<ul style="list-style-type: none"> <li>• Issue: Ongoing need to critically examine goal setting processes in HARU/CRU, action: Will reconvene Goal Setting Meeting working party</li> </ul>
Audit of blood results availability for MRI contrast radiology examinations (N 316)	<ul style="list-style-type: none"> <li>• Radiology have updated the system so that a communication goes to the referrer advising them to organise the taking of blood on site for a contrast scan and if aged over 70 years</li> <li>• For planned patients radiology will request the blood results a month ahead of the planned appointment date to allow the time delay of requesting them from the GP and being carried out</li> </ul>
Evaluation of long term EEG monitoring reports (N 284)	<ul style="list-style-type: none"> <li>• Present data at departmental risk meeting, ensure this forms part of SOP / timescale for implementation September 2020</li> </ul>
Audit of prescribed feed vs estimated nutritional requirements for energy in neurorehabilitation (N 313)	<ul style="list-style-type: none"> <li>• Issue - PENG pocket guide not always effective at predicting energy requirements in neurorehabilitation population. Action - Present findings to dietetic team to inform practice</li> </ul>
Clinical psychology 1:1 referrals after PMP assessment (N 277)	<ul style="list-style-type: none"> <li>• Issue - Need to develop more consistency / clarity regarding 1:1 referrals for psychological work on the PMP and in outpatient work. Action - Psych team to develop appropriate documentation</li> </ul>
Evaluation of medical interruptions to rehabilitation within CMRN that exceeded 14 days (N 318)	<ul style="list-style-type: none"> <li>• Issue – Lack of information about what happens to the patients discharged during interruption / action – ongoing data collection</li> </ul>
Audit of MRI exams confirming radiographer administration of contrast agent (N 336)	<ul style="list-style-type: none"> <li>• Feedback results and the necessity to ensure documentation is completed</li> </ul>
Audit of the number of MRI patients recalled for further imaging (NRP 6)	<ul style="list-style-type: none"> <li>• Only mark in vetting as a recall if the patient is genuinely being recalled to complete the original examination</li> <li>• Case review meetings reinstated</li> <li>• Consultant Radiologist review MR recalls from list provided buy PACS manager</li> </ul>
Review of MUST (malnutrition universal screening tool) assessments where a MUAC	<ul style="list-style-type: none"> <li>• Issue – MUAC not always used appropriately / action – Feedback to nursing team /steering committee</li> <li>• Issue – Rationale for MUAC and value not documented</li> </ul>

(mid upper arm circumference) is used (N 312)	<p>/ action – Feedback to nursing team / steering committee</p> <ul style="list-style-type: none"> <li>• Issue – Patients not being weighed during admission / action – Feedback to nursing team / steering committee</li> </ul>
Evaluation of long term EEG monitoring reports (N 284)	<ul style="list-style-type: none"> <li>• Issue – Large error rate or missing data for DOB and hospital numbers on EEG system, particularly after day 1. Action – Present data at departmental risk meeting, ensure this forms part of SOP</li> </ul>
Does the length of time for a speech and language therapy referral impact the length of hospital admission for patients with communication difficulties on acute wards (N 308)	<ul style="list-style-type: none"> <li>• Issue - Delay in referring patients with communication difficulties, particularly cognitive communication difficulties, dysarthria and aphasia</li> <li>• Action - Discussion in SLT acute team meeting to identify whether training would be feasible to increase staff understanding of communication difficulties</li> </ul>
Reducing risk of social isolation in people living with motor neurone disease (MND) (N 281)	<ul style="list-style-type: none"> <li>• Issue - Patients diagnosed with MND are not consistently asked about their psychological wellbeing or signposted to appropriate support / action - To pilot the use of two measures (The measures Duke Social Support Index (DSSI) and The UCLA 3-Item Loneliness Scale) during the MND specialist nurse follow up clinic to identify those patients potential at greater risk of social isolation. Notes will then be re-audited to review the impact of the measures on improving the consistency of conversations around wellbeing</li> <li>• Issue - There audit has demonstrated that despite staff reporting that they have discussions about psychological problems and the support available it is not always clearly documented / Action – No action – Introduction of the above measures will minimise the likelihood of conversations around psychological wellbeing not being documented. The findings of this pilot will be reviewed in 12-18 months' time.</li> </ul>
Psychoeducational videos (N 323)	<ul style="list-style-type: none"> <li>• No actions necessary</li> </ul>
Audit of feed prescribed vs estimated nutritional required for energy in neurosurgical patients (N 314)	<ul style="list-style-type: none"> <li>• Issue:- Use of disease specific and consensus based guidelines for estimating nutritional requirements in neurosurgical/ vascular patients. – Action:- Present at Dietetic Team meeting for discussion on use of evidence to estimate energy requirements</li> </ul>
Prolonged disorders of consciousness guideline (N 317)	<ul style="list-style-type: none"> <li>• Issue:- Limited acute input from neuro-rehabilitation team for PDOC patients / Action:- Liaison with Major Trauma and Craniotrauma teams required to highlight clinical need for early rehab input</li> <li>• Issue:- There is no structured pathway to guide best interest meetings / timing of assessments / other medical or ethical / legal aspects of PDOC management / Action:- PDOC pathway needs to be created and put in place</li> <li>• Issue:- Best interest meetings not always formally documented / Action:- Best interests documentation to be reviewed</li> </ul>
Antibiotic point prevalence	<ul style="list-style-type: none"> <li>• Ongoing education to prescribers on education and</li> </ul>

audit (NRP 4)	<p>weekly antimicrobial ward rounds</p> <ul style="list-style-type: none"> <li>• Small patient numbers - plan to start collecting monthly spot data focusing on areas that can be improved</li> <li>• Include key points from the point prevalence audit at junior doctor and consultant induction. SD to liaise with IPC team to update induction talk.</li> <li>• Dissemination of key points to prescribers every quarter. SD to discuss at AMS meeting</li> </ul>
Audit to assess the suitability of line algorithm for visualisation of NG tube (NRP 16)	<ul style="list-style-type: none"> <li>• No actions necessary</li> <li>• Re-audit</li> </ul>
Exploration of the use of apps (MHealth) to support inpatient therapy in the acute and rehab settings (N 161)	<ul style="list-style-type: none"> <li>• No concerns identified to action</li> <li>• Potential to support other projects within the Trust – discuss with RD&amp;I committee</li> <li>• Possible further research into implementation of app – discuss with tech group committee</li> </ul>
Audit of standards for reporting and interpretation of ultrasound images in line with RCR and BMUS guidelines 2020 (NRP 2)	<ul style="list-style-type: none"> <li>• No action necessary</li> </ul>
Audit of evaluation of radiation dose for endovascular procedures (N 311)	<ul style="list-style-type: none"> <li>• No actions necessary</li> </ul>
To assess the impact of long days in the acute respiratory team on the number of total contacts, chest treatments, tracheostomy weaning and rehab sessions (N 327)	<ul style="list-style-type: none"> <li>• Issue: Need for increased staffing at weekends to cover 7 day service in line with GPICS guidelines – Action: A business case for increased physiotherapy support to provide a 7 day rehabilitation service on critical care and out of hours on call respiratory physiotherapy service</li> </ul>
Review of INNS service over the past year looking at case load and clinical activity (332)	<ul style="list-style-type: none"> <li>• Increase NAL slots once team fully established ( 2 nurses currently in training)</li> <li>• Ask NAL admin staff to redirect HCP queries to our direct email.</li> <li>• Review the use of NAL slots for routine follow up i.e. not pre booking for follow up calls/meds change review.</li> <li>• Review job plans to increase nurse support in Southport, Ormskirk, South Sefton and Skelmersdale.</li> <li>• Increase Home visit and NAL availability in the above areas.</li> <li>• The Clatterbridge and Arrowe park hospital clinics have a large caseload of patients who could be seen more locally in the smaller community clinics. The nurse in this area will review the follow list and organise the caseload distribution more effectively.</li> </ul>
Review of INNS service over the past year looking at case load and clinical activity (N 332)	<ul style="list-style-type: none"> <li>• Increase NAL slots once team fully established ( 2 nurses currently in training)</li> <li>• Ask NAL admin staff to redirect HCP queries to our direct email.</li> <li>• Review the use of NAL slots for routine follow up i.e. not pre booking for follow up calls/meds change review.</li> <li>• Review job plans to increase nurse support in</li> </ul>

	<p>Southport, Ormskirk, South Sefton and Skelmersdale.</p> <ul style="list-style-type: none"> <li>• Increase Home visit and NAL availability in the above areas.</li> <li>• The Clatterbridge and Arrowe park hospital clinics have a large caseload of patients who could be seen more locally in the smaller community clinics. The nurse in this area will review the follow list and organise the caseload distribution more effectively.</li> </ul>
Audit of non-medical referrers for radiology under IRMER guidelines 2020 data action plan (NRP 3)	<ul style="list-style-type: none"> <li>• No actions necessary</li> <li>• Continue to audit annually</li> </ul>
Contrast enhanced CT protocol adherence – EGFR documentation (NRP 10)	<ul style="list-style-type: none"> <li>• Email to all CT requestors that clinical safety questions must be answered correctly</li> <li>• Email all radiographers to document if CT has been acquire without appropriate EGFR the reason for doing so</li> </ul>
Audit of exam time to report availability in radiology (NRP 12)	<ul style="list-style-type: none"> <li>• No action necessary</li> <li>• Re-audit 12 months</li> </ul>

### Neurosurgery Clinical Audits & Service Evaluations

Audit title	Actions
Anaesthesia in Theatres (NS 231)	<ul style="list-style-type: none"> <li>• All Anaesthetic practitioners have not undertaken the IV medicines administration course. This has been highlighted and will be discussed to look at competency in accordance with the Trusts medicines policy.</li> </ul>
Management of Specimens in Theatres (NS 229)	<ul style="list-style-type: none"> <li>• Discuss with staff on Audit day that they ensure specimen trolley is checked weekly by weekend staff and sufficient size pots are ordered.</li> </ul>
Audit of the accuracy of voice recognition software in Neuropathology 2019 (NRSP 3)	<ul style="list-style-type: none"> <li>• Use of dictation templates where appropriate.</li> <li>• Simultaneous review of reports at the same time as dictation</li> <li>• Final review of reports before authorisation.</li> <li>• Re-audit</li> </ul>
Managing Perioperative Normothermia (NS 228)	<ul style="list-style-type: none"> <li>• Safety issued by MHRA re: Enflow fluid warmer; All Enflow systems (10) and cartridges have been removed from theatres and replaced with (3) Bair Hugger Fluid Warmers.</li> <li>• Fluid cabinets temperature found to be outside the recommended guidelines (&gt;40 ° C)</li> </ul>
VTE prophylaxis prescribing in neurosurgical patients – re-audit (NS 287)	<ul style="list-style-type: none"> <li>• Maintenance of the current level of compliance.</li> <li>• Continuous insistence on the new VTE protocol, so that there are no non-compliant cases.</li> <li>• Familiarisation with the new VTE protocol for all</li> </ul>

	<p>staff remains to be essential.</p> <ul style="list-style-type: none"> <li>• Very important and continuous role of pharmacists, doctors and nurses in maintaining the required standards related to the VTE prophylaxis</li> <li>• Re-audit in 6-12 month to ensure new protocol is followed</li> </ul>
Re-Audit Of Hypothermia Prevention & Management in Adult Surgical Patients (NS 237)	<ul style="list-style-type: none"> <li>• Improved documentation of variable measured in theatre/recovery</li> <li>• Re-audit 2020-2021</li> </ul>
Compliance of trust guidelines regarding transfusion related investigations for non-Instrumented lumbar spine surgery (NS 120)	<ul style="list-style-type: none"> <li>• Establish local guidelines with respect to pre-operative need for group and save/crossmatch in patients undergoing single level decompressive surgery</li> <li>• Create awareness and educate ward staff and doctors about above agreed guidelines</li> <li>• Re-audit to confirm compliance</li> </ul>
Medihoney HCS Surgical Dressing Evaluation (NS 267)	<ul style="list-style-type: none"> <li>• That medihoney HCP dressing be used as per guidelines for all stimulator and pump patients as well as other difficult wounds or patients with a previous healing problem or infection as per manufacturer guidelines</li> <li>• Complete can compare comparison audit</li> </ul>
Service Review of Post-Surgical Site Infections in the Community (NS 269)	<ul style="list-style-type: none"> <li>• Follow up of patients in a timely manner by relevant team</li> <li>• Post op OPD appointments made and communicated to patients</li> <li>• Medical documentation completed in timely manner.</li> </ul>
HTA 66 - Research Consent forms Audit 2019 (NRSP 14)	<p><u>Non-Conformances</u></p> <ul style="list-style-type: none"> <li>• The importance of patient's initiating and signing the consent forms will be highlighted to both specialist nurses and theatre staff to avoid any invalidity of the consent forms by KS.</li> <li>• KS to check with HTA and REC committee for the validity of ticked consent forms</li> </ul> <p><u>Observations</u></p> <ul style="list-style-type: none"> <li>• The incomplete forms will be retrospectively completed (signed) by specialist nurses or respective individuals.</li> <li>• Incorrect colour of consent form to be raised with Theatre staff. Laboratory staff/Biobank manager will review forms upon receipt in the Neuroscience Laboratories.</li> </ul>
Re-audit: Infection Rate in Gliadel Patients (NS 264)	<ul style="list-style-type: none"> <li>• Clear documentation decolonisation therapy provided to patients at pre-op clinic, complete and</li> </ul>

	<p>recorded</p> <ul style="list-style-type: none"> <li>• Limit number of people in theatre to 5</li> <li>• Antibiotics on induction (at least 15 minutes prior to knife to skin)</li> <li>• No evidence supporting x3 doses of antibiotics post-operatively</li> <li>• Standardise sample collection from theatre, microbiology have suggested a pot of pus or tissue rather than a swab</li> <li>• Removal of sutures by specialist nurse vs district nurse</li> </ul>
Impact of BMI on CSF Leak following Pituitary Surgery (NS 155)	<ul style="list-style-type: none"> <li>• Close observation for CSF leak in post-operative pituitary patients, particularly in those with an increased BMI given the associated increase in risk for this complication</li> </ul>
BIOC 170 Significance of low numbers of oligoclonal bands (NS 263)	<ul style="list-style-type: none"> <li>• No further recommendations; continue with current practice.</li> </ul>
Outcomes for Vestibular Schwannomas treated with Radiotherapy (NS 212)	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
IO diagnosis versus Final Diagnosis (including telepathology) Horizontal Audit 2019 (NS 298)	<ul style="list-style-type: none"> <li>• No recommendations required as no issues identified.</li> </ul>
HTA 67 - REC & RGC approvals Audit 2019 (NRSP 15)	<ul style="list-style-type: none"> <li>• The process is going well no further actions are required.</li> </ul>
HTA 64 - Research Request Form R2 & R3 Horizontal Audit 2019 (NRSP 13)	<ul style="list-style-type: none"> <li>• The process running well, to be reviewed next year.</li> </ul>
Traceability Audit of Blocks and Slides Horizontal Audit 2019 (NS 288)	<ul style="list-style-type: none"> <li>• All Neuropathology staff reminded of importance to complete tracers and place in the file.</li> <li>• All Neuropathology staff reminded to check each individual slide number and not presume all slides in a slide tray are from the same case.</li> <li>• Slide file will not be so tightly filled and file drawers to be labelled annually when the majority of slides have been filed.</li> <li>• Process of refiling slides for NEQAS back with the original case rather than in a separate EQA file reinforced with staff.</li> <li>• Monitor return of slides from HODS in next audit following the service move earlier this year.</li> <li>• Neuropathology staff to add H&amp;E to the LIMS if</li> </ul>

	<p>required as part of a molecular test.</p> <ul style="list-style-type: none"> <li>• Test panels will be created for molecular tests where required to ensure number of slides match.</li> </ul>
Audit on Last Minute Cancellation of Elective Surgery (NS 146)	<ul style="list-style-type: none"> <li>• The reason for cancellations should be recorded in the case notes for all cancelled surgeries.</li> <li>• Where possible, the cancelled surgeries should be rescheduled within 28 days.</li> <li>• All the interventional radiology patients who are posted for therapeutic interventions should have adequate pre op assessment.</li> <li>• Some anaesthetist felt that this audit should be conducted as a recurring audit, therefore decided to do re-audit in 2021</li> </ul>
Neurobiochemistry vertical audit 2020 – Beta trace protein (NRSP 11)	<ul style="list-style-type: none"> <li>• The laboratory internet page and assay finder need to be updated and conform.</li> <li>• The PAT testing and the servicing of the equipment needs to be carried out ASAP.</li> </ul>
Review of patching Chiari malformations intra-operatively versus not patching (NS 278)	<ul style="list-style-type: none"> <li>• That the project supports patching of Chiari patients routinely. One other surgeon has changed to this technique, the other who does Chiari decompressions, is considering it</li> </ul>
Audit on pre-operative risk assessment using POSPOM scoring system (NS 160)	<ul style="list-style-type: none"> <li>• POSPOM scoring system can be used for risk stratification in elective patients undergoing Interventional neuro radiology (INR) procedures.</li> <li>• POSPOM scoring is not suitable for emergency INR patients</li> </ul>
Spine Tango Documentation Audit (NRSP 9)	<ul style="list-style-type: none"> <li>• Re-iterate to staff the importance of accurate data entry</li> </ul>
Coroner's and Hospital Post Mortems Horizontal Audit 2019 (NRSP 16)	<ul style="list-style-type: none"> <li>• Staff were reminded of the 30 days disposal period. If the disposal is rescheduled due to any reason a note should be left on the NA sheet and order entry notes on LIMS stating the reasons.</li> <li>• A database is currently being updated to record when wet tissue has been retained – this data will be included in next year's audit.</li> </ul>
Omission and delay of critical medicines in neurocritical care (NS 304)	<ul style="list-style-type: none"> <li>• List of critical medicines to be incorporated into each patient's bedside folder</li> <li>• Pharmacy bulletin to be emailed to Horsley staff and included in Horsley internal newsletter summarising audit findings and outcomes</li> <li>• Pharmacy or medicines-related inductions for new nurses and doctors to be updated based on findings/concerns</li> <li>• Senior nurse for clinical governance currently recruiting nurse to undertake re-audit 6-monthly</li> </ul>

	<p>(pharmacists to contribute to data analysis)</p> <ul style="list-style-type: none"> <li>• ACCP previously agreed to undertake administration of intrathecal antibiotics on Horsley and are awaiting training and sign-off</li> </ul>
rTMS for neuropathic pain: Patient Reported Outcomes about, Pain, Function and Quality of Life. (NS 218)	<ul style="list-style-type: none"> <li>• View non-responders and responders in more detail. Brain connectome analysis in process as part of MRes project – 6 month timescale</li> <li>• Meeting with psychiatry and Alder Hey neurosurgeons to finalise potential service level agreement to make TMS financially viable. – 6 month time scale. To be discussed by the Clinical Effectiveness Services Group.</li> </ul>
Anaesthetics and Critical Care audit by Deepa Laiju (NS 250)	<ul style="list-style-type: none"> <li>• Pharmacy developing new eye care guidelines – in next 3-6 months</li> <li>• Staff training in eye care</li> </ul>
Re-audit of molecular data obtained on gliomas reported at WCFT between June 2019 and May 2020. (NS 295)	<ul style="list-style-type: none"> <li>• Since the revised 4th edition of WHO classification (2016), a lot has changed in CNS tumour diagnosis and pathologists at the Walton Centre have strived to keep up with the changes. Our data has now been audited twice against the NICE guidelines (2018). RCPATH published a Molecular diagnostic algorithm for adult gliomas in March 2020 which is far more advanced than the NICE guidelines. Currently we follow the standards published by the RCPATH. The 5th edition of the WHO classification of CNS tumours is overdue. It is expected to incorporate some important changes as outlined in cIMPACT recommendations. In view of this a fresh audit will be planned once all the recommended changes have been implemented in the department.</li> </ul>
Re-audit of spinal deformity practice (NS 301)	<ul style="list-style-type: none"> <li>• To be discussed within department – no actions directly from audit.</li> </ul>
Laterality of ACDF (NS 297)	<ul style="list-style-type: none"> <li>• Not formally discussed – my opinion is that no change of practice is needed as results very much reflect findings in the literature</li> </ul>
Late Adverse Radiation Effects after cerebral radiosurgery for brain AVM (NS 217)	<ul style="list-style-type: none"> <li>• The Late post radiotherapy adverse effects for b AVM are found within the reported bibliographic findings (6.9%)</li> </ul>
Surgical Vertical Audit 2019 (NRSP 1)	<ul style="list-style-type: none"> <li>• Although a Non Conformance was raised a root cause could not be determined as the clinicians in theatres had completed the request form.</li> <li>• An audit will not be performed to monitor the information missing from the request card as this has been an ongoing issue for several years whereby forms are not completed properly, and no significant</li> </ul>

	<p>improvement has been made.</p> <ul style="list-style-type: none"> <li>Quality &amp; Governance Manager in Theatres has been contacted. She will ask theatre staff to ensure that all forms are correctly completed.</li> </ul>
Surgical Vertical Audit 2020 (NRSP 1)	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Caring for Mothers in WCFT – Service evaluation of enhanced maternal Care Guidelines (NS 176)	<ul style="list-style-type: none"> <li>Training for SMART - 1 session already held. Yearly/biennially</li> <li>Separate out Day cases (for more simplified guidelines) and inpatients – apply full guideline. Re-audit 2021</li> </ul>
Oral ketamine to support outpatient and inpatient opioid weaning. (NRSP 5)	<ul style="list-style-type: none"> <li>Patient information leaflet developed and completed. completed</li> <li>Prospective data collection in addition to prescribing database - Key points for data collection on EP2 to be agreed. LFT and ketamine level on TD web. TBC</li> <li>Present to the headache group - TBC</li> </ul>
GlobalSurg/CovidSurg Week (NS 306)	<ul style="list-style-type: none"> <li>Where possible, surgery should be delayed for at least 7 weeks following SARS-CoV-2 infection.</li> <li>Patients with ongoing symptoms <math>\geq</math> 7 weeks from diagnosis may benefit from further delay.</li> <li>No Actions to arise</li> </ul>

### Trust wide Clinical Audits & Service Evaluations

Audit title	Actions
Audit of patient preferences regarding sharing information with their partners, family members and / or carers – NICE CG 138 – Patient experience	<ul style="list-style-type: none"> <li>Feedback results to relevant groups and circulate findings, highlighting areas for improvement.</li> <li>Continue to audit annually</li> </ul>
Inpatient Health Records Documentation Audit	<ul style="list-style-type: none"> <li>Feedback and discuss results / disseminate findings</li> <li>Circulate results summary sheet highlighting the areas for improvement</li> <li>Inform medical records of the two instances of patients identifiable data and complete datix</li> <li>Continue to audit health record documentation</li> </ul>
Outpatient Health Records Documentation Audit	<ul style="list-style-type: none"> <li>Feedback and discuss results / disseminate findings</li> <li>Circulate results summary sheet highlighting the areas for improvement</li> <li>Continue to audit health record documentation</li> </ul>

**NB.** If implementation is not deemed appropriate then outstanding actions are placed on the divisional risk registers.

Recommended actions resulting from clinical audit projects are reviewed and monitored monthly by the Clinical Audit Group.

The divisional clinical audit teams produce a monthly clinical audit activity progress report which includes registered audits, recommended actions from all completed projects for each division and the progress made towards implementation, these reports are discussed at the relevant Divisional Governance & Risk Group monthly meetings.

### **2.3.6 Participation in Clinical Research and Development**

The number of patients receiving relevant health services provided or sub-contracted by The Walton Centre in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee and Health Research Authority was 580. Due to the impact of Covid19 no yearly target was set for this financial year. In total there are currently 82 clinical studies currently open to recruitment at The Walton Centre. The Trust has a research pipeline of new studies in the set-up phase that will be ready to open at different points throughout the coming year.

The Neuroscience Research Centre has secured new local collaborations which means that we are now able to offer our patients access to participation in Phase 1 clinical trials for the first time. The Phase 1 clinical trials are being offered to patients with Parkinsons Disease and Huntingtons Disease and will be conducted at a specialist clinical research facility within Liverpool Health Partners.

The Trust's participation in clinical research demonstrates our commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

Our clinical staff actively maintain their involvement in the latest possible treatments and as a Trust recognise that active participation in research leads to successful patient outcomes.

During 2020/21 the Trust has worked collaboratively with the following networks and organisations to attract NIHR funding to deliver and disseminate clinical research and innovation to inform service transformation and improvement:

- Clinical Research Network: North West Coast (CRN)
- Liverpool Health Partners (LHP)
- Innovation Agency, the North West Coast's Academic Health Science Network
- North West Coast Collaboration for Leadership in Applied Health Research and Care (NWC CLAHRC) now the ARC (Applied Research Collaboration)

- Local Higher Education Institutions
- Other NHS organisations
- Pharmaceutical companies (industry)

The collaboration with all members of Liverpool Health Partners has resulted in the set up of the Liverpool SPARK – Single Point of Access to Research and Knowledge. We are delighted to be part of such an innovative approach to offering wider access to clinical trials for our patients and look forward to the SPARK becoming embedded in all Trusts.

### **2.3.7 CQUIN Framework & Performance**

Commissioning for Quality and Innovation (CQUIN) was introduced in 2009. Due to the COVID pandemic all CQUIN activity was suspended. To date no CQUINs for the forthcoming year have been agreed.

### **2.3.8 Care Quality Commission (CQC) Registration**

The Walton Centre is required to register with the Care Quality Commission and its current registration status is registered without conditions. The CQC completed a review of the mental health services across the Trust in November / December 2020. The CQC were satisfied that no further monitoring was required and recommendations have been completed. The CQC has not taken enforcement action against The Walton Centre during 2020/21. The CQC undertook an inspection, including well led, during March and April 2019, which resulted in an Outstanding status for the second time.

During 2020/21 the Trust continued to self-assess against the CQC regulations. The self-assessment is supported by a governance process which enables oversight of findings and identification of areas for further review and includes a process to escalate exceptions to the Quality Committee which is a sub-committee of the Board.

### Ratings for The Walton Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Oct 2016	Good Oct 2016	Outstanding Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016
Surgery	Good →← Aug 2019	Outstanding ↑ Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Outstanding ↑ Aug 2019	Outstanding ↑ Aug 2019
Critical care	Good →← Aug 2019	Good ↓ Aug 2019	Outstanding ↑ Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019
Outpatients	Good Oct 2016	Not rated	Outstanding Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016
Rehabilitation services	Good Oct 2016	Outstanding Oct 2016	Good Oct 2016	Outstanding Oct 2016	Good Oct 2016	Outstanding Oct 2016
<b>Overall*</b>	Good →← Aug 2019	Outstanding →← Aug 2019	Outstanding →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Outstanding →← Aug 2019

### 2.3.9 Trust Data Quality

The Walton Centre submitted records during 2020/21 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS Number was:

XX% TBC (due to COVID extension deadline) for admitted patient care

XX% TBC (due to COVID extension deadline) for outpatient care

The percentage of records in the published data which included the patient's valid General Practitioner Registration Code was:

XX% TBC (due to COVID extension deadline) for outpatient care

XX% TBC (due to COVID extension deadline) for admitted patient care

This year is the third year of the new Data Security and Protection Toolkit. The focus is now on the security of data, and incorporating the Network and Information Systems Regulation 2018 (NIS) and the 10 Data Security Standards and is very different to the old IG Toolkit. Within the Toolkit there are 42 assertions and 110 mandatory evidence items.

Completion of this requires compliance with all assertions and all mandatory evidence items. The methodology remains the same every year whereby a mandatory independent audit continues to be required as part of the evidence process.

The Trust is on target to meet all assertions and mandatory evidence items for the Data Security and Protection Toolkit, which is due to be submitted to NHS Digital on 30th June 2021. This deadline was extended in line with Covid19 and the delay to last years submission date.

The Trust has implemented action plans to achieve another high score on the new Data Security and Protection Toolkit and to further evidence the Trust's commitment to the Information Governance (IG) agenda. A review of the evidence and self-assessments undertaken as part of the mandated 19-20 DS&P audit requirements has been completed in May 2021 and the Trust is still awaiting the outcome of this review.

The latest figures from the NHS IC Indicator portal are for 2011/12 and the national readmission rate was 11.45%. The website link is <https://indicators.ic.nhs.uk/webview/>

The Walton Centre undertook a Clinical Coding Data Quality Audit during the reporting period. The following table reflects the results of an audit carried out by an Approved Clinical Coding Auditor and the error rates reported for this period for diagnoses and procedure coding (clinical coding) was as follows:

#### The Walton Centre Internal Clinical Coding Audit 2020/201

Coding Field	Percentage Correct	Mandatory	Advisory
Primary diagnosis	91%	90%	95%
Secondary diagnosis	86%	80%	90%
Primary procedure	97%	90%	95%
Secondary procedure	98%	80%	90%

Last year The Walton Centre took steps to improve data quality which is demonstrated in the improved scores above.

### 2.3.10 Learning from Deaths

The Department of Health and Social Care published the NHS (Quality Accounts) Amendments Regulations 2017 in July 2017. These add new mandatory disclosure requirements relating to 'Learning from Deaths' to quality accounts from 2017/18 onwards.

2.3.10.1 During 2020/21, 111 of The Walton Centre patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

35 in the first quarter

23 in the second quarter

27 in the third quarter

26 in the fourth quarter

By 31<sup>st</sup> March 2021, 108 case record reviews have been carried out in relation to 111 of the deaths included in item 2.3.10.1. Three case records are awaiting review.

In 2 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 35 in the first quarter
- 23 in the second quarter
- 26 in the third quarter
- 24 in the fourth quarter

2.3.10.2 0 representing 100 % of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. There were two patients that were referred to the coroner, one is awaiting an outcome from the Coroner and the second death was noted to be classed as misadventure and the Trust did not receive any recommendations as a consequence.

In relation to each quarter, this consisted of:

- 0 representing 100% for the first quarter
- 0 representing 100% for the second quarter
- 0 representing 100% for the third quarter
- 0 representing 100% for the fourth quarter

These numbers have been estimated using the structured judgement review methodology. Prior to the National Quality Board report on Learning from Deaths, The Walton Centre had

a robust mechanism of mortality review where all deaths were reviewed in detail and reviewed in the mortality review group.

Since the NQB report, WCFT have published an updated Mortality Review Policy, which encompasses the structured judgement review methodology for the mortality review, but also in cases where there are potential issues highlighted, a root cause analysis (RCA) is undertaken.

0 case record reviews and 0 investigations completed after 31.03.20 which related to deaths which took place before the start of the reporting period

0 representing 0 % of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

This number has been estimated using the process embedded within the Trust including a full health record review of each death and discussion at the respective Divisional Mortality Meetings.

0 representing 0% of the patient deaths during 2020/21 are judged to be more likely than not to have been due to problems in the care provided to the patient.

### **2.3.11 Progress in Implementing Clinical Standards for Seven Day Hospital Services**

In the 7 day services framework, clinical standards (CS) 2,5,6 and 8 have been prioritised. We are fully compliant with clinical standards 5, 6 and 8.

The Trust continues to make progress with CS2. In the 7 day service audits from 2016-2019 the overall rate of compliance improved from 50% to 79%. The compliance rate at the weekends in the audits have consistently been high, demonstrating a Consultant presence for review throughout 7 days. As a specialist Trust there has been discussion with the 7 day services team regarding difficulties that arise for us with this standard. All patients who are transferred to The Walton Centre will have been seen and assessed in their local hospital, usually will have had investigations such as scans, and in neurosurgery admissions (which are the vast majority) the diagnosis will usually be clear. All admissions are discussed with a Consultant prior to transfer and a management plan is formulated. There is a two tier middle grade on-call system in neurosurgery so there is always a senior trainee on-call. In some cases there is a clear plan for the patient on arrival and assessment by a senior trainee is considered clinically appropriate. Also, all patients admitted as an emergency will be initially assessed by a member of our MDT SMART (Surgical and Medical Acute Response Team) team, which consists of medical staff and outreach /critical care trained nursing staff.

Therefore, the differences in the service will reflect some difficulty with compliance with this standard in all patients, but there remains the aim to reach the target of 90%. This has not been re-audited since 2019 due to the impact of the Covid pandemic. The mortality report continues to be reviewed quarterly at Quality Committee and Trust Board.

This has not shown any trends in deaths by day of the week and day of admission. In summary, the Trust continues to show an improvement in compliance with CS2 but due to being a tertiary centre, some patients may appropriately be treated on arrival by a senior trainee but are reviewed in a timely manner following this by a Consultant. In addition, there are the other clinical standards which the Trust continues to progress well with.

Feedback from local patient experience surveys and reports from listening events held by Healthwatch Sefton (e.g. covid vaccine feedback) and Healthwatch Liverpool continue to be excellent on the standard of medical care. There have been no concerns raised over quality of care / Consultant presence on weekday or weekends. This does not feature as a theme of patient and family complaints.

There is an MDT ward round for all neurosurgery and critical care patients. This comprises medical, nursing, Advanced Practitioners (AP) and pharmacy staff. The SMART team join the ward round at weekends. In neurology there is a weekday daily board round involving medical, nursing, pharmacy and therapy staff. This has been developed since 2015, particularly with the involvement of pharmacy and therapies.

Shift handovers - each morning at 8am there is a neurosurgical handover meeting led by the Consultant on-call - all patients referred overnight (whether transferred or not) are discussed and scans reviewed. This is an MDT meeting involving medical, AP staff, SMART team coordinator and bed management team. There is a formal handover meeting at 8pm each weekday, coordinated by the SMART coordinator and involving junior medical staff. There are well defined procedures for medical handover following each shift. At weekends at 8.30am there is a handover meeting attended by the Consultant neurosurgeon on-call, the trainee medical staff and SMART coordinator. In neurology there is a daily board round, including weekends. The role of SMART coordinator in safe handover is documented in the Trust policy 'Operational Guidelines for the Surgical and Medical Acute Response Team (SMART)'.

Transfer to community, primary and social care – There are daily Consultant reviews to support discharge. There is a complex discharge coordinator working during the week but not at weekends. This service is covered by the bed management team or bleep holder at weekends. Ward based pharmacists support the ward rounds and medications to take out

(TTO) are completed by the pharmacist or AP. There are referral pathways for community settings and access and referral systems in place for all providers, social care and continuing health care. There is pharmacy support for TTO at weekends.

There is a process in place for repatriation to other Trusts. There is a weekly delayed discharge meeting to discuss any patients with a long length of stay and these are escalated as appropriate.

Quality improvement - the Trust mortality report is reviewed quarterly by Quality Committee in detail and reported also to Trust Board. The Trust Board receives a quarterly report from the Guardian of safe working hours on junior doctor working hours. The Clinical Effectiveness and Services Group and Quality Committee regularly review clinical outcomes, with a view to driving continuous improvement. We collect robust clinical outcome data in 75% of all neurosurgical procedures, which is far higher than most neurosurgical units.

### **2.3.12 Speaking Up**

The Trust's Freedom to Speak up Guardian (FTSUG) is proactive in ensuring staff members are given the opportunity to raise concerns. The FTSUG presents to clinical and non-clinical staff members during their induction. Each individual staff member receives a business card with specific contact details should they wish to raise a concern, arrange a meeting on/off site. Posters are displayed across the organisation and the Trust's intranet site also provides relevant information. Drop-in sessions are scheduled throughout the year across each of the areas within the Trust. There are also two FTSU Champions in post to support the guardian. There is a dedicated email address for those wishing to raise concerns. The FTSUG will agree the frequency of contact with the individual/s and following a meeting/investigation information will be gathered regarding speaking up, which has been positive to date. The FTSUG also undertakes exit interviews for those leaving the organisation in order to give staff the opportunity to raise any issues/concerns. The Trust has adopted the NHSI Raising Concerns Policy and has a Grievance Policy and Bullying and Harassment Policy which is readily available for all staff to access offering contact details such as email addresses, contact names and telephone numbers.

During the pandemic, the FTSUG was pivotal in supporting staff when they or their family were symptomatic of covid 19. The FTSUG was the first point of contact and in organising swabbing, they also offered support and questioned whether they had any concerns they wished to raise. This was important to ensure that staff had a voice, at a time where people were feeling vulnerable nationally due to the pandemic.

### Part 3 Trust Overview of Quality 2020/21

This section of the Quality Account presents an overview of performance in areas not selected as priorities for 2020/21.

Presented are quantitative metrics, specific to aspects of safety, effectiveness and patient experience which are measured routinely to assure the Trust Board regarding the quality of care provided, having also been shared at a number of assurance committees within the hospital.

#### Patient Safety Indicators

Trust Acquired	2017/18	2018/19	2019/20	2020/21
C Difficile	7	7	5	3
MRSA Bacteraemia	1	0	0	0
Ecoli	11	9	13	7
Minor and Moderate Falls	35	31	37	19
Never Events	2	2	1	0

#### Clinical Effectiveness Indicators –

Mortality – Procedure	2017/18	2018/19	2019/20	2020/21
Tumour	8	8	11	7
Vascular	37	27	23	38
Cranial Trauma	21	14	32	21
Spinal	4	11	6	3
Other	14	17	20	41

#### Patient Experience Indicators

Patient Experience Questions	2017/18	2018/19	2019/20	2020/21
Were you involved as much as you wanted to be in decisions about your care and treatment?	91%	91%	95%	89%
Overall did you feel you were treated with respect and dignity while you were in the hospital?	98%	99%	99%	99%
Were you given enough privacy when discussing your condition or treatment?	93%	96%	94%	84%
Did you find someone on the hospital staff to talk to about your worries and fears?	84%	85%	82%	93%

## 3.1 Complaints

### 3.1.1 Patient Experience, Complaints Handling and Patient & Family Centred Care

We recognise that attending hospital can be a difficult and frightening experience for all and particularly during a pandemic. The Patient & Family Experience Team provides a confidential support and advice service to patients and their families, as well as helping to resolve enquiries and concerns quickly on their behalf. This can be prior to, during or after their visit to the Trust and they can be contacted in various ways including telephone, email or in person whilst in the Trust.

Where concerns cannot be easily resolved or are of a more serious or sensitive nature, the team are responsible for supporting the patients and their families in managing and resolving the complaint. As staff, we pride ourselves on working together with patients and their families and carers to resolve complaints in a timely way, explaining our actions and learning, evidencing how services will be improved as a result of a complaint. We recognise that families are diverse and a family member is not always a blood relative of a patient and we respect this at all times.

Throughout the past year, the Patient Experience Team has:

- continued to listen to and support patients thereby effectively resolving enquiries and concerns before they escalate to formal complaints
- provided support to families unable to visit their loved-ones during Covid-19 and for the families of the bereaved
- continued to support and engage with volunteers
- reviewed and enhanced the complaints management process including implementing a local resolution pro-forma and responded to all concerns and complaints within a timely manner
- proactively engaged with families/clinical staff by being involved at the earliest opportunity at best interest and multi-disciplinary meeting prior to discharge
- Purchased large screens to enable life size communication between patients and loved ones
- Introduced Letters to Loved Ones which enabled families to stay in touch with their loved ones during the pandemic whilst visiting was suspended. A dedicated email inbox was made available and upon receipt would be delivered to the patient.

### 3.1.2 Complaints Management and Lessons Learnt

The Patient Experience team work proactively in partnership with the Neurosurgical and Neurology Division in order to manage complaints to meet the needs of each individual patient or family member, this may involve meeting with patients in their preferred place, including their homes in order to reach the best outcome for them.

Every enquiry, informal concern and formal complaint is given careful consideration and review. Each concern and complaint is investigated and complainants receive their response in their preferred format. This can be in a telephone call or response from the Patient Experience team via email or letter or for a formal complaint, a detailed response from the Chief Executive or at a meeting with the senior staff from the respective division.

Over the last 12 months the complaints process has been robustly reviewed and embedded to ensure that complaints are addressed in a timely manner and that meaningful apologies are provided. All concerns and complaints are discussed by the Patient Experience Team and the divisional management teams at a weekly joint divisional meeting. This process ensures that all complaints are being carefully considered and investigated in a timely manner. Every effort is made to ensure that responses are comprehensive and that lessons are learnt. Outstanding actions from complaints are discussed weekly and shared at relevant divisional governance meetings until the Divisional Directors are assured that actions are fully implemented and closed.

Outcomes from complaints are reported monthly to the respective risk and governance committees and meetings within the Trust. Trends and actions taken are discussed in detail in the Governance, Risk and Patient Experience Quarterly report, the monthly divisional governance and risk group meetings and Quality Committee. Any trends in subject, operator or area are escalated in real time to the Executive team. Complaints are reported and discussed with the Executive Team bi-monthly to offer assurance that the management process is robust and actions managed in a timely way.

Complainants are kept informed and updated during the process by regular contact from members of the Patient & Family Experience Team. We use feedback from those who have used the complaints process to help us improve and shape the service we provide.

Examples of lessons learnt from complaints during 2020/21 include reviewed process to ensure that patients with enhanced needs are provided with information in their preferred format and improvements to the patient referral system/telephone system resulting in improved patient experience. In addition to this, complaints form part of the consultant

appraisal process and other individuals involved in complaints are required to personally reflect on the impact complaints have had on patients and families.

### 3.1.3 Complaints Activity

We use feedback from patients and families who have used the complaints process to help us improve the service we provide. We have developed a person centred approach so that complainants are kept informed during the investigation, with regular contact from members of the Patient Experience Team.

- there has been a dramatic reduction (48%) in formal complaints received and responded to during 2020/21 (67) compared to 2019/20 (129)
- there has been a significant increase in concerns and enquiries more than doubled but were effectively dealt with and responded to by PET before escalating in 2020/21 in comparison to 2019/20
- the response time for formal complaints has considerably reduced from an average of 57 working days in 2019/20 to an average of 23 working days in 2020/21, which is less than the required response time of 25 working days demonstrating a robust management process
- we aim to continue to reduce the numbers of formal complaints in 2021/22 by continuing to embed actions and lessons learnt and proactively resolving enquires and concerns at the very earliest opportunity – in addition we aim to maintain the improved response time

#### Complaints received 01 April 2020 – 31 March 2021

	Quarter 1 April–June 20	Quarter 2 July–Sept 20	Quarter 3 Oct– Dec 20	Quarter 4 Jan–Mar 21
Number of complaints received	14	25	16	12

The Trust received 67 complaints during 2020/21 which was a 48% decrease compared to 129 complaints received during 2019/20.

A key element of the person centred approach is focusing on the individual outcomes patients and families are seeking when they raise concerns. The Patient Experience Team acknowledge all complaints and agree the best way of addressing their concerns. The Trust work in partnership to investigate any joint complaints with all other NHS organisations whereby care received within The Walton Centre is highlighted as a concern as part of any complaint they receive.

### **3.1.4 Duty of Candour**

The Trust fully acknowledges its duty of candour which supports one of its core values of openness. Incidents which fall under the requirements of the regulation are identified through the weekly scrutiny of the Datix Risk Management system.

All patients (or relatives in the event of a patient lacking capacity) who are involved in an incident falling under the requirements of duty of candour will be offered an apology as soon as possible. The patient/relative will receive a follow up letter (if not declined) with a written apology signed on behalf of the Chief Executive by the Director of Nursing and Governance. The patient/relative will be offered a copy of the investigation or a face to face meeting if required.

### **3.2 Local Engagement – Quality Account**

The Quality Account has evolved by actively engaging with stakeholders and using external feedback and opinion combined with thoughts and visions from staff within The Walton Centre. Trust Executives have also participated in discussions with the local health economy and sought views on the services provided by the Walton Centre. The Trust has developed strong stakeholder relationships with local Healthwatch organisations, who have conducted numerous engagement events with patients and visitors at our Trust. The hospital has further developed relationships with charities including, The Brain Charity and Headway. The Trust has actively engaged with Governors through a forward planning event on all aspects of quality including choice of indicators for 2021/22 via MS Teams.

### **3.3 Quality Governance**

A Quality Governance framework was designed as a tool to encourage and support current good practice for quality governance in healthcare organisations. The Trust developed a Quality Strategy to define the combination of structures and processes at and below Board level to lead on Trust-wide quality performance to ensure that required standards are achieved. This now forms part of the Quality Strategy which sets out key priorities and the principles that the Trust will continue to develop and apply to current and future planned services and patient and family experience.

The Quality Strategy is underpinned by the Trust Strategy work internally to further improve patient safety and quality, and learning from national work such as the Francis Report and Berwick Review.

The Quality Strategy is built on the ambitions of the Trust strategy:

- Deliver
- Invest
- Adopt
- Provide
- Lead
- Recognise

The Quality Strategy is monitored via Quality Committee, Patient and Family Experience Group and the Senior Nursing team. A risk has also been put on the Board Assurance Framework in regards to achieving the Quality Strategy ambitions to ensure this is monitored at Board level and an oversight of any risk is addressed.

### **3.4 Consultants Lead Research into Neurological Effects of Covid-19**

Lead researcher, a consultant neurologist with the Trust, worked with the CoroNerve Studies Group, a collaboration between several universities to study 153 patients treated in UK hospitals during the acute phase of the COVID-19 pandemic.

### **3.5 Rated Sixth in the Country for Overall Experience – National Inpatient Survey**

The Walton Centre scored top marks in the Care Quality Commission (CQC) National Inpatient Survey, ranking 6th in the country against other Trusts when asked about overall experience, published July 2020.

### **3.6 Project Wingman Opens a 'First Class Lounge'**

Project Wingman was a group of airline crew from across every UK airline, united by their profession and dedication to serve NHS staff during the COVID-19 pandemic. The project provided a space for staff to unwind, relax and be pampered before, during and after a shift.

### **3.7 Procurement Team Shortlisted for Excellence in Supply Awards**

The Trust was nominated in recognition of the procurement teams work during the early stages of the COVID-19 outbreak and their exceptional support throughout.

### **3.8 Walton Centre Neurologist to Co-lead National Study**

Clinical Researchers from The Walton Centre have been awarded a grant to investigate the neurological impact and neuropsychiatric effects of COVID-19.

### **3.9 Network Lead Nurse Recognised in New Year's Honours List**

Director and Lead Nurse for the Cheshire & Mersey (and the Isle of Man) Major Trauma & Adult Critical Care Networks (CMCCN) was awarded an MBE in the New Year's Honours List

### **3.10 Spinal Improvement Partnership Set to Enhance Patient Safety**

The Trust became the first centre of excellence for spinal services to give surgeons and medical device manufacturers detailed insight into the long term effectiveness of spinal surgeries and implants through a new partnership with Northgate Public Services (NPS).

### **3.11 NHSX Digital Aspirant Funding**

NHSX (a new joint organisation for digital, data and technology) announced The Walton Centre will be included in the second wave of the Digital Aspirant Programme – a project which helps trusts across the country digitise and progress towards paper-free patient record keeping.

### **3.12 Walton Strategic Committee Created**

The Trust launched its first Black, Asian and Minority Ethnic (BAME) Strategic Committee to tackle racism head on

### **3.13 Creation of an Operational Management Board**

This was created to enable better ways of working and communications across the hospital regarding operational services and developments.

### **3.14 Supported Liverpool University Hospital Foundation Trust (LUHFT) in delivering care to patients following a stroke at The Walton Centre**

Stroke services transitioned to The Walton Centre to enable LUHFT to expand their wards with patients with covid, due to pressures in their Accident and Emergency department. The service was supported by both Walton and LUHFT staff as the patients had neurological conditions.

### **3.15 Supported Liverpool University Hospital Foundation Trust (LUHFT) in enabling them to operate in the theatres at The Walton Centre**

LUHFT required patients with head and neck cancers to be treated within the theatres in the Walton Centre due to increased usage and pressures within their own operating departments.

### 3.16 Overview of Performance in 2020/21 against National Priorities from the Department of Health's Operating Framework

The following table outlines the Trust's performance in relation to the performance indicators as set out in the Department of Health's Operating Framework.

Performance Indicator	2019/20 Performance	2020/21 Target	2020/21 Performance
Incidence of MRSA	0	0	0
Screening all in-patients for MRSA	98.88%	95%	95.92%
Incidence of Clostridium difficile	5	5	3
All Cancers : Maximum wait time of 31 days for second or subsequent treatment: surgery	98.6%	94%	100%
All Cancers : 62 days wait for 1 <sup>st</sup> treatment from urgent GP referral to treatment	100%	85%	100%
All Cancers : Maximum waiting time of 31 days from diagnosis to first treatment	100%	96%	100%
All Cancers : 2 week wait from referral date to date first seen	98.9%	93%	98.9%
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	N/A	N/A	N/A
Maximum 6 week wait for diagnostic procedures	0.17%	1%	19.8%
Certification against compliance with requirements regarding access to health care for people with a learning disability	Fully Compliant		

Note: The Trust is currently taking part in the NHSI Pilot to measure average wait and is not required to measure against 18 weeks from referral to treatment.

### 3.17 Overview of Performance in 2020/21 against NHS Outcomes Framework

The Department of Health and NHSI identified changes to Quality Account reporting requirements for 2012/13 and subsequent rounds of Quality Accounts, following consideration by the National Quality Board of introducing mandatory reporting against a small, core set of quality indicators.

The indicators are based on recommendations by the National Quality Board, are set out overleaf. They align closely with the NHS Outcomes Framework and are all based on data that trusts already report on nationally.

If the indicators are applicable to us the intention is that we will be required to report:

- Our performance against these indicators
- The national average
- A supporting commentary, which may explain variation from the national average and any steps taken or planned to improve quality.

The data within this report is local data that has not been validated nationally.

During 2020/21 The Walton Centre provided and/or sub-contracted four relevant health services. These were neurology, neurosurgery, pain management and rehabilitation.

### 3.18 Indicators

The indicators are listed below and a response is provided if they are deemed applicable to the Trust. If the indicators are deemed not applicable a rationale for this status is provided.

#### 1. Summary Hospital-Level Mortality Indicator (SHMI):

**NOT APPLICABLE**

**Rationale:** This indicator is not deemed applicable to the Trust, the technical specification states that Specialist Trusts are excluded from this measurement and that this decision was made by the CQC in June 2011

#### 2. Percentage of Patients on Care Programme Approach:

**NOT APPLICABLE**

**Rationale:** The Trust does not provide mental health services

#### 3. Category A Ambulance response times:

**NOT APPLICABLE**

**Rationale:** The Trust is not an ambulance trust

#### 4. Care Bundles - including myocardial infarction and stroke:

**NOT APPLICABLE**

**Rationale:** The Trust is not an ambulance trust

#### 5. Percentage of Admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as gatekeeper during the reporting period:

**NOT APPLICABLE**

**Rationale:** The Trust does not provide mental health acute ward services

#### 6. Patient reported outcome scores for (i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery:

**NOT APPLICABLE**

**Rationale:** The Trust does not perform these procedures

**7. Emergency readmissions to hospital within 28 days of discharge:****APPLICABLE****Response:**

	<b>No. of readmissions</b>	<b>% of Inpatient Discharges Readmitted</b>
2019/20	244	4.82%
2020/21	142	4.34%
Change	-102	-0.48%

Calculation of readmission rates is based on the national standard as defined within the Compendium of clinical and Health Indicators. (<https://indicators.ic.nhs.uk/webview/>). The rates are for patients 16 years and over as The Walton Centre does not treat patients under the age of 16.

**Actions to be taken**

The Walton Centre considers that this data is as described for the following reasons:  
The Trust recognises that the main causes for readmissions are due to infection and post-operative complications.

The Walton Centre has taken the following actions to improve this rate, and so the quality of its services, by:

- Consultant review of all readmissions to ensure any lessons learnt are embedded into future practice.

**8. Responsiveness to inpatients' personal needs based on five questions in the CQC****National Inpatient Survey:****APPLICABLE****Response:**

- This year our designated company Picker carried out the CQC National Patients Survey, this was undertaken later in the year than usual due to the pandemic and as we had a wider sample period we were able to provide the required sample number. As the timeframe for submitting the sample was later in the year, we will not be provided with the result of this until later in 2021.

National Inpatient Survey Question	2017 Result	2018 National Comparison	2019 Result	2020 Result
1. Were you involved as much as you wanted to be in decisions about your care?	7.8	About the same	About the same	tbc
2. Did you find a member of hospital staff to talk to about your worries or fears?	6.0	About the same	About the same	tbc
3. Were you given enough privacy when discussing your condition or treatment?	8.6	About the same	Slightly worse	tbc
4. Did a member of staff tell you about the medication side effects to watch for? (following discharge)	5.1	About the same	Better	tbc
5. Did hospital staff tell you who to contact if you were worried about your condition? (following discharge)	8.7	Better	Better	tbc

To note: National Inpatient scores are out of a maximum score of ten

In addition, to the National Patient Survey, The Trust undertakes regular patient and family engagement through several methods including ward rounds to speak directly to patients and families in order to put any concerns right in real time. This was put on hold due to the pandemic but will be combined with the Matrons Rounds over the forthcoming twelve months to ensure that positive feedback is shared with staff and any negative feedback is actioned in a timely manner.

Friends and Family Test (FFT) was put on hold nationally due to the pandemic and Trusts were required to report results for Q4 2021 only. A total of 871 responses were received for Q4 with 93% of responses rating the service as very good, and 4.5% as good. To support this going forward the new digital platform for FFT has been implemented in addition to the postcards. This digital platform has been uploaded on to ipads and the Trust volunteers will support with this once they have been reintroduced into the Trust when this is safe to do so.

The digital platform is also shared with patients who have attended a virtual appointment via Attend Anywhere and they are able to provide real-time feedback following this appointment. This was successfully received by outpatients in Q4 with over 500 responses received; 88% of these respondents rated the service as very good or good. The digital platforms are also available in easy read.

### Patient Experience Initiatives

In addition to the introduction of the digital platform for FFT to enhance patient experience, the team were successful in securing financial support from NHE/Improvement to help address Covid-19 related pressures. The criteria was met to support patient experience with the introduction of new technology with the aim to improve patient and family experience. The Trust commissioned three activity screens for use across the wards. These touch

screen devices (32"/43") are cordless giant tablets. These tablets are highly adaptable to meet accessibility needs of all patients and can be used for life-size virtual visiting; the height and screen can be adjusted by an electric motor.

The devices are multi-purpose and are being used for interactive activities and games which can be supported by volunteers/staff to interact with patients. For games the tablets can be adjusted to table top-style to undertake two person activities for example, chess, word games, jigsaw puzzles, bingo with a volunteer opponent. Sensory games are also available to support neurorehabilitation and interaction. They can also be used for YouTube to reminisce and have the House of Memories App installed to support with cognitive impairment and patients with dementia. The plan is also to install FFT feedback onto this platform.

**9. Percentage of staff who would recommend the provider to friends or family needing care:**

**APPLICABLE**

**Response:**

The Trust had a response rate of 39% for the 2020 national staff survey; the national average for acute specialist trusts in England for 2020 was 56%.

Within the survey, the percentage of staff who would recommend the Trust as a place to work scored 78.9% against an average of 75% and the percentage of staff who would recommend the Trust as a place to receive treatment" scored 92% against an average of 91.7%.

The findings for 2020 are arranged under eleven themes across 49 questions,

- Equality, diversity and inclusion
- Health & wellbeing
- Immediate managers
- Morale
- Quality of appraisals
- Quality of care
- Safe environment- bullying and harassment
- Safe environment- violence
- Safety culture
- Staff engagement
- Team working

There has been no statistically significant change in ten themes, with the following five themes: Health & Wellbeing, Quality of Care, Safe Environment (Bullying and Harassment),

Safe Environment (Violence) and Safety Culture indicating that the 2020 score is slightly higher than the 2019 score. Three themes have remained the same: Equality, Diversity & Inclusion, Morale and Staff Engagement and two have decreased slightly: Immediate Managers and Team Working.

In the following 9 themes the Trust scored either better (in 8 themes) or the same (in 1 theme) as the average which is based on 14 Organisations in the group across the country:

- Equality, diversity and inclusion - better than benchmarking average
- Health & wellbeing - better than benchmarking average
- Immediate managers – same as benchmarking average
- Morale - better than benchmarking average
- Quality of care – better than benchmarking average
- Safe environment - bullying and harassment - better than benchmarking average
- Staff engagement – better than benchmarking average.
- Safety culture- better than benchmarking average
- Team working- better than benchmarking average

In the following 4 themes the Trust had the best score in its benchmarking group:

- Health & Wellbeing
- Quality of Care
- Staff Engagement
- Team Working

In the following theme the Trust's score was worse than the benchmarking average.

- Safe Environment (violence)

Some Key Highlights are as follows:

- Opportunities for flexible working patterns- increase from 60.4% in 2019 to 66.4% in 2020
- In the last 3 months have you come to work despite not feeling well enough- decrease from 55.7% in 2019 to 39.6% in 2020.
- I am able to deliver the care I aspire to – 75.5% in 2019 to 82% in 2020, best in benchmarking group
- Care of patients is my Organisations top priority- 87.4% in 2019 to 91.8% in 2020, best in benchmarking group

### **Covid 19 Pandemic**

The 2020 staff survey asked a series of questions about staff experience during the Covid 19 pandemic.

### Key Highlights:

- Health & Wellbeing for all staff had the highest score in the benchmarking group
- Morale had the best score in the benchmarking group for those staff working on a specific covid ward/area
- Staff engagement and team working for all staff had the highest score in the benchmarking group

In addition to the annual staff survey, a staff Friends and Family Test has also taken place on a quarterly basis this year. The purpose of these is to assess how likely employees are to recommend the Walton Centre as a place to work and also as a place to receive treatment. The results have been extremely positive.

In Quarter 1, (June 2020) the Friends and Family Test was issued to approximately 400 staff using an online survey and 170 surveys were returned. The results showed that 98% of staff were 'extremely likely' or 'likely' to recommend the Walton Centre to friends and family if they needed care or treatment and 85% of staff said they were 'extremely likely' or 'likely' to recommend the Walton Centre to friends and family as a place to work.

In Quarter 2, (September 2020) the Friends and Family Test was issued to a further circa 400 staff with 161 being returned. The results showed that 97% of staff were 'extremely likely' or 'likely' to recommend the Walton Centre to friends and family if they needed care or treatment and 79% of staff said they were 'extremely likely' or 'likely' to recommend the Walton Centre to friends and family as a place to work.

Quarter 4 (March 2021) results had 180 complete the survey, 95% of staff were 'extremely likely' or 'likely' to recommend the Walton Centre to friends and family if they needed care or treatment and 80% of staff said they were 'extremely likely' or 'likely' to recommend the Walton Centre to friends and family as a place to work.

Key staff survey questions:

#### **Organisation and management interest in and action on health and wellbeing:**

The Trust score for 2020 was 47%, with the national average being 37%; the Trust had the best score for an acute specialist trust for the 6<sup>th</sup> year.

#### **Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse from patients:**

The Trust score was 22% with the average score for acute specialist trusts being 17.1%.

The Trust has encouraged staff over the past year through various staff engagement events to raise concerns, we work closely with staff side to address any issues raised and have highlighted the role of the “Freedom to Speak Up Guardian” across the Trust.

**Percentage of staff experiencing harassment, bullying or abuse from colleagues in the last 12 months:** (the lower the score the better)

The Trust score was 15.1% the average score for acute specialist trusts being 18.7%. This was a decrease from the 2019 score of 15.6%.

**Percentage believing that Trust provides equal opportunities for career progression or promotion) for the Workforce Race Equality Standard:** (the higher the score the better)

The Trust score was 77% the same as 2019.

The Trust intends to continue to work with staff side and staff through various engagement sessions to increase the response rates and percentage scores for the 2021 survey. A Trust action plan and Divisional action plans will be formulated and approved by Board

### **Volunteers**

Whilst volunteers have not been on site for the majority of 2020/21, we felt it important to continually engage and support them. This has been undertaken by the Volunteer Managers by:

- Regular welfare calls and virtual meetings
- Virtual Coffee Mornings and quizzes
- Newsletters
- Well-being gifts in Summer and Christmas personally delivered in line with covid-19 guidance
- Socially distanced safe park walks
- Engagement and staff/volunteer support with local foodbanks
- Introduction of Volunteer Befriending Service – volunteers specifically trained to undertake telephone befriending service for socially isolated patients being discharged from hospital. Although there has not been much update for this service this demonstrates the proactive approach taken and volunteer engagement
- Picnic in the park planned for volunteer week
- Developing a Volunteer recovery roadmap

In summary, although it has been a very difficult and challenging year for the Trust and NHS, despite working very differently we have overall successfully achieved positive patient and family experience outcomes and we aim to build on this further in 2021/22.

**10. Patient Experience of Community Mental Health Services:  
NOT APPLICABLE**

**Rationale:** The Trust does not provide community mental health services

**11. Percentage of admitted patients risk-assessed for Venous Thromboembolism:  
APPLICABLE**

**Response:** \* To be updated once National data published

YEAR		Q1	Q2	Q3	Q4
2017/18	Walton Centre	99.09%	99.69%	98.34%	97.17%
	National Average	95.20%	95.25%	95.36%	95.21%
2018/19	Walton Centre	98.52%	99.00%	98.86%	96.78%
	National Average	95.63%	95.49%	95.65%	95.74%
2019/20	Walton Centre	98.79%	98.97%	98.85%	98.58%
	National Average	95.63%	95.47%	95.33%	Suspended due to COVID
2020/21	Walton Centre	95.35%	98.17%	98.08%	97.94%
	National Average	Suspended due to COVID			

The Walton Centre considers that this data is as described for the following reasons:

The risk assessments are carried out by nursing staff within 6 hours of admission, mechanical VTE prevention interventions (use of anti-thrombotic stockings) are carried out by nursing staff with a medical review regarding pharmacological interventions (medications).

The Walton Centre has taken the following actions to improve this rate, and so the quality of its services, by:

- All VTEs are subject to a full Root Cause analysis, where any lapses in care, processes or practice are identified. In keeping with the Duty of Candour, the patients are given details of how the reports can be shared with them.

**12. Rate of C. difficile per 100,000 bed days amongst patients aged two years and over:  
APPLICABLE**

**Response:**

Quality Accounts use the rate of cases of *C. difficile* infections rather than the incidence, because it provides a more helpful measure for the purpose of making comparisons between organisations and tracking improvements over time.

**WCFT Clostridium difficile infections per 100,000 bed days:**

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
The Walton Centre	20.4	15.6	21.0	21.6	15.7	14.5	13.3	13.7	9.5	7.81

The Walton Centre considers that this data is as described for the following reasons:

In 2020/21 The Walton Centre had a total of 3 Clostridium difficile infections against the trajectory set by NHSE/I of 5. To achieve such a reduction is a fantastic outcome which is a consequence of the outstanding work undertaken by all of the staff Trust wide.

The Walton Centre has taken the following actions to improve this rate, and so the quality of its services, by:

- Setting clear objectives, implementation and monitoring of the Healthcare Associated Infection (HCAI) reduction plan
- Robust programme of infection prevention control audit
- Monitoring and reporting infection prevention outcomes to the Quality Committee
- Use of technology e.g. Hydrogen Peroxide Vapour (HPV) to enhance our cleaning programmes and investing in an additional UV machine.
- An Anti-microbial Pharmacist to support excellence in antibiotic prescribing and support education and training of clinical staff

The Trust will continually strive to review and improve the quality of its service and aims to reduce healthcare associated infection, including Clostridium difficile to ensure that all of our service users within the Trust, are not harmed by a preventable infection.

**13. Rate of patient safety incidents per 100 admissions****Response:**

In 2020/21 1384 incidents occurred against 10306 admissions (excluding OPD as per NLRs figures) this equals 13.43 per 100 admissions.

The Walton Centre considers that this data is as described for the following reasons:

- Increased patient acuity

- Increase in capacity and activity
- Improved incident reporting across the Organisation as a result of raised awareness

Walton Centre will take the following actions to improve this score, and so the quality of its services, by:

- Continuing to investigate all incidents ensuring any identified lessons learned are shared across all relevant staff groups. Where there are found to be gaps in care delivery, processes and policies will be updated and put in place to support the delivery of safe and quality care to ensure these incidents do not re-occur.
- Increase in Datix Incident reporting refresher training across the Organisation.

The Trust will continue to:

- Discuss all investigations at the relevant meetings to ensure the sharing of learning Trust wide
- Conduct rapid reviews when required
- Share lessons learnt via the Governance safety bulletin
- Improve the reporting of incidents through discussions at the Trust safety huddle and Trust wide incident training sessions
- Continue to develop the ERCA to support the Trusts reporting requirements

**NHS Liverpool Clinical Commissioning Group  
Quality Account Statement 2020-21  
Walton Centre NHS Foundation Trust**

Liverpool, South Sefton, Knowsley, St Helens CCGs, and NHSE/I Specialist Commissioners wish to thank the Walton Centre NHS Foundation Trust for the opportunity to jointly comment on their Quality Account for 2020/21. Commissioners are committed to working in partnership with the Walton Centre NHS Foundation Trust to provide safe, high quality care and services. Commissioners note that the account submitted is draft and that some sections will be subject to change. Commissioners look forward to receiving the Trusts final version of the Quality Account.

Commissioners have continued to work closely with the Walton Centre NHS Foundation Trust throughout 2020/21, in a challenging year where unprecedented demand has been placed upon services due to the Covid-19 pandemic. The Walton Centre NHS Foundation Trust have continued to deliver safe, effective, and quality driven services throughout the pandemic and supported health partners to continue to deliver care. This is important to note when reviewing the Quality Account for 2020/21 and commissioners would like to take this opportunity to thank the Trust and its staff for the work it has undertaken throughout the pandemic.

The account demonstrates a quality driven approach and continued partnership working with NHS commissioners, setting out achievements and key priorities. The account reflects good progress on the delivery of most indicators and provides detailed insight reflecting on achievements from last year. Commissioners share the fundamental aims of the Trust and support their strategy to deliver high quality, harm free care, which the account offers insight into.

This account shows a consistent drive for quality improvement and recognising that overall, despite pandemic impact good progress was made on the majority of set indicators, with the Trust acknowledging indicators requiring further improvement. The continued drive to achieve indicators fully supports the Walton Centre NHS Foundation Trusts commitment to improving the quality of the services it provides, with the organisation setting out key priorities for 2021/22 in the below areas:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

The account presents a comprehensive picture of the Walton Centre NHS Foundation Trust, acknowledging partnership working and quality improvement plans across the Trust. The report provides key examples of developments and areas of improvement to support proactive safe preventative practice, which offers commissioning assurance. There is further insight detailed in the account with reference to quality improvement requirements and continuous review of required actions to ensure that goals are achieved.

The Trust places significant emphasis on safety, patient/staff engagement and demonstrating commitment to continuous evidence-based quality improvement, research, and audit. This is reflected in the work that the Trust has undertaken towards supporting staff wellbeing and workforce development. An example of this is Project Wingman and the opening of 'A First-Class Lounge' for staff which is both an innovative and excellent provision to support staff wellbeing. The Trust should additionally be commended for the mutual aid support that was offered across the system throughout the pandemic to help free up capacity, which commissioners have received excellent feedback on and would recommend further specific referencing from a Quality Account perspective.

The work that the Trust has undertaken to improve outcomes on the following work streams throughout 2020/21 are of particular note:

- Staff Wellbeing: Project Wingman – 'First- Class Lounge' as previously referenced as an excellent initiative for supporting staff wellbeing.
- Encouraging that a number of the quality aims were based on developing the workforce and staff experience which furthermore supports staff wellbeing.
- High achievement of staff satisfaction with the Trust being rated 6th in England in the national NHS Staff Survey.
- Recognition of the support requirement in the reduction of hospital acquired pressure ulcers.
- Positive introduction of Patient Initiated Follow Up appointments which offers patients more flexibility, in addition to wider work to improve both efficiency and patient experience.
- The Trusts progress in implementing clinical standards for seven-day hospital services and the requirement for ongoing review.

Commissioners acknowledge the significant work undertaken by the Trust in relation to improving quality and safety standards and the continued focus to strive for excellence. In supporting staff development, keeping patient needs central, improving learning from deaths and acknowledging support requirements in the reduction of hospital acquired pressure ulcers.

Commissioners are aspiring through strategic objectives and five year plans to develop an NHS that delivers great outcomes, now and for future generations. This means reflecting the government's objectives for the NHS set out in their mandate to us, adding our own stretching ambitions for improving health and delivering better services to go even further to tailor care to the local health economy. Providing high quality care and achieving excellent outcomes for our patients is the central focus of our work and is paramount to our success.

It is felt that the priorities for improvement identified for the coming year are challenging and reflective of the current issues across the health economy. We therefore commend the Trust in taking account of new opportunities to further improve the delivery of excellent, compassionate and safe care for every patient, every time.



**Jane Lunt**  
**Chief Nurse**  
**NHS Liverpool CCG**  
25.06.2021

*Signed on behalf of the chief Nurses for Liverpool, South Sefton, Southport & Formby and Knowsley CCGs*

## The Walton Centre NHS Foundation Trust

Healthwatch Sefton would like to thank the Trust for presenting the Quality Accounts in a report that is written in a clear and understandable format.

The Trust engaged with Healthwatch Sefton and other local Healthwatch to provide the opportunity for Healthwatch to be involved in selecting potential Quality objectives for the Trust.

The Trust has continued to work in partnership with Healthwatch Sefton and hold regular Patient Experience Group meetings that we are invited to attend.

The Trust reported that 2020/21 has been a very difficult year with specific reference to Covid-19 and that although not all the priorities they set themselves had been achieved they had supported staff, volunteers and patients and have identified opportunities to improve their service going forward.

Healthwatch Sefton would like to see the Road to Recovery programme for stroke patients which were put on hold during the pandemic to restart as soon as possible.

Despite Covid-19 the Trust were rated 6th in the country for overall patient experience which is impressive.

An achievement noted during 2020/21 was that the Trust participated in 100% of National clinical audits and 100% National confidential enquiries that it was eligible to participate in.

The Trust also reported that they have collaborated with other medical and academic networks to identify funding and are now able to offer Phase 1 clinical trials to patients with Parkinson's disease and Huntingdon's disease. We look forward to hearing how the trials progress over the coming year.

We are pleased to hear a BAME strategic committee has been set up in recognition of the fact that BAME communities are disproportionately effected by Covid 19 and the fact long recognised that fewer people from those communities are referred to the Walton centre than would be expected given the demographics of North West England.

It is reported that the patient experience team have continued to support patients and have reviewed the complaints process to ensure that complaints are carefully considered and investigated in a timely manner and that complaints have reduced over the year by (48%) and the response time reduced. An update on the Trusts complaints and concerns is provided by the team at each Patient Experience Group meeting.

Healthwatch Sefton will continue to work in partnership with the Trust by attending the Trust Patient Experience Group meetings and feeding in any emerging issues.

## **The Walton Centre Foundation Trust 2020-21 Quality Account commentary**

Healthwatch Liverpool welcomes the opportunity to comment on this 2020-21 Quality Account for the Walton Centre.

We base our commentary on this report, feedback and enquiries that we receive throughout the year. Due to the Covid-19 pandemic we could not carry out our usual annual listening event at the Trust.

Firstly, we would like to congratulate the Trust in gaining 6<sup>th</sup> place for overall experience in the National Inpatient Survey published in July 2020, which is a great result. The survey was carried out in 2019, before the Covid-19 pandemic which brought lots of changes and challenges to the Trust. Not all quality priorities could be achieved this year, however the 2020-21 Quality Account highlights many successes, including the successful introduction of a new phone system in the Patient Access Centre which is certain to improve patient experience.

We are also aware that the Walton Centre took on additional responsibilities during the pandemic, for example taking in head- and neck cancer and stroke patients from Aintree hospital to free up space there, thus supporting other Trusts and wider local NHS systems.

We are pleased to see that Equality, Diversity and Inclusion initiatives have continued at the Trust, and that one of the priorities for the coming year focuses on improving the wellbeing and equality experienced by Black, Asian and Minority Ethnic staff and patients, especially after a year in which inequalities were starkly exacerbated. We will be interested to learn more about initiatives and outcomes from this.

We also welcome the other priorities the Trust has chosen for the coming year, in particular the Patient Initiated Follow Up (PIFU) which gives patients with long-term conditions or after surgery more control about future appointments. The increase of outpatient appointment slot utilisation is also a positive focus at a time where anything that can help to improve appointment backlogs and waiting times is to be encouraged.

Providing Mental Health First Aid training is another very welcome development, particularly after the additional and at times extreme pressures of the Covid-19 pandemic that many NHS staff and patients have experienced.

We were pleased to see the substantial reductions this year in Trust-acquired infections, minor and moderate falls and Never Events. Patient experience indicators show a positive picture overall, particularly the percentage rise in patients being able to find staff to talk to about worries and fears. However, we noted that the percentage given for privacy whilst discussing condition or treatment this year declined, and wondered if that has been further investigated to find out if this reflects particular wards or areas of the hospital?

During a large part of the pandemic inpatients could not receive visitors, which for patients who had to spend long periods of time in the hospital and their relatives and friends must have been particularly difficult. We were pleased to learn about some of the initiatives the Trust took to help ensure that patients, relatives and friends could stay connected, for example the large screens that were bought so that patients could have 'life-sized' video calls, and the 'Letters to Loved Ones' initiative.

That the Trust halved its response time to complaints is a positive step forward, and we hope that this will be sustained in the coming year.

Due to the pandemic we currently can't visit Trust sites and meet patients and visitors face to face to capture their feedback. We are working in different and new ways, for example by facilitating online focus groups. We look forward to working with the Walton Centre in 2021-22, helping to ensure that patients' voices continue to be central in celebrating good practice, and in feeding back if and where improvements could be made.

## Glossary of Terms

ANTT	Aseptic Non Touch Technique
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DOLS	Deprivation of Liberty Safeguards
EP2	Electronic Patient Record System
FFFAP	Falls and Fragility Fractures Audit Programme
FOCUS	Free of Criticism for Universal Safety
FTSUG	Freedom to Speak Up Guardian
GIRFT	Getting It Right First Time
HTA	Human Tissue Authority
ICNARC	Intensive Care National Audit & Research Centre
KPI	Key Performance Indicator
LASTLAP	Looking After Staff to Look After People
MDT	Multidisciplinary Team
MIAA	Mersey Internal Audit Agency
MRSA	Methicillin-Resistant Staphylococcus Aureus Bacteraemia
NCABT	National Comparative Audit of Blood Transfusion
NELA	National Emergency Laparotomy Audit
NICE	National Institute for Clinical Excellence
NIHR	National Institute of Health Research
NNAP	National Neurosurgery Audit Programme
NQB	National Quality Board
PACS	Picture Archiving Communication System
RCA	Root Cause Analysis
SJR	Structured Judgement Review
SIRO	Senior Information Risk Owner
SMART	Surgical and Medical Acute Response Team
SSNAP	Sentinel Stroke National Audit Programme
SUS	Secondary Uses Service
TARN	Trauma Audit & Research Network
VTE	Venous Thromboembolism
WCFT	Walton Centre Foundation Trust

## Board of Directors' Key Issues Report

<b>Report Date:</b> 2/9/21		<b>Report of:</b> Audit Committee
<b>Date of last meeting:</b> 20/7/21		<b>Membership Numbers:</b> Quorate
1.	<b>Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Internal Audit Progress Report</li> <li>• Internal Audit Recommendation Report</li> <li>• Limited Assurance Report</li> <li>• Counter Fraud Progress Report</li> <li>• External Audit Progress Report</li> <li>• Losses and Compensation Report</li> <li>• Tender Waivers</li> <li>• Reappointment of Auditors</li> <li>• Board Assurance Framework</li> <li>• Managing Conflict of Interests Policy</li> <li>• Power Outage December 2020 – Controls Assurance</li> <li>• Private Discussion with Auditors</li> </ul>
2.	<b>Alert</b>	<ul style="list-style-type: none"> <li>• The Committee reviewed the External Audit Progress Report and was advised of a delay in issue of the Auditor's Annual Report. This was due to additional work as a result of changed requirements for the Value for Money (VFM) assessment. The Committee was advised that the VFM work was substantially complete with an expectation that the draft Auditor's Annual Report would be issued on or around 31 July 2021. It was agreed that an extraordinary Audit Committee meeting would be convened for consideration of the Auditor's Annual Report once the final version was available.</li> <li>• The Committee reviewed a report detailing outcomes from the Complex Discharge audit review as a separate agenda item and noted that the review had resulted in an assessment of Limited Assurance. The Committee noted that the discharge planning process within the Trust could be particularly complex and was advised of areas where improvements could be made which related to business continuity, pathways for complex discharge planning, roles and responsibilities and governance reporting. The Director of Nursing &amp; Governance provided assurance on the timescales for addressing recommendations and the Committee requested a report on progress with the recommendations at its next meeting on 19 October 2021.</li> </ul>

<b>Assurance</b>	<ul style="list-style-type: none"> <li>• The Committee considered the Internal Audit Progress Report and noted that four Audit Reports had been finalised since the last meeting on 20 April 2021. Outcomes from the audits were as follows: <ul style="list-style-type: none"> <li>○ Cyber Security – Substantial Assurance</li> <li>○ Data Protection and Security Toolkit – Substantial Assurance</li> <li>○ Complaints – High Assurance</li> <li>○ Complex Discharge – Limited Assurance (see below)</li> </ul> </li> </ul> <p>The Committee considered progress against the audit plan and agreed that some of the audit reviews planned for Quarter 4 should be brought forward to Quarter 3, if feasible, to mitigate the risk of a backlog at the end of the year. The Internal Audit Manager will review the audit schedule in conjunction with relevant Executive leads.</p> <ul style="list-style-type: none"> <li>• The Trust's Anti-Fraud Specialist presented a report which provided assurance on progress against the Anti-Fraud, Bribery &amp; Corruption Work Plan during Quarter 1 2021/22. The Committee noted submission of the Counter Fraud Functional Standard Return (CFFSR), the annual statement of compliance against the national counter fraud standards, on 1 June 2021 following approval of the proposed submission by the Director of Finance and Chair of Audit Committee. Of the 13 components in the submission, 9 were green-rated and 4 were amber-rated. The Committee noted the corrective actions required to achieve a green rating for the amber-rated standards which will be progressed by the Anti-Fraud Specialist.</li> <li>• The Committee was assured that there is a robust process in place for regular scrutiny and review of the Board Assurance Framework (BAF) by the Executive Team, lead Committees and the Board Directors with the most recent quarterly review being completed with a report to the Board of Directors on 1 July 2021. The 15 principal risks which currently form the BAF were detailed in the report and the Internal and External audit representatives present at the meeting did not identify any weaknesses in internal controls which necessitated amendments to the BAF content.</li> <li>• Mr T Fitzpatrick, Head of Risk, joined the meeting to present a report which detailed progress against actions arising from a root cause analysis on a Power Outage which occurred on 2 December 2020. The Committee noted that 7 of the 11 actions were green-rated and was assured on progress with the remaining 4 amber-rated actions. The Committee also noted that remaining actions would be monitored by the Health, Safety &amp; Security Group with progress reported via Chair's Reports to the Quality Committee and Business Performance Committee as appropriate.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>• The Committee reviewed the Internal Audit Recommendations Report and noted that 5 of the 19 outstanding audit recommendations related to two audit reviews originally carried out in 2017/18. In order to address these historic recommendations, the Committee requested that the relevant management leads attend the next Committee meeting on 19 October 2021 to provide assurance on progress or clearly identify any factors preventing progress.</li> </ul>

		<ul style="list-style-type: none"> <li>• A revised Managing Conflict of Interests Policy was presented and approved by the Committee. The Interim Corporate Secretary advised of the need to raise awareness of the requirement for staff generally to proactively declare interests and the Committee noted plans to include reminders in Walton Weekly on at least a quarterly basis. The Committee also noted that approval of the revised policy addressed relevant outstanding recommendations detailed in the Internal Audit Follow Up Report.</li> <li>• The Committee reviewed reports on the Losses and Compensation Register and Waivers of Standing Financial Instructions. No issues were identified through the Committee's consideration of these reports.</li> <li>• Following approval by the Council of Governors, the Committee confirmed the appointment of Grant Thornton LLP as the Trust's External Audit service provider with effect from 1 April 2021. The contract is for a two-year period with the option of up to two 12-month extensions.</li> <li>• On completion of the meeting, Committee members met privately with both External Audit and Internal Audit representatives. No issues were raised during the private discussion with audit representatives.</li> </ul>		
2.	Risks Identified	•		
3.	Report Compiled by	Su Rai, Non-Executive Director	Minutes available from:	Corporate Secretary

## Board of Directors' Key Issues Report

<b>Report Date:</b> 2/9/21		<b>Report of:</b> Business Performance Committee
<b>Date of last meeting:</b> 27/7/21		<b>Membership Numbers:</b> Quorate
1.	<b>Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Integrated Performance Report (IPR)</li> <li>• Capital Update / 5 Year Capital Plan</li> <li>• Transformation and QIP Quarterly Update</li> <li>• Digital Strategy and Digital Aspirant NHSX Programme Update</li> <li>• Freedom of Information Annual Report</li> <li>• Flow Chart / Revised Documentation for Investment Cases</li> <li>• Chair's Reports from 5 Sub committees</li> </ul>
2.	<b>Alert</b>	<ul style="list-style-type: none"> <li>• On 9 July 2021 guidance was produced stating that Elective Recovery Fund (ERF) thresholds had been reviewed and adjusted to 95% of 2019/20 activity levels from 1 July 2021. This information was received by the Trust on 14 July 2021. The Trust was currently reviewing the impact this would have from an income perspective and daily operational huddles implemented to review activity performance against the revised thresholds set for the remainder of H1. This would mean for the next 3 months there would need to be an additional 97 elective cases and 925 outpatient cases to achieve the new threshold. The work taking place by the divisions to work towards achieving the increase to a 95% trajectory was detailed.</li> </ul>
3.	<b>Assurance</b>	<ul style="list-style-type: none"> <li>• Assurance was provided to the Committee that the Trust had exceeded all elective targets including the Wales RTT target with performance above the 95% target in June 2021.</li> </ul> <p>Nursing vacancy levels would be monitored carefully between September 2021 and December 2021 although the recruitment of 8 international nurses who were now in post would go some way to bridging the gap until April 2022 when the newly qualified nurses would come into the local labour market.</p> <p>At M3 the Trust reported an in-month £192k surplus against a planned surplus of £178k (so £14k better than plan).</p> <ul style="list-style-type: none"> <li>• The Committee received an update on the capital priorities process noting that the original capital prioritisation of £8.4m had been reduced to £6.6m which was £0.4m above the capital allocation of £6.2m from the HCP and did not meet the capital demand of the Trust (although the capital allocation was 50% higher than the standard depreciation funded method). The process for prioritisation of the</li> </ul>

		<p>capital schemes was detailed and the group established to monitor this would meet on a quarterly basis in addition to the monthly meeting of the Capital Management Group. Assurance was provided around risk assessments carried out in the prioritisation process.</p> <ul style="list-style-type: none"> <li>• The Committee was presented with a monthly reporting update on the Digital Transformation Programme covering achievements; planned activity and spend against the Digital Aspirant NHSX Programme. It was noted that the Trust had been assessed as achieving HiMSS level 5 of digital maturity which placed it in the top 20% of trusts. Key updates were provided, particularly around the Digital Aspirant Support Team now in place and the reporting structure going forward. It was noted from the Funding Evidence Report that Q1 was underspent but this was due to implementing the correct staffing levels in order to move forward on projects in Q2 and Q3.</li> <li>• The Committee noted that QIP delivery was in accordance with plan in Q1. At M3 the Trust achieved the QIP YTD target of 1.54% for H1 2021-22. The biggest challenge would be H2 which was expected to be a 3% efficiency target. World Cafes were taking place and the message was being given to different areas and staff groups to think about ideas as to how they could be more efficient. Currently 50 suggestions were being worked through with the help of the Finance Team and monthly meetings were taking place to monitor schemes and feedback on performance.</li> <li>• The Freedom of Information (FOI) Annual Report was presented by the Responsible Officer, Ms L Blyth, to provide assurance on the effectiveness of the process in responding to the 366 FOI requests received from April 2020 to March 2021. There had been a significant decrease in FOI requests compared to 520 in the same time period last year. The decrease was believed to be due to Covid 19 with many businesses and universities that normally requested information being temporarily closed during the pandemic. The Committee noted the implementation of a new internally developed FOI system used to log new requests and record the time taken to collate the responses. The Committee was assured by the strong process in place and noted that the Trust had never had a FOI breach by failing to respond in the requisite time. The Committee acknowledged a good informative annual report.</li> </ul>
4.	<b>Advise</b>	<ul style="list-style-type: none"> <li>• It remained uncertain as to whether the proposed pay increase of 3% for NHS staff would need to be funded by the Trust. The Committee noted the considerable impact this would have if extra funds were not made available.</li> <li>• A flow chart detailing the process for submission, challenge and approval of all cases requiring investment or a case for change was presented to the Committee together with a simplified investment case proforma. The flow chart and documentation had been approved by the Executive Team. The Committee welcomed the revised process and cleaner documentation noting that a more detailed financial spreadsheet to accompany the proforma was still under development.</li> </ul> <p>Discussion took place around business cases requiring Trust Board approval and whether they needed to be presented at sub-committee level prior to Board. It was considered that this was a decision to be made by Trust Board but had the support of the members of the Committee that any investment case over</p>

		<p>£500k should be taken directly to Trust Board for approval.</p> <ul style="list-style-type: none"> <li>The Committee discussed the current attendees and would make a recommendation to Trust Board for the Deputy Director of Operations and Deputy Director Workforce and Innovation to be core attendees of the Committee going forward. The Interim Director Operations would give more thought to operational representation for a more balanced approach and this would be considered at a future meeting.</li> <li>A Trust General and Offensive Waste Contract award to B&amp;M Waste Services was approved by the Committee. The contract ensured the Trust had a compliant contract in place for a maximum of 7 years following a formal tender process undertaken as part of a Cheshire and Merseyside collaborative scheme to align contracts to ensure value for money was achieved. The collaboration however required individual Trust approval to progress with the contract award.</li> <li>Progress on the transformation work taking place was detailed highlighting what had been achieved in Q1 and brief updates provided on each of the schemes. Matron, Ms C Moore, had been recruited to the team and her experience would help progress some of the clinical projects. The Committee were advised that the Service Improvement Team did not have a budget and the role of the team was to work with the divisions in a supportive way to help make the schemes happen.</li> </ul>		
5.	Risks Identified	<ul style="list-style-type: none"> <li>None.</li> </ul>		
6.	Report Compiled by	David Topliffe Non-Executive Director	Minutes available from:	Corporate Secretary

## Board of Directors' Key Issues Report

<b>Report Date:</b> 01/07/21		<b>Report of:</b> Quality Committee
<b>Date of last meeting:</b> 17/06/21		<b>Membership Numbers:</b> Quorate
1.	<b>Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Quality Presentation by Human Resources</li> <li>• Patient Story</li> <li>• Medical Director's update</li> <li>• Integrated Performance Report</li> <li>• CQC Action Plan</li> <li>• CQC Strategy</li> <li>• Visibility &amp; Walkabout Report</li> <li>• MIAA Recommendations for Annual Programme &amp; MIAA updates</li> <li>• Safeguarding Annual Report</li> <li>• Trust Risk Register Report</li> <li>• Board Assurance Framework</li> <li>• Clinical Audit Plan</li> <li>• Sub-Committees Chairs' reports</li> </ul>
2.	<b>Alert</b>	<ul style="list-style-type: none"> <li>• The Director of Nursing &amp; Governance highlighted that some of the data in the KPI report (pages 15 and 38 of the QC board pack) are not accurate. The Information Team are working with the Clinical Team to determine how the information needs to be processed. Page 15 relates to those patients moved to other wards are not being counted correctly and page 38 relates to sickness rates which are not accurate due to ward moves arising from the heating and pipework. More accurate data is expected next month.</li> <li>• Ms Oulton Lead Nurse for Infection, Prevention &amp; Control also drew attention to the Sepsis report by SMART in which 35% of patients were not screened when NEWS scores indicated otherwise. SMART have been undertaking work so improvements should be reflected in the next audit.</li> <li>• The Director of Nursing &amp; Governance provided an overview of the new CQC Strategy noting that the strategy is high level. Ms Salter is awaiting a meeting with another new CQC relationship partner next month to understand how future reviews will be undertaken.</li> <li>• Ms Oulton advised that the National Cleaning Standards have been published and need to be implemented within six months. It is envisaged that the new standards will have an impact on the cost of domestic cleaning services.</li> </ul>

	<p><b>Assurance</b></p>	<ul style="list-style-type: none"> <li>• Ms J Mullin, Deputy Director of Human Resources (HR) gave a comprehensive presentation which demonstrated the scope and quality service delivered by the HR Dept. Much work has been undertaken to support the medical workforce, ensuring effective outcomes both in terms of quality and finance. The HR team are passionate about the health &amp; well-being of staff and several elements supporting this were described. Equality Diversity and Inclusion is part of every aspect the team offer and they strive to achieve this to enhance WDES, WRES and gender pay gap results. .The Innovation strategy is key to ensuring innovation occurs and the impact benefit patients, staff, the Trust and the wider community.</li> <li>• The Medical Director discussed the report received from the NHS Blood and Transplant service. The report noted that despite the Covid-19 pandemic, the WCFT continued with the organ donation programme achieving a total of 38 transplants in total from 24 consented donors.</li> <li>• When reviewing the Integrated Performance Report, the Director of Nursing &amp; Governance gave assurances that no lapses in care were found for the patient who suffered a fractured humerus following a fall. There were also deficits in care noted regarding a staff fall in which the staff member sustained a broken arm. Attention was drawn to the number of C. Difficile cases to date which total 3 cases against a trajectory of 5 and to the number of cases of MSSA which currently total 3 to date against a trajectory of 8. Divisions are working to address both of these issues. With regards to patient flow benchmarking, Ms Vlasman advised that length of stay is part of the transformation work out the Trust are outliers for length stay duration. Mr. Carter advised that due to being a Tertiary centre, the Trust accommodate patients with significant need and also encounter issues with repatriation.</li> <li>• The Committee received positive assurances from Ms Kane, Quality Manager &amp; Freedom to Speak Up Guardian with regards to progress on the CQC action plan.</li> <li>• The Committee were assured that Visibility and Walkabouts will re-commence this month following a long pause due to the covid pandemic. It is hoped that the new process will encourage discussion with staff.</li> <li>• Mr. J Haury from MIAA joined the meeting to provide an update with regards to MIAA recommendations for the annual programme and on progress to date. It was noted that 25 actions remain outstanding, however work is underway to bring this up to date. It was noted that a review of Covid-19 will be undertaken in quarter 4. Questions were raised as to whether this would still go ahead in view of the National Enquiry. Further discussion is needed with the Director of Finance with regards to this audit.</li> <li>• Ms D. Lee joined the meeting to present the Safeguarding Annual Report. Whilst the number of safeguarding activity continues to increase, this was seen as a positive as staff are recognising the need to raise a safeguarding concern. The number of DoLS applications has also increased which also indicates that</li> </ul>
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		<p>staff are understanding the Mental Capacity Act/DoLS requirement so that the correct legal processes are put in place. Ms Lee advised that the Liberty Protection Safeguards Act has been postponed to April 2022. This Act will move responsibility of the assessment of DoLS away from local authorities to within trusts. Specialist assessors will be required to support LPS requirements.</p>		
	<b>Advise</b>	<ul style="list-style-type: none"> <li>Mr Buckingham, Corporate Secretary presented the Board Assurance Framework. The Committee agreed that BAF risk 004 with regards to the Quality Strategy could be reduced from a risk rating of 16 to risk rating 12 as significant amount of work had been achieved on the Quality Strategy despite the Covid-19 pandemic.</li> </ul> <p>A request was made to consider raising BAF risk 005 (which relates to harm to staff) due to the number of staff suffering fractures. Following discussion the Committee agreed to review in 3 months' time in order to monitor and evaluate the work that has been put in place to reduce incident. The Committee seek Board approval for these risks.</p>		
2.	Risks Identified	<ul style="list-style-type: none"> <li>Risk 669 was identified as a new risk added to the Trust Risk Register which relates to the international shortage of immunoglobulin. This risk has been upgraded from a rating of 9 to a rating of 20.</li> </ul>		
3.	Report Compiled by	Seth Crofts Non-Executive Director	Minutes available from:	Corporate Secretary

## Board of Directors' Key Issues Report

<b>Report Date:</b> 02/09/21		<b>Report of:</b> Quality Committee
<b>Date of last meeting:</b> 22/07/21		<b>Membership Numbers:</b> Quorate
1.	<b>Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Patient Story</li> <li>• Violence &amp; Aggression Presentation</li> <li>• Medical Director's update</li> <li>• Integrated Performance Report</li> <li>• Governance and Risk Management Report Q1</li> <li>• Mortality &amp; Morbidity Q1 Report</li> <li>• Infection, Prevention &amp; Control Q1 Report</li> <li>• Tissue Viability Q1 Report</li> <li>• Ward Accreditation (CARES)</li> <li>• Controlled Drug Accountable Officer Report</li> <li>• Equality, Diversity &amp; Inclusion staffing trajectories and action plan</li> <li>• Quarterly Pharmacy KPI report</li> <li>• Organ Donation Terms of Reference</li> <li>• Sub-committee Chairs' Reports</li> </ul>
2.	<b>Alert</b>	<ul style="list-style-type: none"> <li>• Dr Nicolson provided an update of a radiology incident noted for w/c 12/07/21. A visit from the company representative resulted in changes being made to the system which meant a very small amount of extra radiation was given to 30 patients. The incident has been reported to CQC and NHSE. The risk to patients is negligible. Letters are being sent to patients to inform them so Trust is open and honest. Internal investigations are underway to ensure this cannot happen again. The Radiology Dept. has been extremely thorough in managing this incident.</li> <li>• IPC Q1 report, Ms Oulton drew attention to the increase in the number of SSI infections and noted that a review of themes/trends is underway. The team will be reducing the threshold of 6%. Ms Oulton also noted that uptake for staff lamp testing is low and all is being done to encourage participation. The 1<sup>st</sup> positive lamp test result for a staff member was received 22/07/21. Staffing for the next 6 weeks for the IPC team will be challenging due to recruitment changes – x 2 band 6 to start in the autumn and x 1 band 5 is out to advert.</li> </ul>
	<b>Assurance</b>	<ul style="list-style-type: none"> <li>• Mr. Fitzpatrick delivered a presentation to demonstrate how Violence &amp; Aggression (V &amp; A) is being managed within the Trust. Work related to this will be incorporated into the People Strategy. There is enhanced engagement with between Mental Health, Psychology Teams, Safeguarding and the Governance Team to manage V&amp;A. Of the staff being assaulted at the current time, it has been recognised that they have not yet received the updated V&amp; A training. It was noted that there is a</li> </ul>

	<p><b>Assurance</b></p>	<p>need for a V &amp; A Reduction Strategy. The team are currently risk profiling which conditions of patients (from past incidents) that have had V&amp;A outbursts so that proactive work can be delivered to prevent harm. V&amp;A to be added to the Quality Committee work plan for quarterly updates.</p> <ul style="list-style-type: none"> <li>• Dr Nicolson provided an update with regards to the Thrombectomy Service, noting nursing staff competencies were updated and that 4 nurses have fully passed these with 2 more to be trained. Dr Wilson advised that extended hours (to 11pm) will commence 02/08/21 with a view to the 24 hour/7day service starting at the end of September or early October.</li> <li>• Ms Duffy provided a summary of the Rapid Access Neurology Assessment (RANA) service provided, noting that 6 patients are seen daily at the WCFT (transferred from other Trusts). The patients are assessed and diagnosed on the same day. A total of 96 patients have been assessed from February to the end of June. This has resulted in 192 bed days saved in other Trusts and positive outcomes for the patients who did not require a hospital admission. A further review is required to determine full benefits and the service needs to be promoted further.</li> <li>• The IPR was presented and key points noted. Complaints are in line with national KPI. The process was recently reviewed by MiAA who awarded the highest assurances. The IPR for Quality Committee is to be reviewed to ensure all elements are captured and that the data is appropriate. Some complaints related to lack of visiting but this was imposed following national and regional guidelines due to an increase in Covid-19. Nursing turnover is around 8% with many staff leaving ITU for non-ITU roles following Covid-19. This is being reviewed but is similar to other Trusts. Neurosurgery is awaiting Ribotyping for CDT cases to denote any links between cases. The Divisions provided a comprehensive review of their departments together with an update on how they are managing and mitigating the risks. ITU has had their peer review with only 3 areas identified as red or amber. The full report will be presented at QC in October.</li> <li>• The Mortality &amp; Morbidity Q1 report was received with 2 cases noted for learning. The Mortality review of covid-19 nosocomial deaths were reviewed in line with KLOE. NHSI/E visited the Trust in February 2021 and provided positive feedback with no essential improvements. Some minor advice has been included in action plan which is reviewed at the IPPC meetings.</li> <li>• The IPC Q1 report was presented. No incidents of nosocomial infections, Klebsiella, Pseudomonas or CPE were reported. The training event with IPC link ambassadors evaluated well.</li> <li>• Ms King presented the TVN Q1 update, reporting on work completed and priorities for the next 3 months. An audit is to be undertaken to review moisture lesions. Incidents of pressure ulcers were noted. The new TVN is due to start early autumn once Ms King has left the Trust.</li> <li>• Ward Accreditation – the 12 month programme was delayed due to covid-19 but is due to recommence shortly. Once all CARES reviews are completed, these will be presented to Ms Salter and to Quality Committee via chairs' report.</li> <li>• CD Accountable Officer Annual Report was received. It was noted that only x 3 CD audits were performed instead of 4 due to Covid-19. The record keeping of</li> </ul>
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		<p>patients' own CDs has improved since last year. WCFT was recognised as exemplar practise for managing incidents of liquid CDs at ward level. One high risk was noted pertaining to an intrathecal refill incident and related to human factors WCFT praised for the positive learning culture to prevent this happening again.</p> <ul style="list-style-type: none"> <li>Equality, Diversity &amp; Inclusion (E, D &amp; I) update was presented by Mr. Lynch who presented 3 documents – the trajectories document which sets out the recruitment targets and the required additional BAME recruitment to 2028; the EDI actions for the WCFT document responds to the 6 specific recommendations the NSE/I requested from NHS Trusts and the Action Plan Template is a response to NHSE/I sending this template for Trust completion. The targets are ambitious which will support a change. Working with the system (C&amp;M and ICP) is essential to target racial inequalities – this work is already underway.</li> </ul>		
	<b>Advise</b>	<ul style="list-style-type: none"> <li>The Q1 Governance Risk Management was presented. The number of concerns has increased and these are to be given timescales for responses. CDT and MSSA are to be added to the GAF. E-Coli (Ref 309) is to be reviewed at the end of Q2. Rejection of pathology samples (ref 300) an order comms systems is required to make a difference. Theatre ventilation system (Ref 311) is being reviewed by Capital Group. Concerns were raised regarding incorrect filing of patient casenotes with Ms Salter noting that there is a need for clear guidance on how this is being managed.</li> <li>In-patient Survey update – Ms Gurrell advised that the results are currently embargoed and update will be present to QC when these have been released (October) Mr Foy added that the Trust has been invited to join the survey again for this year.</li> <li>Pharmacy KPI – it was noted that some of the KPIs (eg TTO verified on wards) were not met due to staffing issues. Ms Sparrow to work with Mr. Foy for presenting data in new Trust format.</li> </ul>		
2.	Risks Identified			
3.	Report Compiled by	Seth Crofts Non-Executive Director	Minutes available from:	Corporate Secretary



The Walton Centre NHS Foundation Trust



**The Walton Centre**  
NHS Foundation Trust

**REPORT TO COUNCIL OF GOVERNORS**  
September 2021

<b>Report Title</b>	<b>Chair's Assurance Report – RIME Committee 07/07/21</b>
<b>Sponsoring Director</b>	Seth Crofts – Non-Executive Chair
<b>Author (s)</b>	Mike Gibney, Director of Workforce and Innovation
<b>Purpose of Paper:</b>	
<p>The Research, Innovation and Medical Education Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting.</p> <p>The paper provides an update to the COG of the meeting of the Research, Innovation and Medical Education Committee held on 7 July 2021.</p>	
<b>Recommendations</b>	<p>The COG is requested to:</p> <ul style="list-style-type: none"> <li>Note the summary report</li> </ul>

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

- Key priorities for Research recovery  
It was highlighted that the single most important priority is the R&D administrative staff, led by Debbie Atkinson, to address the governance risks within the department.

In working with Walton clinician scientists, a PI forum will be developed and is anticipated to run monthly/bi-monthly to dovetail with existing trust meetings.

The NRC medical lead role, currently undertaken by Dr Heike Arndt, will be redefined due to her expertise in clinical trials, in a professional and safe manner, which will be central to the development of the NRC.

Talented staff are sought to take on lead roles in research as clinicians. There will be a business plan submission for R&D staffing resource; there is some income in the budget to cover this. A change of role is indicated to the academic development manager which will make the best use of the skill set available. The PI forum is a non-cost option which will bring together PI's. Medical research co-ordination roles are to be delineated as they are currently unsustainable. It would mean two extra PAs but this would come from the additional income from the increased revenue associated with Medical Education.

- Research communications to raise the Trust's profile  
Work is ongoing within the Communications Department to increase the profile and brand of the Trust as a leader in Neuroscience Research. Publicising research is a positive way of demonstrating the Trust's strengths as a clinically leading trust and a specialist hospital. Advances in research show how the trust is changing the face of neurological and neurosurgical treatment and care for the benefit of all patients. This will broaden the Trust's reach nationally and potentially, internationally rather than just regionally and, supported by patient case studies, will demonstrate the human impact of research.
- Undergraduate University feedback  
Feedback confirmed the Trust has consistently been rated above the average score across all indicators. Highlights include a high quality learning environment; teaching was evaluated as

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excellent and the willingness of doctors to engage with students and the responsiveness and supportive administrative team.

The areas which haven't been rated so well were supervisor accessibility, timely feedback and ability for e-portfolio sign off. There were difficulties with timetables/scheduling and limited exposure to patients and ward activity due to Covid which has led to gaps in the student's development of skill and knowledge of the patient journey. All areas identified for improvement will be addressed in a timely manner.

### **2.0 Items for the COG's Information and Assurance**

- Research Key Priorities
- Research Communications
- Positive Undergraduate University feedback

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

- Discussed and currently on track.