



The Walton Centre
NHS Foundation Trust

The Walton Centre NHS Foundation Trust

Annual Report and Accounts 2016/17

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1. Foreword from the Chair and Chief Executive

Welcome to The Walton Centre NHS Foundation Trust's Annual Report for the period 1st April 2016 to 31st March 2017.

Our vision is: Excellence in Neuroscience.

About The Walton Centre

The Walton Centre was established in 1992 and attained Foundation Trust status on 1st August 2009. It is the only standalone neurosciences Trust in the UK and serves a patient population of circa 3.5 million from Merseyside, Cheshire, Lancashire, Greater Manchester, the Isle of Man and North Wales.

Recognising that the NHS is facing a period of profound change, The Walton Centre's strategy continues to put patients at the heart of delivering care and focuses on six key areas: sustaining and developing our services; developing our hospital; improving quality; research and innovation for patient care; our workforce and our financial health.

CQC inspection: 'Outstanding' rating

The Walton Centre was inspected by the Care Quality Commission (CQC) in April 2016. The Trust was given an 'Outstanding' rating in October 2016, making it the first specialist NHS trust in the country to be given the rating without having any areas deemed as needing improvement. The report highlighted many examples where staff has 'gone the extra mile' to support patients' individual needs, that there was a positive culture throughout the Trust, and that staff were highly-skilled and committed.

Intraoperative Magnetic Resonance Imaging (iMRI)

The Trust is approaching the completion of a £8.1m project to create two new theatres and an intra-operative Magnetic Resonance Imaging scanner to benefit patients and give the organisation more capacity to meet growing demand. The iMRI scanner was provided via a £2m donation by the Marina Dalglish Appeal. The theatres/iMRI development came into operational use in March 2017.

The Walton Centre Charity

During the year under review, the Charity continued to go from strength to strength. Community support grew steadily and in addition to raising awareness and unrestricted

funds for the hospital, the Charity also raised funds for specific purposes such as the Home from Home Fund to support the annual costs of the relatives' accommodation; and the Sid Watkins Innovation Fund to acquire a Robotic Arm – a state-of-the-art piece of equipment to support a number of neurosurgical procedures.

Vanguard Programme

The Walton Centre was chosen to lead an Acute Care Collaborative Vanguard – The Neuro Network under NHS England's New Care Models of Care Programme. Vanguard's are finding new ways of working that can close the widening gaps in the health of the population, improve the quality of care, and improve the funding of services. This is part of the vision of The NHS Five Year Forward View to create a sustainable NHS.

The Trust is currently working with other key partner organisations within Cheshire & Merseyside to improve care for patients with back pain as well as those with neurological conditions. This project will specifically:

- Achieve a clinically and financially sustainable integrated neurology service by enhancing the community support, clinical pathways and advice and support for primary and secondary care;
- Develop a whole system spinal services network, embedding the National Back Pain Pathway – new evidence based guidance for back pain treatment and referral.

Work is now in the implementation stages and promises to deliver a more integrated, clinically and financially sustainable service for these cohorts of patients, as well as standardising the care that is given and ensuring equal access to services, closer to patients' homes.

Improving Quality

Much work has been undertaken on improving the quality of services patients receive on a day to day basis. New ideas are also being deployed to get all staff involved in making quality improvements, and contribute to our Quality and Patient Safety Strategy facilitated through new Berwick Sessions. We have reduced the number of patients experiencing health care associated infections such as MSSA by over 50% this year when numbers were already low, furthermore we have reduced grade 2 pressure ulcers by 25% again with only low numbers of incidences compared with other Trusts with 20 grade 2 pressure ulcers in total for the year. We have also increased the timeliness of our patient risk assessments undertaking all within 6 hours of admission for over 90% of patients.

This year we have also changed our nursing shift times to improve our patient handovers and patient experience. Finally we have fully met all but one of our Quality Account priorities with the last one being completed partially in year and will be fully met this year; these include a bespoke collective leadership programme for our band 6 sisters and charge nurses, developing a carers resource and reducing the number of patients operations that were cancelled due to medication issues.

We also improved our waiting time for patients and were one of the few trusts to meet our referral to treatment (RTT) thresholds across the trust.

Health and Wellbeing

As a Health and Wellbeing exemplar trust, The Walton Centre has continued to offer a range of benefits and support to staff to promote physical and mental wellbeing, and was awarded the Health@Work Workplace Wellbeing Charter following an independent assessment. Director of Workforce Mike Gibney and Jane Mullin, Deputy Director of HR, have spoken at national conferences and events to share insights and advice about Health and Wellbeing provision with other NHS trusts and organisations.

Walton Centre staff can get free health checks; attend low cost weekly classes including Yoga, Pilates, and an Art Group; and join regular courses such as Mindfulness workshops and an 'Excelling Under Pressure' course. The Comedy Trust also ran a stand-up comedy course to promote mental health and wellbeing. Plans are in place to provide front-line clinical staff with access to a health app in the coming months, as this staff group often has difficulty attending other Health and Wellbeing events and classes.

Acknowledgements

The Trust Board would like to pay tribute to the hard work and dedication of staff and the invaluable assistance provided by many supporters, including volunteers, support groups, charitable groups, fundraisers, members, governors, current and ex-patients. The Board of Directors would also like to thank all those who have raised funds and donated money to The Walton Centre Charity and the Home from Home Appeal. We are very grateful for the continued support and hard work.

This year marks the departure of our Chairman Ken Hoskisson after 10 years at the Trust. Ken has made an enormous contribution to The Walton Centre, and is popular with staff and patients alike. During Ken's time at The Walton Centre he has seen the hospital obtain Foundation Trust status, the opening of the Sid Watkins Building, and the Trust achieve an Outstanding rating following its CQC inspection. His valuable experience and unwavering

commitment to leading the Trust has helped see it through continued expansion and change.

Ken has taken a great interest in the Trust's charity, in particular supporting the Home from Home Appeal to successfully fund on-site relatives' accommodation for the families of critically ill patients. He has also taken great care to recognise the contribution of the hospital's volunteers, and to attend and support a whole spectrum of Trust events and meetings.

Ken will be greatly missed by staff and patients, and we wish him well in his retirement. Janet Rosser has succeeded him as Trust Chair from 1 April 2017.

About this annual report

The Board of Directors is responsible for ensuring the production of the Trust's annual report and accounts and considers this document, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess The Walton Centre's performance, business model and strategy.



Chris Harrop, Chief Executive

19 May 2017



Janet Rosser, Chair

19 May 2017

This report was approved and adopted by the Board of Directors on 19 May 2017. The Trust's 2016/17 accounts have been prepared under a direction issued by Monitor under the National Health Service Act 2006.

2i. Performance Report – overview of performance

Principal Purpose

The principal purpose of the Trust is the provision of goods and services for the health service in England.

The Walton Way

Guiding the work of the Trust are the Walton Way values and behaviours, developed with staff, which have become well embedded over recent years – caring, pride, openness, dignity and respect.



Strategic Objectives

The Trust has six overarching strategic aims to support the delivery of its five year strategic plan 2014-19:

1. Improving quality by focusing on patient safety, patient experience and clinical effectiveness
2. Sustaining and developing our services
3. Research and innovation for patient care
4. Developing our hospital
5. Recruiting, retaining and developing our workforce
6. Maintaining our financial health.

The Trust's strategy is to develop the services and the hospital to ensure the growing number of patients requiring specialist neuroscience services get the care they need, where and when they need it.

Increasingly, we are working 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 Merseyside and Cheshire Major Trauma Centre Collaborative, Merseyside and Cheshire Rehabilitation Network, our neurology services provided in 34 locations, and the developing spinal surgery network. This also includes supporting GPs and district general hospitals to manage patients with neurological conditions better locally, without referring to the specialist centre. Our work in leading whole system services in neurology and spinal services is recognised and supported through NHS England's Acute Care Collaborate Vanguard programme, with a view to replicating our models elsewhere across the country.

As the hub, the Trust needs to ensure it remains at the leading edge of neuroscience care. Support for research is therefore essential for underpinning high quality care into the future. The Trust is investing for the future by creating the first adult intraoperative MRI scanner suite in the North, to improve outcomes for patients with brain tumours and enable the introduction of innovative treatments. This is part of an £8.1m capital investment to develop two additional operating theatres to treat the growing number of patients. The theatres/IMRI development came into operational use in March 2017.

Hand-in-hand with this investment is a focus on working smarter – streamlining patient pathways and processes to improve safety, enhance patients' experience of care and enable the Trust to see more patients. This includes enhancing the opportunities of information management and technology, including progressing towards a full electronic patient record.

Running throughout is the commitment to improving the quality of the care provided.

Business, Activity and Performance

Throughout 2016/17, the Trust has remained in a strong position on quality and performance. Through the Trust's two divisions - Neurosurgery and Neurology, it continues to deliver excellent care to patients.

The Division of Neurosurgery is responsible for:

- Neurosurgery
- Anaesthetics
- Theatres
- Surgical wards
- Critical Care
- Pain Medicine
- Pain Management Programme
- Neuroscience Laboratories

- Day Case Unit
- Advanced Neurosurgery Nurses
- Advanced Pain Medicine Nurses
- Cancer Services
- Major Trauma Service
- Teaching and Training across the specialities within the division

The Division of Neurology is responsible for:

- Neurology
- Long Term Conditions
- Therapies
- Neurology ward
- Advanced Neurology Nurses
- Disease specific Specialist Nurses
- Neurophysiology
- Neuropsychiatry
- Neuropsychology
- Pharmacy Service level Agreement
- Medical Records
- Patient Access Centre
- Medical Secretariat
- Rehabilitation
- Outpatients
- Outpatient satellite services
- Neurology day cases
- Radiology
- Clinical Audit

Division of Neurosurgery

The Division is expanding and going through a period of significant change. Transformation Projects including Theatre Productivity, Same Day Admission, Redesign of the Medical Staffing Model, an additional Neurosurgery Operating Theatre, Intraoperative MRI capability and the Electronic Patient Record are all in progress or due to start this year. Numbers of patients treated throughout the division continues to increase, as does the complexity of the cases. Patient reported outcome measures are being collected and assessed in more of the specialities in Pain and Neurosurgery. A successful CQC visit identified the Trust as

Outstanding and an action plan is being implemented based on comments received. The aim is to improve efficiency, reduce length of stay, and increase productivity whilst improving quality.

Neurosurgery

Neurosurgical services at The Walton Centre are consistently recognised as the largest in England and remain the only RTT compliant service in the country; this is as a result of the proactive and interactive engagement of the clinicians and management team. The service has recently been reviewed by the Getting It Right First Time (GIRFT) regulatory process with positive features highlighted in the Initial Assessment Report; in particular the volume of high quality work and the second highest performing 'time to treatment' measure for SAH management. There is full engagement from the Division in the challenges highlighted by the GIRFT process of, day of surgery admission and variation of shunt revision rates. Feedback from the national GIRFT team was extremely positive, highlighting the active engagement with the process and overall high quality of the service provided.

Over the last year there has been significant development in the infrastructure, resource and innovation portfolio of the Division. The iMRI will be in operation from April 2017, placing us at the forefront of operative capability in the UK and Europe. The Intraoperative Robotic Arm is also expected to be operational this year, now funding has been secured, enhancing our Functional and Oncological Service provision. Further, expansion of our theatre complex, due to open in April, will provide the infrastructure to significantly increase our workload, enabling us to continue to provide timely elective services whilst maintaining resource to non-elective treatment.

The Neurosurgical Division maintains a high presence in the Society of British Neurological Surgeons (SBNS) and plans to host the Society meeting in Liverpool in 2017. Mr May is Liverpool's first President of the SBNS in its 90 year history, Miss Gilkes has been appointed Comms Secretary and sits on the Executive Council of the SBNS. Further, following major reorganisation of Clinical Leadership at NHS England (NHSE), the Trust retains its influence through Personnel at Clinical Reference Group (CRG) and Programme of Care (POC) level. Mr May Chairs the Trauma POC board for NHSE. Professor Eldridge is the Northern Representative on the Neuroscience CRG for Neurosurgery and Dr Sharma is the Regional Representative on the Complex Pain CRG.

The Division is working closely with Neurology and Neuroradiology Senior Management Team in preparation for the imminent policy production on Thrombectomy, Embolectomy and Subarachnoid Haemorrhage (SAH) management. This will have significant implications

on workforce planning, particularly in relation to Intraoperative Radiology but also to Theatres, Critical Care and Rehabilitation. The redesign of the Medical staffing model within Neurosurgery has led to the appointment of ward based Trust grade Senior House Officers (SHOs); this is in response to the national reduction of this equivalent grade, and the challenges facing safe patient care in acute busy surgical practice. Over the past year the posts have evolved and created opportunity for career progression.

The National Neurosurgical Audit Programme (NNAP) at The Walton Centre was established in 2012. It has recently been included in NHSE quality value list of mandated registries for the NHSI. The NNAP produces individualised Consultant Mortality Outcome Publication and Whole Trust Practice Review. This confirms that all Neurosurgeons at the Walton Centre remain within the mortality indicators.

Sub-speciality development within Neurosurgery continues to expand with significant regional, national and international influence. The Complex Neurosurgical Spinal Service, including MSCC and Spinal Trauma is recognised nationally as a major provider, and as part of NHSE Improving Spinal Care Programme will be a regional hub of excellence, including teaching, Multidisciplinary Team and service provision. Mr Pigott is part of the NHSE and Vanguard Team for the Spinal Network Programme. The Spinal Deformity Service is now established and the new Consultant appointment embedded in the surgical programme.

Spine Tango continues as the country's premier Registry for Spinal Surgery and Outcomes Measures, and was directly referred to in the recent narrative from Sir Mike Richards, Chair of the CQC in relation to our Outstanding CQC rating. The Walton Centre is the National Lead for Spine Tango and the Lead Unit and the only International Multi Centre RCT related to spinal surgery. The NERVES study instigated in design by Mr Wilby involves Centres around the UK, Europe and further afield.

Neuro-Oncology continues to be at the centre of national and international development. The Surgical Neuro-Oncological Service has submitted an application to be a World Federation of Neurological Surgeons (WFNS) Academic Research Centre. This will result in visiting fellows from around the world, to come for periods of time to observe and train in Neuro-Oncology. Mr Jenkinson is the Primary Investigator in the Multi-Centre RCT ROAM study, an international study on atypical meningiomas. There has been the implementation of Damsel, the Neuro-Oncology emergency online referral system which is being piloted by the Walton Centre for other Secondary Care Centres across the Centre. As a result of the pilot, waiting times for advice and acceptance of referrals have reduced.

Trauma Audit & Research Network (TARN) data shows that Merseyside and Cheshire Major Trauma Centre Collaborative (MTCC) continues to deliver excellent outcomes for trauma patients, with patient survival increasing year on year, from establishment of TARN in 2009.

Anaesthesia and Critical Care

The Department of Anaesthesia and Critical Care continues to improve and develop its services for both patients and staff. The introduction of the simulation area has proven successful in developing staff and has been utilised not only for practical teaching, but also in interview scenarios and communication training.

We take pride in the service we deliver, and recent restructure has now aligned both the critical care service and newly formed Structured Management Airway Response Team (SMART) service – facilitating 24/7 seamless emergency response care. This is a service that the Critical Care Network have been very impressed with, and they are due to present team structure and delivery of care presentation to other intensive therapy units (ITUs) in the network.

The SMART team and practice educator team within the Trust have worked hard in improving and developing all staff within the Centre, providing workshops not only on deteriorating patients, or those with a tracheostomy, but also in-depth courses including simulation training scenarios and bespoke study days to meet staff needs.

Within the Critical Care we have considered options of working differently in light of the National medical staffing, this has proven successful in covering some of our deficits in medical cover in the recruitment and development of Critical Care Advanced Nurse Practitioners (ANPs). This was always envisaged as being a three year plan, and are hoping that we are able to recruit and train a further two Advanced Critical Care Practitioners (ACCPs) in 2017/2018.

We continue to benchmark continually with other Trusts through Intensive Care National Audit and Research Centre (ICNARC) data collection, through annual Critical Care Network Audit via the service improvement lead, and peer and specification reviews.

National campaigns have been fully taken on board, leading sepsis care pathway implementation and acute kidney injury (AKI). In addition, since January, the Trust has signed up to join the PHE surveillance screening of blood stream infections.

Pain Medicine

The Pain Medicine Department is one of the largest and busiest in England, assessing and treating complex and intractable chronic pain. The Pain Service offers a Pain Management Programme to promote self-management of chronic pain, as well as a range of pain relief interventions including spinal implants for chronic pain. The department prides itself on its close collaboration with Spinal Surgery, Functional Neurosurgery, Psychology, Neurology, Urology, Palliative Medicine and Gynaecology to assess and treat chronic pain patients as relevant to that discipline.

The Walton Centre Pain Management Programme (PMP) delivers a variety of pain management support options. The Pain Management Programme is one of the outstanding features of the Trust's wider Pain Service, which has an international reputation for its expertise in treating and managing pain caused by a wide range of conditions. Pain Management Programmes are group based rehabilitation courses, each year over 400 patients with chronic pain benefit from the team's support. The PMPs are designed to help people understand the wider impact that chronic pain can have, and to equip them with the tools and skills to help make positive changes in their lives and hence improve quality of life. The Walton Centre Pain Service is a National Service, and is able to accept referrals from anywhere in England offering both outpatient, residential pain and PMP services. We offer a range of PMPs for people experiencing chronic pain, where these include:

- Intensive 16 day Pain Management Programme (outpatient and residential options)
- 5 day Pain Management Programme
- Chronic Pelvic Pain Management Programme
- Young Adult Pain Management Programme (approx. 18-25 years)
- Facial Pain Management Programme
- Individualised Pain Management Programme (for more complex needs that cannot be met in a group based PMP setting)

The Walton Centre PMP also offers a specialist Fibromyalgia/Chronic Widespread Pain Assessment Service that links with Rheumatology, as well as specialist Pelvic Pain and Endometriosis clinics, run together with Gynaecology services. Further, we have developed, together with Alder Hey Children's Hospital, the Liverpool Chronic Pain Transition Service. Our staff are heavily involved in Professional Training Courses and regularly present at National Conferences. The PMP Team were recently presented with a £10,000 award for Young Adult and Transition Innovation.

Pathology

Following the retirement of the Consultant Neuropathologist during 2016/17, the department is led by a fulltime Consultant Clinical Scientist and Laboratory Director. The Trust has been successful in recruiting two Consultant Neuropathologists who are due to start in post in early 2017.

Following completion of an expansion and upgrade of the physical space in the department, as part of a planned marketing exercise of the laboratory services, the department was renamed The Neuroscience Laboratories, which accurately reflects the work performed by the department.

Following United Kingdom Accreditation Service (UKAS) accreditation in 2015; The Neuroscience Laboratories had their first annual surveillance visit by UKAS in November 2016 and successfully maintained accreditation. Further diagnostic work has been added to the accreditation scope of the services provided and evidence submitted is currently being assessed for accreditation.

The CSF BioBank repository will contain CSF and matched serum from a population of patients with defined neurological and neurosurgical conditions. Samples within this archive will then be made available to recognised professionals for research.

The Walton Research Tissue Bank facilitates and promotes multidisciplinary basic and translational Neuro-Oncology research. Clinicians and basic science researchers in Liverpool and within the Brain Tumour North West collaboration, are actively engaged in Neuro-Oncology research to investigate molecular and imaging biomarkers, that may be used to aid diagnosis and predict prognosis in brain tumours, further to gain an increased understanding of the basic biology of these tumours, in order to develop better therapies for individual patients.

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 has been chosen as a NHS acute care collaboration Vanguard site, allowing its further development to improve the level of neurology services provided to patients closer to their homes. Accordingly, plans are in development to enhance our current service and over time, this neurology model may be the model adopted nationally.

Neurology

With a continued year-on-year increase in demand for neurology services, the service successfully recruited and welcomed a further two consultant neurologists during 2016/17 in the areas of multiple sclerosis and headache. In addition two new specialist nurses have been recruited to support patients with neuromuscular disease and neuro myelitis optica.

Working with the Vanguard programme, the Trust has successfully implemented tele-neurology at the Countess of Chester Hospital enabling inpatients to have their consultations with a consultant neurologist via Skype. Further roll out is planned in 2017/18. Nurse specialist and consultant advice lines providing specialist support to both patients and GP's have been extended to enable easier access and support. Additional Integrated Neurology Nurses have been recruited to provide extra clinics for patients within the community setting.

The Neurology Service provides a responsive specialist service to patients across Cheshire, Merseyside, North Wales and Isle of Man, from both the Walton Centre and at partner Trusts and community settings via an outreach service. The network of satellite clinics operates from 15 district general hospitals, providing both an outpatient service and support to inpatients. It is a large and busy neurology service seeing 28,612 new patients in 2016/17 and treating 5,117 inpatients, in either the Walton Centre's day case unit or on its inpatient ward.

The neurology service is delivered by a skill multi-professional team. There are 36 Consultants, 25 specialist nurses, who work alongside an experienced therapy team to provide the holistic and multidisciplinary care required for our patients. Sub-speciality clinics are provided in epilepsy, movement disorders, headache, neuromuscular, multiple sclerosis, vascular and neuromyelitis optica.

As previously outlined, the Walton Centre was chosen to lead an Acute Care Collaborate Vanguard – The Neuro Network under NHS England's New Care Models of Care Programme. This opportunity is facilitating and seeing a number of developments within the neurology service to enhance its currently satellite model with community support, rollout of clinical pathways and increasing the advice and support available for primary and secondary care. There are a number of different projects currently being delivered across the neurology service which includes: Rollout and embedment of a post seizure and headache pathway; Nurse advice line; Integrated neurology nurse specialists; Functional neurological disorder clinics; Tele-neurology and Education to both primary care and secondary care colleagues.

Many of the projects are interrelated, designed to improve access to neurology services / expertise, reduce avoidable admissions and shorten length of stay, support earlier diagnosis

and treatment and provide more effective and consistent management of long-term conditions.

A two year programme, good progress has been made in 2016/17. The Nurse Advice Line is now in place, providing a single point of access for non-urgent Nurse, GP or Consultant care. During 2016/17 the Nurse Advice Line took 4,438 calls; this service inherently reduces the volume of attendances to A&E, GP practices and walk-in centres.

Seven Interactive Neurology Nurse Specialists (INNS) are now in post. They are attending primary care multidisciplinary team meetings to support holistic co-ordinated care and are undertaking home visits to provide care close to home. The INNS clinics will shortly be expanded to 28 locations across the region.

The tele-neurology project, which is intended to significantly improve the level of acute neurology available in district general hospitals has seen the development of a tele-neurology cart with the model now ready for piloting and rollout in Acute Medical Units across the region in 2017/18.

Therapy Services

The Neuromuscular Disease therapy outpatient team have introduced a number of MDT / Therapy clinics during the year. These clinics support people living with neuromuscular conditions who are making the transition from paediatric care to adult services. The main focus of this service expansion is to support people with condition management, including employment and occupational performance. Treatment approaches are pioneering with a combination of MDT and single discipline clinics, group programmes and 'work' clinics. These approaches are reliant on support from the third sector who have a significant role in sustainability. The newly extended NMD service will be evaluated and reported throughout 2017/18 by the MDT and Medical team.

The first Walton Centre Injection Therapist has successfully completed training to support demand for Botulinum Toxin injections and improved follow up care. The service has been well received and new Patient Group Directives have been submitted which will enable the physiotherapist to attain independent prescriber status. It is hoped that this service can be further developed in line with MDT collaboration to match Trust priorities.

A small additional resource for the Orthoptist service has been implemented in April 2016 to support to the MS Consultants and inpatient service and is extremely well utilised.

The department has been active in research and development. One of the Dietitians is undertaking a PhD with external funding from supplier Vitaflo and is working in collaboration with Dr Jenkinson, Consultant Neurosurgeon, and The University of Liverpool.

Two members of the team are undertaking their Master in Research, with support also being provided to both internal and external studies.

Rehabilitation

The Walton Centre is the hub of the Cheshire and Merseyside Rehabilitation Network formed in January 2013 to integrate complex rehabilitation services from hyper acute to community in the region.

The aim of the Network is to work in partnership across seven providers to deliver a high quality, fully co-ordinated and seamless pathway of care, of supported, active and extended rehabilitation with a multidisciplinary team of medical, therapy and nursing staff. The team is supported by other specialists in key areas such as rehabilitation co-ordination, clinical and neuro-psychology, neuro-psychiatry, vocational rehabilitation therapy, social support and clerical / administrative / managerial staff. Patients accessing the Network do so based on need not diagnosis following traumatic injury or illness.

After an independent review in 2015 commissioned by the Merseyside Clinical Commissioning Group (CCG), work has been ongoing to review the model. One of the outcomes of a Strategic Review workshop in January 2017 was the proposal to develop a Single Provider model and the Network will be working in collaboration with the CCGs and NHS England to achieve this over the next 12 months.

There has been ongoing work regarding the provision of level 2 beds (active rehabilitation) for the Cheshire patients and discussions are continuing with Wirral and Cheshire commissioners to agree a delivery of service.

The Sid Watkins level 2 spoke beds are now being fully utilised on an individual needs basis with patients from Warrington, Isle of Man, West Lancashire and Wales.

Workshops were held to further develop the Cheshire and Merseyside Values for staff and an award ceremony was held to recognise staff especially working to those values.

It has been recognised that more collaboration is required with the Acquired Brain Injury service delivered by NHS MerseyCare and a workshop is planned in February 2017 to process map how the two pathways can work in a more connected manner.

The Strategic Review Workshop in January 2017, which was attended by managers, clinicians, commissioners patient representatives and all other interested stakeholders looked at the progress of the Strategy over the last three years and how far the Network had developed since its inception. Five revised objectives were agreed for the next five years going forward in which the Network hopes to continue to develop and provide evidence-based quality complex rehabilitation to patients within the region.

Managers and Clinical Leads were asked to attend a number of workshops and conferences nationally to showcase the work of the Network and there were many visitors from around the UK to the Hub to review and discuss the model and benchmark their services against the Network model.

There has been continued work with the Education Group and the Rehabilitation Board approved a business case for them to work with John Moores University, Liverpool, to develop an accredited Masters level Complex Rehabilitation Module.

Neuropsychology

During 2016/17, the department commenced a new service for patients diagnosed with a functional neurological disorder. Run jointly by Neurology, Neuropsychology and Neuropsychiatry, the new assessment and therapy service for people is already showing excellent outcomes for patients. The service will be evaluated as part of the Vanguard Programme for hopefully long-term and further rollout. Building on the initial success of the new service, exploratory discussions are taking place for its further development to accommodate more complex patients who require longer treatment lengths that the current model allows and for the more severely physically affected patients through an in-patient service.

The department continues to maintain a high level of research activity, bringing in external research funding in collaboration with colleagues. Most recently, a successful collaboration between the Neuromyelitis Optica (NMO) service and Neuropsychology has resulted in securing in the region of £150k of research funding from Shire Pharmaceuticals to continue development work on a patient reported outcome measure in NMO. This will be a prestigious project as it will likely result in the Walton Centre leading both national and international validation studies and the measure created here will be a primary outcome measure in future NMO clinical trials.

Neuroradiology

During 2016/17 there have been a number of developments within the Neuroradiology Service. An MRI Neurography service is being developed, following a visit by Professor Chhabra from the University of Texas, Southwestern, who is renowned world-wide in MR Neurography. This is a novel technique to visualise the brachial plexus and lumbar spine plexus and various peripheral nerves. To the best of our knowledge there is no other centre in the UK that offers this service.

The Neuroradiology Intervention Consultants have been commissioned to provide a Vein of Galen service at Alder Hey Children's Hospital. This is the treatment of an uncommon vascular malformation in paediatrics and is closely linked to the Intervention team at Great Ormond Street Hospital in London.

The Department continues to invest in the development of its workforce. With the MRI Claustrophobia clinic continuing to have successful results, there has been an expansion in the number of Radiographers trained to provide this service. MR specialist Radiographers have also undertaken advanced practice, preparing and interviewing patients for MRI. This allows the department to meet increasing demand.

The Neuroradiology Department remains very research active in a clinically demanding environment. During the year there were 12 peer-reviewed publications involving the unit. The department is also involved in research projects in several other units, including projects in brain infection, epilepsy, brain tumour, pain management, neuroinflammation and neurointervention. The department is involved in several national grants, including the imaging lead for ROAM and DexENCEPH studies. One radiographer is undertaking Masters in Research. There is a post-doctoral research fellow researching functional MRI and epilepsy. There are also several PhD students from University of Liverpool researching brain tumour imaging and neuroinflammation.

Neurophysiology

Demand for Neurophysiology investigations continued to be high in 2016/17, together with an increase in referrals for more complex testing in long-term Electroencephalography (EEG) monitoring, electromyography (EMG) and intraoperative monitoring. In meeting this demand, the service continues to demonstrate excellent patient experience feedback from patient satisfaction surveys, which is monitored on a daily basis.

The Neurophysiology team place a high importance on the benefit of training and an excellent national reputation, with strong links with Manchester University and Manchester Metropolitan University to deliver the undergraduate and post graduate Clinical Physiologist training programme. In January 2017, the Trust successfully recruited a newly qualified Physiologist, who was on clinical placement within the department, via the three year BSc degree programme.

There is a national and international shortage of Consultant Neurophysiologists and this has presented issues historically for the service. In 2016/17 the team launched a bespoke recruitment campaign in the UK and across Europe and, as a result, successfully recruited an additional Consultant Neurophysiologist who will commence in post in May 2017.

In 2016/17, Neurophysiology began the first stage of self-assessment towards a nationally recognised accreditation standard called Improving Quality in Physiological Services (IQIPS). The self- assessment is managed by Royal College of Physicians (RCP) and awarded and monitored by United Kingdom Accreditation Services (UKAS). It is anticipated that this phase of self-assessment will take until 2017/18 to complete. Thereafter, if successfully accredited, the service will begin a four yearly cycle of continuous maintenance of standards in all aspects of Neurophysiology service delivery.

Pharmacy

Pharmacy services are provided via service level agreement with Aintree University Hospital NHS Foundation Trust. The clinical pharmacy service provided to inpatients has developed this year through the training of four specialist neurosciences pharmacists (including two new posts) as independent prescribers. These pharmacist prescribers are now participating in neurosurgery daily ward rounds, prescribing where appropriate for inpatients and writing discharge prescriptions. When same day admissions for elective surgery commence in 2017/18, the pharmacists will be part of the admissions process, reviewing and prescribing the patient's usual medicines. These roles enhance patient care and safety and frees up time for junior medical staff therefore have been well received. The specialist ITU pharmacist is currently training as a prescriber.

The role of non-medical prescribing in general and the numbers of staff qualified or training as non medical prescribers within the Trust have continued to increase, and during the year senior pharmacists have worked with nursing leads to improve the ongoing governance of non-medical prescribing.

During the year, Pharmacy has further developed the electronic prescribing web portal, which has many useful functions for ward pharmacists, nursing staff and the dispensary. For example, it allows automated labelling in the dispensary based on the patient's electronic prescription, improving efficiency and safety. Ward nurses can order all types of medicines electronically, view recent supplies, locate where non stock medicines may be obtained out of hours, and view whether discharge prescriptions are ready. It aids ward pharmacists in prioritising patients by highlighting those on medicines which require closer monitoring.

In accordance with national standards, pharmacy are now involved with the management of medicines which are dispensed and delivered to patients via external homecare companies, such as disease modifying therapies for multiple sclerosis. This involves pharmacist checks on clinical issues such as prescriptions and blood monitoring required, ensuring patient safety and financial governance through improved management of orders and invoices.

Estates and Facilities

The Trust is well underway with the iMRI Intra Operative Theatre Project which includes 2 additional theatres, one of which has a direct access into a MR scanner. The programme has exceeded expectations. The additional theatres and scanner came into operational use in March 2017. It is hoped that the Trust will continue in their winning ways in respect of building awards for this project.

Going concern disclosure

Following extensive enquiries, the directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. They have identified no material uncertainties that cast doubt on the Trust's ability to continue as a going concern. For this reason, they continue to adopt the going concern basis in preparing the accounts.



Chris Harrop, Chief Executive

19 May 2017

2ii Performance Report – performance analysis

The purpose of the performance report is to highlight the most important performance measures for the trust. The most significant performance areas are: quality and patient safety, finance and activity including referral to treatment targets. These are considered in detail below.

Financial Summary for the Year Ended 31 March 2017

The Trust delivered a £1,608k surplus for the financial year ending 31 March 2017. This position includes non-recurrent Sustainability and Transformation funding of £1,879k, which consists of £1,300k funding for meeting agreed financial and non-financial targets during the year and £579k 'incentive' funding for delivering year-end financial targets. The receipt of Sustainability and Transformation funding means that the Trust continues to have an underlying deficit. This reflects a challenging year for the Trust in the context of difficult circumstances facing the NHS and the wider health economy. The Trust faced specific challenges through a number of Carbapenemase-producing Enterobacteriaceae (CPE) cases in the year which caused issues for patient flow, reducing the amount of planned inpatient cases, although new methods of testing and managing this developed during the year have reduced the impact of this in the latter part of the year. The Trust has also had significant challenges with regard to patient acuity which required one to one therapeutic specialising care (one nurse or one healthcare assistant to one patient and sometimes two to one in some instances). This put significant pressure on healthcare assistant nursing agency usage at the beginning of the year and facilitated investment in a dedicated, substantive healthcare assistant nursing 'pool' for specialising to reduce the requirement on agency and resulted in a significant reduction in nurse agency expenditure in the second half of the year. Investment in the dedicated healthcare assistant nursing 'pool' resulted in monthly Trust expenditure on agency being below the maximum level set by NHS Improvement for the last seven months of the financial year. The identification and delivery of recurrent efficiency savings has also proved a challenge for the organisation during 2016/17.

Table 1 sets out the reconciliation of the annual accounts to the Trust's Normalised Trading Surplus for the year ended 31 March 2017.

Table 1

	£'000
Surplus for the year per statement of comprehensive income	4,346
Normalisation adjustment:	
Capital donation from the Charitable Fund	(2,044)
Reversal of impairment on Sid Watkins Building	(694)
Normalised Trading Surplus	1,608

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

Following the building of 2 new theatres and the purchase of an intraoperative MRI machine during 2016/17, the Trust followed good accounting practice and ensured a valuation of the Trusts land and buildings was undertaken by an independent external valuer. During 2016/17 following a review of the Trust's assets, £3,046k net impairments were identified. This consisted of £694k relating to a reversal of a previous impairment of the Sid Watkins land and building charged against operating surplus (following an upward revaluation of the Sid Watkins building) and £3,740k relating to a net impairment of land and buildings charged against the revaluation reserve for the Walton Centre site. 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.

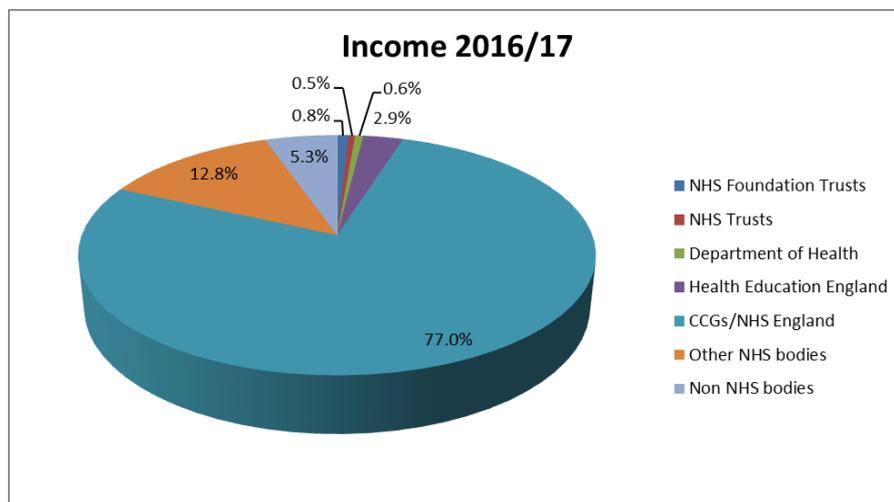
Income

The Trust has seen Income (turnover) growth of £9.7 million from the previous year (year ending 31 March 2017) which represents an 8.8% increase. This includes £1.9m Sustainability and Transformation funding and a £2.1m charitable donation towards the intraoperative MRI machine. The Trust receives the largest element of its Income from NHS England for the provision of Specialised Prescribed Services, the scope and coverage of which can be found in section 8 of this report. The Trust received £87.7 million from NHS England/ CCGs in the year ending 31 March 2017, an increase of £4.6 million (5.5%) on the previous financial year. This reflects the additional activity undertaken by the Trust on behalf

of NHS England / CCGs as well as the increased acuity of patients treated by the organisation.

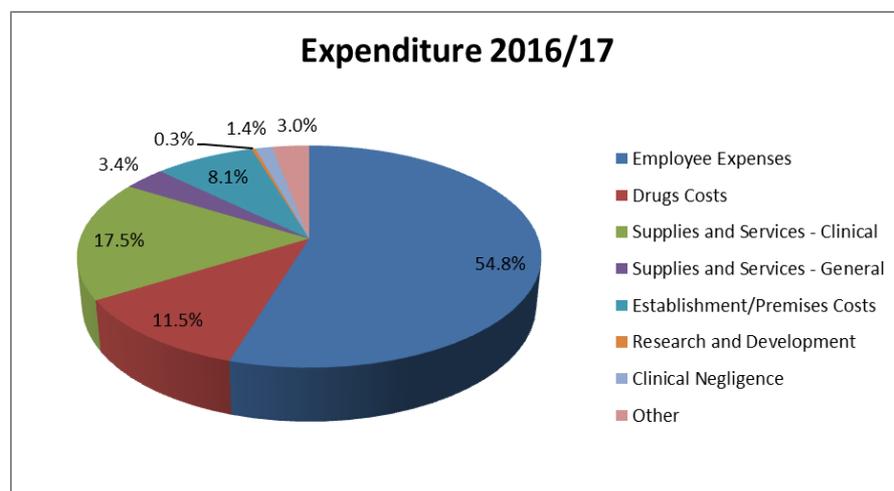
In addition, the Trust receives £15.0 million from Welsh Health Specialised Services Committee (WHSSC) for provision of services to the population of (mainly) North Wales, both through outreach clinics held within hospitals within Wales and for Welsh patients attending The Walton Centre, either as an out-patient or in-patient. This reflects a 2% increase from the previous year.

The Trust also receives other significant amounts of income and the following pie chart sets out the main sources of income for the Trust in 2016/17.



Expenditure

In line with the growth in income (turnover), the Trust has seen an increase in Operating Expenses of £5.0 million (4.6%) compared to the previous year. The following pie chart sets out the main components of expenditure incurred by the Trust in 2016/17.



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 Trust spent £63.3 million on staffing during 2016/17 which is an increase of £2.7 million (4.4%) on the previous year. Much of this was due to the planned investments in staffing to deliver the growth in services. However, as noted above, some of this related to patient acuity and the necessity of delivering more one to one therapeutic specialing, and the later development of a dedicated specialing pool of healthcare assistants. The average number of whole time equivalent (WTE) staff has increased by 38 from the previous year. The majority of the increase in whole time equivalent numbers is due to staff who have been employed on a temporary/ fixed term basis to deliver the Vanguard programme.

Delivery of Efficiency (Cost Improvement Programme)

The Trust, in line with all Trusts, is required to deliver efficiency savings on an annual basis as part of the delivery of the Trust's financial plan for the year. Within the financial plan set at the start of the financial year was the requirement to deliver £4.7 million of efficiency savings to ensure the overall delivery of the financial plan. As at 31 March 2017 the Trust had achieved £2.8m of recurrent savings, which represents 62% of the planned level. This represents 2.5% of the Trusts operating expenses. £1.9m of recurrent savings were not delivered during 2016/17 but additional savings were found through a number of non-recurrent measures and the £1.9m recurrent shortfall has been carried forward into the 2017/18 efficiency target. All identified savings schemes are subject to Quality Impact Assessments and approved by the Medical Director and Director of Nursing to ensure that there is no adverse impact on patient safety or quality.

Investments in Trust Infrastructure and Equipment

The Trust spent £10m of capital expenditure in 2016/17. The majority of this investment was on a strategic investment programme that commenced in 2015/16, namely two new theatres and an intraoperative MRI scanner (£7.7m) which came into operational use in March 2017.

This was partly funded through charitable donations as well as a loan received from the Department of Health. In addition to this, capital has been spent on equipment and machinery related to the general running of hospital services.

Table 2 below sets out the major components of the Trust's capital investment expenditure programme for the year ended 31 March 2017.

Table 2

Division	2016/17 £'000
Strategic investment programme	7,683
Estates	455
IM&T	573
Neurology (incl. Radiology)	329
Neurosurgery	912
Corporate	40
Total	9,992

Going Concern

Following extensive enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. They have identified no material uncertainties that cast significant doubt on the Trust's ability to continue as a going concern. For this reason, they continue to adopt the going concern basis in preparing the accounts.

The main factors in reaching this conclusion are:

- The Trust's latest two year plan forecasts a surplus position across the period;
- 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;
- 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.

Forward Look

The financial year 2017/18 will be another challenging year for the NHS as a whole. Plans are in place to ensure that the Trust will continue to deliver against its terms of licence as a Foundation Trust by delivering excellent, safe, high quality patient care. The control total proposed by NHS Improvement is a £3.5m surplus and the Trust has set plans to achieve this. This predicted performance is driven by the continued increase in historic referral trends but delivered in an efficient and effective manner. The plan includes a cost improvement programme of £3.9 million, with year-end cash balances projected to be c£12.8 million.

The Trust has been successful in its application for the second year as an acute care Vanguard and will receive £1.75 million in funding from NHS England to deliver its neuro-network Vanguard during 2017/18.

Risks and Uncertainties

There continues to be a good deal of uncertainty within the NHS and the Trust is managing a number of risks and issues. These can be broadly categorised into the following 4 main headings.

- **Productivity:** ensuring the performance levels necessary to meet patient demand and continue to deliver access targets and financial plans.
- **Workforce:** recruitment retention and succession planning of the right workforce at the right time to deliver the increase in activity.
- **Healthcare acquired infections:** continued control of infections and management of newly emerging infections.
- **Commissioner decisions:** the funding available to commissioners and how/where commissioning decisions are taken:
 - In 2017/18 a block contract has been agreed with North Mersey CCG's as part of an 'Acting as one' arrangement across the Merseyside region. This means that non-specialist activity levels are fixed to outturn plus 1% and any performance above this level will not be funded and as such creates some risk if referrals exceed agreed growth levels.
 - Changes to the tariff are being introduced in 2017/18 which recognise the increased cost of providing specialist services. However Welsh Health Specialist Services Committee have stated that the tariff does not apply to devolved administrations and at this point are not be accepting the increased charges as a result of the change in tariff.

Principal Risks

The principal risks facing the Trust are:

- Failure to achieve CIP financial plans in accordance with the strategic plan;
- Failure to deliver financial stability in the medium term due to changes in the NHS economic environment e.g. tariff changes;
- Failure of Welsh Health Specialised Services Committee to pay tariffs at HRG4+ levels;
- Failure to meet neurosurgery and pain RTT targets required by NHS Improvement and NHS England.

The above risks have been assessed and have been rated at 16. Risks rated below 16 are reported in the annual governance statement. All these risks are recorded on the Board Assurance Framework.

During the year 2016/17 the Trust experienced an increase in the number of violent and aggressive incidents from patients against staff. These incidents were dealt with on an individual basis with staff and patient safety being considered a priority. A number of mitigating actions were implemented, such as increased specialising, support by police, Local Security Management Specialist and the security department. Staff were supported throughout all the events. The Trust provided the opportunity to share experiences so that lessons were learned in order to prevent reoccurrence.

2016/17: Activity

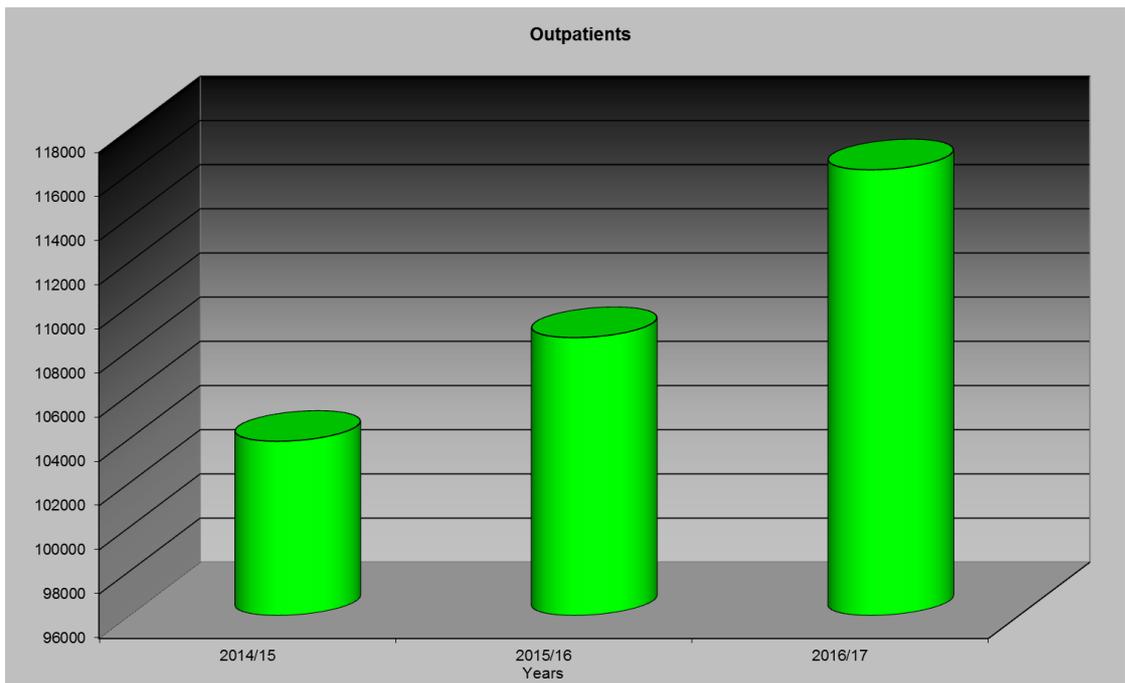
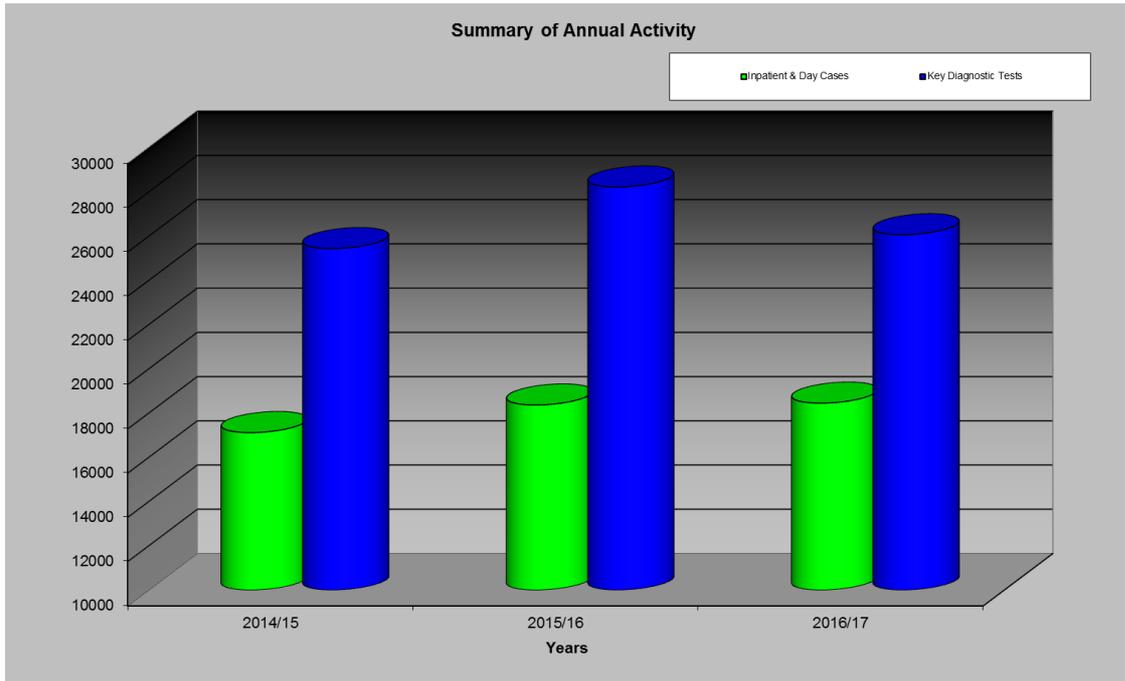
During 2016/17, the Trust's inpatient/day case activity has grown by 0.45% in comparison to 2015/16. There has been an increase in elective activity of 4.66% and an increase of 0.55% in day cases, but decrease in non-elective activity of 6.63% when compared to 2015/16.

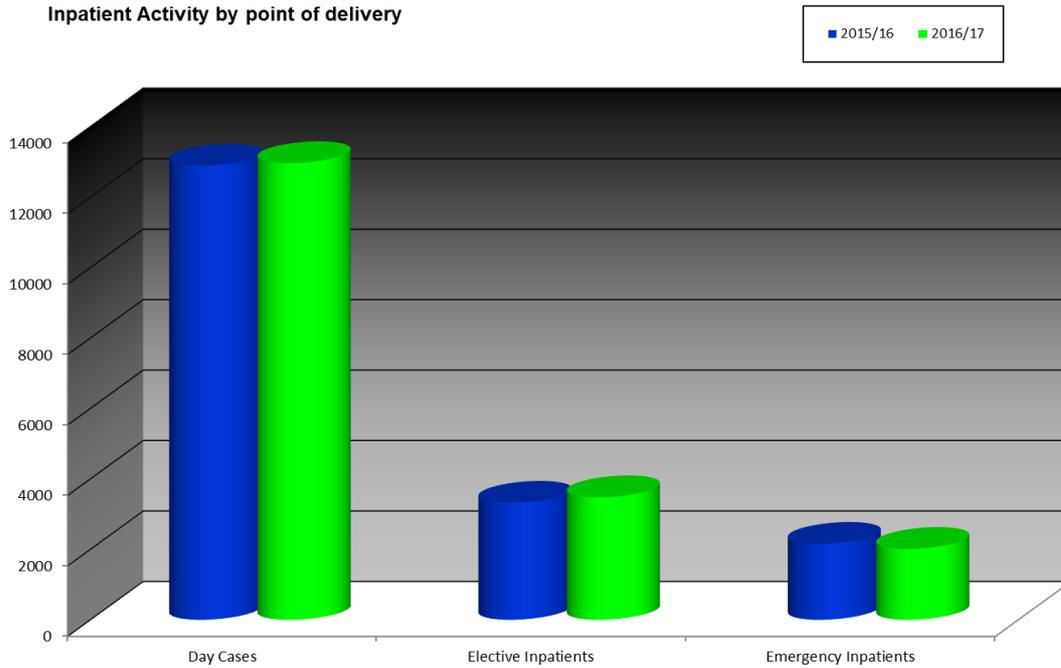
Summary of Activity

Table 3 shows key activity for 2016/17 compared to previous years.

Table 3

	2012/13	2013/14	2014/15	2015/16	2016/17
Day cases	9,500	10,254	11,405	12,893	12,964
Inpatients	5,254	5,773	5,719	5,479	5,491
Outpatients	92,888	100,911	103,891	108,582	116,177
Key diagnostic tests	23,913	25,336	25,442	28,229	26,069





Bed Occupancy Rates

Bed occupancy is measured in line with the relevant national definition and reflects occupancy at midnight. This can vary by 1-3% from the measurement of occupancy levels at other times throughout the day. Overall for 2016/17 the average bed occupancy for the Trust's main wards (i.e. excluding Critical Care and the Neuro Rehabilitation Unit (NRU)) was 86.9%, an increase of 0.8% on 2015/16. Table 4 below gives the breakdown of occupancy rates for 2016/17.

Table 4

Main Wards	Q1	Q2	Q3	Q4	Overall
2015/16	82.6%	88.0%	87.5%	86.3%	86.1%
2016/17	87.8%	88.1%	85.2%	86.6%	86.9%

Critical Care	Q1	Q2	Q3	Q4	Overall
2015/16	82.9%	87.4%	87.2%	89.5%	86.8%
2016/17	85.9%	82.3%	83.7%	80.9%	83.2%

NRU	Q1	Q2	Q3	Q4	Overall
2015/16	91.0%	87.6%	93.4%	93.4%	91.4%
2016/17	94.0%	93.0%	91.2%	89.4%	91.8%

2016/17: Referral to Treatment Target (RTT)

The Walton Centre has consistently achieved its access standards during 2016/17, with the most recent figures for Q4 showing a performance of over 96% against the 92% open pathways target. Maintenance of performance has been challenging owing to internal bed capacity pressures, an outbreak of CPE colonisation and the whole system bed pressures reducing our ability to repatriate patients.

Table 5 represents an overview of Trust performance against national priorities the single oversight framework published by NHS Improvement

Table 5

Performance Indicator	2015/16	2016/17	2016/17
	Performance	Target	Performance
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	97.29%	92%	96.44%
All Cancers: 62 days wait for 1st treatment from urgent GP referral to treatment	85.71%*	85%	100%
All Cancers: Maximum wait time of 31 days for second or subsequent treatment: surgery	100%	94%	96.43%
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	100%	93%	99.66%
Incidence of Clostridium difficile	9	10**	9
Compliance with requirements regarding access to healthcare for people with a learning disability	Achieved	Achieved	Achieved
*The under performance is due to a single breach. Under Monitor definitions they will not consider there to be a breach where a Trust fails an individual cancer threshold but reports only a single breach in the quarter.			
**Threshold set by Public Health England			

The Environment

The Trust has continually undertaken and monitored a number of measures during the year to reduce its impact on the environment. We have recently re-tendered our confidential

waste disposal service whereby the shredded items are reproduced into other paper products.

3i Accountability Report – directors’ report

Directors

The Board of Directors is responsible for ensuring that the services the Trust provides are evidence based, safe, underpinned by quality and are delivered in a cost-effective way in order to meet the needs of patients, carers and the wider community and partner organisations. In doing so, the Board of Directors ensures that the Trust complies with its provider licence and all statutory obligations.

Until 30 August 2016, the Board of Directors comprised of the Chairman and Chief Executive plus six independent non-executive directors, five voting executive directors and one non-voting corporate director. Following a board level restructure, from 1 September 2016 until 31 October 2016 the Board of Directors comprised of the Chairman and Chief Executive plus six independent non-executive directors and five voting executive directors. From 1 November 2016 the Board of Directors comprised of the Chairman and Chief Executive plus five independent non-executive directors, four voting executive directors and one non-voting corporate director.

The directors have collective responsibility for setting strategic direction and providing leadership and governance. The Trust’s Scheme of Reservation and Delegation sets out decisions which are the responsibility of the Board of Directors, those which have been delegated to a committee of the Board of Directors and those delegated to the Executive Team. A copy of the Scheme of Reservation and Delegation is available from the Deputy Director of Governance:

- By telephone: 0151 529 8523
- By post:
 - Ann Highton
 - Deputy Director of Governance
 - The Walton Centre NHS Foundation Trust
 - Lower Lane
 - Fazakerley, L9 7LJ

The Board of Directors meet in public. The current Board of Directors are:

Ken Hoskisson, Chairman

Mr Hoskisson was appointed Chairman at The Walton Centre NHS Trust in 2006 and is a former senior police officer in Merseyside. He first joined the NHS in 1996 as a Non-Executive Director at Aintree University Hospitals NHS Trust (now Aintree University Hospital NHS Foundation Trust) and was later appointed Chairman of the Cardiothoracic Centre NHS Trust (now Liverpool Heart and Chest NHS Foundation Trust) in 2002. Two years later, he moved on to the Mersey Regional Ambulance Service (now North West Regional Ambulance Service). Mr Hoskisson is also Chairman of Woodlands Hospice and Chairman of the Mersey Committee of SaBRE (Supporting Britain's Reservists and Employers).

This year marks Ken's departure as Chairman after 10 years at the Trust.

Ken has made a significant contribution to The Walton Centre, and is popular with staff and patients alike. During Ken's time at The Walton Centre, he has seen the hospital obtain Foundation Trust status, the opening of the Sid Watkins Building, and the Trust achieve an Outstanding rating following its CQC inspection. His valuable experience and unwavering commitment to leading the Trust has helped see it through continued expansion and change.

Ken has taken a great interest in the Trust's charity, in particular supporting the Home from Home Appeal to successfully fund on-site relatives' accommodation for the families of critically ill patients. He has also taken great care to recognise the contribution of the hospital's volunteers, and to attend and support a whole spectrum of Trust events and meetings.

Ken will be greatly missed by staff and patients, and we wish him well in his retirement. Mr Hoskisson retired as Chairman on 31 March 2017.

The Trust undertook a recruitment process in the latter half of 2016, with interviews on 22nd November 2016. Janet Rosser was the successful candidate who has succeeded Ken as Trust Chair from 1 April 2017, as agreed by the Council of Governors in December 2016.

Non-Executive Directors

Janet Rosser, Deputy Chair and Senior Independent Director

Mrs Rosser was appointed as a Non-Executive Director at The Walton Centre in 2006 and was previously a corporate lawyer working for Eversheds, one of the largest law firms in Europe. Since leaving Eversheds, Mrs Rosser has been an author and editor for an international law publisher. Mrs Rosser's final term of office ended on 31 October 2016.

Following a successful recruitment process, Mrs Rosser has succeeded Mr Hoskisson as Trust Chair from 1 April 2017.

Alan Sharples, Non-Executive Director

Mr Sharples was appointed as Non-Executive Director at The Walton Centre in 2011 and is a former Director of Finance, Information and Commissioning at Alder Hey Children's NHS Foundation Trust and has 33 years' experience of financial management in the public sector, 17 years of which were at Board level. He is a former president of the North Wales branch of the Institute of Revenues, Rating and Valuation (IRRV), Vice-Chairman of the North Wales Local Authority Chief Finance Officers' Association and is a trustee of the charity Vision for Children. Mr Sharples' final term of office was due to end May 2017. However, the Council of Governors agreed a further one year term to May 2018 to ensure continuity at the Board, due to the departure of Mrs Rosser whose final term ended in October 2016 and Mr Hoskisson's retirement in March 2017.

Ann McCracken, Non-Executive Director

Mrs McCracken was appointed as a Non-Executive Director at The Walton Centre in 2012 and has worked in communications throughout her career having started as a journalist and trained on weekly newspapers in Sefton before working in Wrexham, local radio and with the Liverpool Daily Post where she was Assistant Chief Sub Editor. A move into the private sector saw Mrs McCracken as editor of British Telecom's internal newspaper. She held several roles with the company in Corporate Social Responsibility, Press, Public Relations and Relationship Management before joining O2 where she was Head of Communications for the North of England. Mrs McCracken was a Non-Executive Director with the Royal Liverpool and Broadgreen University Hospitals NHS Trust and spent 10 years on the board of Liverpool Women's NHS Foundation Trust, latterly as Deputy Chair. Mrs McCracken became the Deputy Chair and Senior Independent Director on 1 November 2016. Mrs McCracken's current term of office is to June 2018.

Seth Crofts, Non-Executive Director

Mr Crofts 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. Mr Crofts 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. He is also a Trustee at Parkhaven Trust, a registered charity which provides a wide range of services to support people with dementia, older people and people with learning and physical disabilities. Mr Crofts was appointed as a Non-Executive Director at The Walton Centre in 2013. Mr Croft's current term of office ends on 31 October 2019.

Sheila Samuels, Non-Executive Director

Following early retirement in 2011 after over 30 years' experience in the public sector, Mrs Samuels studied full time and gained an MSc in Humanitarian Studies. She has subsequently been involved in some human resource, organisational development and governance consultancy projects within the NHS and voluntary sector. Mrs Samuels was previously the Human Resources Director at St Helens Council, North West Ambulance Service and latterly Warrington and Halton NHS FT where her role was Executive Director of Organisational Development and Governance. Mrs Samuels was appointed as Non-Executive Director in September 2015 and the end of her term is 31 August 2018.

Dr Peter Humphrey, Non-Executive Director

Dr Humphrey qualified in Medicine from Oxford University in 1972. He trained in Oxford, Southampton and London and was appointed Consultant Neurologist at The Walton Centre in 1983. Dr Humphrey has had a major interest in cerebrovascular disease and set up the first One Stop TIA Clinic in the UK in 1983. He remained at The Walton Centre as a Consultant Neurologist until 2006 when he retired from full time practice having been Medical Director; he continues to practice part time. Dr Humphrey has served as the Secretary of the Association of British Neurologists, President of the North of England Neurological Association and President of the British Association of Stroke Physicians. Dr Humphrey was appointed as a Non-Executive Director in August 2015 and the end of his term is 31 August 2018.

Executive Directors

Chris Harrop, Chief Executive

Mr Harrop qualified as a Public Chartered Accountant (Chartered Institute of Public Financial Accountants) at Liverpool John Moores University in 1994 and joined The Walton Centre as Director of Finance in 2004. With over 25 years NHS experience covering community, acute and specialised services Mr Harrop was appointed as the Trust's Chief Executive from 1 April 2014. Mr Harrop is also a qualified Executive and Business coach.

Jayne Wood, Director of Operations and Performance

Mrs Wood joined The Walton Centre as Director of Operations and Performance in July 2014 from University Hospital South Manchester NHS Foundation Trust (UHSM) where she held the position of Divisional Director of Operations for Clinical Support Services. Mrs Wood commenced her NHS career in 1985 as a clinical pharmacist. Later she undertook a number of clinical and managerial roles culminating in being appointed Chief Pharmacist at North Manchester General Hospital before moving into General Management at Pennine Acute Trust in 2002. Mrs Wood was appointed as a Fellow of the Institute of Healthcare Management in 2009. Mrs Wood left the Trust on 31 August 2016.

Dr T Peter Enevoldson, Medical Director (until 31 August 2016)

Dr Enevoldson has been the Medical Director at The Walton Centre since April 2006. He has been a consultant neurologist with special interests in Stroke and Neuro-Ophthalmology since 1993 and started his training at Oxford, where he also did three years research before completing his clinical student training at St. Mary's Hospital, London. His general physician's training was in Newcastle before specialising in neurology at various hospitals in London. Dr Enevoldson retired from the role of Medical Director on 31 August 2016.

Dr Andrew Nicolson, Medical Director (from 1 September 2016)

Dr Nicolson is a Consultant Neurologist with a special interest in epilepsy. He is an Honorary Lecturer at the University of Liverpool. Dr Nicolson was appointed as Medical Director with effect from 1 September 2016.

Mike Burns, Director of Finance

Mr Burns joined the Walton Centre in September 2012 as Deputy Director of Finance. From November 2015, he held the post as Interim Director of Finance prior to being appointed as Director of Finance in March 2016. He was born and educated in Liverpool, culminating in a BSc (Hons) in Economics and qualifying as a Chartered Management Accountant

(Chartered Institute of Management Accountants [CIMA]) in 2001. Mr Burns previously worked in the NHS at regional level and has previous experience in management consulting, banking, retail and financial services.

Hayley Citrine, Director of Nursing, Operations and Quality

Ms Citrine joined The Walton Centre in April 2014 as Director of Nursing and Quality. Ms Citrine started her career in the NHS in 1985 and has worked as Acting Chief Nurse at East Lancashire Hospital Trust and 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 NHS Trust, Salford Royal NHS Foundation Trust and Warrington and Halton Hospitals NHS Foundation Trust. Ms Citrine holds a Diploma in Nursing, a Diploma in Counselling Skills, a BA (Hons) in Health Studies and is a Master Practitioner in Neuro-Linguistic Programming. In September 2016 Hayley expanded her role to cover operations and performance having previously worked in an operational role and is now Director of Nursing, Operations and Quality.

Stuart Moore, Director of Strategy and Planning / Deputy Chief Executive

Mr Moore joined The Walton Centre as Director of Strategy and Planning in April 2012 from the Royal Liverpool & Broadgreen University Hospitals NHS Trust, where he had been Deputy Project Director for the redevelopment of the Royal Liverpool University Hospital. Following a degree in mathematics from Cambridge University, he began his career on the Civil Service training scheme at the Department of Health. After a range of policy posts, he was seconded to Sheffield Health Authority as Assistant General Manager, returning to the Department of Health to manage the annual spending negotiations with the Treasury. He then held a range of posts at the Royal Liverpool and Broadgreen University Hospitals NHS Trust from 1996, including directorate manager, Head of Planning and Performance, Deputy Chief Executive and acting Project Director.

Corporate Director

Mike Gibney, Director of Workforce

Mr Gibney, previously at Cheshire and Merseyside Commissioning Support Unit, has worked in charitable organisations and local government, including nine years in Social Services.

He joined the NHS four years ago, through the Gateway to Leadership Scheme. His role at

The Walton Centre includes responsibility for HR, Training and Development, Communications and Fundraising.

Independence of Non-Executive Directors

All of the Trust's Non-Executive Directors are considered to be independent and there are no relationships or circumstances that are likely to affect any director's judgment as evidenced by their declaration of interests.

Appointment and Termination of Non-Executive Directors

Non-Executive Directors are appointed by the Council of Governors for a term of three years, at the end of this period, Non-Executive Directors are eligible for re-appointment for a further three years in compliance with the Monitor's NHS Foundation Trust Code of Governance. Removal of the Chairman or another Non-Executive Director is in accordance with the Trust's Constitution.

Balance, Completeness and Appropriateness

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

Board of Directors Performance Evaluation

During 2016/17, the Trust's Chairman undertook a performance evaluation of the Non-Executive Directors which was reported to the Council of Governors in December 2016. The Chief Executive Officer evaluated the performance of all Executive Directors. The performance evaluation of the Trust's Chairman was undertaken by the Lead Governor and the Senior Independent Non-Executive Director and was reported at the Annual Members' Meeting in September 2016. All directors are compliant with the Fit and Proper Persons Test as required by Monitor's provider licence.

Table 6 represents the attendance at meetings of the Board of Directors 01 April 2016 – 31 March 2017:

Table 6

	04/16	05/16	06/16	07/16	09/16	09/16 Extra-ordinary Board	10/16	11/16	01/17	02/17	03/17
K Hoskisson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
M Burns	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
H Citrine	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓
S Crofts	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓
P Enevoldson	✓	✓	A	✓							
M Gibney	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C Harrop	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
P Humphrey	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓
A McCracken	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
S Moore	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A Nicolson					✓	✓	✓	✓	✓	✓	✓
J Rosser	✓	✓	A	✓	✓	✓	A				
A Sharples	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
S Samuels	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓
J Wood	✓	✓	✓	✓							

KEY: ✓ = Present A = Apologies

Director's Register of Interests

A register is kept of Directors' interests. Access to the register can be gained by contacting the Director of Finance:

- By telephone : 0151 529 5516 (Secretary)
- By post:
Director of Finance
The Walton Centre NHS Foundation Trust
Lower Lane, Fazakerley
L9 7LJ

The directors or governors do not hold any other significant interests or company directorships which may conflict with their management responsibilities

Directors' Expenses

Expenses claimed by directors, in accordance with the Trust's constitution, are tabulated in table 7 below to the nearest £100.

Table 7

Name	2016/17 £'00	2015/16 £'00
M Burns (from 01/11/15)	2	0
H Citrine	0	0
P Enevoldson (to 31/08/16)	1	8
M Gibney	6	3
C Harrop	1	2
S Kennedy (to 31/10/15)	N/A	0
S Moore	4	1
A Nicolson (from 01/09/16)	0	N/A
J Wood (to 31/08/16)	1	1
D Chadwick (to 30/06/15)	N/A	0
S Crofts	0	0
K Hoskisson (to 31/03/17)	2	6
P Humphrey (from 01/09/15)	0	3
A McCracken	1	7
J Rosser (to 31/10/16)	1	0
S Samuels (from 01/09/15)	2	0
A Sharples	2	2
W Williams (to 31/07/15)	N/A	0

Disclosure 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.

Accounting Policies for Pensions and Other Retirement Benefits

Accounting policies for pensions and other retirement benefits are set out in note 4 to the accounts and the details of senior employees' remuneration can be found in Section 3ii of the Annual Report on Remuneration.

Provision of Goods and Services for the Purposes of the Health Service

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 (0.2% of total income) and research and medical income which are utilised to enhance the provision of the Trust's clinical services and the patient experience.

Better Payment Practice Code

The Better Practice Payment Code 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 8 below summarises our performance in 2016/17:

Table 8

Better Payment Practice Code - Measure of Compliance	2016/17	
	Number	£'000
Non-NHS Creditors		
Total non-NHS trade invoices paid in the year	24,070	55,394
Total non-NHS trade invoices paid within target	23,077	52,903
Percentage of non-NHS invoices paid within target	95.9%	95.5%
NHS Creditors		
Total NHS invoices paid in the year	1,515	20,729
Total NHS invoices paid within target	1,329	18,006
Percentage of NHS invoices paid within target	87.7%	86.9%

Disclosures required under schedule 7

Disclosures required under schedule 7 of the large and medium sized companies and groups (accounts and reports) regulations 2008 are included in the Annual Report on Remuneration in section 3ii.

The Trust has not received any political donations during the year 2016/17.

Enhanced Quality Governance Reporting

Quality governance and quality are discussed in more detail in sections 3vii and 4 of this document.

There are no material inconsistencies between the Annual Governance Statement, the board statements required by the Risk Assessment Framework and any Care Quality Commission reviews.

For each director at the time that this report is approved:

- So far as the director is aware, there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware and
 - The director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditor is aware of that information.
- 'Relevant audit information' means information needed by the NHS foundation trust's auditor in connection with preparing their report.

Each director is regarded as having taken all the steps that they ought to have taken as a director in order to do the things mentioned above, and:

- Made such enquiries of his/her fellow directors and of the company's auditors for that purpose; and
- Taken such other steps (if any) for that purpose, as are required by his/her duty as a director of the company to exercise reasonable care, skill and diligence.



Chris Harrop, Chief Executive

19 May 2017

3ii Accountability Report – remuneration report

Annual Statement on Remuneration

There were no changes made to very senior manager pay structure during the financial year from 1 April 2016 to 31 March 2017, however a member of the executive team left the organisation through an agreed redundancy scheme that was open to all staff. Elements of this role have been redistributed across the executive team resulting in a change to the remuneration for the Director of Nursing, Operations & Quality as agreed by the Remuneration Committee in August 2016.

Senior Managers' Remuneration policy

Future Policy table

The table is contained in the report within section 3, and does not have any particular arrangements which are specific to any individual senior manager.

Directors' Contracts, Terms and Conditions

Executive and Corporate Directors' contracts are permanent on appointment and new Executive and Corporate Directors are subject to a period of six months' notice and are entitled to NHS redundancy payments should their posts be made redundant.

Policy on Payment for Loss of Office

The Trust has standard NHS contracts of employment.

The Trust's Remuneration Committee in March 2015 introduced a four point scale for each of the executive director posts and agreed that all increment dates would be harmonised over the year with directors moving to the next point of their pay scale on their existing increment date, then all increment dates changing to 1 April with effect from 1 April 2016. Consequently, all executive directors now have a harmonised incremental date of 1st April.

Table 9 represents the Senior Manager * breakdown by male and female as at 31 March 2017

Table 9

MALE	8
FEMALE	37
TOTAL	45

**Band 8b and above (excluding medical staff and senior clinical staff with no departmental management responsibility)*

Annual Report on Remuneration

Remuneration Committee

The Trust has established a committee of Non-Executive Directors in order to ensure effective governance in respect of the appointment, remuneration, allowances and other terms / conditions of office of the chief executive, other executive directors, corporate directors and senior managers not covered under Agenda for Change terms and conditions. The Committee regularly review the structure, size and composition (including the skills, knowledge and experience) required of the Board of Directors and makes recommendations to the Board with regard to any changes. It also gives full consideration to, and makes plans for, succession planning for the chief executive and other executive directors taking into account challenges and opportunities facing the Trust and the skill and expertise needed.

The Committee is responsible for identifying and nominating for appointment, candidates to fill posts within its remit as and when they arise and for identifying and nominating a candidate, for approval by the Council of Governors, to fill the position of chief executive. Before an appointment is made the Committee evaluates the balance of skills, knowledge and experience on the Board of Directors, and in the light of this evaluation, prepares a description of the role and capabilities required for a particular appointment. The Committee also considers any matter relating to the continuation in office of any executive director at any time including the suspension or termination of services of an individual as an employee of the Trust. Members of the Remuneration Committee for 2016/17 were:

- Ken Hoskisson (Chair) [KH]
- Janet Rosser [JR] until 31 October 2016
- Alan Sharples [AS]
- Ann McCracken [AMc]
- Seth Crofts [SC]

- Dr Peter Humphrey [PH]
- Sheila Samuels [SS]

The Remuneration Committee convened four times during the reporting period as detailed in table 10 below:

Table 10

Date	KH (Chair)	JR	AS	AMc	SC	PH	SS
07/16	✓	✓	✓	✓	✓	✓	✓
08/16	✓	✓	✓	✓	✓	A	✓
11/16	✓		✓	✓	A	✓	✓
01/17	✓		✓	✓	✓	A	✓

KEY: ✓ = Present A = Apologies

The Director of Workforce and the Chief Executive provide advice to the Remuneration Committee, as and when required. There is also a Governors' Nominations Committee which is responsible for considering nominations and remuneration for non-executive directors.

Current members of the Nominations Committee are:

- Ken Hoskisson, Trust Chairman
- Louise Ferguson, Nominations Committee Chair and Public Constituency Governor
- Colin Cheesman, Public Constituency Governor
- Ella Pereira, Stakeholder Governor

The Nominations Committee convened four times during the reporting period as detailed in table 11 below:

Table 11

Date	Ken Hoskisson	Louise Ferguson	Colin Cheesman	Ella Pereira
17/05/16	✓	✓	✓	✓
12/07/16	✓	✓	✓	✓
09/09/16	✓	✓	✓	✓
22/11/16	✓	✓	✓	✓

Directors Remuneration

Executive and corporate directors' terms and conditions of service and salaries are determined by the Trust's Remuneration Committee. When determining the terms and conditions of executive and corporate directors the Remuneration Committee pay regard to a comparison with salaries in other foundation and specialist trusts across the local health economy.

Non-executive directors' remuneration is determined by the Governor Nominations Committee who make their recommendations to the Council of Governors.

The Trust's Policy on Pay

The Trust employs the majority of staff on national Agenda for Change or Consultant Contract Terms and Conditions. This is national policy and therefore a local Trust policy is not applicable. How the national policy is applied locally is agreed through the Trust's Staff Partnership Committee and Local Negotiating Committee (for medical staff). Director remuneration (for voting and non-voting directors) is agreed through the Trust's Remuneration Committee as outlined in the Remuneration Committee's terms of reference.

Where senior managers were paid in excess of £142,500 the Trust has reviewed the remuneration in relation to the duties performed and remuneration paid in similar organisations for similar roles and has concluded that the remuneration is fair and reasonable.

REMUNERATION REPORT

Fair Pay Multiple

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 £29,333 (2015/16: £28,900). The highest paid director is the Medical Director who received £163,172 remuneration before retirement (2015/16: £214,611). This is 5.9 times the median remuneration (2015/16: 7.4 times).

In 2016/17, 10 employees, all doctors, received remuneration in excess of the highest paid director (2015/16: none). Remuneration ranged from £11,637 (2015/16: £11,260) to £210,200 (2015/16: £214,661). The lowest paid employee in 2015/16 was a trainee cadet.

Total remuneration (found in tables 12 and 13 below) 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.

Table 12

Remuneration and Pension Entitlements of Senior Managers

Name	Position	1 April 2016 - 31 January 2017									1 April 2015 - 31 March 2016										
		Salaries and Fees			Taxable Benefits	Pension Related Benefits			Total			Salaries and Fees			Taxable Benefits	Pension Related Benefits			Total		
		(Bands of £5,000)			£00	(Bands of £2,500)			(Bands of £5,000)			(Bands of £5,000)			£00	(Bands of £2,500)			(Bands of £5,000)		
Burns M	Acting Director of Finance (01/11/15 to 31/03/16); Director of Finance (from 01/04/16)	105	-	110	0	42.5	-	45	145	-	150	30	-	35	1	27.5	-	30.0	60	-	65
Citrine H	Director of Nursing and Modernisation (to 31/08/16); Director of Nursing, Operations and Quality (from 01/09/16)	115	-	120	0	50	-	52.5	165	-	170	95	-	100	0	67.5	-	70.0	165	-	170
Chadwick D	Non-executive Director (to 30/06/15)	N/A	-	N/A	N/A	N/A	-	N/A	N/A	-	N/A	0	-	5	0	N/A	-	N/A	0	-	5
Crofts S	Non-executive Director	10	-	15	0	N/A	-	N/A	10	-	15	10	-	15	0	N/A	-	N/A	10	-	15
Enevoldson P	Medical Director (to 31/08/16)	85	-	90	0	N/A	-	N/A	85	-	90	210	-	215	0	N/A	-	N/A	210	-	215
Gibney M	Director of Workforce	90	-	95	0	82.5	-	85	170	-	175	80	-	85	0	47.5	-	50.0	130	-	135
Harrop C	Chief Executive	155	-	160	2	110	-	112.5	265	-	270	145	-	150	29	55.0	-	57.5	205	-	210
Hoskisson K	Chair (to 31/03/17)	40	-	45	14	N/A	-	N/A	45	-	50	40	-	45	26	N/A	-	N/A	45	-	50
Humphrey P	Non-Executive Director (from 01/09/15)	10	-	15	7	N/A	-	N/A	10	-	15	5	-	10	0	N/A	-	N/A	5	-	10
Kennedy S	Director of Finance (to 31/10/15)	N/A	-	N/A	N/A	N/A	-	N/A	N/A	-	N/A	65	-	70	33	77.5	-	80.0	145	-	150

McCracken A	Non-Executive Director	10	-	15	5	N/A	-	N/A	10	-	15	10	-	15	5	N/A	-	N/A	10	-	15
Moore S	Director of Strategy and Planning	105	-	110	0	32.5	-	35	140	-	145	105	-	110	0	65.0	-	67.5	170	-	175
Nicolson A	Medical Director (from 01/09/16)	100	-	105	0	N/A	-	N/A	100	-	105	N/A	-	N/A	N/A	N/A	-	N/A	N/A	-	N/A
Rosser J	Non-Executive Director (to 31/10/16)	5	-	10	5	N/A	-	N/A	5	-	10	15	-	20	14	N/A	-	N/A	15	-	20
Samuels S	Non-Executive Director (from 01/09/15)	10	-	15	4	N/A	-	N/A	10	-	15	5	-	10	2	N/A	-	N/A	5	-	10
Sharples A	Non-Executive Director	15	-	20	9	N/A	-	N/A	15	-	20	15	-	20	16	N/A	-	N/A	15	-	20
Williams W	Non-Executive Director (to 31/07/15)	N/A	-	N/A	N/A	N/A	-	N/A	N/A	-	N/A	0	-	5	17	N/A	-	N/A	5	-	10
Wood J	Director of Operations and Performance (to 31/08/16)	180	-	185	0	30	-	32.5	210	-	215	100	-	105	0	30.0	-	32.5	135	-	140

The salaries and fees for P Enevoldson and A Nicolson include remuneration for their clinical responsibilities (£77,104 and £85,489 respectively).

No directors received annual performance-related bonuses or long-term performance related bonuses in either period.

Contractual payments for loss of office were made for two Directors:

- Stephen Kennedy (£66,000) who left the Trust on 31 October 2015; and
- Jayne Wood (£140,000) who left the Trust on 31 August 2016.

No payments have been made to people who have previously been Directors in the Trust in either period.

Table 13

Pension Benefits

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 2017			Lump Sum at Pension Age Related to Accrued Pension at 31 March 2017			Cash Equivalent Transfer Value at 31 March 2017	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2016	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	Acting Director of Finance (01/11/15 to 31/03/16); Director of Finance (from 01/04/16)	2.5	-	5	0	-	2.5	15	-	20	0	-	5	151	30	121	0
Citrine H	Director of Nursing and Modernisation (to 31/08/16); Director of Nursing, Operations and Quality (from 01/09/16)	2.5	-	5	2.5	-	5	35	-	40	105	-	110	655	58	597	0
Gibney M	Director of Workforce	2.5	-	5	0	-	2.5	40	-	45	0	-	5	553	74	479	0
Harrop C	Chief Executive	5	-	7.5	7.5	-	10	50	-	55	145	-	150	926	121	806	0
Moore S	Director of Strategy and Planning	2.5	-	5	0	-	2.5	40	-	45	105	-	110	706	47	659	0
Nicolson A*	Medical Director (from 01/09/16)	N/A	-	N/A	N/A	-	N/A	20	-	25	50	-	55	290	N/A	N/A	0
Wood J*	Director of Operations and Performance (to 31/08/16)	2.5	-	5	10	-	12.5	40	-	45	125	-	130	872	94	778	0

P Enevoldson is not a member of the NHS pension scheme.

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*).

C. Harrop

Chief Executive

Date: 19 May 2017

3iii Accountability Report – staff report

Our People Matter – Walton Centre Staff

Key workforce strategies set out the Trust commitment to providing world class HR – Recruitment Strategy, Organisational Development Strategy and the Coaching Strategy.

Education and Organisational Development

Supporting the Trust’s strategic plan the organisation continues to be highly committed to promote excellence in education and training to ensure it delivers the highest calibre of health care staff for future NHS patients.

The role of the Education team is to support the organisation to provide education, training and development opportunities to develop current workforce and to support the talent of the future. Education and organisational development initiatives from the last 12 months include:

- A newly revised PRIDE leadership programme was launched, which forms part of the Trust collective leadership portfolio. The revised programme included resilience, mindfulness, handling conflict, developing effective relationships, performance and motivation, as well as sessions on developing coaching skills, aiming to provide leaders with the skills to utilise a coaching style in their approach with staff. The Programme continues to receive excellent feedback.
- Work has commenced to develop our own “academy” of internal coaching expertise with the first cohort of our accredited coaching programme underway to provide Trust staff access to internal, qualified coaches. It is part of the journey to develop a coaching culture within the Trust. Senior leaders are supported by the 2 qualified internal executive coaches and staff have also been supported to access external coaching when appropriate to support them with specific development.
- The Trust has continued to utilise available leadership development programmes provided by the North West Leadership Academy. Staff members have successfully completed programmes, including the Nye Bevan Programme and the Mary Seacole Programme, with excellent feedback on the impact the development has given them in their current role and support for future career development.
- A new Ward Based Band 6 Collective Leadership Programme was launched in June with a focus on developing “clinical expert” skills through bespoke training sessions. The Programme is aimed at supporting both new and experienced Band 6 ward staff to ensure

quality care is delivered first time, every time. Feedback to date from attendees has been really positive and plans are underway to offer some other specific sessions to support the leadership aspect of the role as well as the clinical.

- The first phase of the Board development Programme has taken place, providing a structured approach to Board Development and underpinned with an ethos of collective leadership. The 4 sessions in Phase 1 were: Organisational Purpose and Context, The Role of the Board in Leading Change, Raising Board Visibility and Engaging People.
- Bespoke organisational development support continues to be provided, including team away days, team development and objective and priority setting. This has included working with one of the specialist teams to develop an accredited module with a partner University.
- To support the Trust in delivering its service improvement and transformational programmes, the Trust has invested in providing bespoke, accredited Managing Successful Programmes (MSP) training to staff responsible for leading and delivering a range of programmes across the Trust.
- The Walton Centre continues to provide quality undergraduate medical student placements for 3rd and 5th year students, in partnership with Liverpool School of Medicine. Following the implementation of the revised 3rd year curriculum in 2014, the Trust now facilitates a highly evaluated programme for every third year medical student within the university, which includes a formative assessment at the end of each placement.
- The changes implemented as a result of the workforce transformation project continue to be embedded, with doctors in training reporting improved access to training as a result of the initiatives. The Trust underwent a Health Education North West Quality Monitoring visit in January 2017 and feedback from the inspection team was that The Walton Centre provided a quality training experience for junior doctors in the field of neuroscience. From February 2017, GP Specialty Trainees will now complete placements in Neurology and Neuro-Rehabilitation within The Walton Centre.
- The staff appraisal process has been reviewed to further support colleagues in having more meaningful conversations and clear objectives as part of the process. The first part of the review is complete, with managers now using ESR self-service to record and monitor staff PDR's. The next phase has commenced with focus groups set up to get staff feedback on the current documentation and process to enable updates to be made to add further value to the process.
- Following a deep dive review of mandatory training provision to ensure statutory/mandatory training requirements are supported and the Trust continues to deliver safe and effective care to its patients the Trust has maintained some of the best attendance

in recent years for statutory and mandatory training with a revised Statutory and Mandatory training needs analysis agreed, supported by a new and revised reporting framework to help support delivery of safe and effective care to our patients.

- The Trust continues to support all staff with a range of education and development opportunities available to support service priorities and individual development. This includes professional qualifications, conferences and seminars, post registration accredited opportunities, apprenticeships, skills development and clinical skills training – including catheterisation, cannulation and venepuncture.
- As part of a commitment to corporate and social responsibility, the Trust provides a quality work experience programme and co-ordinates the provision of elective placements, working closely with local schools and colleges. Work experience placements are highly valued and The Walton Centre supported 45 placements in 2016/17.
- Schwartz Rounds continue to be part of the development available, offering staff from a range of disciplines to consider their experiences of providing care and explore any challenging emotional or social issues that they may deal with, as well as providing staff attending the sessions the opportunity to understand the challenges faced by our colleagues across the Trust. Feedback from the panels presenting at the sessions and from attendees has been excellent.
- As part of the national Talent for Care programme, focus groups were held for Bands 1- 4 staff to invite feedback on the support and development opportunities this staff group feel is available to them. Future plans include offering specific courses aimed at support staff, including minute taking and IT training, as well as developing an internal work-experience programme. Additional support has been provided to the Care Certificate programme, including the appointment of a Care Certificate Assessor.

Staff Survey

The 2016 survey was distributed between September and November 2016.

The Staff Survey is an important strand in the organisation's overall approach to staff engagement. Other elements include:

- Established staff communications and engagement methods including a weekly email bulletin to all staff, Walton Weekly; 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.
- Regular staff and patient listening weeks.

- Mock CQC assessments in relation to the workforce outcome
- Regular staff engagement events i.e. Berwick sessions and Schwartz rounds

The Walton Centre NHS Foundation Trust took part in this survey with a response rate of 47% of all staff against a national average of 44%

Table 14 below represents the Staff Feedback data from the 2016 staff survey which identifies the key findings and informs future actions.

Table14

Positives

- **Overall staff engagement score**

2016 Score	4.02
2015 Score	4.02
2016 National Average	3.98
Comparison to National Average	Better

- **Organisation and management interest in and action on health and wellbeing**

2016 Score	3.98
2016 National Average	3.71
Comparison to National Average	Better and best score for acute specialist Trust

- **Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse**

2016 Score	53%
2016 National Average	47%
Comparison to National Average	Better and best score for acute specialist Trust

- **Staff satisfaction with level of responsibility and involvement**

2016 Score	4.00
2016 National Average	3.97
Comparison to National Average	Better

- **Percentage of staff satisfied with the opportunities for flexible working patterns**

2016 Score	57%

2016 National Average	53
Comparison to National Average	Better

- **Percentage of staff reporting good communication between senior management and staff**

2016 Score	45%
2016 National Average	40%
Comparison to National Average	Better

Negatives

- **Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months**

2016 Score	21% decrease from 23% in 2015
2016 National Average	7%
Comparison to National Average	Worse

- **Percentage of staff experiencing harassment, bullying or abuse from patients, relatives of public in the last 12 months**

2016 Score	27%
2016 National Average	20%
Comparison to National Average	Worse

- **Percentage of staff experiencing physical violence from staff in last 12 months**

2016 Score	2%
2016 National Average	2%
Comparison to National Average	Same

- **Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell because they felt pressure from manager, colleague or self**

2016 Score	66%
2015 Score	61%
2016 National Average	57%
Comparison to National Average	Worse

Areas of improvement from the previous year are as follows:

- Overall health and wellbeing scores
- Staff reporting cases of harassment, bullying or abuse

- Percentage of staff reporting good communication between senior management and staff
- Percentage of staff satisfied with opportunities for flexible working
- Staff satisfaction with level of responsibility and involvement
- Support from immediate managers
- Effective team working
- Percentage of staff recommending the Trust as a place to work and a place for treatment.

An action plan has been developed to address the issues which arose from the previous year relating to the following areas;

- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
- Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months
- Percentage of staff feeling secure around raising concerns- this work has resulted in the Trust achieving the best score for acute specialist Trusts in the 2016 survey

The results of the staff survey are variable but it is important to recognise that they are mainly positive in nature. Some of the particularly encouraging results are in business critical categories such as support for staff, communication between senior management and staff and effective team working.

6.2 Future Priorities and Actions

The key priority areas to address inevitably need to be those identified in the bottom ranking scores. These can be explicitly profiled in existing staff engagement techniques and this will allow more prescriptive engagement exercises such as Staff Listening Weeks and the Chief Executive's schedule of walkabouts. However, the Trust will consider the results in their entirety and identify any areas that can be improved upon. The results can also be interpreted by staff group or department which will enable the organisation to take specific action where required.

Over the past few years, the Trust's HR team has visited numerous wards/departments to gather additional feedback regarding staff survey results. This information was analysed, where possible acted upon and then fed into staff communications entitled 'You said...We did'.

Staff Profile

On 31 March 2017 the Trust employed 1280.49 whole time equivalents made up of the following groups in table 15 below:

Table 15

Staff Group	FTE	Headcount
Prof scientific and technic	38.99	41
Clinical services	213.04	240
Administrative and clerical	347.26	377
Allied health professionals	133.95	151
Estates and ancillary	6.37	10
Healthcare scientists	22.44	25
Medical and dental	115.85	120
Nursing and midwifery registered	402.59	433
Total	1280.49	1397

- Female staff = 1097
- Male staff = 300

Staff Engagement

Regular staff and patient listening weeks have continued, with teams of staff carrying out surveys and holding discussions with individuals and teams throughout the Trust to strengthen existing surveys and feedback methods. In 2016/17, the Friends and Family Test continued, facilitated via email and sent to a random sample of staff each quarter. All Trust staff are given the opportunity to participate in the survey over the year.

The Trust continues to have very positive working relationships with Staff Side, through the Staff Partnership Committee, which includes medical representation. The Trust also has a Local Negotiation Committee for medical staff. These committees confer with staff representatives to consult and negotiate on workforce policies, procedures and terms of conditions of employment. The Trust's workforce policies and procedures are negotiated and agreed through these forums prior to formal ratification at a committee of the Board of Directors.

Staff Health and Wellbeing

The established programme of health and wellbeing activities continues to be available to staff. The programme has been expanded throughout the year to include additional activities in direct response to staff feedback/requests, including the introduction of an art class and a

dance class. In particular, there is a strong focus on mental health wellbeing, including mindfulness sessions for staff and a comedy course. In October 2016 the Trust signed the Time to Change pledge to show its commitment to raising awareness of mental health issues and to supporting staff.

The Trust's Health and Well Being Group, has continued to meet on a regular basis and has maintained membership from across the Trust including a non-executive director as Board lead and a Senior Physiotherapist as Clinical lead.

A range of after work exercise classes continues to prove popular, with zumba, pilates, circuit training, yoga and netball. Following a taster session a dance class was introduced during 2017. Two health and wellbeing days were held during 2016 and staff were able to take advantage of general health checks and flu vaccinations.

The Trust continues its work with NHS England as one of only twelve organisations (the only Trust across the North West.) cited as an exemplar to lead and develop the implementation of a health and wellbeing offer for staff.

During 2016 the Trust was re accredited with the Workplace Wellbeing Charter and was awarded "gold" status at the Sports and Physical activity at Work awards.

Human Rights, Equality and Diversity

The Walton Centre recognises and values the fact its workforce is made up of individuals with a large diversity of backgrounds, perspectives, and characteristics.

During 2016/17, the Trust has continued to work towards its current equality and diversity objectives, which are:

- Improve data collection and equality profiles for both inpatients and outpatients
- Improve data collection and equality profiles for all staff members
- Ensure all staff members are paid equally for equal work
- Continue to use Equality Impact Assessments to monitor policies and procedures and introduce this for all service developments and organisational change episodes
- Increase involvement with the local community and in local support groups for both patients and staff

Good improvements have been made in terms of the data collection and equality profiles for staff, as detailed in the annual Workforce Report published at the end of January. However, improvements continue to be slow with regards to improving patient data collection and a further action plan has been proposed following the annual Patient Report, also published at the end of January. Work is also still needed in terms of carrying out equal pay audits however, steps have been taken to ensure that the Trust is ready to meet the Gender Pay Gap reporting requirements expected from April 2017. Work on implementing an e-roster system is also underway which will help prevent errors made during Standard Variation List (SVL) completion. Further work has continued to try to improve the completion of Equality Impact Assessments (EIA). Following the form being updated last year the EIA screening tool has now been incorporated into the Trust policy template. In addition, a new electronic form is currently being created for the CIP process which contains both a quality impact assessment and an equality impact assessment. This will mean that the responsible manager must complete both sections before any CIP can be fully considered. Finally, relationships have continued to be built with all local Healthwatch groups, with equality becoming a standing item on the Patient Experience Group agenda. Involvement with other local networks and charities has included regular engagement with the Brain Charity, epilepsy patients and Navajo.

A consultation exercise has just been completed to agree the Trust's equality objectives for the next four years; these will be published in April 2017. The revised objectives continue to focus on some of the above areas where work is still required, for example improving patient data collection and ensuring all employees are paid equally, however they also look to improve experience for employees with an impairment and for Black and Minority Ethnic (BME) staff.

The Trust published its second year data for the Workforce Race Equality Standard (WRES) in April 2016. This showed some good improvements around relative likelihood of BME staff accessing non-mandatory training and CPD, part of this improvement is likely attributed to the enhanced data capture from the Medical Education Department. Small improvements were also made for the relative likelihood of BME staff being appointed from shortlisting however, a deterioration was identified with regards to likelihood of BME staff entering the formal disciplinary process. A few areas of concern also remained which includes Board representation and the proportion of BME staff at senior management level. There were also mixed findings with regards to discrimination and bullying reported via the Staff Survey. The findings suggest that the percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months has significantly decreased however the proportion of

BME staff personally experiencing discrimination at work from a manager, team leader or other colleague has increased. Following analysis of the WRES the Trust has put in place a number of actions to try and improve the experience of BME employees. The previous establishment of a BME staff group has allowed specific correspondence to continue. Although no further face to face meetings have taken place, although the option has been offered, numerous updates and opportunities have been sent directly to this group of staff. This has included seeking a representative for a regional BME group; information about the Stepping Up Programme aimed at BME colleagues in bands 5 – 7 and the Ready Now Programme for bands 8a and above; details for an accredited Coaching Course to ensure representative attendance; and the launch of a Reciprocal Mentoring programme. The Reciprocal Mentoring scheme has been established up in conjunction with two other local Trusts. The aim of the programme is to support employee's from minority groups to further their development whilst also improving the senior leaders understanding of what it means to be a BME employee within the Trust.

A further Equality Delivery System (EDS2) review took place in March 2017 in conjunction with Healthwatch and local community groups. The Trust has successfully improved on two patient related sub-goals and one workforce sub-goals. Moving forward with EDS2 the Trust is planning to work with other Merseyside Trusts to focus on improving areas which are identified as real barriers by organisations who represent the views of people within each protected characteristic. It is hoped this approach will enable real progress to be made in areas that make a real difference, whilst continuing to support the Trust with its duties under the Public Sector Equality Duty.

The Trust continues to have the Navajo Charter Mark. This is an equality mark sponsored by InTrust Merseyside & Sefton Embrace and supported by the LGBTI Community networks across Merseyside. It is a signifier of good practice, commitment and knowledge of the specific needs, issues and barriers facing lesbian, gay, bisexual, and transgender (LGBT) people in Merseyside. Navajo looks at employment practices and how services are inclusive for LGBTI people.

The following tables represent the diversity of the Trust's workforce as of 31 March 2017.

On 31 March 2017 the Board of Directors comprised of:

- Three male and two female non-executive directors.
- One female and four male executive directors.

Table 16 below represent the diversity of the Trust's workforce as a whole as of 31 March 2017.

Sex

Gender	Headcount	Percentage
Female	1097	78.53%
Male	300	21.47%
Grand total	1397	100%

Age

Age range	16 - 20	21 - 25	26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55	56 - 60	61+	Grand Total
Female	1	69	145	147	137	131	131	151	117	62	1097
Male	0	22	30	40	29	58	41	40	24	16	300
Grand total	1	91	175	187	166	195	172	191	141	78	1397

Ethnicity

Ethnicity	Headcount	Percentage
A White - British	1210	86.61%
B White - Irish	23	1.64%
C White - Any other White background	29	2.08%
CF White Greek	0	0%
CY White Other European	5	0.35%
D Mixed - White & Black Caribbean	2	0.14%
E Mixed - White & Black African	2	0.14%
F Mixed - White & Asian	3	0.21%
G Mixed - Any other mixed background	5	0.36%
H Asian or Asian British - Indian	52	3.72%
J Asian or Asian British - Pakistani	2	0.14%
L Asian or Asian British - Any other Asian background	13	0.93%
LH Asian British	1	0.07%
LK Asian Unspecified	1	0.07%
M Black or Black British - Caribbean	2	0.14%
N Black or Black British - African	12	0.86%
P Black or Black British - Any other Black background	1	0.07%
PC Black Nigerian	1	0.07%
R Chinese	2	0.14%

Ethnicity

Ethnicity	Headcount	Percentage
S Any Other Ethnic Group	13	0.93%
Z Not Stated	18	1.29%
Grand total	1397	100%

Religion

Religion	Headcount	Percentage
Atheism	133	9.52%
Buddhism	5	0.36%
Christianity	855	61.20%
Hinduism	23	1.65%
Not disclosed	145	10.38%
Islam	14	1.00%
Judaism	1	0.07%
Other	98	7.02%
Sikhism	0	0%
Unknown	123	8.80%
Grand total	1397	100%

Disability

Disability	Headcount	Percentage
Not disabled	936	67%
Not declared	62	4.44%
Unknown	353	25.27%
Disabled	46	3.29%
Grand total	1397	100%

Sexuality

Sexual Orientation	Headcount	Percentage
Bisexual	8	0.57%
Gay	15	1.07%
Heterosexual	1101	78.81%
Not disclosed	123	8.80%
Lesbian	6	0.43%
Unknown	144	10.31%
Grand total	1397	100%

Marriage & Civil Partnership

Marital Status	Headcount	Percentage
Civil partnership	12	0.86%
Divorced	93	6.66%
Legally separated	14	1.00%
Married	602	43.09%
Single	592	42.38%
Unknown	55	3.94%
Widowed	8	0.57%
Grand total	1397	100%

Staff Groups

Staff Group	Headcount	Percentage
Staff - registered medical practitioners	N/A	0%
Staff- non clinical	387	27.70%
Staff - registered nurses	433	31.00%
Staff - other staff	577	41.30%
Grand total	1397	100%

Equality and Human Rights Training for Staff

Following a review of mandatory training across the Trust it was agreed that Equality, Diversity and Human Rights Training would be made mandatory with a three yearly renewal. This is a significant improvement in ensuring that all Trust staff maintaining awareness of equality and remain up to date with changes in legislation. Moving forward the Trust hopes to develop a Level 2 programme for managers and those involved in recruitment processes so as to ensure they are aware of their responsibilities and the potential for bias. Further to this, two members of staff successfully completed an Equality Champions Programme meaning they can now help contribute further to the Trust Equality agenda.

Learning Disability Group

The Trust has a Learning Disability Steering Group that feeds into the Trust's Safeguarding Group which in turn reports to the Board of Directors via the Patient Safety Group. The Learning Disability Steering Group meets quarterly and has developed good links with the community learning disability teams in the local areas. Members of the Trust's Learning Disability Steering Group also attend the Trust's Safeguarding Group meetings

Community and Social Responsibilities

The Walton Centre is committed to working in partnership with our local communities, supporting people to develop appropriate skills and experience required to enter the employment market. We support a number of projects which we believe assist our local population including; taking a proactive approach to providing meaningful work experience in the workplace across a range of departments – in 16/17 we supported 44 work experience students. We have continued to support internships during the school summer holidays and the Trust has participated in the career ready mentoring programme with a local school. The Trust also holds an annual open day, participates in career fairs, career talks to local schools and colleges and organises health and wellbeing activities. The Trust is currently working in partnership with the Merseyside Health Sector Career & Engagement Hub to develop internal Health Career Ambassadors to encourage young people to choose a career in the NHS from a range of disciplines. The Trust is also part of a collaborative approach in North Merseyside for apprenticeships, to offer a range of opportunities linked to this important agenda. This will include funding youth support worker posts working with local communities, education providers, employment agencies and the Trust to further develop access to work experience, qualifications and career routes in to the NHS.

Reputation and Fundraising

Reputation

Communications work continued to support the Trust's strategy and promote Excellence in Neuroscience through the proactive use of print and broadcast media, the Trust's magazine and website, and the Trust's social media accounts on Twitter and Facebook.

The Communications team was integral to the preparation work for the Care Quality Commission (CQC) inspection in April 2016, ensuring that staff were well informed of what was required of them and what the inspection would involve. The team also worked to promote the Trust's Vanguard programme 'The Neuro Network' to staff, patients, and other stakeholders.

The team organised a careers-focused Open Afternoon in July 2016 attended by hundreds of visitors, staff, and patients; and also the annual Staff Awards event in December 2016 to recognise and reward the hard work of staff.

Media coverage highlights of the year included securing regional TV, print and web coverage for the Trust's 'Outstanding' CQC rating, and the £2m donation by the Marina Dalglish Appeal to fund an intraoperative MRI scanner.

Our website continues to be a popular source of information about our Trust, and is frequently updated with news and patient information. Over 125,000 individuals accessed the website this year, and 68% were first-time visitors. This year our followers on Twitter grew to 5,700 and Facebook page likes grew to 2,400. Our social media accounts continue to build engagement with patients, their families, and our staff, and provide a valuable source of feedback for our services.

*Figures are taken from 1 April 2016 to 31 January 2017.

Fundraising

During the year under review, the charity received five major donations during the year of £10,000 and above, including the £2 million donation from the Marina DalGLISH Appeal to fund the iMRI scanner.

The Charity has continued to go from strength to strength; community support grew steadily, with a particular increase in the number of supporters using on-line fundraising platforms such as Justgiving and Virgin Money Giving to facilitate their sponsored events and maximise gift-aid opportunities. Events included sponsored runs, cycle rides, sky dives and even challenges abroad such as conquering Kilimanjaro and reaching the Arctic circle by Vespa.

In addition to raising awareness and unrestricted funds, the Charity also raised funds for specific purposes such as the Home from Home Fund and the Sid Watkins Innovation Fund. One is to support the annual costs of the relatives' accommodation and although many donations are received from users of the Home from Home, support is also received from the general public who recognises the need and impact such a facility has over and above NHS requirements. The Sid Watkins Innovation Fund was set up to support innovation in the field of neurological health care and during the year under review, £250,000 was raised towards a Robotic Arm – a state-of-the-art piece of equipment to support a number of neurosurgical procedures.

Two high profile corporate events were organised by the Charity during this time - the Golf Day and the Jan Fairclough Ball - where funds were raised to support the Robotic Arm project. The £250K target for the project was successfully achieved from the proceeds of the two events, as well as from individual gifts from four donors. The Charity also organised an abseil event and the annual Hope Mountain Hike, both which were heavily supported by staff as well as patients and their families.

Consultancy

During the year, the Trust made use of external, objective advice and assistance to support the development of strategy, structure and management of the Trust's purposes and objectives. Total consultancy expenditure was £467,000 which included Vanguard set up and on-going project delivery and valuation services and development of the Trust's transformation programme.

Reporting high paid off-payroll arrangements

The Trust does not routinely utilise any off payroll staff for the delivery of main stream services. However, where there are skills shortages, time limited arrangements are entered into by the Trust, with regular review undertaken by the relevant director. Where the engagement lasts for more than six months, the Trusts seeks assurance that the appropriate HMRC regulations are being followed.

The Trust has not had any off-payroll engagements with board members or any other senior officials with significant financial responsibility during the period. Other off-payroll arrangements are reflected in tables 17 and 18 below:

Table 17

All off-payroll engagements as at 31 March 2017 (where the worker is paid more than £220 per day and has been in post for more than six months)	
Number of existing arrangements as at 31 March 2017	2
Of which:	
Number that have existed for less than one year at the time of reporting	1
Number that have existed for between one and two years at the time of reporting	0
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for four or more years at the time of reporting	1

The Trust has undertaken a risk assessment of the off-payroll engagements outlined above and off-payroll arrangements are reviewed through the relevant committee. Where necessary, assurance has been sought that the individual is paying the correct amount of income tax and National Insurance.

Table 18

All new off-payroll engagements, or those that reached six months in duration, between 1 April 2016 and 31 March 2017 (where the worker is paid more than £220 per day and has been in post for more than six months)	
Number of new engagements, or those that reached six months in duration, between 1 April 2016 and 31 March 2017	2
Number of the above which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	2
Number for whom assurance has been requested	2
Of which:	
Number for whom assurance has been received	2
Number for whom assurance has not been received	0
Number that have been terminated as a result of assurance not being received	0

There have been no off-payroll engagements of Board members, or senior officials with significant financial responsibility, between 1 April 2016 and 31 March 2017.

Enhanced Quality Governance

Enhanced quality governance patient care and stakeholder relations reporting are discussed in detail in section No. 3i of this report.



Chris Harrop, Chief Executive

19 May 2017

3iv Accountability Report – the disclosures set out in the NHS Foundation Trust Code of Governance

Statement of Compliance with the Code

The Walton Centre NHS Foundation Trust 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.

The Chair, Deputy Director of Governance and Assistant Corporate Secretary reviewed the Trust’s compliance with the NHS Foundation Trust Code of Governance (the Code) and prepared a report for the Trust’s Board meeting who considered this report at its meeting on 25 May 2017 and agreed that the Trust complies with the main and supporting principles and statutory requirements of the Code. The Trust’s disclosures in respect of those Code provisions which the Trust is mandated to provide in this annual report are detailed at table 19 below:

Table 19

PROVISION	SUPPORTING EXPLANATION	CHAPTER
A1.1	Refer to : Board of Directors Refer to: NHS FT Code of Governance Disclosures	2.0 4.0
A1.2	Refer to: Board of Directors, NHS FT Code of Governance Disclosures and Remuneration Report	2.0, 4.0, 3.0
A5.3	Refer to: NHS FT Code of Governance Disclosures	4.0
B1.1	Refer to: Board of Directors	2.0
B1.4	Refer to: Board of Directors	2.0
B2.10	Refer to: Remuneration Report	3.0
B3.1	Refer to: Board of Directors	2.0
B5.6	Refer to: NHS FT Code of Governance Disclosures	4.0
B6.1	Refer to: Board of Directors	2.0
B6.2	Refer to: Board of Directors	2.0
C1.1	Refer to: Forward from the Chairman and Chief Executive, Annual Governance Statement and Independent Auditor’s Report and	1.0, 9.0, 11.0
C2.1	Refer to: Annual Governance Statement	9.0
C2.2	Refer to: Annual Governance Statement	9.0
C3.5	N/A	N/A
C3.9	Refer to: NHS FT Code of Governance Disclosures	4.0
D1.3	N/A	N/A
E1.5	Refer to: NHS FT Code of Governance Disclosures	4.0
E1.6	Refer to: NHS FT Code of Governance Disclosures	4.0
E1.4	Refer to: NHS FT Code of Governance Disclosures	4.0

The Trust is also compliant with the following provisions:

A 1.4, A1.5, A1.6, A1.7, A1.8, A1.9, A1.10, A3.1, A4.1, A4.2, A4.3, A5.1, A5.2, A5.4, A5.5, A5.6, A5.7, A5.8, A5.9

B1.2, B 1.3, B2.1, B2.2, B2.3, B2.4, B2.5, B2.6, B2.7, B2.8, B2.9, B3.3, B5.1, B5.2, B5.3, B5.4, B6.3, B6.4, B6.5, B6.6, B8.1

C1.2, C1.3, C1.4, C3.1, C3.3, C3.6, C3.7, C3.8.

D1.1, D1.2, D1.4, D2.2, D2.3

E1.2, E1.3, E2.1, E2.2

Copies of the NHS FT Code of Governance can be downloaded at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/327068/CodeofGovernanceJuly2014.pdf

The Council of Governors

As detailed in the Trust's Constitution, the Council of Governors consists of 17 elected governors, four staff governors and 12 appointed partnership governors. The Council of Governors meet in public four times a year; this provides the opportunity for governors to express their views and raise any issues so that the Board of Directors can respond accordingly. The Board of Directors and the Council of Governors enjoy a strong and developing working relationship. Mr Ken Hoskisson chairs both and acts as a link between the two. Each is kept advised of the other's progress through a number of systems, including informal updates via the Chairman and Deputy Director including ad hoc briefings, exchange of meeting agendas / minutes, email and postal correspondence, attendance of directors at the Council of Governors meetings and attendance by governors at the Board of Directors meetings. A subgroup of the Council of Governors also meets with the Trust's non-executive directors on a quarterly basis. This facilitates the opportunity for detailed discussion regarding the role of the non-executive directors and their individual and collective responsibilities as directors of The Walton Centre.

The governors continue to access the virtual boardroom portal which is used as a central point for receiving meeting papers, information and publications.

The Council of Governors is responsible for:

- Appointing and, if appropriate, removing the chair and other non-executive directors
- Deciding the remuneration and allowances, and the other terms and conditions of office, of the chair and the other non-executive directors.
- Approving the appointment of the chief executive.
- Appointing and, if appropriate, removing the Trust's external auditor, and

- Receiving the Trust's annual accounts, any report of the auditor on them and the annual report.

The Board of Directors consults the Council of Governors when preparing the Trust's forward plans. Governors also hold the non-executive directors individually and collectively to account for the performance of the Board of Directors; represent the interests of the members of the Trust as a whole and of the public; approve significant transactions; approve applications by the Trust to enter into a merger, acquisition, separation or dissolution; decide whether the Trust's private patient work would significantly interfere with the Trust's principal purpose and must approve any proposed increases in private patient income of 5% or more in any financial year. In addition, amendments to the Trust's Constitution must be approved by the Council of Governors.

The Trust's Constitution (available at www.monitor-nhsft.gov.uk) details how disagreements between the Council of Governors and the Board of Directors will be resolved. Meetings of the Council of Governors are held in public.

The Council of Governors is composed 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 stakeholder governors and
- Four staff governors.

The period 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 consecutive years. Ms Katie Clarke-Day has held the role of Lead Governors from January 2016.

Table 20 gives details of each seat on the Council of Governors and its occupant(s) during the period 1 April 2016 – 31 March 2017:

Table 20

Seat	Name of Governor		Constituency	Date Appointed	End of Tenure
1C	Austin	Jonathan	Cheshire	2015	2018
2C	Cheesman	Colin	Cheshire	2015	2018
3C	Ferguson	Louise	Cheshire	2015	2018
4C	Hubbard	Melissa	Cheshire	2015	2018
1EW	Clarke-Day	Katie	E & W	2014	2017
2EW	Duckers	Stephen	E & W	2014	2017
1M	Alshurkri	Saad	Merseyside	2015	Resigned 2016
1M	Comerford	Ged	Merseyside	2016	2019
2M	Brown	Doreen	Merseyside	2015	2018
3M	Cahill	Tony	Merseyside	2013	2019
4M	Clark	Alan	Merseyside	2015	2018
5M	Grainger	Rick	Merseyside	2014	2017
6M	Owens	Bobby	Merseyside	2015	2018
7M	Paton	Joe	Merseyside	2015	2018
8M	Strong	Barbara	Merseyside	2014	2017
1W	Felda	Urtha	North Wales	2014	2017
2W	Harper	April	North Wales	2014	Resigned 2016
2W	Burgen	Andy	North Wales	2016	2019
3W	Kitchen	John	North Wales	2015	2018
1S	Gerrans	Emily	Staff	2015	2018
2S	Lowe	Amanda	Staff	2015	2018
3S	Davies	Rhys	Staff	2016	2019
4S	Moreno	Isabel	Staff	2016	2019
1P	Austen-Vincent	Ruth	Partnership	2015	2018
2P	Fisher	Denise	Partnership	2015	Resigned 2016
2P	Guha	Arpan	Partnership	2015	Resigned 2016
2P	Clegg	Peter	Partnership	2017	2020
3P	Heron	Susan	Partnership	2015	2018
4P	Mellor	Nanette	Partnership	2014	2017
5P	Pereira	Ella	Partnership	2014	2017
6P	Quayle	Shirley	Partnership	2015	2018
7P	Allen	Jackie	Partnership	2017	2020
8P	Thomas	Kevin	Partnership	2009	2018
9P	Vaughan	Jan	Partnership	2014	2017
10P	Wilkins	Tina	Partnership	2014	2017
11P	Woods	Tony	Partnership	2013	2016
12P	Vacant	-	Partnership	-	-

The Trust is currently in the process of reviewing the tenure of the partnership governors.

The Trust's current Governors are:

Constituency	Name of Governor
Public - Cheshire	Louise Ferguson
Public – Cheshire	Colin Cheesman
Public – Cheshire	Jonathan Austin
Public – Cheshire	Melissa Hubbard
Public – Merseyside	Tony Cahill
Public – Merseyside	Doreen Brown
Public – Merseyside	Alan Clark
Public – Merseyside	Rick Grainger
Public – Merseyside	Ged Comerford
Public – Merseyside	Joe Paton
Public – Merseyside	Barbara Strong
Public – Merseyside	Robert Owen
Public – North Wales	Urtha Felda
Public – North Wales	Andy Bergan
Public – North Wales	John Kitchen
Public – Rest of England and Wales	Stephen Duckers
Public – Rest of England and Wales	Katie Clarke-Day
Staff – Nursing	Amanda Lowe
Staff – Medical	Rhys Davies
Staff – Clinical	Emily Gerrans
Staff – Non Clinical	Isabel Moreno
Local Authority Governor (Sefton Metropolitan Council)	Tina Wilkins
Local Authority Governor (Liverpool City Council)	Susan Heron
Partnership Governor (Cheshire & Merseyside Neurological Alliance)	Ruth Austen-Vincent
Partnership Governor (Liverpool University)	Professor Peter Clegg
Partnership Governor (MS Society, Isle of Man)	Shirley Quayle
Partnership Governor (Neurosupport)	Nanette Mellor
Partnership Governor (North Wales CHC Joint Committee)	Jackie Allen
Partnership Governor (Merseyside & Cheshire Clinical Network)	Jan Vaughan
Partnership Governor (Healthwatch)	<i>Vacant</i>
Partnership Governor (Wales Neurological Alliance)	Kevin Thomas
Partnership Governor (Liverpool CCG)	Tony Woods
Partnership Governor (Edge Hill University)	Ella Pereira

In 2016 a dedicated email account was introduced to make it simpler for Members of the Trust to contact a Governor and / or a Director. Members can now use the following dedicated correspondence methods:

- By email : governors@thewaltoncentre.nhs.uk
- By telephone : 0151 529 4314
- By post:
 - Governors
 - C/O Executive Offices
 - The Walton Centre NHS Foundation Trust
 - Lower Lane
 - Fazakerley
 - L9 7LJ

Governors Appointments and Elections

All public and staff governors are appointed by an election process which is administered by Electoral Reform Services (ERS) on behalf of the Trust. Members are invited to self-nominate and the election process is held in accordance with the Trust's Constitution. Public governors are elected for a period of three years beginning and ending at an Annual Members Meeting. Stakeholder governors are nominated by their respective organisations. Their term of office is also three years. In the summer of 2016, elections to the Council of Governors were held according to the Trust's Constitution. Results were as reported in table 21 below:

Table 21

Seat	Turnout	Governor Elected
Public : Merseyside	10.2%	Tony Cahill
		Ged Comerford
Public : North Wales	15.2%	Andy Burgen
Staff	Uncontested	Rhys Davies
		Isabel Moreno

Governors Register of Interests

A register is kept of governors' interests. Access to the register can be gained by contacting the Deputy Director of Governance

- By telephone : 0151 529 8523
- By post:
 - Deputy Director of Governance
 - The Walton Centre NHS Foundation Trust
 - Lower Lane

Fazakerley

Council of Governors meetings

Table 22: represents the Chair & Governors attendance 01/04/16 – 31/03/17

Name of Governor	02/06/16	13/09/16	06/12/16	14/03/17
Ken Hoskisson - Chair	✓	✓	✓	✓
Saad Alshurkri	x			
Ruth Austen-Vincent	✓	x	✓	✓
Jonathan Austin	✓	✓	x	✓
Doreen Brown	x	✓	x	x
Andy Burgen		✓	x	✓
Colin Cheesman	✓	✓	x	✓
Tony Cahill	✓	x	✓	✓
Alan Clark	✓	✓	✓	✓
Katie Clarke-Day	x	✓	x	✓
Ged Comerford		✓	x	x
Rhys Davies		✓	x	x
Stephen Duckers	x	✓	✓	✓
Louise Ferguson	✓	✓	✓	✓
Urtha Felda	x	✓	x	x
Denise Fisher	✓			
Emily Gerrans	x	✓	✓	✓
Rick Grainger	x	x	x	✓
Arpan Guha	x			
Susan Heron	x	x	x	x
Melissa Hubbard	x	✓	x	✓
John Kitchen	x	✓	x	✓
Amanda Lowe	x	✓	✓	✓
Tony Marson	x			
Nanette Mellor	x	✓	x	✓
Isabel Moreno	x	✓	x	✓
Bobby Owens	x	✓	x	✓
Joe Paton	x	✓	x	x
Ella Pereira	✓	✓	x	✓
Shirley Quayle	✓	✓	✓	x
Barbara Strong	✓	✓	✓	✓
Kevin Thomas	✓	✓	x	x
Jan Vaughan	x	x	x	x
Tina Wilkins	x	x	x	x
Tony Woods	x	x	x	x

34 individuals acted as governors between 01 April 2016 and 31 March 2017.

The table below show the number of additional days/or events attended by the Governors:

Table 22b

Trust Assurance Meeting	29
Audits/Inspections	24
Clinical Engagement	8
Sub Committee Membership	96
Ad Hoc Committee or Meeting	5
Governor Engagement	4
Membership Engagement Event	25
Networking	13
Patient Engagement	6
Training	11
Total	221

Governors 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. In 2016/17 the total amount claimed was £3,719 as seen in table 23 below.

Table 23

Name of Governor	Expenses Claimed (£) 2016/17	Name of Governor	Expenses Claimed (£) 2016/17
Saad Alshurkri	£53.90	Dave Hanratty	£0
Ruth Austen-Vincent	£0	April Harper	£0
Jonathan Austin	£0	Susan Heron	£0
Doreen Brown	£10.50	Melissa Hubbard	£0
Andy Burgen	£267.50	John Kitchen	£0
Tony Cahill	£0	Amanda Lowe	£0
Colin Cheesman	£0	Tony Marson	£0
Alan Clark	£227.70	Nanette Mellor	£0
Katie Clarke-Day	£1,277.10	Isabel Moreno	£8.00
Ged Comerford	£0	Bobby Owens	£276.95
Rhys Davies	£0	Joe Paton	£0
Stephen Duckers	£243.35	Ella Pereira	£0
Urtha Felda	£0	Shirley Quayle	£363.04
Louise Ferguson	£980.72	Barbara Strong	£137.69
Denise Fisher	£29.20	Kevin Thomas	£191.25
Emily Gerrans	£0	Jan Vaughan	£0
Rick Grainger	£0	Tina Wilkins	£0
Arpan Guha	£0	Tony Woods	£0

Council of Governors meetings: table 24 represents Directors and Non-Executive Directors attendance.

Table 24 - 1st April 2016 to 31st March 2017

Name of Director or NED	02/06/16	13/09/16	06/12/16	04/03/17
M Burns	A	✓	✓	✓
H Citrine	✓	✓	✓	A
M Gibney	✓	A	✓	✓
C Harrop	✓	✓	✓	✓
S Moore	✓	A	✓	A
A Nicolson	A	✓	✓	A
J Wood	✓			
Janet Rosser	✓	✓		
Alan Sharples	✓	A	✓	A
Seth Crofts	✓	✓	✓	A
Ann McCracken	✓	✓	A	✓
Sheila Samuels	A	✓	A	✓
Dr Peter Humphrey	A	✓	A	✓

✓ = Attended A = Apologies

Developing an Understanding: Board of Directors and Council of Governors

The Board of Directors has taken steps to ensure the Board's directors, and in particular non-executive directors, develop an understanding of the views of governors and members about the Trust. Mr Ken Hoskisson chairs both the Board of Directors and the Council of Governors and with the support of Ann Highton, the Deputy Director of Governance and Alison Whitfield the Assistant Corporate Secretary, is the link between the two. The full Council of Governors meets four times a year and these meetings are attended by non-executive directors, the senior independent director, the Chief Executive and when required executive and corporate directors. Governors meetings provide the opportunity for the governors to perform their statutory duties, express their views, and raise any issues so the Board of Directors can respond. Governors also attend meetings of the Board of Directors (open sessions).

The Trust recognises the importance of governors being accessible to members. Council of Governors meetings are public meetings and agendas and minutes from the meetings, together with details of how members can contact governors, are publicised on the Trust's website. Annual Members Meetings are held which are open to the public.

Photographs of the Trust’s governors are displayed in a prominent place in the reception of the Trust’s main building together with a notice which informs that members can contact governors via the Trust’s Deputy Director of Governance:

- Telephone : 0151 529 8523
- By post:
Ann Highton, Deputy Director of Governance
The Walton Centre NHS Foundation Trust
Lower Lane
Fazakerley, L9 7LJ

Information regarding the Trust’s governors is also displayed on the Trust’s website: www.thewaltoncentre.nhs.uk.

Governors participate in the Trust’s annual Open Afternoon and listening weeks where they meet, and receive feedback from patients, staff, Trust members and members of the public which have enabled them to represent the interests of these stakeholders. Governors communicate feedback from members at the Council of Governor meetings and meetings held with non-executive directors.

Committees of the Board of Directors

The Trust’s Board of Directors has a number of committees and their proceedings are reported to the full Trust Board.

Meetings of the Audit Committee and Attendance

The current members of the Audit Committee are:

- Alan Sharples (AS) [Chair]
- Janet Rosser (JR) until 31 October 2016
- Ann McCracken (AM)
- Seth Crofts (SC) from 1 November 2016

Meetings of the Trust’s Audit Committee and attendance have been represented in table 25 as follows during the reporting period 01 April 2016 – 31 March 2017:

Table 25

	04/16	05/16	07/16	09/16	10/16	01/17	03/17
AS	✓	✓	✓	A	✓	✓	✓
JR	✓	✓	A	✓*	✓		
AM	✓	✓	✓	✓	✓	✓	A**
SC						✓	✓

*Chair **Away on Trust business

Duties of the Audit Committee:

Governance, Risk Management and Internal Control

The Board of Directors approved that, with effect from March 2015, the Audit Committee would hold five formal meetings a year, with an additional two meetings per year being devoted to looking at the assurance agenda across the Trust, with a range of topics agreed to be reviewed in each of the two meetings, outside the scope of the Internal and External audit plans. The assurance meetings have continued into 2016/17 and topics focused upon are described further in the report.

Review of the Work of the Auditors

The Audit Committee undertook a review of the work of both internal and external auditors during the year, with the Audit Committee receiving a report at its July 2016 meeting, which was approved by the Committee.

The Committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the Trust's activities, both clinical and non-clinical, that supports the achievement of the Trust's objectives.

In addition, the Committee monitors the integrity of the financial statements of the Trust, and any formal announcements relating to the Trust's financial performance, reviewing significant financial reports and the judgments contained in them.

In particular, the Committee reviews the adequacy of:

- All risk and control related disclosure statements, in particular the Annual Governance Statement and declarations of compliance with the CQC outcomes, together with any accompanying Director of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board of Directors.
- Underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- Policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements.
- Policies and procedures for all work related to fraud and corruption.

In carrying out this work, the Committee primarily utilises the work of internal audit, external audit and other assurance functions and also makes requests of, and receives reports and assurances from, directors and managers as appropriate and by using an effective assurance framework / Trust-wide risk register to guide its work and that of the audit and assurance functions that report to it.

Internal Audit

The Committee ensures that there is an effective internal audit function established by management that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board of Directors. Mersey Internal Audit Agency (MIAA) is the Trust's Internal Auditor.

External Audit

The Committee reviews the independence, objectivity and work of the external auditor and considers the implications and management's responses to their work. Grant Thornton LLP is the Trust's External Auditor.

Other Assurance Functions

The Audit Committee reviews the findings of other significant assurance functions, both internal and external to the Trust, and considers the implications to the governance of the Trust. It also approves the appointment of the local counter fraud specialist and receives assurance that counter fraud policies and procedures are being developed within the Trust.

Financial Reporting

The Audit Committee review the Trust's Annual Report and Annual Financial Statements before submission to the Board of Directors and also ensures that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information.

Raising Concerns (previously Whistleblowing)

The Audit Committee received an update in March 2017 regarding arrangements within the Trust that allows staff and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters i.e. raising concerns previously referred to as Whistleblowing.

The Trust has a robust policy and procedure in place which ensures that staff are aware how to raise a concern, how their concern will be handled and how they will be protected and supported.

Effectiveness of the Trust's External Auditors

In 2015, the Council of Governors agreed a further two year extension to Grant Thornton UK LLPs contract to 31 March 2017. A competition evaluation commenced in summer 2016, which was led by the Council of Governor External Audit Sub Group. Following the recommendation made by this

group, the Council of Governors agreed to appoint Grant Thornton UK LLP as the Trust's external auditors for a contract period of three accounting years from 1 April 2017, with an option to extend for a further one accounting year.

The Audit Committee assess the effectiveness of the external process on an on-going basis at each meeting of the Committee and formally each year in July. The Trust is currently satisfied with the quality and timeliness of reports, information provided and the service delivered by the external audit team who attend, and report to the Audit Committee at each meeting of the Committee. They also provide information and report wider issues that could affect the Trust such as changes in tax and pensions, plus consideration of the impact of national policy documents and consultations. Fees for external audit services in 2016/17 were £46,000 which is in line with the agreed contract.

Membership

At the end of March 2017, the Trust's membership stood at 7,565 compared to 7,850 in March 2015. The Trust's membership is available to both employees of the Trust and also patients, carers, volunteers and members of the public, aged 16 years and over, who live in the public constituencies of Cheshire, Merseyside, North Wales or the Rest of England & Wales. Table 26 provides a breakdown of the Trust's membership by constituency:

Table 26

Numbers by Constituency and Catchments	
Public Cheshire	902
Public Merseyside	2659
Public North Wales	1502
Public Rest of England and Wales	1202
Public Out of Trust Area	4
Public Totals	6,269
Staff - Registered Nurse	355
Staff Registered Medical Practitioners	126
Staff Other Clinical Professional	479

Numbers by Constituency and Catchments	
Staff - Non-Clinical	336
Staff Total	1,296
TOTAL MEMBERSHIP	7,565

The Trust's Membership Strategy can be found at: www.thewaltoncentre.nhs.uk/173/being-a-member. The Walton Centre NHS Foundation Trust is a public benefit organisation and its objective, with respect to membership, is to recruit, retain and develop a sizeable, representative and active membership which is engaged with the objectives of the Trust. Information for prospective members is posted on the Trust's website.

The Trust is committed to building a membership representative of both the population it cares for and the staff who work for the Trust. Membership is therefore open to any individual who is eligible to be a member of the public or staff constituencies. To ensure effective member engagement the Trust produces a quarterly newsletter called Neuromatters. Copies are posted/emailed to public members and are prominently displayed around the Trust to encourage membership. The newsletter is also available on the intranet, website and via social media. During 2016 the Trust introduced a Governors email newsletter called 'Connect' which is sent quarterly to all members who have elected to receive email communications. The newsletter is also available on the website Governors page.

During 2016 the trust organised five Membership Meetings, which were open to members and non-members:

- 2 in North Wales
- 2 in Merseyside
- 1 in Rest of England

During 2016/17, the Trust has also been focusing on increasing the number of members in underrepresented groups. A dedicated email account was introduced to make it simpler for members and prospective members to contact the Membership Manager: membership@thewaltoncentre.nhs.uk

Actions Taken by The Walton Centre NHS Foundation Trust to Maintain or Develop the Provision of Information to, and Consult with, Employees

The Trust has continued to engage with staff during the past twelve months, communicating key themes and how they impact the Trust now and in the future. As well as the usual internal communication mechanisms such as Team Brief and the Intranet, numerous clinical senates and staff conversations have been held with groups of staff. Regular staff 'Listening Weeks' have continued during the year, with "listeners" including senior management and the executive team carrying out surveys and holding discussions with individuals and teams throughout the Trust to strengthen existing surveys and feedback methods. The Trust also continues to participate in the staff friends and family test survey.

Health and Safety Performance, Occupational Health and Staff Sickness Absence

Health and Safety

The total number of RIDDOR (Reporting of Injuries Diseases and Dangerous Occurrences Regulations) reportable accidents sent to the Health and Safety Executive (HSE) during the financial year of 2016/17 was 10 compared to 12 in 2015/16.

Occupational Health/Health and Wellbeing:

The Trust continues to support a programme of health and wellbeing initiatives for staff and is continually looking to develop and expand these. A multi-disciplinary health and wellbeing group has continued to meet on a quarterly basis.

Two staff health and wellbeing days take place each year and the Trust regularly takes on board staff feedback and reviews its offers to staff. A back care programme was introduced in 2016 to support staff with MSK conditions.

The Trust's Health and Wellbeing Occupational Health Service continues to be provided by a service level agreement with Aintree University Hospital NHS Foundation Trust with key performance indicators monitored via quarterly review meetings. This year, the Trust has had a very successful flu campaign, which was a collaboration between the Trust and Occupational Health Service. The Trust's onsite counselling service is provided by Cheshire and Wirral Partnership NHS Foundation Trust. Staff can access the service themselves or via their manager. Feedback from this service is positive and in a number of cases supports staff being able to remain in the workplace.

Sickness Absence (Table 27)

Staff sickness absence	2015/16	2016/17
Days Lost (Long Term)	15,805	14,383

Staff sickness absence	2015/16	2016/17
Days Lost (Short Term)	5,872	6,683
Total Days Lost	21,677	21,066
Average Staff Service Years	8	6.7
Average Working Days Lost	17.6	14.8
Total Staff Employed in Period (Headcount)	1,319	1397
Total Staff Employed in Period with No Absence (Headcount)	639	491
Percentage Staff with No Sick Leave	50.79%	39.03%

Number and Average Additional Pension Liabilities for Individuals Who Retired Early on Ill-health Grounds during the Period of Reporting

During the period 1 April 2016 to 31 March 2017 there was only one early retirement from the NHS Trust on the grounds of ill-health.

Policies and Procedures with Respect to Countering Fraud and Corruption

The Trust has an Anti-Fraud, Bribery and Corruption policy in place and does not tolerate fraud, bribery and corruption. The aim is to eliminate all NHS fraud, bribery and corruption as far as possible. The Trust is committed to taking all necessary steps to counter fraud, bribery and corruption. To meet its objectives, it has adopted the four-stage approach developed by the NHS Protect:

1. Strategic Governance

This section sets out the standard in relation to the organisation's strategic governance arrangements. The aim is to ensure that anti-crime measures are embedded at all levels across the organisation.

2. Inform and Involve

This section sets out the requirement in relation to raising awareness of crime risks against the NHS and working with NHS staff, stakeholders and the public to highlight the risks and consequences of crime against the NHS.

3. Prevent and Deter

This section sets out the requirements in relation to discouraging individuals who may be tempted to commit crimes against the NHS and ensure that opportunities for crime are minimised.

4. Hold to Account

This section sets out the requirement in relation to detecting crime and investigating crime. Prosecuting those who have committed crime and seeking redress.

The Trust has a Standards of Business and Personal Conduct Policy and a Hospitality, Gifts and Sponsorship Policy. A counter fraud work plan is agreed with the Director of Finance and approved by the Audit Committee and the local counter fraud specialist is a regular attendee at Audit Committee meetings to provide an update on the on-going programme of proactive work to prevent any potential fraud and investigatory work into reported and suspected incidents of fraud.

Compliance with the Cost Allocation and Charging Requirements set out in HM Treasury and Office of Public Sector Information Guidance

The Walton Centre NHS Foundation Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information Guidance. The Trust complies with the Approved Costing Guidance issued by NHS Improvement in February 2016. The Trust's Finance Department works with all departments within the Trust to use the activity information available within the Trust and an established NHS costing package to appropriately allocate expenditure to services and patients. Progress on developing patient level costing is reported to the Hospital Management Board. The Trust is also a pilot site for the national costing transformation programme that is being introduced by NHS Improvement and work began on this in January 2017. The Trust is also an early implementer of a Costing Transformation Programme introduced by NHS Improvement in 2016/17.

Consultations

During the past year the Trust has continued to consult staff and governors on its strategic investments and forward plans. This was done using a variety of forums including team brief, Council of Governor meetings and clinical senate.

In addition, building plans for the theatres/iMRI development were developed with, and signed off by a user group consisting of a cross section of staff from the departments affected. The Trust conducted its annual communications survey which asks staff, governors, members and patients what they think about the way the Trust communicates with them. The survey used a variety of mechanisms including a social media, an online survey, face to face meetings and written feedback.

Governors were also consulted on the Trust's annual plans and Quality Account priorities. To facilitate governors being able to canvass the opinion of the Trust's members and the public, information about the Trust's forward plans were published on the Trust's website, in the Trust's

magazine for members – Neuromatters – and made available at the Trust’s Open Afternoon and at the Annual Members Meeting.

Contracts

The Trust has many contracts for goods and services with numerous suppliers in the private and public sectors. Whilst all are important the following are regarded as essential to the daily operation of the business and would be difficult to change at short notice:

- The close proximity of Aintree University Hospital NHS Foundation Trust means that the Trust can benefit from economies of scale by using their infrastructure to provide some of its support services. There is a service level agreement in place to cover these services which include Pharmacy Services as well as many estates functions including the provision of utilities and emergency maintenance.
- St Helens & Knowsley NHS Trust provide the Trust with Payroll services; this is covered under contract until September 2018.
- The Trust’s Patient Information System is provided by Silver Link and is under contract until April 2019.
- The Radiology Picture Archive and Communication System (PACS) and information system has been awarded as part of a consortium of local NHS bodies on a five year contract ending in June 2018. The information element has been awarded to HSS and the PACS element to Care stream.
- ISS Mediclean provides hotel services including cleaning, portering, security and patient meals. This service underwent a full tender exercise in 2016 and a four year contract was awarded until March 2020.
- Laundry services for the Trust are provided by ISS Mediclean and are under contract until September 2019.
- Decontamination services are provided by Steris and is under contract until 2023.
- Neuropathology and mortuary services are provided by Liverpool Clinical Laboratories (LCL), with a contract in place until March 2018.

Policies applied to contracts for goods and services:

- Give full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities.

- Facilitate the continuing employment of, and arranging training for, employees who became disabled during the period.
- Facilitate the training, career development and promotion of disabled employees.

Any applicant who wishes to declare their disability on their application form will be given a guaranteed interview by the Trust providing they meet the minimum criteria for the vacancy. All candidates are asked in their invite to interview if they require any reasonable adjustments to be made for their interview and these are always accommodated wherever possible. Once appointed, and throughout an employee's employment, where necessary the Trust's Occupational Health Department will be consulted to advise on any reasonable adjustments which need to be made. Although NHS Jobs2 is a web-based system application forms are also available in other formats upon request. To ensure improved monitoring, the HR Department have an established central log to record where staff have been supported with reasonable adjustments.

3v Accountability Report – regulatory ratings

2016/17: NHS Improvement Performance and CQC Ratings

NHS Improvement award Foundation trusts regulatory ratings based on self-certification received from trusts in their annual plan, in-year monthly submissions and any exception reports, including any reports from third parties such as the Care Quality Commission (CQC). The ratings for The Walton Centre Foundation Trust over the last two years are summarised in the tables below. Ratings awarded at the start of the year are based on the expected performance at the time of the annual risk assessment in our annual plan. The quarterly ratings are based on actual performance reported to NHS Improvement, via quarterly in-year submissions. NHS Improvement moved to the Single Oversight Framework in October 2016.

Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at 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 segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, Monitor's *Risk Assessment Framework* (RAF) was in place. Comparative information relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

Segmentation

Following a review of the Trusts financial position The Walton Centre Foundation Trust was placed in segment 2. This means that potential support may be required, but the Trust is not in breach of licence and/ or formal action is not required.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then equally weighted to provide an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the trust disclosed above might not be the same as the overall finance score shown in the table below.

Table 28a

Area	Metric	Q3 2016/17	Q4 2016/17
Financial sustainability	Capital service capacity	2	2
	Liquidity	1	1
Financial efficiency	I&E margin	2	1
Financial controls	Distance from financial plan	1	1
	Agency spend	3	2
Overall scoring		2	1

Governance Rating

NHS Improvement use a combination of methods to assess governance issues at NHS foundation trusts and to gain assurance of their standards of governance. Trusts are rated green where there are no concerns, red where they are under formal regulatory investigation or 'under review' where concerns have been identified by the trust or its regulators which require further investigation. Table 28 reflects trust performance during the year.

2016/17 Performance

Table 28b

	Annual Plan 2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17
Financial sustainability rating			2	2	2
Continuity of service rating	4	3			
Governance rating	Green	Green	Green	Green	Green

Overview of Trust performance against national priorities from the Department of Health's Operating Framework

Table 29

Performance indicator	2016/17	2015/16	2016/17
	Target	Performance	Performance
Incidence of MRSA	0	1	1
Screening in-patients for MRSA	95%	100%	97%
Incidence of Clostridium difficile	<=10*	9	9
All Cancers: Maximum wait time of 31 days for second or subsequent treatment: surgery	>=94%	100%	96.43%
All Cancers: 62 days wait for 1 st treatment from urgent GP referral to treatment	>=85%	85.71%	100%
All Cancers: Maximum waiting time of 31 days from diagnosis to first treatment	>=96%	100%	100%
All Cancers: 2 week wait from referral date to date first seen	>=93%	100%	99.66%
* Threshold set by Public Health England			

3vi Accountability Report – statement of the accounting officer’s responsibilities

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 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 Monitor.

Under the NHS Act 2006, Monitor has directed The Walton Centre NHS Foundation Trust to prepare for each financial year, a statement of accounts in the form and on the basis set out in the Accounts Direction. 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, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- Observe the Accounts Direction issued by Monitor, 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 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; and
- Prepare the financial statements on a going concern basis.

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 him/her 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.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

A handwritten signature in black ink that reads "C. Harrop." The signature is written in a cursive style with a period at the end.

Chris Harrop, Chief Executive

19 May 2017

3vii Accountability Report – annual governance statement

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 Walton Centre 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 NHS Foundation Trust Accounting Officer Memorandum.

The Trust is required to register with the Care Quality Commission (CQC). Its current registration status is 'Registered without Conditions'.

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; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the Trust strategies, policies, aims and objectives of The Walton Centre NHS Foundation Trust. Internal control systems enable the evaluation of the likelihood of risks being realised and the consideration of the impact the risk may have, they facilitate the effective management of the risk efficiently and economically. The system of internal control has been in place in The Walton Centre NHS Foundation Trust for the year ended 31 March 2017 and up to the date of approval of the annual report and accounts.

There have been no significant control issues identified.

Capacity to handle risk

The Board of Directors collectively takes a proactive role in providing leadership to the organisational risk management process. The Trust has a Risk Management Strategy which was approved by the Quality Committee in October 2016. The Risk Management Strategy identifies the following objectives:

Objective No Objective Description

Objective No 1	Define the organisations risk appetite
Objective No 2	Ensure a single and comprehensive risk management process
Objective No 3	Increase the coverage and utilisation of appropriate risk assessments throughout the Trust
Objective No 4	Increase the use of Trust wide data to inform the risk management process
Objective No 5	Enhance the knowledge and skills base of staff in risk management across the Trust, thereby also further encouraging an open and transparent reporting culture
Objective No 6	Strengthen the system of assurance regarding risk through to Board level

Compliance with the objectives is monitored by the Quality Committee.

The Trust also has a Risk Management Policy which sets out the roles and responsibilities of the chief executive, executive directors, executive director with responsibility for risk, and the managerial roles key to the co-ordination of risk management throughout the organisation. The policy clearly states that all Trust employees have a responsibility for the management of risk; it also describes the systems of governance process for the management of risk.

The following committees of the Board of Directors have delegated powers for the responsibility of monitoring high-level risks within their terms of reference: Quality Committee, Business Performance Committee, Audit Committee and the Patient Safety Group. The Patient Safety Group also has included in its Terms of Reference the role of scrutiny of the divisional risk registers.

The Quality Committee is chaired by a Non-Executive Director and part of its constitution includes attendance by one other Non-Executive Director. The Terms of Reference of the committee require it to act as a scrutiny committee, providing assurance to the Trust Board that adequate and appropriate checks and balances are in place, and that controls which arise from risk assessment and mitigation processes are robust. The committee is responsible for the review of the Trust Risk Register and the risks specific to the Board Assurance Framework which falls within its Terms of Reference.

The Quality Committee is underpinned by the Patient Safety Group.

The Business Performance Committee is chaired by a Non-Executive Director; part of its constitution includes attendance by one other Non-Executive Director. The committee's responsibilities relating to risk management require the scrutiny of those risks on the Board Assurance Framework for which it has designated responsibility. The committee provides assurance to the Trust Board that the systems and processes are robust and, if required, has the capacity to escalate issues to the Trust Board. During the year 2016/17, the Business Performance Committee has requested detailed reports on specific risks included on the Board Assurance Framework; this has enabled the committee to provide high assurance to the Trust Board that adequate checks and balances were in place.

The Audit Committee is chaired by a Non-Executive Director, and its membership is constituted of two other independent Non-Executive Director members. Governors of the Trust are invited to observe the committee and are required to act as a link between the Audit Committee and the governors, thus ensuring transparency and promoting engagement. The Audit Committee has oversight of the system of risk management and assurance, including the Board Assurance Framework. It has a cycle of business that requires attendance by members of the senior management team to provide assurance in relation to the effective design and operation of systems of control that fall within their respective portfolios. During the year 201/17 the Audit Committee included two "assurance meetings" in the schedule of meetings. The purpose of these meetings was to identify specific areas of risk and invite key individuals to the meeting to present to the committee and therefore provide assurance that the risk was being adequately managed. The items discussed at the meeting were:

- Human factors
- Nurse revalidation
- Raising concerns
- High reliability organisations (Spine Tango)

The Patient Safety Group reports into the Quality Committee. The Terms of Reference of the Patient Safety Group reflect the scrutiny and oversight function of the operational elements of risk and governance throughout the organisation. Divisional risk registers are presented to, and scrutinised by, the group on a rotational basis; at meetings where divisions are not scheduled to fully review their registers, an exception report informs the group of activity. This process ensures cross divisional challenge and a Trust-wide consistency in the grading of risks, which in turn, provides a standardised organisational risk

profile. The Patient Safety Group is also responsible for the scrutiny of serious untoward incidents, root cause analyses, safety alerts and related action plans.

Monthly multidisciplinary divisional governance and risk meetings are held in each of the divisions, all of which have core agenda items. These include risk register review, complaints, incidents and health and safety issues. The Chair's reports from these groups are reported into the Quality Committee.

A Harm Free Care Board which is comprised of lead nurses and members of the governance department meet each week to continually review risk registers, monitor progress of root cause analysis investigations and complaints.

The Trust holds quarterly Council of Governors Steering Group meetings which act as a forum for discussion and engagement with the governors. The steering group also agrees the agenda for the quarterly Council of Governors meetings; the Council of Governors meetings enable governor consultation and provides an oversight and scrutiny function.

Risks are identified, assessed and recorded by senior managers who input information from risk assessments onto Datix, an electronic web based risk management solution. Formal risk management reports and registers are managed at divisional governance meetings and reviewed with local departmental managers. New risks identified by the divisions, which have the potential to impact on the strategic intent of the Trust, are reported to the Executive Team for consideration for inclusion in the Board Assurance Framework.

The Board Assurance Framework is reviewed and monitored each quarter by the Trust Board. This scrutiny allows the Board of Directors to satisfy itself that risks which threaten the achievement of strategic objectives are under prudent control and fall within the Board's risk appetite. The Audit Committee reviews the framework each quarter ensuring that the correct governance process has been followed. The Quality Committee and the Business and Performance Committee's review the specific risks for which they have delegated responsibility.

To ensure that the Trust's approach to managing risk is successfully implemented and maintained, staff at all levels are provided with appropriate risk management and incident report training which is appropriate to their role and responsibility within the organisation. Training includes, but is not limited to: incident reporting, health and safety, risk management, fire safety, infection control and prevention, information governance, root cause analysis, complaints management, equality and diversity, safeguarding children and vulnerable adults, conflict resolution and basic life support. Other risk management training

is provided on a formal and ad hoc basis as part of the corporate learning and development programme.

A training needs analysis has been developed which is monitored through the performance management process which identifies the initial and on-going mandatory training requirements for all employees. All new starters attend a mandatory induction programme which covers all areas of risk management.

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 is provided to all staff. There is also an accessible, specialist system lead based centrally with the Risk Management Team.

All staff can access the Datix system to report an incident online. His/her line manager quality checks the data before the information is validated and referred to the appropriate person in the organisation. Escalation is based on the risk rating score of the issue reported. The Trust continually strives to improve its risk management performance by capturing good practice and lessons learned from a wealth of sources including complaints, litigation, incidents, audits and reviews. To facilitate the learning of lessons from incidents, the Trust uses the following processes: a regular Lessons Learned newsletter, inclusion in monthly assurance reports to the specific wards and departments, inclusion in the quarterly governance and risk report and inclusion in the monthly Team Brief and weekly email bulletin to staff, Walton Weekly.

Action plans are monitored through the Root Cause Analysis Tracker, which is reviewed each week at the Harm Free Care Board and the monthly divisional governance and risk meetings.

The Trust fully acknowledges its duty of candour which supports one of its core values of openness. Incidents which fall into the requirements of the regulations are identified through the daily scrutiny of the Datix system. Relevant incidents are identified and entered onto a tracker which manages Trust compliance to the Duty of Candour regulations. All patients, or in some circumstances relatives, who fall into the duty of candour requirements are offered an apology by the relevant clinician as soon as possible and this is recorded in the patient records. The patient or relative will then receive a letter offering an apology which is signed by the Chief Executive. The letter includes an apology and an offer to send a copy of the root cause analysis investigation

The Trust has robust policy development and management processes in place which ensures that documents which support patient care are fit for purpose and are approved and ratified by a nominated group/committee. Strategies and policies relating to risk management are kept under review throughout the year. All risk and control related policies have an equality impact assessment completed as required by the Trust's document control arrangements. Any proposed cost improvement plans undergo a quality impact assessment to ensure that any changes in funding to services or schemes do not increase risk unexpectedly or negatively impact on patient safety, patient experience or clinical effectiveness of the service.

The Trust's Risk Management team is a component of a wider Governance Department which integrates all components of risk for effective control and greater efficiencies.

The Risk and Control Framework: Risk Management

The Board of Directors recognises the value of taking a strategic, proactive and comprehensive approach to the assessment and the control of risk. The Trust appreciates the variety of significant benefits which can be achieved from improving patient care and the safety of the working environment for its staff, which assist in reducing levels of financial risk and loss for the organisation as a whole. The Board of Directors consider the nature and extent of the risks facing the organisation, the amount and type of risk identified, the likelihood that the risk might materialise and the ability to control the impact of the risk. At the beginning of each year, the Board scores the risk of failure to achieve its strategic objectives and identifies a target score for that risk. The target score may be at the same level (where the Board has an appetite for that risk) or lower (where the risk score is intolerable and must be mitigated to a lower level).

The Board's appetite toward compliance with statutory legislation is to refrain from risks which may prevent compliance. On this basis the risk appetite aligned to the strategic priorities should not be taken into consideration for compliance related decisions.

The Board has set a risk appetite of Cautious / Moderate. This reflects the environment that the organisation is currently operating in and the need to be innovative when considering options for improvement. This does not indicate that the Board is seeking to undertake 'risky behaviour'

The approach to risk management in the Trust follows the seven steps to patient safety:

1. Building a safety culture
2. Leading and supporting staff

3. Integration of risk
4. Promote reporting
5. Involve and communicate with patients
6. Learn and share safety lessons
7. Implement solutions to prevent harm

To ensure consistency in process, all risk assessments are completed using the ISO 3100 Risk Management Standard and evaluated using a 5x5 risk grading matrix which is described in the Trust Risk Management Policy. All risk assessments, including information on evaluation and control, are recorded on Datix and supported by action plans which are rigorously monitored at the weekly Harm Free Care Group, monthly Divisional Governance Groups, and the Patient Safety Group. Lessons learned from risk assessments and serious untoward incidents are shared via the monthly ward and department assurance reports, the monthly divisional governance reports, the quarterly Governance and Risk Report, the Lessons Learned bulletin, Team Brief, Walton Weekly and through email bulletins to all staff.

The Trust's Strategic Objectives for 2016/17 are:

1. Improving quality by focusing on patient experience and clinical effectiveness
2. Sustaining and developing our services
3. Research and innovation for patient care
4. Developing our hospital
5. Recruiting, retaining and developing our workforce
6. Maintaining our financial health

In response to feedback from the executive team, the Board Assurance Framework underwent a complete review during the year 2016/2017. The review has resulted in a format which is noted to be fit for purpose. As at 31 March 2017, the Board Assurance Framework identified eight risks to the strategic objectives. All risks have robust controls and treatment plans to mitigate the risk as far as reasonably practicable. Therefore, the level of risk will decrease once risk treatment is effective.

Compliance to the Code of Governance is explained in section 3iv of this document.

Major Risks: The major risks both in year and future are listed below.

Strategic Objective	Risk Description and Rating	Mitigating Actions
1	Failure to deliver patient safety due to limited treatment	Infection control policies , Ward rounds, Staffing increase Training & Awareness, Infrastructure amendments (to

	options for CPE infected neuro patients/outbreak of CPE colonised. Risk Rating: 20	facilitate patient isolation) Screening - Risk assessment for 'high risk' patients (as defined in PHE guidelines) Incident reporting and monitoring, Surveillance, Quality and Patient Safety Strategy 2015 (implementation plan)
2	Failure to deliver patient activity due to demand and competing operational pressure. Risk Rating: 16	Policies, Service Improvement Programme, Direct booking & PAC restructure to increase utilisation, Performance Monitoring, Waiting List Initiatives, Infrastructure (to facilitate patient isolation).
6	Failure to achieve the CIP financial plans in accordance with the Strategic Plan. Risk Rating: 16	Impact Assessment , Financial savings, Coding activity review, Mitigation Plan, Staffing, Review of short-term affordability (capital programme)
6	Failure to deliver financial stability in the medium term due to changes in the NHS economic Environment e.g. tariff changes. Risk Rating: 16	Contracts for 17/18 agreed with major English Commissioners which are both in line with plan submitted to NHSI in December 2016, Networking, Recharges and SLA's, Under performance of contracted activity, Financial Savings Programme starting in 2016, Vacancy Control Panel, Agency Spending Review , NHSI conditions for receipt of STF
6	Failure of WHSSC to pay tariffs at HRG4+ levels. Risk Rating: 16	<ul style="list-style-type: none"> • Issue been raised with NHSI regarding the non-payment of HRG4+. • Teleconference organised by WCFT (CEO and DoF) to facilitate discussion between NHSI (Regional Finance Director), NHSE (Regional Director of Commissioning) and WHSSC (acting Managing Director). Collaboration of NHS Trusts and FT's
1	Due to external pressures on patient flow in Merseyside the Trust will be required to take patients outside of its specialty. Risk Rating: 16	Communication with NHSE to advise when system pressures are increased and anticipate pressure to take patients outside of speciality, escalation process through emerging planning process, operational process through Director of Nursing, Operations and Quality, Deputy Directors, Deputy Director of Nursing, Bleep Holders and Medics, daily system conference call including CCG's, NHSE and local trusts when pressure increases and mitigating actions agreed, policies, procedures and guidelines to identify patient flow accepted to support system pressure, weekly performance meeting chaired by the Director of Nursing, Operations and Quality, to monitor RTT performance and agree mitigating actions as appropriate.

2	<p>Failure to meet Neurosurgery and Pain RTT targets required by NHS Improvement and NHS England. Risk Rating: 16</p>	<p>Waiting Time initiatives implemented, monitor annual leave of consultants to ensure maximum allocation of theatre capacity, job planning performance monitoring of RTT , review performance communication methods, Service Improvement Team established, trend analysis of RTT targets to identify areas for improvement</p>
5	<p>Risk to safety, quality and service sustainability due to reduction in junior doctor deployment following national and regional changes. Risk Rating: 12</p>	<p>Workforce Transformation project management infrastructure project post and to monitor implementation Pre-op Assessment – standardisation of processes (80% compliance) Advanced Nurse Practitioners in post, SMART team to cover out of hours patient assessments within 30 minutes (99% compliance), implementation of team based ward rounds, guidance implemented (medical coverage) to ensure patient safety and compliance with national guidelines, protected time for junior doctors, nursing team roles established, additional interim locum cover provided - until June 2017</p>
1	<p>Inability to maintain safe staffing levels resulting in sustained bed closures. Risk Rating: 12</p>	<p>Policies/Strategies, escalation identifying staffing and patient acuity, ward establishment monitoring(weekly), review of ward rotas and off duty (weekly)- Matrons and ward managers and shift patterns, use of agency staff and overtime, specialising pool of staff (10 posts), monitoring and reviews of theatre staff turnover Training and Education, partnership working with the universities to recruit newly qualified staff, appointed nurse lead for revalidation project, practice Educator role on wards (training junior staff) Recruitment - vacancies monitored weekly, highly visible recruitment campaign (Helped by the Nursing Times Award), recruitment timescales reduced to 6 weeks</p>
1	<p>Compromising patient safety due to failure to prevent and breaching annual PHE threshold for C-Difficile. Risk Rating: 12</p>	<p>Infection control policies (Monitored through Infection Control Work Plan, reviewed to ensure compliance with national guidance):-</p> <ul style="list-style-type: none"> • Management of Major Outbreak Policy • Medicines Antibiotic Policy <p>Ward rounds - Antibiotic Ward Round(Infection control, microbiology and medical representation, staffing – Infection control team –microbiologist capacity (increased from 0.5 WTE to 1 WTE), Infection control nurse – weekend on-call cover Training & Awareness - C-Difficile included in Infection Control - annual mandatory training for clinical staff, awareness raising – patient, public and staff information (Stop, Think, Sink campaign), Incident reporting and monitoring Infrastructure (to facilitate patient isolation), alert organisms</p>

		surveillance - Organisation surveillance report (to map patterns), risk assessments of admission/transfer of patients (mandated requirement) Quality and Patient Safety Strategy 2015 (implementation plan), actions from completed RCA's
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The major risks identified as being in place for 2017/18.

In respect of the principal risks to compliance with the NHS FT condition 4 (FT Governance), The Walton Centre has a Board of Directors and has established a committee structure with associated reporting lines, performance and risk management systems. Each committee is chaired by a non-executive director and has an associated executive team member as its executive lead.

The Board of Directors and Board Committees receive timely and accurate information to assess risks to compliance with the Trust's provider licence, and have the requisite degree and rigour of oversight over the Trust's performance. To assure itself of the validity of its annual governance statement required under NHS FT Condition 4 (8)b, the Board of Directors receive an annual assurance statement and associated evidence. The Board of Directors approve quarterly reports for submission to the sector regulator Monitor, regarding its principal risks to compliance with its Governance and Continuity of Service ratings. The Trust complied with Monitor's requests for two year Operational Plan and a five year Strategic Plan receiving green ratings for each.

Mersey Internal Audit Agency completed 13 reviews of the systems of internal control during the year. Three achieved high assurance, six achieved significant assurance and four achieved limited assurance. One of the reviews which received limited assurance subsequently achieved significant assurance in the follow up review. Those reviews that achieved limited assurance have been supported by robust action plans in order to address the recommendations.

Review of Economy, Efficiency and Effectiveness of the Use of Resources: look at last year

The Trust has a very well established mechanism for setting financial plans and ensuring that these are met. The Trust has also undertaken a detailed review of its income and expenditure budgets prior to setting its annual plans for 2017/18. The financial position is reviewed in detail at the Trust's Business Performance Committee meetings and at the Board of Directors meeting. A full description of all key activity, income and expenditure

variances is covered in that report along with a full analysis of capital expenditure against plan, cash flow and the Trust's Use of Resource risk rating. The Trust's Hospital Management Board is updated quarterly in respect of the Trust's Service Line and Patient level costing information, and the Board of Directors receives an analysis of the Reference Cost Index position annually.

The Board of Directors has been proactive in identifying and agreeing financial risks and mitigations and this process is on-going. The Trust has a well-established system for identifying and managing financial risk. Internal audit has played a key role in providing assurance that financial systems are operating adequately and the Trust is continually striving to improve the effectiveness of its financial controls.

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.

Control measures are in place to ensure that all obligations in relation to equality, diversity and human rights legislation are complied with.

The Foundation Trust has undertaken risk assessments and carbon reduction delivery plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that the obligations for the Trust under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Information Governance

With regard to information security risks, the Trust has a nominated Senior Information Risk Officer (SIRO) at executive level who has nominated responsibility for information risk. The Trust has maintained a minimum level 2 score across all of the 45 standards within the Information Governance toolkit and has scored 85% (green) compared with 86% (green) in the previous year. Information Governance training is provided as part of induction for all new staff and refresher training forms part of the Trust's mandatory training programme. The Trust has successfully gained accreditation against the ISO27001 (2013) standard in relation to Information and IT security. The Trust once again received 'Significant Assurance' from Mersey Internal Audit following a review of its Information Governance (IG) toolkit evidence

for the seventh year in succession. During the period of reporting, there have been four serious incidents, three involving confidentiality and the other a third party Information Security breach which were scored at Level 2 using the Information Governance Reporting tool which were duly reported to the Information Commissioner Office (ICO). The Trust has received notification from the ICO that no further action by them was necessary due to the remedial action taken by the Trust.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

A number of steps have been put in place to assure the Board that the quality report gives a balanced view, and that there are appropriate controls in place to ensure data quality such as:

- The Trust Board has a good balance of skills and knowledge to provide appropriate challenge to data.
- The Trust supports a collective leadership approach which ensures a balance in the decision making process.
- Policies ensure that the quality of care provided is consistent and adheres to the Walton Way Values.
- There is a clear governance structure which facilitates the movement of information from ward to board.

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 the content of the quality report attached to this Annual Report and other 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, the audit committee (and

risk/clinical governance/quality committee, if appropriate) and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust has a governance structure which ensures that the effectiveness of the system of internal control is fit for purpose.

During the year 2016/17 the Trust reviewed the organisational governance structure and introduced the Portfolio Board to the board committee structure. The principal role of this Committee is to define and prioritise and define a balanced portfolio of change for WCFT and is supported by a full Terms of Reference.

The Board of Directors has a clear idea of its responsibilities and the Directors have a suitable balance of knowledge, skills and experience which enables robust challenge of the systems of internal control.

The Audit Committee acts independently from the executive ensuring that stakeholders are properly protected in relation to financial reporting and internal control. During the year 2016/17, the Audit Committee further developed the role of the Assurance Committees which has enhanced the degree of assurance to the Trust Board.

The Quality Committee has improved the process of internal control through the introduction of two initiatives. One of these is “what quality means to you” which requires divisional representatives to present to the committee on issues within their areas. The other is the introduction of presentations relating to the Darzi Principles. Both of these initiatives provide a more detailed perspective on the internal control processes to inform the committee. Furthermore MIAA reviewed the Quality Committees compliance with its terms of reference and noted good compliance.

The clinical audit function continues to develop since being devolved in to the divisions and provides robust assurance on outcomes through its governance links.

The Trust’s internal auditors play a major part in challenging and providing assurance against the systems of internal control.

Conclusion

No significant internal control issues have been identified during the reporting year.



Chief Executive, 19 May 2017

4 Quality Report

Please refer to the Trust's Quality Account (enclosed at the end of this report) for a detailed analysis of the following:

Care Quality Commission Registration

The Trust is required to register with the Care Quality Commission (CQC). Its current registration status is 'Registered without Conditions'.

Quality Governance

4.1 Quality Governance

The Trust developed and implemented a Quality and Patient Safety Strategy in 2015, replacing the previous Quality Governance Strategy. The Quality and Patient Safety Strategy is a three year strategy, with an overarching aim to ensure Excellence in Neurosciences. It builds on previous progress through the Quality Governance Strategy and other patient safety initiatives and action plans taking the next steps for The Walton Centre a highly specialist tertiary centre going 'from good to great'.

The Strategy sets out the way forward for the next three years using the five foundations which we have agreed following consultation with The Walton Centre's staff. These are based in particular from the learning from the Berwick Review and also the King's Fund's work in relation to collective leadership and culture in the NHS.

The five foundations are:

Foundation 1 - Leadership at all levels

Foundation 2 - Culture of continuous learning

Foundation 3 - Patient engagement

Foundation 4 - Build capacity and skills

Foundation 5 - Measurement to predict

It is a key enabling strategy of the overall Trust Strategy with several of its objectives, underpinning the quality elements, development of the Trust's services and The Walton

Centre's workforce. In turn, the Quality and Patient Safety Strategy has its own supporting strategies in particular the Patient Experience Strategy. Furthermore it is closely linked with the Organisational Development Strategy.

Quality information is monitored at departmental, divisional and at board level. It includes patient safety, clinical effectiveness and patient experience information and is considered by the Quality Committee and the Board of Directors at their meetings. The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to Monitor's Quality Governance Framework, that the Trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to our patients.

To ensure compliance with the Care Quality Commission registration regulations, each regulation is part of a planned schedule of reviews which work alongside internal quality inspections, such as the Nursing Assessment and Accreditation System, and regulation inspections and is used to monitor compliance. The results of the reviews are monitored by the CQC Quality Group. The CQC announced inspection at the beginning of the year resulted in a rating of 'outstanding' for the Trust.

This year, the Trust has continued to develop the Board Assurance Framework (BAF) and review and refine the committee structures reporting to the Board of Directors. The Governance Department has continued to review and enhance its staffing structures with key appointments and further strengthening of health and safety and business continuity plans within the Trust which have had external scrutiny.

The Trust recognises the importance of quality and safety and ensures that key performance metrics for quality are reported. The Trust Quality Report is reported to the Quality Committee, Professional Nurses Forum and the Board of Directors on a monthly basis. The Quality Report informs and tracks progress against a suite of quality indicators and highlights patient safety developments and areas of focus for the Trust Board. The Quality Report is part of The Walton Centre's approach to embedding a system and culture of continuous learning and improvement in patient experience, clinical effectiveness and patient safety.

The Trust had a number of quality initiative successes within the last year: over 98% of patients said they were extremely likely to recommend the Trust to their friends and family, expansion of the Special Observation Team for patients requiring one to one specialising, SMART team first

response extended to 24/7 service for all emergency or deteriorating patients, increase in advanced nurse practitioner teams within neurosurgery to increase MDT working and reduction in several nurse sensitive indicators such as pressure ulcers, HCAI, and increase in timeliness of risk assessments. The Trust also completed all of its sign up to safety drivers and pledges. The Trust has also been active in reviewing the patient experience. The three year patient experience action plan takes forward feedback from national and local survey results and patient listening weeks. Results in the National Inpatient Survey showed continued improvement. The Patient Experience Group has engaged with external stakeholders to identify areas of focus to support the group's work plan.

The Board of Directors consulted with patients, governors, commissioners, Healthwatch and other external agencies to ascertain and agree the Trust's Quality Account improvement priorities for 2016/17. The Trust continues to monitor services across the three domains of Quality: patient safety, clinical effectiveness and patient experience, reporting progress on the improvement priorities to the Quality Committee and to the Board of Directors on a regular basis.

Quality priorities are monitored, and performance managed, by the Board of Directors and by the Quality Committee. Operational groups within the Trust are made aware of their responsibilities in relation to quality priorities and report to Board committees. The Trust's Internal Auditor, Mersey Internal Audit Agency (MIAA), are fully involved in the process to provide regular review and assurance via the Audit Committee. During 2016/17, audits were undertaken on areas such as governance arrangements, safe staffing and nursing revalidation.

In addition, quarterly meetings to review quality assurance reports take place with the Trust's commissioners, ensuring external scrutiny and performance management.

Further details with regards to the Trust's statement in relation to quality governance can be found in the Annual Governance Statement included later in this report. Further information can also be found within the Quality Accounts section of this document.

4.2 Patient Experience

To demonstrate our commitment to continually improving the patient experience, we reviewed and produced a new Patient Experience Strategy in 2015 to focus on ensuring our patients remain at the centre of everything we do. This strategy ensures that patients are involved and

receive an experience that not only meets, but also exceeds, their physical and emotional needs and expectations.

Based on feedback from patients and staff, the Trust believes that it should underpin its future strategic aims around the Walton Way values, encompassing excellent patient experience and design actions to help the Trust achieve its strategic objectives.

“We treat our patients and colleagues with caring, respect, dignity, openness and pride. This is The Walton Way”

This will encompass the areas of improvement that patients have told the Trust about as well as based on what does excellent patient experience look like.

Over the next three years, the focus will be to get all services and all staff to:

- Develop a culture that puts good patient experience at the heart of everything the Trust does
- Treat all patients with dignity and respect, care and compassion
- Improve patients experience by listening to, and acting upon what patients tell the Trust
- Ensure staff have the necessary skills and experience to meet the needs of patients
- Engage with stakeholders, including statutory and voluntary organisations

Further information on the progress in relation to patient experience can be found within the Quality Account section of this document.

The Patient Experience Strategy is available at: <http://www.thewaltoncentre.nhs.uk/169/trust-publications.html>

4.3 Patient Care

Over the last 12 months the nursing workforce has been reviewed and developed to ensure The Walton Centre continues to provide a high standard of patient care which is responsive to changes in patient acuity and need.

Nurse staffing reviews were undertaken in May and November 2016 across the inpatient wards to ensure staffing establishments were appropriate for the numbers and acuity of patients. Analysis of patient acuity, using established acuity tools, cross referencing with nurse sensitive indicators and professional judgement was undertaken in the review. The review identified that

the investment in extra front line ward staff in 2014/5 has continued to have a positive effect. An increased investment in health care assistants to support therapeutic specialising was agreed and this was supported by the Board of Directors.

The nursing establishment planned versus actual results are reviewed by the Director of Nursing, Operations and Quality before monthly submission of data to NHS England and reports are submitted monthly to the Board of Directors to provide assurance that staffing levels meets the needs of patients with staff now in post. The unify return is cross referenced with friends and family data, trained nurse to patient ratio, nurse sensitive indicators and occupancy rates.

The senior nursing team provides leadership across clinical areas and ensures that there is a continued clear focus on nursing standards, the environment, patient safety and experience. Additional nursing roles created, such as the advanced nurse practitioners, have expanded nursing skills which focus on enhancing timely patient care, at the patient's bedside. The practice education facilitator role developed on each ward in 2014/15, has enabled the Trust to recruit newly qualified staff to the wards, and provide extra supervision and support as part of an extended preceptorship programme implemented during the last year.

The Trust has had one MRSA bacteraemia in-year against a zero trajectory. The annual trajectory of Clostridium Difficile was 10 cases for Public Health England (PHE), and 12 cases for Monitor with the Trust reporting nine cases. Clostridium difficile continues to remain a challenge for the Trust going forward.

The Trust has taken a proactive approach in focusing on reducing Clostridium Difficile. This work has includes, strict antibiotic management and frequent in-depth cleaning programmes, including the use of a hypochlorite fogging machine and an Infra-red decontamination unit.

The Trust has also successfully managed Carbapenemase-producing Enterobacteriaceae (CPE) infections. The Trust screens all high risk patients on admission and undertakes regular screening in the areas containing high risk patients in the Trust. The Trust is introducing a more timely and accurate screening medium 'PCR' to allow the reduction in disruption of activity and a better patient experience of patients who need to be screened following contact with an infected patient or on admission.

The Trust has a 'Stop think Sink' campaign, promotes MDT compliance with hand hygiene and is actively publicising good infection control practice. Hand wash basins are located outside each inpatient ward and use is monitored along with regular hand hygiene audits being undertaken. Further patient information and advertising has been produced and the Trust has

included staff across the organisation and several clinical staff and executives leading the campaign.

The Trust monitors improvements on quality indicators through the Quality Committee which is chaired by a non-executive director.

4.4 Commissioning for Quality and Innovation Payment Framework (CQUIN)

A proportion of the Trust's income in 2016/17 was conditional upon achieving quality improvement and innovation goals. The total payment received against the CQUINS in 2016/17 equalled £1,285,443.

The Trust had the following CQUIN goals in 2016/17, these were agreed to reflect national priorities and Department of Health initiatives whilst also reflecting local need and the views of the patients and commissioners:

- Clinical Utilisation Review
- Health and Wellbeing
- Critical Care Timely Discharge
- Learning Disability
- Digital Maturity
- Spinal Networks

Further details of the agreed goals for 2016/17 and for the following 12 month period are available on request from enquiries@thewaltoncentre.nhs.uk.

The Quality Committee reports directly to the Board of Directors on issues of quality governance and risks that may affect patient experience, patient outcomes or patient safety. This committee also has responsibility for reviewing the Trust's Quality Accounts.

Review and planning events involving patients, staff, governors and Healthwatch identified the areas of focus in respect of quality for the forthcoming year. Key performance indicators and priorities relating to quality were identified and their performance is monitored by the Board of Directors on a monthly basis. The development of the Trust's Quality Account and reporting have also been agreed by the Board of Directors and the Trust's Council of Governors has been fully involved in the development of the Trust's quality priorities. External overview has been provided by the Trust's lead commissioner and opinion on the draft report has been sought from Healthwatch. The draft Quality Account will be reported to the Overview and Scrutiny Committee, specialist commissioners and Healthwatch.

The Trust has had a challenging year in relation to preventing hospital acquired infection. At year end, the Trust had nine cases of Clostridium Difficile against a trajectory of ten cases. The Trust has implemented a number of strategies within the year to ensure infection control remains a key focus within wards and departments; these are outlined within the Quality Accounts document.

Patient Experience and Complaints Handling

The Patient Experience Team provides help, advice and support to patients and their families, as well as helping to resolve concerns quickly on a patient's behalf. This can be prior to, during or after their visit to the Trust. The Patient Experience Team can be contacted by telephone or can visit a patient on a ward or at one of our Outpatient clinics. Where concerns cannot be easily resolved or are of a more serious nature, the Patient Experience Team are responsible for dealing with complaints on behalf of patients and their families. We pride ourselves in working with patients and staff throughout the Trust to resolve complaints in a timely way and to explain our actions and to evidence how services will be improved as a result of a complaint.

During 2016/17 the Patient Experience Team was restructured to make it even more accessible for patients, families and staff. During the year the database for managing concerns and complaints, Datix, was reviewed and enhanced to enable greater triangulation with other clinical governance metrics, such as incidents, risks and claims. This has led to improved reporting of themes, lessons learned and monitoring of complaints handling. Following feedback from complainants and staff, the process for managing concerns and complaints was reviewed with improvements implemented to facilitate a more accessible and person centred approach.

Trend Analysis and Lessons Learned

Every complaint is investigated and each complainant receives a detailed response from the Chief Executive. We ensure those responses are open and transparent, and provide assurance that where mistakes have been made, those are rectified and we learn the lessons. Outcomes from complaints are reported monthly to committees within the Trust, and to the Executive Team. Longer term trends are reported to the Patient Experience Group, the Board and Council of Governors. Trends and actions taken are also discussed in detail in the Governance and Risk Quarterly report and the monthly divisional governance and risk group meetings.

Examples of lessons learned from complaints during 2016/17 include improved patient information leaflets, revised training programmes for staff on specific pathways, promotion of car parking concessions, and reflection for teams and individual staff members.

Complaints Feedback

We use feedback from people who have used the complaints process to help us improve our responsiveness and service. Feedback from people who have raised complaints was that they felt we could improve in the following areas:

- More frequent contact during the complaint process
- More information on how to make a complaint
- Greater emphasis in responses on how we will improve services as a result of a complaint

Following the restructure of the Patient Experience team, we have reviewed our processes, so that it is more accessible to patients and families. We have developed a person centred approach so that complainants are kept involved and updated at each stage of the investigation, with regular contact from members of the Patient Experience Team.

Complaints received 01 April 2016 – 31 March 2017

	Quarter 1 April–June 16	Quarter 2 July–Sept 16	Quarter 3 Oct– Dec 16	Quarter 4 Jan–Mar 17
Number of complaints received	38	39	29	32

The Trust received 138 complaints during 2016/17, which was 25% less than the 184 received during 2015/16. This reflects the focus during 2016/17 of early intervention to resolve concerns before they become formal complaints.

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 make contact with the patient or relative once a complaint is received to agree the best way of addressing their concerns. This individualised approach has led to many patients or relatives wishing to resolve their concerns informally rather than pursuing the formal complaints procedure.

Patient Experience Strategy and Patient and Public Engagement

The Trust has a Patient Experience Strategy and a Patient and Public Engagement Strategy. The purpose of these Strategies is to:

- Raise standards and expectations of patient, family and carer experience at The Walton Centre
- Define the action required by staff throughout The Walton Centre to improve patient experience
- Provide a framework of action for priorities and to clarify responsibility for action
- Ensure the current national drivers and standards for patient experience, together with The Walton Way underpin our ambition
- Ensure the Patient Experience Strategy contributes effectively to the Quality Strategy and ultimately to the strategic objectives of the Trust.

These strategies complement and underpin other strategic drivers, ensuring patients are engaged in the development and improvement of services.

Volunteers

The Trust has a dedicated team of volunteers who have helped us to enhance services offered to patients. During 2016/17 we appointed a Volunteer Coordinator to facilitate the aim of increasing the number of volunteers and extend the areas of the Trust where they provide support.

During the 2016/17 we doubled the number of volunteers throughout the Trust and developed comprehensive processes to support volunteers and monitor volunteer activity. The roles for volunteers include those meet and greet visitors to the Trust and who are available to help our patients and their families to find the location of their appointment. Ward based volunteers provide a listening ear to patients and can escalate any concerns to appropriate staff members. The volunteers have also helped us to continue to drive home messages in improvements in areas such as hand washing outside our wards.

During 2017/18 we continue to work with ward staff to increase the opportunities for volunteers to provide activities with patients, particularly those who are in hospital for an extended period of time.

National Inpatient Survey

Improvements in the quality of services delivered by the Trust can be made, if we understand what patients think about their care and the treatment they receive. The CQC conducts a national survey on patients accessing inpatient services between June and August each year.

The Picker Institute, a national audit and survey company, was commissioned by the Trust to support the 2016 survey. The Trust achieved a 51% response rate in the 2016 survey, lower than the Trust's 2015 response rate, but a much better response rate than the other 85 Picker supported Trusts, whose average was 47%.

Initial indicators from the data collected by the Picker Institute and comparing against other Picker supported Trusts suggest the Trust is better than average on 47 questions, worse than average on six questions, and average on 14 questions. Full comparison against national standings cannot be made however until the CQC results are published.

The 2016 survey results will be presented to the Patient Experience Group and Trust Board, once received, and an action plan will be developed to support areas that require improvement. Further information on patient experience and satisfaction survey responses can be found in the Trust's Quality Account section of this report.

Research and Innovation

The Trust continued to recognise the importance of Research and Innovation during 2016/17. The Neuroscience Research Centre (NRC) was set ambitious and stretching targets which they met and surpassed to produce a Research, Development and Innovation support function which:

- Works collaboratively to facilitate high quality clinical and healthcare research;
- Supports the development and adoption of innovation;
- Has reduced the timeline for study approval;
- Is fit for purpose and compliant with statutory regulations; and
- Is aligned to Walton Way values and behaviours.

The NRC continues to work with clinicians to embed the Trust's Research, Development and Innovation Strategy so that research and innovation are integral to the Trust's day-to-day activities, making research and innovation everyone's business.

The NRC exceeded the annual recruitment target of 1,200, set by the Clinical Research Network; North West Coast (CRN), recruiting over 1625 to December 2016 and we anticipate this will exceed 1,900 patients by the end of 2016/17. In total there are currently 116 clinical

studies on-going at The Walton Centre and participation in clinical research demonstrates the Trust's commitment to improving the quality of care.

The Trust was successful in its application to The Multiple Sclerosis Society for £275k to fund phase four of the Trajectories of Outcomes in Neurological Conditions (TONiC) Study.

In addition, the Trust secured a bursary from the North West Coast Innovation Agency to fund an educational visit to Denmark which has resulted in efficiencies to back office functions in the Information Technology Department.

The Trust continues to recruit patients and relatives to the Genome Medicine Centre in Liverpool, this is part of the Government's flagship 100,000 Genome project.

During 2016/17, the Trust has worked collaboratively and in partnership with the following networks and organisations to attract NIHR funding, deliver clinical research and disseminate research outputs and innovation to inform service transformation and improvement:

- Clinical Research Network; North West Coast (CRN)
- Liverpool Health Partners (LHP)
- The Innovation Agency, the North West Coast Academic Health Science Network (NWC AHSN)
- North West Coast Collaboration for Leadership in Applied Health Research and Care (NWC CLAHRC)
- Local Universities
- Other NHS trusts and NHS organisations
- Pharmaceutical companies (industry)

Clinical Audit

During 2016/17, eight national audits and three confidential enquiries covered NHS services provided by the Trust.

National Audits

Adult Critical Care (ICNARC / Case Mix programme)

The case mix programme is an audit of patient outcomes from adult critical care units. Data is collected on all patients admitted to Horsley Intensive Care Unit and submitted securely. The data sent is compared with outcomes from similar patients and analysed. The Trust receives quarterly data analysis reports which identify trends over time and shows how it compares to other units. These reports are discussed at the ITU Operational Group and the ICNARC Review Group Meetings and aim to assist with decision-making, resource allocation and local quality improvement.

Trauma Audit and Research Network (TARN)

TARN audits the pathway and outcomes of patients admitted to the Trust as a result of a traumatic injury. Data collected for patients admitted is submitted securely and clinical reports are published by TARN three times a year specifically focusing on, Head and Spinal injuries, Orthopaedic injuries and Thoracic and Abdominal injuries. These reports along with monthly performance and activity reports are discussed at the bi-monthly internal trauma services meeting and the monthly Aintree / Walton Major Trauma Clinical Assurance meeting. They are also discussed at the Major Trauma Centre Collaborative Board (MTCC). TARN, since October 2014, are working alongside Quality Health to collect Major Trauma Patient Reported Outcome Measures (PROMs), measures are collected before the patient's discharge and TARN follow up 6 months post discharge. PROMs performance reports are published quarterly and are fed back in the bi-monthly internal trauma services meeting. The provision of this accurate and relevant information is vital to help doctors, nurses and managers improve their services.

Falls and Fragility Fractures Audit Programme – National Audit of Inpatient Falls 2015

This audit is funded through the Healthcare Quality Improvement Partnership (HQIP) and is carried out by the Clinical Effectiveness and Evaluation Unit (CEEU) of the Royal College of Physicians. The Falls Workstream is currently contracted (2015-2017) to deliver the first National Audit of Inpatient Falls (NAIF), a clinically led, web-based audit of inpatient falls prevention care in acute hospitals in England and Wales. NAIF aims to improve inpatient falls prevention through audit and quality improvement. The audit report for round one was published in October 2015 and an action plan was produced and monitored by the Falls Prevention Steering Group. Round two data collection is planned for May 2017 and the report is scheduled to be published October 2017.

National Emergency Laparotomy Audit

NELA is being carried out by the National Institute of Academic Anaesthesia's Health Services Research Centre (HSRC) on behalf of the Royal College of Anaesthetists (RCoA). The audit aims to enable improvement of the quality of care for patients undergoing emergency laparotomy. The Trust does not perform many of these procedures but it continues to submit data for the cases it does have securely. The Second Patient Report was published in July 2016; the recommendations are currently under review by the Neurosurgical Division to determine appropriate action.

Specialist Rehabilitation for Patients with Complex Needs Following Major Injury

The audit will provide a national comparative assessment of the organisation, quality, outcomes and efficacy of specialist rehabilitation services provided for adults with complex needs following major injury (physical injury caused by events such as road traffic accidents, falls, etc). It aims to drive improved and equitable access to specialist rehabilitation services. The data collection period for the prospective audit is July 2016 to June 2017. Walton Centre NHS Foundation Trust is submitting data securely via the TARN database.

The Sentinel Stroke National Audit Programme (SSNAP)

The clinical audit collects a minimum data set for stroke patients in England, Wales and Northern Ireland in every acute hospital, and follows the pathway through recovery, rehabilitation, and outcomes at the point of 6 month assessment. Originally the Walton Centre NHS Foundation Trust was not required to submit data to this audit, however, following changes made to include thrombectomy data the Trust has started to submit information for the patients who have had a thrombectomy procedure at the Walton Centre. Data collection is on-going and the audit results are scheduled for publication in March 2017, July 2017 and November 2017.

National Comparative Audit of Blood Transfusion (NCABT)

The National Comparative Audit of Blood Transfusion is a programme of clinical audits which looks at the use and administration of blood components in NHS and independent hospitals in England and North Wales. Three audits were undertaken in 2016, however, the Walton Centre was not required to submit data as the audits were not applicable to the Trust.

National Neurosurgery Audit Programme (NNAP)

The Neurosurgical National Audit Programme (NNAP) was established by the Society of British Neurological Surgeons in 2013 as part of a major quality improvement initiative. The programme aims to support neurosurgical units in the UK and Ireland to improve patient care, outcomes, safety, and experience by providing high quality, robust audit data that is analysed and presented in a consistent and clinically relevant way. The analysis of audit data found that the Walton Centre NHS Foundation Trusts is one of the busiest units in the country, with very good performance / outcomes and low mortality rates.

National Confidential Enquiries (NCEPOD)

The purpose of NCEPOD (National Confidential Enquiry into Patient Outcome and Death) is to assist in maintaining and improving standards of medical and surgical care for the benefit of the public by reviewing the management of patients. This involves undertaking confidential surveys and research and by publishing and generally making available the results of such activities, in order to maintain and improve quality of patient outcomes. There were three studies The Walton Centre was eligible to participate in during 2016/17.

Cancer in Children, Teens and Young Adults

The aim of this study is to review the process of care of children, Teens and Young Adults under the age of 25 years who died/ or had an unplanned admission to critical care within 30 days of receiving systemic anti-cancer therapy. The Trust has submitted data securely for this study. NCEPOD do not require clinician questionnaires or case note abstracts from the Trust for this study. The recommendations will be reviewed when the report is published later this year - Winter 2017.

Chronic Neurodisability, focusing on cerebral palsy study

This study aims to identify the remediable factors in the quality of care provided to children and young people with chronic disabling conditions, focusing in particular on cerebral palsies. Data collection for this study is still on-going. The Trust will review the recommendations and determine appropriate actions when the report is published in November 2017.

Local Audits

During 2016/17, the Trust also participated in 71 local clinical audits. All action plans received are discussed, monitored and signed off by the Clinical Audit Group. The Clinical Audit Teams for each Division produce a monthly clinical audit activity status report which includes recommended actions from all completed projects for each division and the progress made

towards implementation. These reports and actions are monitored monthly at the Divisional Governance and Risk meetings.

An annual clinical audit event is also held at the Trust for staff to share their work and learning from audits undertaken for the purpose of service improvement and improving clinical knowledge.

Never Events

During 2016/17 the Trust reported 3 Never Events. The requirements of the Duty of Candour regulations were followed in all instances ensuring openness and transparency. All incidents were subject to thorough investigation with root cause analysis being completed; lessons learnt were shared within the divisions.

Independent auditor's report to the Council of Governors of The Walton Centre NHS Foundation Trust

Our opinion on the financial statements is unmodified

In our opinion:

the financial statements give a true and fair view of the financial position of The Walton Centre NHS Foundation Trust (the Trust) and group as at 31 March 2017 and of the Trust's and group's expenditure and income for the year then ended; and
the financial statements have been prepared properly in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2016/2017 and the requirements of the National Health Service Act 2006.

Who we are reporting to

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.

What we have audited

We have audited the financial statements of The Walton Centre NHS Foundation Trust for the year ended 31 March 2017 which comprise the group and Trust statement of comprehensive income, the group and Trust statement of financial position, the group and Trust statement of changes in taxpayers equity, the group and Trust statement of cash flows and the related notes.

The financial reporting framework that has been applied in their preparation is applicable law and the NHS foundation trust annual reporting manual 2016/17.



Overview of our audit approach

Overall group materiality: £2,178,000, which represents 2% of the group's operating expenses;

We performed a full-scope audit of The Walton Centre NHS Foundation Trust and targeted audit procedures at its component The Walton Centre Charity;

The key audit risk was identified as occurrence of income from patient care activities

Our assessment of risk

In arriving at our opinions set out in this report, we highlight the following risk that, in our judgement, had the greatest effect on our audit and how we tailored our procedures to address this risk in order to provide an opinion on the financial statements as a whole. This is not a complete list of all the risks we identified:

Audit risk	How we responded to the risk
<p>Occurrence of income from patient care activities</p> <p>97% of the group’s income from patient care activities is derived from contracts with NHS commissioners, all of which is derived from contracts with the Trust’s four main commissioners. These contracts include the level of patient care activity to be undertaken by the Trust at fixed rates.</p> <p>The group recognises patient care activity income during the year based on the completion of these activities. Patient care activities provided, that are additional to those incorporated in the contracts with NHS commissioners, are subject to verification and agreement by the NHS commissioners. As such, there is the risk that income is recognised for these additional services that is not subsequently agreed to by the NHS commissioners.</p> <p>We therefore identified the occurrence of income from patient care activities as a significant risk requiring special audit consideration.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> • Gaining an understanding of the group's system for accounting for income from patient care activities and evaluating the design of the associated controls; • Agreeing income, and associated receivables recognised relating to the four main NHS commissioners to contracts held by the Trust. • Testing income from patient care activities recognised outside of the Trust's main contracts, on a sample basis, to invoices and where available to subsequent cash receipt. • Obtaining an exception report from the Department of Health (DoH) that details differences in reported income and expenditure; and receivables and payables between NHS bodies; agreeing the figures in the exception report to the group’s financial records; and for differences calculated by the DoH as being in excess of £250,000, obtaining corroborating evidence to support the amount recorded in the financial statements by the group. <p>The group's accounting policy on income is shown in note 1.4 to the financial statements and related disclosures are included in notes 2.1, 2.2, and 2.3.</p>

Our application of materiality and an overview of the scope of our audit

Materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

We determined materiality for the audit of the group financial statements as a whole to be £2,178,000, which is 2% of the group's gross operating expenses. This benchmark is considered the most appropriate because we consider users of the group's financial statements to be most interested in how it has expended its revenue and other funding.

Materiality for the current year is at the same percentage level of gross revenue expenditure as we determined for the year ended 31 March 2016 as we did not identify any significant changes in the group's operations or the environment in which it operates.

We use a different level of materiality, performance materiality, to drive the extent of our testing and this was set at 75% of financial statement materiality for the audit of the group financial statements. We also determined a lower level of specific materiality for certain areas such as disclosures of senior manager remuneration in the Remuneration Report and related party transactions.

We determined the threshold at which we will communicate misstatements to the Audit Committee to be £109,000. In addition we will communicate misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

Overview of the scope of our audit

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of:

- whether the accounting policies are appropriate to the Trust's and group's circumstances and have been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the Chief Executive as Accounting Officer; and
- the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

We conducted our audit in accordance with International Standards on Auditing (ISAs) (UK and Ireland) having regard to the Financial Reporting Council's Practice Note 10 'Audit of financial statements of public sector bodies in the United Kingdom'. Our responsibilities under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code) and those standards are further described in the 'Responsibilities for the financial statements and the audit' section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

We are independent of the group in accordance with the Auditing Practices Board's Ethical Standards for Auditors, and we have fulfilled our other ethical responsibilities in accordance with those Ethical Standards.

Our audit approach was based on a thorough understanding of the group's business and is risk based, and in particular included:

evaluation by the group audit team of identified components to assess the significance of that component and to determine the planned audit response based on a measure of materiality;
an interim visit, comprising an evaluation of the group's internal control relevant to the audit including relevant IT systems and controls over key financial systems;
carrying out targeted audit procedures on the financial ledger of the component, The Walton Centre Charity, focusing on the income and expenditure in respect of the donated IRMI scanner, investments and cash balances; and
performance of audit procedures and evaluation of the consolidation process by which the components were consolidated into the group financial statements

Overview of the scope of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code, having regard to the guidance on the specified criteria issued by the Comptroller and Auditor General in November 2016, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code. Based on our risk assessment, we undertook such work as we considered necessary.

Other reporting required by regulations

Our opinion on other matters required by the Code is unmodified

In our opinion:

the parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2016/17 and the requirements of the National Health Service Act 2006; and
the other information published together with the audited financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the audited financial statements.

Matters on which we are required to report by exception

Under the ISAs (UK and Ireland), we are required to report to you if, in our opinion, information in the annual report is:
materially inconsistent with the information in the audited financial statements; or
apparently materially incorrect based on, or materially inconsistent with, our knowledge of the group acquired in the course of performing our audit; or
otherwise misleading.

In particular, we are required to report to you if:

we have identified any inconsistencies between our knowledge acquired during the audit and the Directors' statement that they consider the annual report is fair, balanced and understandable; or
the annual report does not appropriately disclose those matters that we communicated to the Audit Committee which we consider should have been disclosed.

Under the Code we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2016/17 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; or

- we have reported a matter 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 have referred a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- 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 2017.

We have nothing to report in respect of the above matters.

Responsibilities for the financial statements and the audit

What the Chief Executive, as Accounting Officer, is responsible for:

As explained more fully in the Statement of Accounting Officer's responsibilities, 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 2016/17 and for being satisfied that they give a true and fair view. The Accounting Officer is also responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

What we are responsible for:

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Code and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

We are required under Section 1 of Schedule 10 of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. 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.

Certificate

We certify that we have completed the audit of the financial statements of The Walton Centre NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code.

Karen Murray

Karen Murray
Director
for and on behalf of Grant Thornton UK LLP
4 Hardman Square
Spinningfields
Manchester
M3 3EB

19 May 2017

Quality Account

2016 – 2017



Part 1 Introducing our Quality Account

Statement of Quality from the Chief Executive

Part 2 Our Commitment to Quality

Improvement Priorities

2.1 How well have we done in 2016-17?

- 2.1.1 Patient Safety
- 2.1.2 Clinical Effectiveness
- 2.1.3 Patient Experience

2.2 What are our priorities for 2017-18?

- 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
- 2.3.8 CQUIN Performance – Payment Results
- 2.3.9 Care Quality Commission (CQC) Registration
- 2.3.10 Trust Data Quality

Part 3 Overview of Quality 2016/17

- 3.1 Complaints
- 3.2 Local Engagement – Quality Account
- 3.3 Clinical Governance
- 3.4 Sign up to Safety
- 3.5 Walton Willow Memorial Tree
- 3.6 National Survey Results

- 3.7 MS Drug Trial
- 3.8 Patient Safety Award
- 3.9 Neuroscience Laboratory Charter Mark
- 3.10 Annual Open Day
- 3.11 Major Trauma Centre
- 3.12 Digital Technology
- 3.13 UV Decontamination
- 3.14 Vanguard
- 3.15 Overview of Performance in 2016/17 against National Priorities from the Department of Health's Operating Framework
- 3.16 Overview of Performance in 2016/17 against NHS Outcomes Framework
- 3.17 Indicators

4.0 Conclusion

Annex 1 - Statement of Directors' responsibilities in respect of the quality report

Annex 2– Statements from Healthwatch / Specialist Commissioners / OSC/Auditors

Part 1 Statement of Quality from the Chief Executive

The Walton Centre NHS Foundation Trust welcomes the opportunity of demonstrating through the Quality Account (QA) that we have a continual focus on improving the quality of our services.

This is the Trust's eighth Quality Account and demonstrates progress on the Trust's quality improvement priorities, which were established in 2016. All the priorities have been identified in partnership with stakeholders that include; the Council of Governors, patient representatives, specialist commissioning and members of Healthwatch. In addition, the Quality Account includes targets set for the coming year and a range of prescribed mandatory information including; compliance with national audits, complaints and information relating to research governance and data quality.

The three domains of quality are:-

- Patient Safety
- Clinical Effectiveness
- Patient Experience

During 2016/17, the Trust continued to monitor services across these three domains of quality and reported progress on the improvement priorities to the Quality Committee and then to the Board of Directors and governors.

The Trust has a robust performance management framework, developed with Commissioners and with the Welsh Health Specialised Services Committee. NHS England (Cheshire and Merseyside) as specialist commissioner undertakes the lead in performance managing the Trust against its statutory and NHS plan targets as part of the local health economy review process. Regular contract quality performance meetings have taken place throughout 2016/17 and most of these have been attended by colleagues from Liverpool , Sefton CCG and NHS England Specialist Commissioners.

At The Walton Centre, quality is the "golden thread" that runs through all our work. The Trust measures and monitors key performance indicators for safety and quality, which are included in corporate performance quality reports, reported monthly through committees and to the Board of Directors.

The Audit Committee, the Quality Committee and Business Performance Committee provide robust challenge and reporting on quality issues. The sub groups to the Quality Committee includes four sub groups which provide MDT challenge and include a Patient Safety Group, Clinical Effectiveness and Service Group, Infection Control Committee and Patient Experience

Group. They have improved the internal management and assurance processes and can evidence a renewed focus on learning lessons from incidents, complaints and audit findings.

The delivery of our quality improvement priorities are currently monitored through the Quality Report which is presented to the Professional Nurses Forum, Quality Committee and Trust Board. The progress of each indicator is assessed and rated as Red, Amber or Green against expected performance levels. The Trust can report significant improvements across these improvement priorities during 2016/17 including:-

- Timely Risk Assessments
- Development of a Carer Resource
- Reducing cancelled operations due to inappropriate medications.
- Investing in Improving Quality In Physiological Services (IQIPS)
- Greater breadth & depth to nurse Preceptorship Programme - for newly qualified nurses

One of the Trust's strategic objectives is improving quality, and a number of initiatives and programmes have been progressed in 2016/17 to specifically address this objective. These include on-going participation in the national 'Sign up to Safety' Campaign and making our Trust pledges to improving safety, by implementing the Quality and Patient Safety Strategy and Patient Experience Strategy.

As we move into 2017/18, the Trust strives to continually improve all our services, working in partnership with our patients and their relatives to understand and respond to their needs and wishes. In detailing our achievements and forthcoming priorities, I confirm that the information provided in this account is accurate to the best of my knowledge.

Of particular note was the Trusts Outstanding rating following a CQC announced inspection during 2016/17.

I would like to take the opportunity to thank the staff across the Trust for their hard work and on-going commitment to delivering the highest standards of patient care.



Chris Harrop, Chief Executive



Part 2 Improvement Priorities and Statement of Assurance from Board

At the end of each financial year, the Trust identifies, (working collaboratively with stakeholders), areas of focus for improvement for the forthcoming year. At this time it also allows the Trust to reflect on the year's previous performance against the identified quality improvement priorities.

The delivery of the quality improvement priorities are monitored through meetings of the Quality Committee, chaired by a Non-Executive Director. All sub groups focus on differing elements of the 3 domains of quality: patient safety, clinical effectiveness and the patient experience. The Director of Nursing, Operations and Quality 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 the Board on the domains of quality reported in 2015/16. Consultation with patients, governors, commissioners, Healthwatch and other external agencies also informed the Board when focusing our priorities for 2016/17.

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 2016/17.

2.1 Improvement Priorities for 2016 – 2017 - ‘How well have we done?’

In February 2016, the Board of Directors undertook a full review of quality indicators used by the Trust for the previous financial year and acknowledged the work implemented to ensure each indicator was successfully implemented and monitored. At this review, quality priorities were identified and agreed for 2016/17. 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 been fully involved in the Trust during 2016/17, providing regular reviews and assurance via the Audit Committee. Bi-monthly quality meetings to review quality assurance reports have taken place with the commissioners, ensuring external scrutiny and performance management.

2.1.1 Patient Safety

Priority 1: Medicines Safety Thermometer – reducing cancelled operations due to inappropriate medications.

Cancellation of operations in hospitals is a significant problem with far reaching consequences. Cancelled operations cause a negative patient experience and waste resources and time for the Trust. They bring the additional administrative burden of re-scheduling appointments or a blank theatre slot.

The Trust identified that sometimes patients are cancelled due to them taking medication that that should have been omitted pre-operatively or not having been commenced on medication that is required for the surgery to commence. This can be as a result of patients not following instructions, poor communication between staff and patients, or due to a prescribing error.

Outcome:

The Trust aim for this objective was to achieve a reduction in cancellations due to inappropriate medication administration/omission, and has successfully reduced the number of cancelled operations in 2016/17 by 39% compared to the number cancelled for this reason in 2015/16.

This improvement was achieved by improving communication with patients around medication cessation requirements pre operatively, utilising pharmacy support when a patient attended pre-op assessment clinic to rationalise the medications the patients take, and ensuring nursing staff were fully aware of new developments in medications that may have an impact on patients ability to receive surgery.

Priority 2: Investing in Improving Quality in Physiological Services (IQIPS) - a quality tool that measures patient experience for neurophysiology patients.

The IQIPS programme has the aim of improving service quality, care and safety for patients undergoing physiological diagnostics and treatment. The process of self-assessment, improvement and accreditation offers the benefits of sharing best practice and the opportunity to enhance efficiency, and brings national recognition to the service with a badge of quality.

IQIPS involves self-assessment and external peer assessment against a set of 26 standards, including patient experience, to assess accurately the level of performance in relation to established standards and to implement ways to continuously improve.

Outcome:

The Trust has enrolled in the programme and is undertaking the stages identified to meet the standards and achieve accreditation.

The actions identified for the first year of the programme are complete, including:

- Attending IQIPS training at the RCP in London
- Benchmarking with other NHS Trusts
- Completing the online self - assessment to identify improvement areas
- Completing and gaining an overview of requirements via gap analysis
- Informing and engaging the Walton Centre team regarding the requirements of the IQIPS action plan

The Trust has committed to full implementation of this programme and associated standards and will continue to improve patient safety and experience to ensure that service delivery is patient-focused and respectful of the individual and their specific requirements.

Priority 3: Timely Risk Assessments

The Trust has been working over the last few years to improve the timeliness of risk assessments undertaken on admission and subsequently during their stay. These assessments include infection control, risk of falls and nutrition.

An electronic assessment programme was introduced in 2013/14 to assist nurses in collating the assessment data and to increase risk assessments compliance. This compliance has increased to at least 95% of patient risk assessments being undertaken in 12 hours of admission. The Trust wanted to increase this further to achieve 90% of risk assessments undertaken in six hours.

Outcome:

The Trust has supported ward staff to enable the completion of timely risk assessment and this initiative has been successful with risk assessments being undertaken in 2016/17 on at least 90% of patients in less than six hours.

A new risk assessment of Acute Kidney Injury, introduced at the start of 2016/17, has also seen a achievement of the target in the last 5 months of the year.

2.1.2 Clinical Effectiveness

Priority 1: - Embedded Schwartz Rounds - involving a Governor/NED in the practice

Schwartz Rounds give staff an opportunity to discuss their working lives in a supportive and confidential environment. By regularly talking about their experiences, healthcare staff re-connect with the reasons they went into healthcare and develop a greater understanding of their colleagues. This fosters better teamwork and ultimately better care for patients.

The scheme allows staff to get together to reflect on the stresses and dilemmas that they have faced while caring for patients. Studies show that Schwartz Rounds lead to an increase in:

- staff confidence in handling sensitive issues
- beliefs in the importance of empathy
- actual empathy with patients as people
- confidence in handling non-clinical aspects of care
- openness to expressing thoughts, questions and feeling

Outcome:

Schwartz Rounds have now been embedded into the organisation, with regular meetings booked and attendance of a Governor/NED to support the process being achieved. A robust steering group has been developed which plans and implements the rounds with direction provided from the Senior Nursing Team, Human Resources and a Consultant Neurosurgeon.

The Trust held a Schwartz round in January 2017, meeting to discuss the transition for staff nurses into junior sister roles on the wards. The panel consisted of four new junior sisters and they identified the challenges and successes they had encountered moving into the role. A multidisciplinary group asked questions and reflected on their experiences gaining insight, offering challenge and recognising the change required.

The Trust has identified the Schwartz Rounds strengthen the organisational culture and make a significant contribution to improving patient care. Schwartz rounds have been in place for 12 months and staff have expressed positive comments about the benefits of meeting to discuss issues or incidents in this arena

Priority 2: Greater breadth & depth to nurse Preceptorship Programme - for newly qualified nurses

Preceptorship is a period of transition for the newly qualified registrant during which time he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning.

The transition period from student to registered practitioner, where nurses are adjusting to their new role and consolidating their knowledge and skills, can be stressful. It is a time when many newly qualified nurses are left feeling inadequately prepared.

Outcome:

The Trust has been developing and successfully implemented a programme to give greater breadth & depth to the nurse Preceptorship Programme for newly qualified nurses.

A variety of strategies to ease the transition process have been developed by the Trust in recent years, which aim to increase confidence, competence, sense of belonging of new graduates, improve recruitment and retention and reduce turnover costs. This has been

enhanced further by extending the previous Preceptorship period from six months to twelve months to ensure newly qualified recruits are more fully supported.

A schedule of training is provided to cover relevant aspects of care on the wards and an opportunity to take part in Action Learning has been offered where attendees can reflect on their experiences and gain support from their peers. The programme has been mapped against staff and Trust requirements.

Mandatory training, core preceptorship and clinical skills study days are included in the programme and all staff attend as part of the extended preceptorship programme. Additional study days are linked to collective leadership and health and wellbeing. Train the trainer sessions to facilitate action learning sets have also been sourced and appropriate staff identified to undertake this facilitation.

Comments received from preceptees following training days include:

- *“Training day very useful and informative. My knowledge and understanding has improved with different therapies. Also good to meet different therapists so I know who to approach on the ward if I have any specific queries.”*
- *“Very informative session on how various patient related conditions can affect cognition, swallowing and feeding.”*
- *“I thoroughly enjoyed both days; staff were great at explaining things and took time to answer questions.”*
- *“Very informative, good detail, highly appropriate for my job”.*

All preceptees experience from this initial group (commencing in April 2016) will be evaluated as part of this initiative and adjustments to the programme made as required.

Priority 3: Expand the Collective Leadership Programme

Collective leadership represents a shift away from heroic leadership to an exclusive focus on individuals and highlights the importance of more collaborative approaches. The Programme builds on staff strengths and experiences, challenging their views and outlook. Understanding strengths and diverse leadership styles allows for self-development and building team rapport.

The Trust would now like to expand the programme to include band 6 Ward Sisters and staff from other disciplines to enhance the organisation's flexibility and resilience skills in order to lead effectively in challenging times.

Outcome:

The programme has been successfully expanded to Band 6 junior sisters across the Trust, with the aim of expanding the collective leadership ability and ethos across the organisation.

A bespoke programme has been developed to support staff at an emerging leadership level to gain skills and knowledge of collective leadership, whilst using the opportunity to improve their clinical management skills and enable them to support junior staff on the wards both clinically and managerially.

The programme, split into two sections includes care of the deteriorating patient and advanced clinical skills alongside leadership skills such as building effective relationships, dealing with conflict and HR and finance issues.

2.1.3 Patient Experience

Priority 1: Increase in home Immunoglobulin Service

Home Immunoglobulin treatment is a clinically appropriate treatment option for patients and affords patients independence and better quality of life because it is provided in the comfort of the patient's home at a time that best fits his or her needs. In addition, home treatment can provide improved safety, better outcomes, and cost-effectiveness.

Feedback from patients of the Trust, who are regularly travelling to the centre, often from long distances, has prompted the Trust to prioritise this service introduction.

Outcome:

The aim of this initiative was to develop a service which enabled a number of Jefferson Ward patients to receive immunoglobulin therapy at home reducing the need to travel long distances on a regular basis to undertake treatment.

The Trust has been working over the last 12 months to develop a service where patients can receive immunoglobulin therapy within their own home, and is ready for the first patients to commence therapy at home.

A plan was developed to support the most suitable patients to be prepared for this change to treatment and to ensure the correct processes were in place to allow this to happen. This was achieved in part by the appointment of a dedicated Advanced Nurse Practitioner (ANP) to implement the required elements of the plan and achieve the transfer of this therapy into a home setting. The following has been put in place to enable the development to be introduced:

Patient Assessment

- Production of a protocol to identify suitability of treatment with a review of all patients currently on therapy to identify any contraindications
- Identification of suitable patients who were willing to undertake the therapy at home
- Assessment of home circumstances of these patients to identify if they allowed this treatment to be delivered, including visits to the patient at home.
- Assessment of patient ability and understanding to be able to administer therapy unsupervised.

Individualised Planning

- A review of medication regimes of suitable patients in order to achieve the agreed stability for the home therapy to be successful.
- Reduction and stabilisation of dosing for suitable patients as required to achieve optimum therapeutic levels.
- Before considering transferring a patient onto home therapy they need to be stable for at least 3 months with documented evidence they are receiving the lowest most effective dose of the treatment.

**The review and therapeutic dosing has in itself resulted in shorter and often less frequent visits to the centre to receive treatment, improving the patient experience and offering a reduction in service costs.

Patient Education

- Development of patient leaflets advising of the therapy
- Development of a training programme which involves attending the Walton Centre for training over a 4-6 week period.
- Assessment of patient when training complete, to identify if they are able to successfully and safely administer the therapy.

Care Coordination

- Development of a contract to allow drug and consumables to be delivered to the patient's home using a Home Care company. This contract will start in May/June 2017.

On-going support

- Follow up reviews will be arranged after 2-3 weeks of home treatment at the hospital, then three monthly reviews by the ANP at home and yearly with their Consultant.
- The hospital will provide a point of contact for issues relating to the patient's condition and treatment via ANP contact telephone number
- the home care company will advise on issues relating to the delivery of the drug and consumables

Home therapy will benefit patients, providers, and commissioners – providing patients with clinically appropriate treatment in the comfort and convenience of their own home, improving patient experience, quality of life and yielding significant cost savings for all involved. The Trust has successfully implemented the plan to prepare patients to receive Immunoglobulin therapy at home and has a number of stable patients who are ready to undertake home treatment.

Priority 2: More patients being consented for surgery at pre op clinics – increasing the available thinking time for patients to consider and improving patient information.

Pre-operative informed consent requires that the procedures be properly explained that the patient understands the procedures and their risks, and agrees to undergo them voluntarily. One reason for taking informed consent is that it provides assurance that patients and others are neither deceived nor coerced. Hence, the process of obtaining consent is as important as the contents.

Pre-operative assessment carried out prior to treatment, ensures that the patient is fully informed about the procedure and the post-operative recovery, is in optimum health and has made arrangements for admission, discharge and post-operative care at home. By improving the planned admission process, you also enhance the patient experience and the clinical process, as well as the efficiency and productivity of the Trust.

Outcome:

The Trust identifies pre-operative assessment and consent an essential part of the planned care pathway to enhance the quality of care. Reviews have been undertaken to identify the most effective ways of undertaking these assessments and how the level of consent undertaken in these clinics can be increased.

Initiatives have been implemented to support pre-op assessment and consent at clinic and the Trust has seen more patients attending pre-operative clinics during 2016/17.

The Trust audited a week of surgery in 2017, and compared it to the same week in 2016. The results are below, showing 61.5% of patients being consented in clinic in 2017 compared to 32% in 2016. The audit also identified an increase in attendance at pre-operative assessment clinic with 11% more patients were seen in preoperative assessment clinic than in the same week the previous year.

	WC 09/01/2017	WC 11/01/2016
Total Patients	52	58
Consented prior to admission	32	19
Attended Pre-operative Assessment	48	47
% Consented	61.5%	32%
% Assessed Pre- operative	92%	81%

Priority 3: Development of a Carer Resource

Feedback from patients and relatives with long-term conditions in the Trust indicated they would welcome increased support to long-term carers and signposting to services. The Trust identified an objective to develop and implement a carer's strategy that would assist carers to gain support and advice to enable them to carry out the role of a carer effectively and this has been implemented during 2015/16.

Moving forwards, it was identified by carers and groups who support them, that a resource area with carer and support services information, and a place to discuss concerns about caring responsibilities would be a welcome addition to support available. Therefore this was identified as an objective for 2016/17.

Outcome:

A review was undertaken of accommodation available in the Trust to house the carer resource, and meetings have been held to identify the form and function of the resource required going forward. A carer resource will be available for carers to access information and support from April 2017, following the refurbishment of the Chapel and quiet room area on the first floor corridor, facing Chavasse Ward.

The resource will be supported by the Patient Experience Team and the Brain Charity, who will keep the information up to date and available and will utilise the room for meeting with carers to offer support and advice.

2.2 What are our priorities for 2017-18

In December 2016, the Board of Directors undertook a full review of quality indicators 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 2017/18 with Governors, Healthwatch and Specialist Commissioners identifying the final priorities from those initially identified.

Performance relating to these indicators will be managed through committees to Trust Board. Operational groups within the Trust will be responsible for the implementation of the quality priorities and reporting to appropriate committees as required. Merseyside Internal Audit Agency (MIAA) will be fully involved providing regular reviews and assurance via the Audit Committee. Bi-monthly quality meetings to review quality assurance reports will take place with the commissioners, ensuring external scrutiny and performance management.

2.2.1 Patient Safety

Priority 1: Development of a SMART Database

The Trust has identified that one of the objectives to focus on this year will be the development of a database to capture the attendances of the SMART Team across the wards and their impact in the recovery and stabilisation of the deteriorating patient.

Reason for Prioritising:

The data collected can be used to identify such things as the number of cardiac arrests, patients with sepsis and attendances to support tracheostomy patients.

This data will be used to inform the team and the Trust in safer staffing reviews, junior doctor allocations and staff cover at night. It will also be able to provide information of the quality of care and the safety of patient care delivery.

Outcome Required:

A robust database is in place that can capture the activity of the SMART team, enabling reports to be generated to assist in reviews of service and care planning.

Priority 2: CPE screening and case management

CPE (Carbapenemase Producing Enterobacteriaceae) bacteria normally live harmlessly in the bowel, however if they enter into other areas such as the bladder or bloodstream, they can cause infection.

Reason for Prioritising:

Infection caused by a CPE can be difficult to treat as these bacteria can produce enzymes which destroy most available antibiotics.

Screening for CPE Screening is carried out to identify those patients who have an infection due to CPE or who may be carriers of CPE (colonised). At present the Trust screens high risk patients, but a proposal is to increase this screening and implement a case management review.

Outcome Required:

Patients will be screened using the latest technology to identify CPE, and management of colonised cases will be expedited using an agreed management protocol developed to support this objective.

Priority 3: Develop Mental Capacity Act (MCA) Champions

An MCA Champion is someone who will receive comprehensive training around the Mental Capacity Act 2005 (MCA). Champions will then provide leadership to embed their learning into their area of work.

The Trust would like to take forward the development of Mental Capacity Act Champions, raising awareness for staff and public on the act and how it relates to our patients and their care.

Reason for Prioritising:

The Mental Capacity Act implementation nationally has not met the expectations that it rightly raised. The Act has suffered from a lack of awareness and a lack of understanding, and the Trust wants to ensure that there is a resource available to provide leadership and

support to staff dealing with patients who may lack capacity noting the increase of such individuals within its cohort of patients.

Outcome Required:

To have a fully trained cohort of Mental Capacity Act Champions in the Trust, with representatives from all disciplines, who are available to provide leadership and support to staff across the organisation.

2.2.2 Clinical Effectiveness

Priority 1 - Same Day Admissions

Same day admission describes the process whereby patients are admitted to hospital and have surgery, on the same day. The move toward same-day surgery has been increasing over the years, and has focused on limiting inpatient hospitalisation, reducing ancillary services, and decreasing length of stay.

Reason for Prioritising:

The Trust will be implementing a same day admission protocol in quarter 1, to increase the number of patients admitted on the same day of surgery.

Outcome Required:

A year on year reduction, in the number of patients being admitted on the day before surgery.

Priority 2: Improved discharge processes

The Trust has identified discharge processes need to be improved and that the objective for 2017/18 will be to discharge at least 35% of our patients before noon. By discharging patients earlier where clinically appropriate, we are in a better position to place elective and emergency patients appropriately in the right ward, in the right bed and at the right time.

Reason for prioritising:

We have chosen this target to enable us to provide more effective care for our patients, by optimising capacity in the Trust.

Timely discharge is important for good patient experience and discharge has been a key theme from our engagement events, and has been identified as a priority by members of the public and our staff.

Outcome Required:

At least 35% of patients discharged from the Trust by noon on their day of discharge.

Priority 3: Surgical site infection

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. The Trust monitors and reports infection rates that occur post surgery, and has very low rate of surgical site infection compared to national data from peers.

It is proposed that a review and audit of surgical site infections be undertaken in the next year in relation to shunt surgery.

Reason for Prioritising:

This area of surgery has a higher incidence than other areas in the Trust and a review of process and practice in relation to this surgery, may identify further areas to focus on to reduce incidence.

Outcome Required:

Review and audit of processes and practice undertaken to identify any areas to focus on and any actions taken from the results to be further evaluated.

2.2.3 Patient Experience**Priority 1: Explore the development of a Nurse Bank**

The development of a Trust bank would allow permanent staff to work extra shifts at a competitive rate; thus ensuring excellent standards are delivered, continuity of patient experience and reduction in the reliance on agency staffing.

Reason for prioritising:

The use of agency staff still represents a significant cost to the Trust and a strategic approach is needed in order to develop a more flexible and responsive workforce for patient care and to avoid inappropriate responses to cost

Outcome Required:

Review of current additional staffing and requirements, and exploration of opportunities that could be achieved from the development of a nurse bank.

Priority 2: Development of a Neuro Buddy Service

Many people with neurological conditions may experience fear, anger, or sadness. Most family members and friends want to offer their help and support. But discussing things with someone who has never had the condition can be difficult.

The proposal is to train a group of volunteers to become 'Neuro Buddies' who can visit patients across the unit. Supported by Specialist Nurses, they can provide extra support to patients.

Reason for prioritising:

Patients and their carers often say that talking to someone else who has been affected helps them feel less like they are on their own and more confident about coping with the situation they are in - Neuro Buddies will offer people a chance to do that.

Outcome Required:

Development of a cohort of Neuro Buddies who will be available to talk to patients and offer lived experience of the condition the individual is experiencing. Supported by the Trust who will offer advice and an opportunity to debrief, the volunteers would be trained to communicate effectively and escalate issues.

Priority 3: Launch 'John's Campaign' for Dementia

The Trust objective for 2017/18 is to develop and implement 'Johns Campaign', a policy on welcoming carers and family members of people with dementia according to patient's needs and not being restricted by visiting hours.

Reason for Prioritising:

People with dementia are vulnerable and can become distressed and disorientated in unfamiliar surroundings. Their ability to understand and communicate with strangers may be limited. Staff may not sufficiently understand and respond to the needs of people with dementia.

Involving a family carer from the moment of admission to hospital until the moment of discharge has been proved to give better quality of care and improved outcomes.

Outcome Required:

The implementation of a policy to support and embed 'John's Campaign' in the Trust.

2.3 Statements of Assurance from the Board

During 2016/17, the Walton Centre provided and/or subcontracted for services in the following specialist areas:

- neurology
- neurosurgery
- pain management
- rehabilitation

The Board of Directors has reviewed all the data available to it on the quality of care in the four NHS services.

NB 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 in 2016/17 represents 100% of the total income generated from the provision of the relevant services by WCFT for 2016/17.

2.3.1 Data Quality

The data reviewed covers three dimensions of quality – patient safety, clinical effectiveness and patient experience.

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 six years that 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 the patient experience and delivery of care. This information supports the Trust in building year on year metrics to show progress against important aspects of the patient

journey. Improving assurance around the process for data quality process will further strengthen the reporting of information.

The Trust also reports key performance indicators to Quality Committee and Trust Board which bring together efficiency, clinical effectiveness and patient experience.

2.3.2 Participation in Clinical Audit and National Confidential Enquiries

During 2016/2017, 9 national clinical audits and 3 national confidential enquiries covered NHS services received by patients at The Walton Centre Foundation Trust.

During that period the WCFT participated in 100% of national clinical audits and 67% national confidential enquiries the Trust was eligible to participate in.

The national clinical audits and national confidential enquiries that the WCFT was eligible to participate in during 2016/2017 are as follows:

National Audits

- Adult Critical Care (ICNARC / case mix programme)
- Severe Trauma - Trauma Audit & Research Network (TARN)
- National Emergency Laparotomy audit (NELA)
- Specialist Rehabilitation for Patients with Complex Needs Following Major Injury
- The Sentinel Stroke National Audit Programme (SSNAP)
- Falls and Fragility Fractures Audit programme (FFFAP)
- National Comparative Audit of Blood Transfusion (NCABT)
- National Neurosurgery Audit Programme (NNAP)
- National Audit Programme 6 (NAP6)

National Confidential Enquiries

- Mental Health in General Hospitals
- Cancer in Children, Teens and Young Adults
- Chronic Neuro-disability, focusing on cerebral palsy

The national clinical audits and national confidential enquiries that the WCFT participated in, and for which data collection was completed during 2016/2017, are listed in the table 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
Acute care		
Adult Critical Care (ICNARC / Case Mix Programme)	Yes	100%
Severe Trauma (Trauma Audit & Research Network)	Yes	100%
National Emergency Laparotomy audit (NELA)	Yes	100%
The Sentinel Stroke National Audit Programme	Yes	74% On target to have 100% submitted by 2 nd May 2017 deadline
National Audit Programme 6 (NAP6)	Yes	100%
Neurosurgery		
National Neurosurgery Audit Programme (NNAP)	Yes	100%
National Comparative of Blood Transfusion (NCABT)	Yes	N/A
Older people		
Falls and Fragility Fractures Audit programme – National Audit of Inpatient Falls 2015	Yes	N/A – Data collection scheduled for May 2017
Rehabilitation		
Specialist Rehabilitation for Patients with Complex Needs Following Major Injury	Yes	71%
National Confidential Enquiry into Patient Outcome and Death		
Mental Health	No	0%
Cancer in Children, Teens and Young Adults	Yes	N/A - NCEPOD did not require clinician questionnaires for this study
Chronic Neurodisability, focusing on cerebral palsy study	Yes	Study currently in data collection period

The reports of 4 national clinical audits were reviewed in the reporting period 1st April 2016 to 31st March 2017 and the WCFT 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"> The Trust will continue participating in the ICNARC/Case Mix Programme by submitting data for all patients admitted to Critical Care
Severe Trauma - Trauma Audit & Research Network (TARN)	<ul style="list-style-type: none"> The Trust will continue to submit data to TARN and will review individual cases as appropriate
National Emergency Laparotomy Audit (NELA)	<ul style="list-style-type: none"> No actions necessary The trust meets the majority of the recommendations and due to the low number of emergency laparotomies undertaken in the trust, it is not feasible to be able to meet the few recommendations that we currently do not meet
The Sentinel Stroke National Audit programme (SSNAP)	<ul style="list-style-type: none"> The Annual report is scheduled for May 2017 Following the publication of the annual report, recommendations will be disseminated and any appropriate actions agreed
Specialist Rehabilitation for Patients with Complex Needs Following Major Injury	<ul style="list-style-type: none"> The programme includes 3 main elements – 1. An organisational audit 2. A prospective clinical audit 3. A feasibility study Currently no recommendations published to be reviewed as the data collection period for the prospective clinical audit is July 2015 to June 2016
National Comparative Audit of Blood Transfusion	<ul style="list-style-type: none"> Three audits were undertaken in 2016, however, the Walton Centre was not required to submit data as the audits were not applicable to the Trust
Falls and Fragility Fractures Audit programme – National Audit of Inpatient Falls 2016	<ul style="list-style-type: none"> Following the publication of the audit report, recommendations will be disseminated and any appropriate actions agreed by the Falls Prevention Steering Group
National Neurosurgery Audit Programme (NNAP)	<ul style="list-style-type: none"> The analysis of audit data found that the Walton Centre NHS Foundation Trusts is one of the busiest units in the country, with very good performance / outcomes and low mortality rates Action – Undertake an audit of Shunt revisions
National Audit Programme 6 (NAP6)	<ul style="list-style-type: none"> All cases submitted within the data collection time frame The Report is scheduled to be published April / May 2018 Following the publication, recommendations will be reviewed and disseminated and any appropriate actions agreed

Participation in Local Clinical Audits

The reports of 90 completed local clinical audits were reviewed by the Trust in 2016/2017 and Walton Centre NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:-

Neurology Clinical Audits & Service Evaluations

Audit title	Actions
Determining the effectiveness of hyperventilation and intermittent photic stimulation in electing abnormal electroencephalogram across all age groups	<ul style="list-style-type: none"> • Maintain the current established age limit of 60 years old for HV, but no implementation of an age limit for IPS • Establish departmental guidelines
An audit of the documentation of a personalised care plan for patients prescribed buccal midazolam	<ul style="list-style-type: none"> • Use of standardised care plan / proforma • Dissemination of findings emphasising the importance of documenting care plan
Management survey of Parkinson's Disease patients at the Walton Centre	<ul style="list-style-type: none"> • Current adequate management of patient's with Parkinson's Disease. Movement disorders team are involved advanced Parkinson's disease, young Parkinson's disease and motor complications • No actions necessary
Audit to assess technique compliance with NPSA patient safety alert PSA002 reducing harm caused by misplaced NG tubes	<ul style="list-style-type: none"> • Staff reminded of RCR guidelines and to make a comment on CRIS if the referrer ask for whole chest coverage despite a referral for imaging on NG tube
Audit of patient satisfaction part 1	<ul style="list-style-type: none"> • 100% seen within 30 minutes • 100% happy to return • Small number of patients felt they were not told how they would receive their results – Encourage staff to reiterate the process and hand out the information leaflets
Audit of patients with multiple radiological examinations	<ul style="list-style-type: none"> • Agreement by radiology consultants to proof read reports to ensure all areas are reported
Audit of the recording of CT radiation doses and unsaved CT images	<ul style="list-style-type: none"> • CT Core trainers to remind staff to send the summary sheet to PACS in all cases
Audit of Compliance in Radiology of the WHO surgical checklist part 1	<ul style="list-style-type: none"> • Examinations requiring WHO checklist to be outlined to staff • Clinical Governance lead to remind staff to encourage Consultant Radiologists to complete the WHO form • Radiologists to be more vigilant in completing the WHO forms – Radiologist consultants and clinical fellows

	informed
Survey of use of deprivation of liberty safeguard act on neuro-rehabilitation unit	<ul style="list-style-type: none"> To clearly document the assessment of capacity by the team Ensure the documentation of the requested and authorised DOLS proforma is filed within the case notes
Management of patients with a prolonged disorder of consciousness in post-acute care	<ul style="list-style-type: none"> Ensure full clinical review including establishing if primary pathways are intact Consider EEG / neurophysiology in patients when indicated Consideration should be made regarding ceiling of care in all patients with PDOC Keep an accurate register of patients who are treated in rehabilitation as PDOC
Evaluation of seizure management post brain injury	<ul style="list-style-type: none"> On clerking, documentation of seizure date, time and medication – Education of medical staff at the rehab teaching meeting Consideration of stopping if immediate or early onset, at least on discharge for follow up plans and stop any anti-epileptics commenced only prophylactically – Additional section on the new discharge letter to include indication for anti-epileptics and if these can be stopped
Audit of exam time to report availability - Radiology	<ul style="list-style-type: none"> Results discussed at the monthly consultants meeting and directorate management meeting No actions necessary
Audit of double reporting in line with Royal College of radiologists guidelines	<ul style="list-style-type: none"> Learning points were raised and discussed with each radiologist by the lead authors Audit results were shared for revalidation evidence as required
Referral of inpatients with symptomatic brain injury for neuropsychological assessment	<ul style="list-style-type: none"> The audit has identified a need for an appropriate, effective and safe neuropsychology to provide for an unmet need – Development of a business plan to provide appropriate service
Efficacy and tolerability of IV Levetiracetam for acute seizure and status epilepticus	<ul style="list-style-type: none"> Findings were discussed at Neurology & Neurosurgery Grand round audit meeting. Levetiracetam was considered not to be a good drug for the seizure grab bag – Possible research study to identify better treatment for status
An audit of the protocol for photic stimulation, including the procedure when a photoparoxysmal response is provoked	<ul style="list-style-type: none"> All physiologists must tell the patients that the photic lamp will be stopped to try and prevent a seizure from occurring Physiologists must skip to the highest / lowest flash frequencies when PPR is seen to determine high and lower thresholds without all frequencies being stimulated All physiologists must be vigilant in ensuring patients are told to look into the centre of the lamp when the stimulus is switched on All physiologists must ensure they measure a distance of 30cm from the nasion to the lamp All physiologists record cumulative 2.5 minutes with eyes closed to IPS
Audit of CT biopsies 2012-2015 in the radiology	<ul style="list-style-type: none"> Emphasise the need to stop antibiotics at least 48hrs prior to biopsy or not administer at all in cases of suspected discitis wherever clinically possible

department	<ul style="list-style-type: none"> • Discuss with Microbiology if it is feasible to use enrichment culture and PCR on all discitis samples which were initially stable
Audit of Radiology Imaging under IRMER guidelines Lumbar spine	<ul style="list-style-type: none"> • Staff to be informed via team brief/staff meeting of results and audit presentation at case review meeting to share learning points
Providing supported communication sessions to family members of patients with a diagnosis of aphasia	<ul style="list-style-type: none"> • Pilot a family session to educate about aphasia and demonstrate supported communication techniques • To incorporate into the current cognitive education group • Produce a 'supported communication' leaflet for families, demonstrating how to support conversation with their families, demonstrating how to support conversation with their family member – make leaflet available on the Trust website • Develop a checklist on EP2 for SLT's to use to ensure that the sessions are accurately documented
Audit of patient satisfaction survey part 2	<ul style="list-style-type: none"> • Department staff to hand information leaflets to patients when booking in
Volume of prescribed enteral feed given in the rehabilitation setting	<ul style="list-style-type: none"> • To review current feeding practices through discussion with wider MDT and dissemination of findings
Rehabilitation network – rehabilitation folders	<ul style="list-style-type: none"> • Promote their provision – put on admission checklist • Feedback to promote to Hub in service training • Provide a storage location to prevent loss of folders • Promote the use of folders in goal setting meetings with local standard of goals being in folder if consent required • Liaise with ep2 administrators re: changing GSM document to include tick box for having completed rehab folders • Adapt contents sheet to include a tick box for provision within 48 hours • Put on an admission checklist as a reminder for provision
Audit of non-medical referrers part 2	<ul style="list-style-type: none"> • 6 non-medical referrers had referred put of the agreed protocols – Clinical Director of Radiology had contacted referrers to address these issues
Audit to assess technique compliance with the NPSA patient safety alert 2011/PSA002 reducing harm being caused by misplaced NG tubes part 2	<ul style="list-style-type: none"> • Improved compliance since previous audit earlier in 2016 • Radiology Manager to remind staff of RCR guidelines and to ask staff to make a comment on CRIS if the referrer ask for whole chest coverage despite a referral for imaging of NG Tube • Add NG tube CXR requesting to staff medical induction
CRU service evaluation of the upper limb pathway	<ul style="list-style-type: none"> • Lack of guidelines to follow for the implementation of the upper limb pathway as this was a newly introduced service with no national or locally set guideline – Action – to develop local guidelines for completing the upper limb pathway
An Evaluation of Outcomes and Compliance with Report Writing Standards Following Videofluoroscopy	<ul style="list-style-type: none"> • Decreased compliance with some standards of report writing – Action - To discuss at SLT team meeting and ensure standards are followed • Some delays in access for urgent procedures – Action - SLT staff to highlight to Principal where a wait has

	<p>occurred for auctioning</p> <ul style="list-style-type: none"> To be discussed at monthly SLT team meetings
Audit of vetting and protocol adherence of contrast enhanced MRI brain examinations	<ul style="list-style-type: none"> Any deviation to the prescribed protocol should be documented. This has improved compared to the previous audit but remains outside an acceptable level Radiologists are advised to try and highlight any additional or off protocol sequences they require Radiographers are advised to check the vetting closely and document any deviations from the protocol
Audit of Endovascular treatment consideration in idiopathic intracranial hypertension (IIH) due to impaired cerebral venous sinus outflow	<ul style="list-style-type: none"> 20 out of 37 cases showed positive pressure gradients and had endovascular management. 3 pts were refractory to endovascular management. No major complications. 17 out of 20 showed clinical improvement or resolution of symptoms. Further audit
Audit of standards for reporting and interpretation of imaging in line with British Medical Ultrasound guidelines 2016	<ul style="list-style-type: none"> Results to be discussed with all reporters. Learning points to be raised and RCR discrepancy report completed
Audit for the evaluation for suspected Ulnar Neuropathy at the elbow	<p>Recommendations discussed at CPD meeting with all Neurophysiologists and Clinical physiologists, recommendations to be implemented immediately</p> <ul style="list-style-type: none"> If ulnar sensory or motor NCSs are abnormal, further NCSs should be carried out to exclude a diffuse process NCSs should be recorded from the first dorsal interosseous (FDI) muscle routinely
Referral for X-Ray guided lumbar puncture after unsuccessful lumbar puncture	<ul style="list-style-type: none"> Put obese patients as first on the list in Jefferson Consideration of radiologically guided lumbar punctures in severely obese patients who had failures in the past
Are we working in accordance with the NICE guidelines for Stroke Rehabilitation on the Intensive Care Unit at The Walton Centre?	<ul style="list-style-type: none"> Ensure goals set within 5 days of admission, where appropriate Commence stroke patients on rehabilitation prescription as early as possible – it is likely that these patients will need on-going rehabilitation as a result of their condition
Rehab network hub – Physiotherapy outcome measures audit	<ul style="list-style-type: none"> Inform the CRU and Lipton Physiotherapy team of the findings from the audit, specifically the following areas where there is reduced compliance to the CSP Quality Assurance Standards with regards to outcome measures Outcome measures should be used on admission, discharge and at regular intervals in between. The future recommendation is to use outcome measures at 4 weekly intervals as this would correlate well with the 4 weekly intervals of GAS goal setting. However, frequency of use should be evaluated on an individual basis for each patient based on rate of improvement and length of stay Ensure outcome measure referenced in notes for that

	<p>day to ensure that consent is documented</p> <ul style="list-style-type: none"> • Patient is to be informed of score if applicable and this is to be documented • Ensure that recommendations are included on induction/new starter information
BMI of patients in the Hyper acute and acute level 1 specialist rehabilitation setting	<ul style="list-style-type: none"> • Patients are likely to have suffered nutritional losses prior to admission to rehab. Patients who are less mobile are at greater risk or changes to BMI. As patients' cognition improves they may be at greater nutritional risk • Increased care and monitoring may be beneficial in these at risk groups • Further research required in this area • Disseminate findings to medical and therapy team
Re-audit of MS fatigue Clinic	<ul style="list-style-type: none"> • Reinforce adherence to referral criteria derived from previous audit in 2013 • Investigate options of using fatigue clinic as the first step of a more developed fatigue pathway • Change outcome measures to match all parts of fatigue pathway
Volume based feeding supplemented with protein on Horsley ITU	<ul style="list-style-type: none"> • Further investigation (with current feeding practice Vital 1.5 + Prosource TF) of total percentage nutritional requirements met and Glycaemic control with TBI patients • Further volume based feeding training for staff on critical care. • Liaise with Pharmacy regarding Medicine Management E.g. consideration of swapping sorbitol containing medications with non-sorbitol containing medications for patients with diarrhoea • Further investigation of total percentage of nutritional requirements met and clinical outcome for patients who have a BMI between 20-29.9Kg/M²
Lifestyle indicators for dietetic intervention in patients attending the Complex Rehabilitation Unit (CRU): Compliance with national standards	<ul style="list-style-type: none"> • Discussed with dietetic team lead • Presentation of results to CRU consultants in monthly CRU educational meeting
Can Susceptibility weighted MRI imaging with a 3 – T scanner at Walton centre identify the nigrosome and does its absence relate to possible Parkinson's disease	<ul style="list-style-type: none"> • Review DaT requests in the future • All patients with a parkinsonism or tremor to have a SWI scan on the 3 – T scanner
Review of Default Machine settings for EEG recording before performing the test on the patient	<ul style="list-style-type: none"> • Default filter settings did not meet IFCN standards for the '8R 8L' or '8R 8L vertex' montage on each EEG machine – Action - Restore the stated montages to IFCN guideline filter settings

Assessment of quality of care for patients with migraine in a general neurology clinic	<ul style="list-style-type: none"> • Raise awareness of issues below via presentation at consultant audit meeting • Copy patients into clinical correspondence unless inappropriate • Provide patients with further reading material or support information • Improve documentation regarding analgesia use, risk of MOH
To evaluate patient satisfaction with physiotherapist led botulinum toxin clinics and identify the patient groups referred to the clinics	<ul style="list-style-type: none"> • Currently no referrals from the rehabilitation consultants:- • Liaise with neurology operational manager about the on-going issues regarding the clinic codes and where activity is tracked to • Feedback service evaluation to the rehabilitation consultants and discuss referral pathways • Continue to encourage all injecting consultants to refer into the clinics • Continue liaising with consultants for appropriate patients
Monitoring and safety in prescription corticosteroids – re-audit	<ul style="list-style-type: none"> • Ensure checklist easily accessible on Trust intranet • Send reminder email to Walton clinicians • Consider poster for clinic rooms
Service evaluation on the use of Botulinum Toxin in acute patients with spasticity	<ul style="list-style-type: none"> • Early detection and injection of patients with spasticity / MDT spasticity ward round every 2 weeks • Unclear documentation of goals and outcomes / Proforma – for clear documentation in the notes for indication and outcome of botulinum toxin injections • To ensure that the action plan is happening / Prospective study of large number of patients with spasticity who require botulinum toxin injections
Can fMRI reliably detect areas of activation within the vicinity of an arteriovenous malformation (AVM)	<ul style="list-style-type: none"> • If surgically indicated functional fMRI should be requested by surgeons / Email all consultant neurosurgeons and vascular consultant neurologists
Can CT perfusion (CTP) effectively predict clinical outcome in patients with steno-occlusive disorders	<ul style="list-style-type: none"> • CTP with ACZ should be used in conjunction with other tests and clinical information to guide the final decision as to the patients who may benefit from vascular intervention

Neurosurgery Clinical Audits & Service Evaluations

Audit title	Actions
Discharge process from ITU	<ul style="list-style-type: none"> • Audit results discussed at ICU Operational Group • Critical Care Group actions agreed; • Bed managers to be made aware about the potential discharges earlier - bed Managers to attend ITU handover to highlight the number of tentative discharges from ITU at 8:30 • Minimise the time between medical discharge &

	getting patient ready for ward - discharges from ITU to be confirmed at the end of the ward round following discussions between the 2 consultants and the co-ordinator
Old age anaesthesia and delirium audit	<ul style="list-style-type: none"> Continued compliance with NSQIP Geriatric Guidelines and AAGBI Guidelines for the peri-operative care for the geriatric patient
Measurement of impact and process of AMBER	<ul style="list-style-type: none"> Improved communications between professionals (inter-professional working) and families with documentation to evidence this Implement AMBER care bundle Attendance of medical staff at AMBER training Collaborative working between medical - nursing staff
Sinonasal outcome post endoscopic endonasal pituitary surgery	<ul style="list-style-type: none"> Results were presented at British Skull Base Society Meeting in January 2016 Audit Olfactory & Nasal Symptoms after Endoscopic Trans-Sphenoidal Surgery Use of University of Pennsylvania Smell Identification Test (UPSIT) pre-operatively, at 3 months and 6 months post-surgery
Incidence of Laparotomies at Neuro Intensive Care (ITU)	<p>Use of cardiac output monitoring in the event of high vasoconstrictor requirement is already taking place, actions;</p> <ul style="list-style-type: none"> Better targeting of Vasopressor/Inotrope and fluid through early cardiac output monitoring Prospective study – the Trust submits data as part of National Ongoing Audit Project National Emergency Laparotomy audit (NELA)
Re-audit of anaesthetic record keeping	<p>Redesign the anaesthetic record to include:-</p> <ul style="list-style-type: none"> Pre induction values, positioning and verbal consent in pre-operative section WHO checklist/Anaesthetic machine check Post op instructions section to be modified
Audit of Perioperative Hypothermia (Perioperative Temperature Control)	<ul style="list-style-type: none"> Better documentation of temperature on Anaesthetic Chart Present findings at Anaesthetic Governance Meeting Audit Anaesthetic Charts April 2017
Tertiary Survey Compliance At Walton Centre Foundation Trust	<ul style="list-style-type: none"> Continue with Tertiary Survey for cases of major trauma Presented at Trust Clinical Audit Half Day
HTA19 - Research Consent Forms Information 2015	<ul style="list-style-type: none"> New consent forms have been introduced with the following amendments <ol style="list-style-type: none"> 1)Indication of where each coloured copy should be sent 2)Box for the addressograph label to be attached 3)Spaces for TDHC Labels with Lab No, handwritten Lab No's and WRTB Research

	No's
HTA27 - Research Request Forms R1, R2 & R3 2015	<ul style="list-style-type: none"> No issues were identified therefore no actions required
HTA31 - REC and RGC approvals Audit 2015	<ul style="list-style-type: none"> All relevant documentation was available within Buxton Labs or studies were covered by national ethical committee approvals No action required
Assessment of cancellations of elective surgical patients due to inadequate pre-op investigations/ work up	<ul style="list-style-type: none"> Reasons for anaesthetic cancellations need to be documented by the cancelling clinician. Audit findings discussed at Anaesthetic Meeting and email sent to all relevant staff Retrospective data collection for re-audit to ensure documentation complies with Trust Standards
Audit of adherence to nasogastric tube insertion protocol in ITU	<ul style="list-style-type: none"> NG Tube Placement is now included in the new ICU LOCSIPS (safety standard) - All pre-procedure checks and post procedure checks are included on the form Re-audit April 2017
Trigeminal Ganglion Balloon Micro-compression	<ul style="list-style-type: none"> Data is now collected prospectively within the Outcomes Team for long term follow up The results from this retrospective audit support safety and efficacy of this treatment as delivered for a condition otherwise poorly controlled with medical means
Review of Metastatic Spinal Cord Compression Pathway	<ul style="list-style-type: none"> Tokuhashy & Karnofsky to be recorded on Orion MSCC coordinator and Oncologists to filter out appropriate referrals to the Walton centre MSCC coordinator role in place to improve collaboration between surgeons & oncologists
Dexamethasone Audit	<ul style="list-style-type: none"> Algorithm amended, uploaded onto intranet and displayed on wards Staff training Issues highlighted on Risk Bulletin Review / amend BM form
Consent to treatment and examination	<ul style="list-style-type: none"> Same day admission - Consent to be taken prior to admission day – Information to be provided to patients prior to admission ensuring they have time to make an informed decision Disseminate audit results and recommendations to medical staff highlighting the following areas; <ul style="list-style-type: none"> ➤ Importance of documenting in medical notes and clinic letters discussions with patients regarding procedure risks, benefits and other treatment options ➤ Importance of documenting risks and benefits of anaesthesia discussed with

	<p>the patient and patient consent on the provided section on the anaesthetic chart.</p> <ul style="list-style-type: none"> ➤ importance of documenting all information provided to the patient at pre-op assessment in the appropriate place within the pre-op booklet (information leaflets)
HIST/131 - Forensic Tissue Disposal / Retention Data 2015	<ul style="list-style-type: none"> • No non compliances were raised against Neuropathology as a result of this audit. The lab adhered to all instructions and protocols
HTA26 - WCFT Tissue Donation Consent Forms Information 2015	<ul style="list-style-type: none"> • Neuropathology Lab complied with HTA regulations and Trust Consent Policy • No actions required
HTA28 - Post Mortem Tissue Retention/ Disposal 2015 (Final Instruction)	<ul style="list-style-type: none"> • Full compliance with all instructions regarding retained material • No actions required
HTA29 - Overall Post Mortem Tissue Disposed of in Calendar Year 2015	<ul style="list-style-type: none"> • Fully compliant with HTA Code of Practice and Tissue Management Corporate Policy • No actions required
HTA30 - Outstanding Coroners Instructions for Retention & Disposal 2015	<ul style="list-style-type: none"> • No non-conformances have been raised as a result of this audit, Neuropathology Lab has carried out all final instructions accordingly • No actions required
HTA33 - Hospital Post Mortem Consent Forms Information 2015	<ul style="list-style-type: none"> • The Neuropathology Lab has adhered to all instructions and protocols. No non conformities have been raised as a result of this audit • No actions required
HTA34 - Coroner's PM's v's Deaths in Hospital by Cause of Death 2015	<ul style="list-style-type: none"> • No non compliances were identified as a result of this audit. The lab has adhered to all instructions and protocols • No actions required
HTA35 - Coroners Instructions for Retention & Disposal 2015	<ul style="list-style-type: none"> • Coroner's instructions have been carried out correctly • No non conformities were raised as a result of this audit • No actions required
HIST205 - Specimen Acceptance Audit 2015	<ul style="list-style-type: none"> • Improvements in documentation • New specimen acceptance policy is now in force DP17 Buxton Labs Specimen Acceptance Policy • Re-audit in accordance with new specimen acceptance policy
BIOC/111 - Biochemistry Vertical Audit 2014/15 – beta 2 Transferrin	<ul style="list-style-type: none"> • Standard retention periods for this type of sample have been added to SOP records on Q Pulse
HIST 229 - Cytology Vertical Audit 2016	<ul style="list-style-type: none"> • Update HCY09 document - change lab references to The Neuroscience Laboratories and Neuropathology
HIST 232 - Specimen Acceptance	<ul style="list-style-type: none"> • Document HSH68 The Completion of

Policy Audit 2016	<p>Neuropathology Specimen Request Forms updated</p> <ul style="list-style-type: none"> • Theatre managers disseminate findings to theatre staff, highlighting requirement to completed ward location on request forms
Traceability Audit of Block / Slides in file v's Material Logged into Laboratory Information Management System – March 2016	<ul style="list-style-type: none"> • Dissemination of audit findings - Staff to be reminded to take care when filing blocks and slides
Surgical Vertical Audit	<ul style="list-style-type: none"> • Horizontal Audit HIST 230 Specimen Request Cards Completion 2016 – surgical audit • Document HSH68 The completion of neuropathology specimen request forms has been updated and distributed to Theatre User Groups
Diagnostic correlation between Intra-Operative Report Diagnoses 2015	<ul style="list-style-type: none"> • Requires pathologist input • Discussed at October 2016 Departmental Audit Meeting. As both pathologists in question have left the trust no further action/recommendations can be taken • This audit will be rescheduled as and when a replacement consultant pathologist is in a position of employment by the trust
Immunofixation test requesting re-audit 2016	<ul style="list-style-type: none"> • Change SOP, If no possible paraprotein band is identified by Serum Protein Electrophoresis (SEP), then Immunofixation test will not be requested, this will reduce unnecessary IFX testing of samples • Continue to reflex IFX tests on to samples with bands of interest detected by SEP
Review of Orion documentation for Cauda Equina Syndrome (CES) patients	<ul style="list-style-type: none"> • Audit findings presented at morning handover meeting and email sent to relevant staff highlighting importance of improved documentation and correct labelling
Re-audit of Orion documentation for Cauda Equina (CES) patients	<ul style="list-style-type: none"> • Re-audit showed a great improvement from the previous audit • No actions required
Review of management of poor grade subarachnoid haemorrhage (SAH) patients	<ul style="list-style-type: none"> • Introduce a protocol for management of SAH patients – improve screening and admission criteria for poor grade SAH
Impact of junior doctor industrial action on surgery on-call referral workload	<ul style="list-style-type: none"> • There was no significant difference found in the referral quality or frequency encountered during junior doctor industrial action
Use of prophylactic antiepileptic drugs in patients undergoing surgery for meningioma	<ul style="list-style-type: none"> • Future studies investigating the prevention of post-operative complications and looking at the specific antiepileptic drugs; their efficacy, side effects and duration of use will be useful • To be submitted for presentation at Neuro-oncology and Neurosurgery Conference
NICU VAP bundle -Adherence to Ventilator Care Bundles on Horsley –	<ul style="list-style-type: none"> • Daily review of PEEP, unless tight control of CO2 indicated

Re-audit	
Post Anaesthetic patient satisfaction survey	<ul style="list-style-type: none"> • 100% of the patients were seen by an anaesthetist prior to their surgery • 94% of the patients said they had sufficient time to ask the questions to anaesthetist • 99% of the patients answered they could understand what anaesthetist said to them regarding anaesthesia • 95% of the patients said the anaesthetist addressed their concerns regarding anaesthesia, 5% of the patients did not answer this question. • 6. 99% of the patients said they had confidence in their anaesthetist's ability to look after them, one patient did not answer the question • 99% of the patients were satisfied with the overall anaesthetic experience and one patient did not answer the question • Only 29% of the patients recollected that their anaesthetist discussed risks of anaesthesia, side effect of pain medicines/anaesthetic medicines and choices available to them. Rest of the patients recollected only some of the components. <ul style="list-style-type: none"> ➤ New information leaflet devised to give to all patients at pre-op assessment detailing what they can expect to experience during anaesthesia - important for obtaining informed consent

Trust wide Clinical Audits & Service Evaluations

Audit title	Actions
Review of repeat fallers	<ul style="list-style-type: none"> • Falls prevention leaflets need to be printed and disseminated across the clinical areas • To discuss the use of a therapy advice sheet above patient bed space • Re-emphasise the different levels of supervision as per policy on health and safety study days • Audit use of special observation policy • Disseminate findings through teaching on health and safety study day
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"> • Include a question on EP2 on admission to identify if the patient is happy general info is shared (anything more specific will be given only with the patients consent) • Ensure medical and nursing staff are aware of the above action following implementation

	<ul style="list-style-type: none"> • Circulate NICE standards and disseminate audit findings
Inpatient Health Records Documentation Audit	<ul style="list-style-type: none"> • Disseminate findings highlighting the areas to be approved • Encourage staff to remove yellow discharge sticker following patient discharge • Include in risk bulletin
Outpatient Health Records Documentation Audit	<ul style="list-style-type: none"> • Disseminate results to all medical staff and emphasise the importance of documenting within the case notes in accordance to the trust policy • Audit the documentation of outpatient clinic notes on a quarterly basis • PAS alert flags will be included on the list used for the preparation of clinic appointments to ensure any missing alert cards can be completed and filed within the case notes
Learning disability compliance case note audit – Quality contract requirement	<ul style="list-style-type: none"> • Disseminate findings to the Neurology & Neurosurgery Governance & Risk Group ensuring actions to improve compliance are agreed and implemented • Review documentation process • Review the process relating to Alert Cards, especially for outpatients • Undertake quarterly audit

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 Risk & Governance Group monthly meetings.

2.3.6 Participation in Clinical Research and Development

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2016/17 that were recruited during that period to participate in National Institute for Health Research (NIHR) portfolio research approved by a research ethics committee was 1702. The Trust exceeded its recruitment target of 1,200, set by the Clinical Research Network: North West Coast (CRN). The Trust continues to recruit patients and relatives to the Genome Medicine Centre in Liverpool; this is part of the Government's flagship 100,000 Genome project.

In total there are currently 98 clinical studies on-going at The Walton Centre and the Trust approved 23 new clinical research studies during 2016/17 in Neurology, Neurosurgery and Pain. 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 stay abreast of the latest possible treatments and the Trust recognises active participation in research leads to successful patient outcomes.

The Trust underwent a statutory inspection by the Medicines and Healthcare products Regulatory Agency in November 2016 and has produced a Corrective Action and Preventative Action (CAPA) Plan to address the findings of the inspection. The Research, Development & Innovation Committee monitor progress on the CAPA Plan quarterly.

In addition, the Trust was successful in its application for a bursary from the Innovation Agency, the North West Coast's Academic Health Science Network to look at the healthcare system in Denmark which enabled us to transfer the learning from clinical systems to improve the efficiency of back office functions in IT.

During 2016/17 the Trust has worked collaboratively with the following networks and organisations to attract NIHR funding, deliver clinical research and disseminate research outputs 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)
- Local Universities
- Other NHS trusts and NHS organisations
- Pharmaceutical companies (industry)

2.3.7 CQUIN Framework

A proportion of The Walton Centre NHS Foundation Trust income in 2016/17 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework. Further details of the agreed goals for 2016/17 and for the following 12 month period are available on request from enquiries@thewaltoncentre.nhs.uk

The Trust received full payment against all of the CQUINS which amounted to £1,380,341. The Trust had the following CQUIN goals in 2016/17 which reflected both national priorities and DOH initiatives and also reflecting local needs and the views of the patients and commissioners.

- Clinical Utilisation Review
- Critical care Timely Discharge (4 hr Target)
- Spinal Networks
- Learning Disability
- Digital Maturity
- Health and Wellbeing

2.3.8 CQUIN Quarter 4 (2016/17)

The table below provides a full break down of the Commissioning for quality, innovation contract (CQUIN) for 2016/17. Within the table both year-end position is provided.

CQUIN Title	Compliance Year End
• Clinical Utilisation Review	CQUIN Met - Full payment received
• Critical care Timely Discharge (4 hr Target)	CQUIN Met - Full payment received
• Spinal Networks	CQUIN Met - Full payment received
• Learning Disability	CQUIN Met - Full payment received
• Digital Maturity	CQUIN Met - Part payment received
• Health and Wellbeing	CQUIN Met - Full payment received

2.3.9 Care Quality Commission (CQC) Registration

The Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions. The CQC has not taken enforcement action against the Trust during 2016/17. The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The Trust was subject to planned inspection from the Care Quality Commission in April 2016 and received the highest rating possible of “Outstanding”. The table below highlights the

ratings for each core service, the Trust was the first in the country to have no services which required improvement.

	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED	OVERALL
Medical Care	GOOD	GOOD	OUTSTANDING	GOOD	GOOD	GOOD
Surgery	GOOD	GOOD	GOOD	GOOD	GOOD	GOOD
Critical Care	GOOD	OUTSTANDING	GOOD	GOOD	GOOD	GOOD
Outpatients	GOOD	Not Rated	OUTSTANDING	GOOD	GOOD	GOOD
Specialist Rehabilitation	GOOD	OUTSTANDING	GOOD	OUTSTANDING	GOOD	OUTSTANDING
OVERALL	GOOD	OUTSTANDING	OUTSTANDING	GOOD	GOOD	OUTSTANDING

An action plan has been developed to address the one mandatory action and the recommendations made by the CQC following the inspection; this is being monitored through the CQC Quality Group, the Quality Committee and at the quarterly engagement meetings between the Trust and the CQC.

2.3.10 Trust Data Quality

The Trust submitted records during 2016/17 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics (HES) 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: 99.6% for admitted patient care and 99.8% for outpatient care. The percentage of records in the published data which included the patient's valid General Practitioner Registration Code was: 100% for outpatient care and 100% for admitted patient care.*

- Note: These results are in relation to the latest available information at the time of publication and relate to the period April 16 to January 17. (SUS data quality dashboard)

The Trust's Information Governance (IG) Assessment report overall score at 31st March 2017 for 2016/17 was 84% and was graded green in accordance with the IGT Grading Scheme.

Once again the Trust has made significant progress for 2016/17, with the Trust achieving level 2 for 15 requirements and level 3 for the remaining 30 requirements. The Trust has implemented additional action plans to make further improvements on this year's score and to further evidence the Trust's commitment to the IG agenda. A review of the evidence and self-assessment scores undertaken by internal audit as part of the mandated 2016-17 IG audit requirements has provided the Trust with a level of significant assurance for the seventh year in succession.

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 Payment by Results clinical coding audit during the reporting period. The following table reflects the results of an audit carried out by an accredited internal coder and the error rates reported for this period for diagnoses and treatment coding (clinical coding) were as follows:

The Walton Centre Internal Clinical Coding Audit 2016/17

CODING FIELD	PERCENTAGE
Primary diagnosis	3%
Secondary diagnosis	4.44%
Primary procedure	4.24%
Secondary procedure	2.48%

**The above results should not be extrapolated further than the actual sample audited. The sample covered 200 sets of clinical records which were randomly selected from across the whole range of activity and meet the level three standards as defined in the Information Governance Toolkit.

Part 3- Trust Overview of Quality 2014/15

3.1 Complaints

3.1.1 Patient Experience and Complaints Handling

The Patient Experience Team provides help, advice and support to patients and their families, as well as helping to resolve concerns quickly on a patient's behalf. This can be prior to, during or after their visit to the Trust. The Patient Experience Team can be contacted by telephone or can visit a patient on a ward or at one of our Outpatient clinics. Where concerns cannot be easily resolved or are of a more serious nature, the Patient Experience Team are responsible for dealing with complaints on behalf of patients and their families. We pride ourselves in working with patients and staff throughout the Trust to resolve complaints in a timely way and to explain our actions and to evidence how services will be improved as a result of a complaint.

During 2016/17 the Patient Experience Team was restructured to make it even more accessible for patients, families and staff. During the year the database for managing concerns and complaints, Datix, was reviewed and enhanced to enable greater triangulation with other clinical governance metrics, such as incidents, risks and claims. This has led to improved reporting of themes, lessons learned and monitoring of complaints handling. Following feedback from complainants and staff, the process for managing concerns and complaints was reviewed with improvements implemented to facilitate a more accessible and person centred approach.

3.1.2 Trend Analysis and Lessons Learnt

Every complaint is investigated and each complainant receives a detailed response from the Chief Executive. We ensure those responses are open and transparent, and provide assurance that where mistakes have been made, those are rectified and we learn the lessons. Outcomes from complaints are reported monthly to committees within the Trust, and to the Executive Team. Longer term trends are reported to the Patient Experience Group, the Board and Council of Governors. Trends and actions taken are also discussed in detail in the Governance and Risk Quarterly report and the monthly divisional governance and risk group meetings and Quality Committee.

Examples of lessons learned from complaints during 2016/17 include improved patient information leaflets, revised training programmes for staff on specific pathways, promotion of car parking concessions, and reflection for teams and individual staff members.

3.1.3 Complaints Feedback

We use feedback from people who have used the complaints process to help us improve our responsiveness and service. Feedback from people who have raised complaints was that they felt we could improve in the following areas:

- More frequent contact during the complaint process
- More information on how to make a complaint
- Greater emphasis in responses on how we will improve services as a result of a complaint

Following the restructure of the Patient Experience team, we have reviewed our processes, so that it is more accessible to patients and families. We have developed a person centred approach so that complainants are kept involved and updated at each stage of the investigation, with regular contact from members of the Patient Experience Team.

Complaints received 01 April 2016 – 31 March 2017

	Quarter 1 April–June 16	Quarter 2 July–Sept 16	Quarter 3 Oct– Dec 16	Quarter 4 Jan–Mar 17
Number of complaints received	38	39	29	32

The Trust received 138 complaints during 2016/17, which was 25% less than the 184 received during 2015/16. This reflects the focus during 2016/17 of early intervention to resolve concerns before they become formal complaints.

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 make contact with the patient or relative once a complaint is received to agree the best way of addressing their concerns. This individualised approach has led to many patients or relatives wishing to resolve their concerns informally rather than pursuing the formal complaints procedure.

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 into the requirements of the regulations are identified through the daily scrutiny of the Datix system. Relevant incidents are identified and entered onto a tracker which manages Trust compliance to the Duty of Candour regulations. All patients, or in some circumstances relatives, who fall into the duty of candour requirements are offered an apology by the relevant clinician as soon as possible and this is recorded in the patient records. The patient or relative will then receive a letter offering an apology which is signed by the Chief Executive. The letter includes an apology and an offer to send a copy of the root cause analysis investigation.

3.2 Local Engagement – Quality Account

The Quality Account has not been developed in isolation. It has evolved by the Trust actively engaging with stakeholders and then using the external feedback and opinion combined with internal thoughts and vision. Trust Executives have also participated in discussions with the local health economy and sought views on the services provided by the Trust. Meetings have also been conducted between the Deputy Director of Nursing and Healthwatch representatives in year to ensure there are open lines of communication between parties. The Trust has actively engaged with governors through a forward planning event on all aspects of quality including choice of indicators for 2017/18.

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 Governance 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 and Patient Safety strategy which sets out key priorities and the principles that the Trust will continue to develop and apply to current and future planned services

The Quality and Patient Safety strategy is underpinned by the Trust's work internally to further improve patient safety and quality, and learning from national work such as the Francis Report and Berwick Review. The strategy is built on 5 foundations;

- 1: Leadership at all levels,
- 2: Culture of continuous learning

- 3: Patient engagement
- 4: Build capacity and skills
- 5: Measurement to predict

The strategy is brought to life and kept a live document with interactive Quality Berwick sessions open to all staff. Different elements of its 5 foundations are discussed, building on our leadership at all levels and culture of continuous learning. Significant progress has been made, meeting several elements ahead of schedule including all the Sign up to Safety pledges and completion of the AQUA Advanced Board Quality and Safety action plan.

Berwick Sessions

The Berwick sessions have been popular with staff giving them the opportunity to come together in an open and transparent forum with executive and non-executives and meet staff of all disciplines clinical and non-clinical to focus on quality and patient safety together. The sessions look in MDT groups at what we do well, where we can improve, listening and learning from each other. Examples of feedback from the session include;

- *'Great open forum to raise important issues'*
- *'felt opinions were valued and heard'*
- *'session excellent I learnt lots from other departments'*
- *'This is a great forum to reflect and innovate thank you'*

The Quality and Patient Safety Strategy has also become the backbone for other strategies that used to be lone profession strategies for example on early completion of the Nursing Strategy.

The new Nursing Strategy is an appendix to the Quality & Patient Safety Strategy and is presented as a driver document. This development has opened the door for other professions to do likewise and the Allied Health Professionals in the Trust have also developed a strategy driver document as a further appendix to the document bringing an MDT approach to Quality and Patient Safety moving forward.

The Nursing Strategy has been reviewed one year on from its conception and has made good progress on all goals, with some ahead of schedule too.

3.4 Sign Up to Safety

As part of Sign up to Safety a national campaign to reduce avoidable harm by 50% the Trust signed up and made pledges in a number of areas and developed an improvement plan to undertake over two years. The Trust completed the majority of pledges year one with the following pledges completed this year:

- We will introduce an action learning set to support our newly qualified nurses in practice – in place 2016, good feedback from participants re level of support and pastoral care.
- We will introduce a mentorship programme for new consultants – in place 2016.
- We will develop an episode of care and harm campaign to share the learning from RCA from avoidable harm – in place 2016 for grade 3 pressure ulcers and avoidable falls with harm.

Improvement Plan Progress:

- Medication Driver; Completed & Ongoing :- EPMA. Safety Thermometer
- WHO Checklist; Completed & Ongoing
- Cauda Equina Syndrome; Slow Start Now Progressing Through Vanguard Programme
- Deteriorating Patient ; Completed & On going
- Clinical Nurse Sensitive Indicators – pressure ulcers, infections and falls; Completed & On going

Pressure ulcers;

- 696 days without a patient experiencing a grade 3
- 5 years and counting for grade 4 pressure ulcers.
- Reduction of device related grade 2 pressure ulcers

Infections;

- The focus on MSSA reduced incidence by a third last year and is on track to reduce further in 2016/17 demonstrating sustained best practice.

Falls;

- Disappointingly in 16/17 we have seen an increase in the number of patients with moderate and above harm falls, there is however no common theme in relation to these.

3.5 Walton Willow Memorial Tree

Every year since the inaugural event in 2015, The Walton Centre has remembered organ donors through a special Gift of Life Commemoration event. The event is held during National Organ Donation Week to acknowledge the selfless act organ donors make.

The Walton Willow tree sculpture was specially commissioned, acting on the feedback from relatives of organ donors. Its unveiling followed two years of planning and design driven by Organ Donation Specialist Nurse Laura Ellis-Morgan and colleagues who work at The Walton Centre for the NHS Blood and Transplant Authority and The Walton Centre.

The sculpture which has copper and stainless leaves is also a fountain which means when it is switched on water cascades through the leaves. Families attending the Gift of Life Commemoration place specially engraved leaves on the tree.

Cycling champion Diana Higman visited the Walton Willow memorial ahead of her appearance in the 2016 British Transplant Games in Liverpool. Diana had to have a liver transplant in 2008 after suddenly becoming desperately ill. She was given just 72 hours to live before a donor organ was found. She has gone on to receive a handful of medals from games held worldwide. Diana won two gold medals in the Liverpool games.

Diana said: "It's amazing. I think every town should have one. It's really important to acknowledge the contribution donors make and the difference they make to people's lives. I am a living example of this. A donor saved my life. I have three daughters that I am seeing grow up. It's remarkable. Without organ donation, I wouldn't be here today."

The national shortage of organ donors means across the UK, on average, three people a day die in need of a transplant. Nationally, there are over 6,500 people currently on the transplant waiting list. NHS Blood and Transplant wants everyone to have a conversation about organ donation so family members know what people's wishes are. Visit: www.organdonation.nhs.uk to find out more.

National Survey Results

The Walton Centre patients have said our Trust is better than most other NHS organisations when it comes to patients having a good experience. Patients also scored our hospital highly for the cleanliness of its rooms, for having confidence in the doctors who treat them and involving patients in decisions made about their care.

The results were revealed in the national NHS Inpatient Survey 2015. Overall, the Trust was 'better than most other trusts' in six areas and 'the same' in four others. The Trust was not 'worse than most other Trusts' in any of the questions asked. The Trust was better than most other trusts when it came to patients' experience of:

- Waiting for a bed on a ward
- The hospital and ward
- Doctors
- Nurses
- Care and treatment
- Overall experience

It was 'about the same' as other trusts on patient experience of waiting lists; operations and procedures, leaving hospital and overall views of care and services.

Statistics show The Walton Centre is consistently achieving great results in this survey year on year. Figures from the past four years show a steady increase with more and more questions seeing The Walton Centre has been graded as being among the best performing Trusts nationally.

For the full survey results for The Walton Centre visit www.cqc.org.uk/cqc_survey/3

3.6 Multiple Sclerosis (MS) Drug Trials

The Walton Centre was part of a multi-centre trial which has led to the first oral drug for MS patients being available on prescription.

Patients in the Trust were among the first to test the drug Fingolimod in a tablet formulation. Before taking Fingolimod in tablet form, patients would have to inject themselves – sometimes every other day – to prevent a relapse or 'flare-up' of their condition. Now following a nine year trial, involving a number of sites across the UK, patients can now get the oral drug on prescription – saving thousands of patients from having to inject themselves.

Research nurse Lynne Wyatt who cared for three MS patients taking part in the study said: *"This study has been a huge success because this medication is now on the market after nine years. Patients would talk about a dread of having to inject themselves. It's much more convenient to take a tablet every day and those three patients haven't relapsed in that time."*

“Thank you to the patients themselves for taking part. Being part of a trial meant they were closely monitored which meant them having to give up their own time for different tests; blood tests, skin tests, eye tests. Ultimately, their effort has led to this drug being available on prescription so others won’t have to inject.”

The study was first conducted as a double blind trial with some patients being given a placebo and then as an open label trial with patients being aware they were being given the drug. Sue Stephen, one of the patients who was given the drug, said:

“When I was first diagnosed with MS, I used to have to inject myself with a pen. I would be covered in bruises. It got to a point where I was scared of injecting myself anymore and I was having to ask my husband to inject me while I turned my back - I couldn’t even look. I’m glad to have taken part; for other people as well as myself. It’s not caused me any harm as a result and it’s obviously done a lot of good. “In fact, it’s made a huge difference to my life and I know it’s going to make a lot of difference to someone else’s as well.”

The Trust has an active and successful research and development unit which takes part in many ground breaking and lifesaving research projects throughout the year, details of which have been highlighted earlier in the report.

3.7 Patient Safety Award

The Trust was shortlisted for a Patient Safety Award during 2016/17 for introducing pioneering technology to reduce falls. The Trust is working with a local company Red Ninja to develop a falls alert system for use in patient toilets and bathrooms – high risk areas for falls. The system uses sensor devices to alert staff if a patient at risk of falling attempts to stand unassisted when they are unsteady on their feet, giving patients peace of mind that help is there when they need it.

The development of the technology was funded with the support of the ‘Innovation Agency’ (formerly the North West Coast Academic Science Network). The Trust was shortlisted for the Patient Safety Awards 2016 “Best Emerging Technology” category of the awards run by the Health Service Journal and the Nursing Times, and although they did not win, this gave well deserved recognition to the frontline staff involved in the development.

3.8 Neuroscience Laboratories Quality Mark

The Neuroscience Laboratories based at The Walton Centre has received UKAS (United Kingdom Accreditation Service) accreditation. It is formal acknowledgement that the laboratories perform testing in a reliable, credible and accurate manner and meet internationally recognised standard 'ISO 15189 Medical laboratories – Requirements for quality and competence'.

The Neuroscience Laboratories are currently one of only three laboratories in the UK accredited for Neuropathology services and only one of 13 accredited for Clinical Biochemistry. The accreditation followed four days of intensive assessment by inspectors who visited the laboratories last year. Accreditation will be maintained through a cycle of annual inspections and assessment.

Neil Moxham, Pathology Service Manager, said: *"This is a great achievement that underpins the quality of our results and gives confidence to patients that they are getting robust, reliable testing that is of an extremely high standard."*

Because of its specialist nature, the Neuroscience Laboratories are one of only a handful of UK laboratories with sufficient expertise to perform an increasing range of specialist tests that help diagnose and treat patients with neurological conditions.

3.9 Annual Open Day

A giant game of Operation™, an opportunity to have a go at life-saving skills on a mannequin and to see a watermelon brain surgery demonstration were just some of the many things to see and do at our annual Open Afternoon. We opened our doors to hundreds of people, inviting them to get a behind the scenes look and a better understanding of the work that goes on at our specialist brain and spine hospital.

The many different departments of the Trust were represented including Radiology, Neurophysiology, Neuropsychology, Anaesthesia, Nursing, Critical Care, Pain Management, our specialist laboratories, and more. The afternoon was also great for high school pupils, students, and the public. Our careers talks gave them the opportunity to find out about what it would be like working in the NHS and the many varied job roles that people have in a busy trust. Staff were offering free health checks, the research department was holding a chocolate chip cookie challenge and visitors to our purpose built gym could also see some of the equipment we use to help people learn to walk again after serious injury or illness.

Chief Executive Chris Harrop said: “It was really pleasing to see so many young people enthused about the work we do here at our Trust. It’s great that we are helping to inspire the next generation of NHS workers.” Open Afternoon welcomes hundreds of visitors

3.10 Major Trauma Centre

Plans to create a regional Major Trauma Centre for Cheshire and Merseyside have reached their final stage. Now all adult patients who sustain major trauma through injury such as road traffic accidents or falls in the Cheshire and Merseyside region are taken to Aintree University Hospital. Before this, patients would also be taken to the Royal Liverpool University Hospital for major trauma care.

The move to a single site for major trauma allows for a further concentration of skills which will lead to better results for patients. The Walton Centre, which is joined to Aintree University Hospital by a link bridge, will continue to work closely with Aintree as part of the Major Trauma Centre.

Consultant Neurosurgeon at The Walton Centre Miss Catherine McMahon said: “More than 50% of trauma deaths are caused by head injuries so it’s of vital importance that any patient who is subject to major trauma comes to a site where there is neurosurgery available for them. “Having everything together on one site is hugely important because it’s all about getting the patient as quickly as possible to the right place.” Visit www.thewaltoncentre.nhs.uk for more information about the Major Trauma Centre.

3.11 Digital Technology

The Walton Centre is among a group of NHS hospitals that are leading the way when it comes to being digitally advanced. Latest statistics rank our trust as being in the top 10 hospitals nationally based on its technical capabilities. Five NHS Trusts were ranked as joint 1st with our specialist hospital ranking second place in the Clinical Digital Maturity Index which gives a national picture of how far the NHS has come on its mission to make effective and meaningful use of technology.

A number of measures have been put in place to achieve this, such as moving over to a paperless notes system for nurses; having a digital outpatient self-check-in system; using iPads to take notes at the bedside and more. The IT team at The Walton Centre has also digitalised more than 500 paper patient forms with more work being undertaken as part of an ambition to become paper-free.

3.12 Ultra Violet Decontamination

The Trust has invested in the very latest technology to ensure beds and wards are clean and safe for patients. One of the first hospitals in the North West to use a new system called Ultra-V™ which uses the power of UV light to kill germs, it is another tool in our already robust decontamination process.

The unit itself stands at around 5ft tall and can be wheeled into different areas such as bed bays and it can even be taken into theatre. It takes an average of 20 minutes for the UV light system to clean a side room and specifically uses UV-C rays to decontaminate the environment effectively.

Infection prevention and control is pivotal to prevent patients acquiring infection and reducing the risks of infection spreading. Our campaign Stop Think Sink which encourages everyone; families, friends, visitors, patients and staff, to wash their hands before entering and leaving clinical areas is on-going throughout the Trust.

3.13 Vanguard

The Neuro Network Vanguard is a partnership of organisations led by the Walton Centre to improve services for patients with long term neurology conditions and spinal problems. It is a collaboration between ourselves, NHSE, CCG's and provider hospitals to deliver effective, efficient and replicable neurology and spinal services.

The network has been operational since June 2016 and all of the nine projects are progressing well, with positive results regarding patient experience and clinical outcomes. We have also truly involved patients and carers in the development of the projects to ensure needs are met.

The Walton Centre already works with every hospital across Cheshire, Merseyside and North Wales, holding clinics and helping look after patients on the wards. Being named as a Vanguard site builds on this. We are also receiving requests from services outside our usual areas, thus delivering on one of the key components of the Vanguard as being replicable in other areas.

At a recent Vanguard engagement event, one member of the public attending disclosed that he had cared for both his parents, saying: "There's no more dramatic experience than having to take control of someone's life." He went on to say he had to make a decision to admit his mother to residential care for Parkinson's Disease and dementia and that the services outlined in the Vanguard particularly relating to the nurses were simply not available to him

as a carer then, and most importantly, if they were, it would have made it easier for him to cope. This is what the programme is all about.

3.14 Overview of Performance in 2016/17 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	2015/16 Performance	2015/16 Target	2016/17 Performance
Incidence of MRSA	1	0	1
Screening all in-patients for MRSA	100%	100%	97%
Incidence of Clostridium difficile	9	10*/12**	9
All Cancers : Maximum wait time of 31 days for second or subsequent treatment: surgery	100%	94%	96.43%
All Cancers : 62 days wait for 1 st treatment from urgent GP referral to treatment	85.71%***	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	99.03%	93%	99.66%
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	97.29%	92%	96.44%
Certification against compliance with requirements regarding access to health care for people with a learning disability	Fully Compliant	Fully Compliant	Fully Compliant

*Public Health England threshold ** NHSI threshold

***There was a single breach of the 62 day target in November 2015, but under NHSI definitions the target does not apply to Trusts with 5 cases or less in a quarter. The total number of cases treated at the Trust in 2015/16 was 7.

3.16 Overview of Performance in 2014/15 against NHS Outcomes Framework Domain

The Department of Health and NHSI identified changes to Quality Account reporting requirements for the 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 below. 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 2016/17, the Walton Centre provided and/or sub-contracted four relevant health services. These were neurology, neurosurgery, pain management and rehabilitation.

The income generated by the relevant health services reviewed in 2016/17 represents 100% per cent of the total income generated from the provision of relevant health services by the Walton Centre for 2016/17.

3.17 Indicators

The indicators are listed below and a response is provided if they are deemed applicable to the Trust. If the indicators are deemed non applicable a rationale for this status is provided.

1. **Summary Hospital-Level Mortality Indicator (SHMI):** (Domain 1: Preventing people from dying prematurely) and 2. Enhancing quality of life for people with long term conditions

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 (Domain 1: Preventing people from dying prematurely and 2. Enhancing quality of life for people with long term conditions)

NOT APPLICABLE

Rationale: The Trust does not provide mental health services

3. Category A ambulance response times: (Domain 1: Preventing people from dying prematurely)

NOT APPLICABLE

Rationale: The Trust is not an ambulance trust

4. Ambulance trust clinical outcomes: that includes myocardial infarction and stroke (Domain 1: Preventing people from dying prematurely & Domain 3: Helping people to recover from episodes of ill health or following injury)

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 (Domain 2. Enhancing quality of life for people with long term conditions)

NOT APPLICABLE

Rationale: The Trust does not provide mental health services

6. Patient reported outcome scores for (i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery (Domain 3: Helping people to recover from episodes of ill health or following injury)

NOT APPLICABLE

Rationale: The Trust is a neurological trust and does not perform these procedures.

7. Emergency readmissions to hospital within 28 days of discharge:

(Domain 3: Helping people to recover from episodes of ill health or following injury)

APPLICABLE

	No. of readmissions	% of Inpatient discharges readmitted
2015/16	298	5.51
2016/17	233	4.3

Change	-65	-1.21
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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.

Actions to be taken

The Walton Centre considers that this data is as described for the following reason: The Trust recognises that the main causes for readmissions are due to infection. The majority of these are for patients with an implant who are at high risk of acquiring an infection post operatively.

The Walton Centre has taken the following actions to improve this rate, and so the quality of its services, by

- Focusing on ensuring the use of ultra-clean theatre for implant patients wherever possible.
- Undertaking an on-going review of the use of intra-operative antibiotics
- Consultant review of all readmissions.

8. **Responsiveness to inpatients' personal needs based on five questions in the CQC national inpatient survey:** (Domain 4: Ensuring that people have a positive experience of care)

APPLICABLE

Response:

The results of the 2016 National Inpatient Survey are expected to be released in May 2017. However, the provisional results from Picker indicate that The Walton Centre will maintain its position as one of the leading trusts for patient experience.

The Walton Centre has taken the following actions in the last three years to improve scores in the survey, and so the quality of its services:

- Increasing the nursing staff establishments
- Introduction of a Practice Education Facilitator on each ward
- Introduction of the Nursing Assessment and Accreditation Scheme
- Introduction of Matron Rounds
- Implementation of a Patient Experience Strategy
- Implementation of a three year Patient Experience Action Plan

The Trust will continue to make patient experience a key priority going forward and will continue to capture patient feedback using a number of tools including the Friends and Family Test, internal questionnaires, listening weeks, complaints, compliments and external surveys.

Any priorities for improvement will be addressed and shared using the ward quality boards that are electronic boards at the entrance to each ward displaying patient information. The predicted 2016 results for the following questions are considerably better than the national average.

National Inpatient Survey Question	2012 Result	2013 Result	2014 Result	2015 Result	2016 results*
1. Were you involved as much as you wanted to be in decisions about your care?	7.5	7.9	8.3	8.3	8.2
2. Did you find a member of hospital staff to talk to about your worries or fears?	6.4	6.3	7.0	6.9	6.9
3. Were you given enough privacy when discussing your condition or treatment?	8.7	9.0	8.9	8.8	8.9
4. Did a member of staff tell you about the medication side effects to watch for? (following discharge)	5.2	5.1	5.8	5.6	5.8
5. Did hospital staff tell you who to contact if you were worried about your condition? (following discharge)	8.1	8.7	8.7	8.9	8.9

To note: National Inpatient scores are out of a maximum score of ten

* Predicted results are calculated using raw data provided by the Picker Institute and using CQC methodology

Friends and Family Test results for 2016/17 based on the question “How likely are you to recommend our service to friends and family if they needed similar care or treatment?”

Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
99.2%	98.2%	98.4%	98.8%	97.3%	98.4%	98.4%	98.0%	98.9%	98.3%	99.4%	98.4%

9. Percentage of staff who would recommend the provider to friends or family needing care. (Domain 4: Ensuring that people have a positive experience of care)

The Trust had a response rate of 47% for the 2016 national staff survey, which is above the average of 44% for acute specialist trusts in England. This is also similar to last year's response rate of 48%. Within the survey, the percentage of staff who would recommend the Trust as a place to work remained similar to 2015 at 78% and the percentage of staff who would recommend the Trust as a place to receive treatment" increased to 92% from 91% in 2015.

The Walton Centre considers that this data is as described for the following reasons:

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, the Friends and Family Test was issued to 400 staff using an online survey, 80 surveys were returned. The results showed that 99% 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. In Quarter 2, the Friends and Family Test was issued to a further 400 staff with 109 being returned. The results showed that 99% of staff were extremely likely or likely to recommend the Walton Centre to friends and family if they needed care or treatment and 81% of staff said they were extremely likely or likely to recommend the Walton Centre to friends and family as a place to work.

The Trust also receives feedback about other areas in the survey and identified actions with regards to:

KF19 : Organisation and management interest in and action on health and wellbeing;

97% of Trust staff believe the Trust takes positive action on health and well-being compared to an average of 91% across the NHS. The Trust has been identified as an exemplar in the area of health and well-being and has worked closely with NHS England to develop an offer for the wider NHS.

KF27: Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse

The Trust score was 53% which was the best score for acute specialist trusts with the average score for acute specialist trusts being 47%. We improved on this score from 2015.

The Trust has encouraged staff over the past year through various staff engagement events to raise concerns and we work closely with staff side to address any issues raised.

The Trust has encouraged staff over the past year through various staff engagement events and with the appointment of a "Freedom to Speak Up Guardian" to raise concerns and we work closely with staff side to address any issues raised.

KF26 (percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months): The lower the score the better.

The Trust score was 20% the average score for acute specialist trusts being 25%. We improved on this score from 2015.

KF21 (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 87% the average score for acute specialist trusts being 86%. We have stayed the same as in 2015, but slightly better than the national average.

Action to be taken

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 following year. Feedback will also take place to advise staff what action the Trust has taken in response to their comments. Although it is important to recognise that the majority of the findings were predominately positive in nature, the Trust action plan will also focus on any areas where the findings were slightly less positive.

10. Patient Experience of Community Mental Health Services. (Domain 2. Enhancing the quality of life for people with long term conditions and 4. Ensuring people have a positive experience of care)

NOT APPLICABLE

Rationale: The Trust does not provide mental health services

11. Percentage of admitted patients risk-assessed for Venous Thromboembolism.

(Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm)

APPLICABLE

	Year	Q1	Q2	Q3	Q4
2014/15	Walton Centre	96.3%	96.5%	98.7%	98.2%
	National Average	96.2%	96.2%	96.0%	96.0%
2015/16	Walton Centre	97.6%	99.2%	98.5%	98.65%
	National Average	96.0%	95.9%	95.5%	95.5%
2016/17	Walton Centre	98.77%	98.68%	99.16%	98.9%
	National Average	95.64%	95.45%	98.16%	TBC*

*National average data not available

Action to be taken

The Walton Centre considers that this data is as described for the following reasons; during 2012/13, the Trust moved away from a paper based risk assessment process to an electronic system which is now ensuring that assessments are undertaken in a timely manner.

The Walton Centre has taken the following actions to improve this score, and so the quality of its services, by the introduction of E patient, the electronic solution implemented in the Trust.

Rate of C. difficile per 100,000 bed days amongst patients aged two years and over:

(Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm)

APPLICABLE

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:

2011-2012	2012-13	2013-14	2014-15	2015-16	2016-17
20.4	15.6	21.0	21.6	15.7	14.5

At the time of publication, the national average Clostridium difficile infections per 100,000 bed days was not available. Please contact the Quality Manager at the Trust for information.

The Cheshire & Merseyside figures (acute trusts) for 2016/17 were:

Q1	Q2	Q3	Q4
15.6	16.3	12.1	14.3

The Walton Centre considers that this data is as described for the following reasons:

- The introduction of hyper acute patients within the Trust
- Increased patient acuity
- Specialist treatment and regimes required for neurological complications
- Increase in capacity and activity

The Walton Centre will take the following actions to improve this score, and so the quality of its services:

- Implementation of the Infection Control Work Plan
- Monthly environmental monitoring and infection control audits (hand hygiene and saving lives audits)
- Monitoring and reporting audits to the Quality Committee
- The Infection Prevention and Control Team will undertake environmental checklists on a weekly basis
- The cleanliness of isolation rooms which are used for the management of infected patients will be monitored three times a day by the nurse in charge
- Reviewed cleaning schedules will be implemented to enhance the standards of cleanliness
- Antibiotic usage will continue to be monitored via the antibiotic ward rounds
- The annual update for medical staff will include both antibiotic usage and promoting antibiotic stewardship

The Trust will continue to improve the quality of its service and aims to reduce Clostridium difficile, which includes supporting our vision to work towards achieving zero tolerance in

relation to avoidable infections and to ensure that all of our service users within the Trust are not harmed by a preventable infection.

12. Rate of patient safety incidents and percentage resulting in severe harm or death. (Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm)

Response: In 2015/16, there were 1128 reported incidents against 15391 admissions (this excludes OPD as per NLRs figures) this equals 7.32 per 100 admissions. In 2016/17 1029 reported incidents occurred against 15362 admission (excluding OPD as per NLRs figures), this equals 6.69 per 100 admissions.

**This data was previously sourced from NLRs. Changes to their methodology render benchmarking against historic data unreliable. This indicator is now sourced from Trust recorded figures using the current NLRs definition.

The Walton Centre considers that this data is as described for the following reasons:

- Increased patient acuity
- Increase in capacity and activity

The Walton Centre will take the following actions to improve this score, and so the quality of its services, by:

The Trust investigates all incidents reported, reviewing causes and putting systems in place, as appropriate, to ensure these incidents do not re-occur. Lessons learnt are disseminated to staff and monitoring of incidents occurs to assure the Trust that incidents that have occurred are not repeated.

Further actions this year will be to:

- Make improvements to reporting clinical incidents, improving the reporting system
- Reviewing practices in order to reduce incidents that cause harm to patients.
- Discussing all root cause analysis at the Harm Free Care Board and at cross divisional harm meetings before reporting to the Patient Safety Group
- Strengthen how lessons learnt are disseminated to staff, and explore new ways to share the information.

4.0 Conclusion

The achievements outlined in this account demonstrate the importance which the Trust places on improving the quality of care delivered and the patient experience. The Trust has continued to perform well against contractual arrangements and followed the quality schedule held by commissioners. The Trust has reflected on the improvement priorities for 2016/17 and engaged with stakeholders in agreeing the plan going forward for next year.

There is a clear quality improvement plan established for the year ahead and the success of this plan will be monitored through both contractual arrangements with commissioners and through the Quality Committee that reports directly to the Board of Directors.

The Trust has a clear focus on the steps needed to continue to deliver high quality patient centred care that is safe, effective and personal and has a Quality and Patient Safety Strategy to enable this work to be embedded throughout the Trust. A highlight of this year has been the CQC rating of Outstanding and no areas requiring improvement following its announced inspection in 2016.

There are some areas that will require the Trust's full focus for improvement over the coming year but overall it has been a successful year and one that will now be built upon to ensure that The Walton Centre NHS Trust continues to deliver 'Excellence in Neuroscience'.

Statement of Directors' Responsibilities in Respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

NHSI has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- ❖ the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016-17 and supporting guidance;
- ❖ the content of the Quality Report is consistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2016 to April 2017
 - Papers relating to Quality reported to the Board over the period April 2016 to April 2017
 - Feedback from the commissioners dated May 2017
 - Consultation with governors at events on 01 December 2016 and 16 March 2017
 - Feedback from the Overview and Scrutiny Committee (OSC) dated May 2017
 - Feedback from Healthwatch (Liverpool, Sefton, Warrington) dated May 2017
 - The Trust's Complaints Report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, will be dated 22nd June 2017
 - The National Staff Survey for 2016 presented to Trust Board on 30th March 2017
 - The Head of Internal Audit's annual opinion over the Trust's control environment was presented to Audit Committee 18th April 2017
- ❖ the Quality Report presents a balanced picture of the NHS Foundation Trusts performance over the period covered;
- ❖ the performance information reported in the Quality Report is reliable and accurate;
- ❖ there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- ❖ the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has

been prepared in accordance with NHSI's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.gov.uk/guidance/nhs-foundation-trusts-submitting-annual-reports-and-accounts) as well as the standards to support data quality for the preparation of

the Quality Report (available at www.gov.uk/guidance/nhs-foundation-trusts-submitting-annual-reports-and-accounts).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

Handwritten signature of J. Rosser in black ink.

Chair

19 May 2017

Handwritten signature of C. Hamp in black ink.

Chief Executive

19 May 2017

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Trust's Draft Quality Account Document 2016 - 2017 (April 2017)

Based on our work with local communities, including patients with neurological support needs, Healthwatch Warrington recognises the importance of the Walton Centre's specialist services. As such, we have thoroughly reviewed the trust's Quality Account for 2016 - 2017 and are delighted to offer a response, from the perspective of a consumer champion for health and social care.

Looking back at the trust's performance in relation to its Improvement Priorities for 2016 – 2017, we were particularly impressed with an obvious emphasis on improving staff development and patient-centred care initiatives.

Healthwatch Warrington's intelligence work demonstrates that staff attitude plays a crucial part in shaping patient experience and their impressions of service quality. The trust has taken positive steps toward embedding a supportive, responsive and empathetic staff culture; for example, by implementing Schwartz Rounds, expanding the Collective Leadership Programme and nurse Preceptorship Programme.

In turn, Healthwatch Warrington has identified staff attitude and capacity as an essential component of patient-centred care. This year, we have been working closely with partner organisations to promote a culture of patient-centred care within NHS services. The document provides strong evidence that the trust is enhancing the ability of patients to discuss their treatment options and have a meaningful say in how their care is provided; which is crucial for achieving high quality, safe and effective care delivery. For example, the trust is developing a Carer Resource, has increased rates in home Immunoglobulin

treatments and recorded more patients having had the opportunity to provide pre-operative informed consent.

From our advocacy work we are also increasingly aware of the distress and anxiety of those patients (and families) coping with new/long term conditions, from point of diagnosis to everyday living. The development of a Neuro Buddy Service will offer patients the opportunity to have open and supportive conversations about their conditions, concerns, and care, as well as offering much needed emotional support.

In terms of the trust's improvement priorities for 2017 – 2018, we were satisfied that these objectives will boost the trust's service quality, if successfully implemented. In recent months, Healthwatch Warrington has encountered instances of problems being caused by a lack of understanding around the Mental Capacity Act. Therefore, we believe that the trust's plans to train Mental Capacity Act Champions would represent good practice.

Following the publication of Healthwatch England's Special Inquiry in 2015, Discharge remains a priority issue for the Healthwatch network. Healthwatch Warrington held a discharge day event in July 2016, to highlight the importance of getting hospital discharge right. As such, we are very pleased to see that the trust is prioritising the improvement of its discharge processes.

Similarly, Healthwatch Warrington has been engaged in raising awareness of the apparent impact that the reliance of local services upon the use of agency staff has; not only in terms of cost, but on the consistency of care received by patients. As a result, we would monitor the impact of the trust's potential development of a Nurse Bank and see if this is a workable approach that could be shared as an example of good practice to address staffing issues.

Moving forward, Healthwatch Warrington is well placed to work cooperatively with the trust to help build upon the achievements highlighted and encourage the strengthening of a patient-centred care environment.

Quality Accounts Commentary, Walton Centre 2016/17

Healthwatch Liverpool welcomes this opportunity to comment on the 2016-17 Quality Account for The Walton Centre NHS Foundation Trust. Our comments here are informed by various forms of engagement e.g. via direct feedback from patients, obtained through our Healthwatch Liverpool Signposting and Information Service, and via independent web-based resources such as: www.careopinion.org.uk. Healthwatch Liverpool also engages with the Walton Centre by our attendance at meetings of the Trust's Patient Experience Group. Together with Healthwatch Knowsley we held a Listening Event at the Walton Centre on the 18th November 2016 where we spoke to 29 patients about their experiences of using the services. Patients were very happy overall with the services provided at the Trust and over half gave it top marks with a rating of five out of five stars, with only a few less positive comments regarding waiting times, communication and parking.

The Care Quality Commission rating of the Trust is consistently Good and Outstanding on many areas that are of special interest to Healthwatch Liverpool e.g. the Trust was rated 'Outstanding' for Caring in Medical Care Outpatients and Overall.

With regard to the Improvement Priorities chosen for this period, Healthwatch Liverpool is generally pleased with the progress overall, with the following comments.

Patient Safety Priority: The information on cancelled operations due to inappropriate medications would be more meaningful to the public if the actual numbers involved were given as well as the 39% reduction. **Patient Safety Priority: Timely Risk Assessments,** the Trust reaching the target of 90% of risk assessments being done within less than 6 hours is a very welcome achievement. **Patient Experience Priority:** Healthwatch Liverpool welcomes the implementation of the plan to prepare patients to receive immunology therapy at home and we would, in due course, be interested to see feedback from some of these patients to find out what impact this has had on their experience. Lastly, the development of a carer's resource is likely to benefit patient greatly.

Healthwatch Liverpool was happy to participate in the choosing of the priorities for 2017 - 18. We are pleased to note the inclusion of the improvement priorities relating to, the Development of the Neuro Buddy Service, and the launch of 'Johns Campaign'. Healthwatch Liverpool would particularly like to mention Clinical Effectiveness Priority 2: Improved Discharge Processes. The Outcome Required, being 35% of patients discharged by noon on their day of discharge looks to be a good starting point for further improvements on this point. All of these Improvement Priorities will be of benefit for the experience of patients and families, and Healthwatch Liverpool will be interested to see the impact of these actions.

Healthwatch Liverpool notes that in the period covered by this Quality Account the Walton Centre met all its CQUIN goals. Overall complaints show a downward trajectory for the period covered by this Quality Account. Healthwatch Liverpool also notes that the numbers of emergency readmissions to hospital decreased, as did the numbers of patient safety incidents resulting in harm or death.

From engagement with The Walton Centre regarding the equality and diversity performance of the Trust, we are aware of and are assured that the Trust is undertaking many activities to ensure that it delivers a high quality and equitable service to all patients and take accounts of the needs of patients with protected characteristic under the Equalities Act 2010. Healthwatch Liverpool feels that future Quality Accounts would be enhanced by the inclusion of some of the good work the Trust carries out relating to Equality and Diversity.

Overall Healthwatch Liverpool is of the view that this Quality Account shows that the Trust delivers a quality service to patients and is continuing to drive improvements regarding the quality of its services into the coming year.

The Walton Centre NHS Foundation Trust

Quality Account 2016-17 Commentary

Healthwatch Sefton welcomes the opportunity to comment on the draft Quality Account. We attended the session held in March to review and help set the priorities and welcomed the opportunity to get involved.

The rating of 'Outstanding' from the Care Quality Commission is an achievement which should be celebrated.

In reviewing the draft account it is pleasing to see the progress which the Trust has made with the priorities set for 2016-17 and that all CQUIN goals were met. The attention which has been given to staff training in particular the 'Collective Leadership Programme' and the 'Preceptorship Programme' for newly qualified nurses should be noted. We are interested in the Trust's plans to explore the development of their own nursing bank so that they can ensure the skills and continuity needed for their patients as well as controlling finances.

Research is clearly of great importance and has brought tangible results for patients for example, the first oral drug for MS to be available by prescription! The Neuro Network Vanguard is a great example of how the Trust is trying to improve services for neurological patients

When reviewing the findings from the staff survey, the Trust had an above average return. On reviewing the findings, we were concerned that 20% of staff reported experiencing harassment, bullying or abuse from staff in the last 12 months. We note however that the average score for acute specialist trusts is 25% (the lower the score the better) and this area has improved since 2015.

Healthwatch Sefton

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The work undertaken to improve patient experience should also be highlighted, Healthwatch Sefton having a seat and regularly attending the 'Patient Experience Group'. We have recently worked in partnership with the Trust and undertook a 'Listening Event' at one of the Trust's satellite clinics

based at Southport & Ormskirk Hospital NHS Trust. In the main, feedback was rated as 5 (5 being the best), with positive feedback being received about; staff, waiting times, distance to the clinic and parking. Negative feedback was shared about waiting times for referrals from a GP and access to the main Trust site from the Southport & Formby area. The Trust formally responded and is looking at how they can work with their GP partners more closely.

The development of a Carers resource is welcomed and it is good to see that the Trust is working with a local organisation, the Brain Charity as well as the patient experience team on this work.

The recognition of the need to support mental health & well being as well as neurological conditions is welcomed, particularly the needs of Dementia patients. It is good to see that staff are able to access training to learn more about the Mental Capacity Act.

The work to ensure patients are free from harm again needs to be recognised; 696 days without a patient experiencing a grade 3 pressure ulcer and a reduction by almost a third with no device related grade 2 pressure ulcers. The focus on MSSA reduced incidence by over 50% in 2016/17 demonstrates sustained best practice. We see that falls remain a challenge for the Trust, with an increase in the number of patients with moderate and above harm falls. Although there is no common theme in relation to the falls, we would welcome regular updates on this area over the coming year.

Recently we have enquired if we would be able to hold informal engagement stands at the Trust as a pilot and although the pilot has not commenced we look forward to hearing from the Trust about this area of work.

NHS England Specialist Commissioning Response

The Walton Centre Quality Account 2016/17

NHS England, Specialised Commissioning team wishes to thank The Walton Centre for the opportunity to comment on their Quality Account for 2016/17. NHS England as lead commissioner is committed to working in partnership with The Walton Centre to provide safe, high quality care and services. The Quality Account accurately reflects the performance for the organisation during 2016/17.

The account clearly sets out the outcomes and achievements for 2016/17 and details the priorities for the coming year with clear rationale. Of particular note are the achievements against priority areas for patient safety, clinical effectiveness and patient experience. The priority areas for 2017/18 have been agreed by stakeholders and demonstrate a commitment to quality improvement.

There is evidence of strong governance processes through the organisation and there is a continued emphasis on data quality to help inform the internal reporting of outcomes from ward to Board.

Participation in National and Local audit with visible actions leading to change in practice and improvements in care is evident and recruitment to research should be highlighted with the trust exceeding the target set by the Clinical Research Network.

The trusts Quality Governance framework demonstrates how quality is embedded within frontline teams, with the many initiatives in which staff can participate.

The use of technology to improve quality and safety is evident throughout the report.

Infection prevention measures are robust and the trust is proactive in the management of infection prevention. Unfortunately there was one case of MRSA attributable to the trust during the year and the team have worked with commissioners and PHE to address prevention measures.

The organisation have displayed openness and honesty in terms of incident reporting and investigation and ensure a robust RCA is undertaken for all incidents and that learning from incidents is shared across the trust.

It is commendable to see that the trust has made considerable improvement in the CQC inpatient survey and the improvements are clearly presented.

Commissioners look forward to seeing continued progress of the Neuro Network Vanguard and the Walton Centres contribution as a system leader.

The trust has provided high levels of quality assurance throughout 2016/17 through regular quality and performance meetings with Specialised Commissioning and Clinical Commissioning Groups.

Specialised Commissioners would like to congratulate all staff on the 'outstanding' rating from CQC during 2016 and we look forward to continuing to work in partnership with The Walton Centre during 2017/18 to further improve quality and patient experience.

Sue McGorry

Head of Quality, Specialised Commissioning Team, Northwest Hub

03/05/17

NHS Liverpool Clinical Commissioning Group – Quality Account Statements – The Walton Centre NHS Foundation Trust

South Sefton, Southport and Formby and Liverpool CCGs welcome the opportunity to jointly comment on The Walton Centre NHS Foundation Trust's Draft Quality Account for 2016/17. We have worked closely with the Trust throughout 2016/17 to gain assurances that the services they delivered were safe, effective and personalised to service users. The CCGs share the fundamental aims of the Trust and support their strategy to deliver high quality, harm free care. The account reflects good progress against the previous year's Quality Account Objectives.

This Quality Account also indicates the Trust's commitment to improving the quality of the services it provides for patients and supports the key priorities for improvement of quality during 2016/17.

This is a comprehensive report that clearly demonstrates progress within the Trust. It identifies where the organisation has done well, where further improvement is required and what actions are needed to achieve these goals, in line with their commitment to Quality. Through this Quality Account and our on-going quality assurance process, the Trust clearly demonstrates their commitment to improving the quality of care and services delivered. The Walton Centre NHS Foundation Trust continues to develop innovative ways to capture the experience of patients and their families in order to drive improvements in the quality of care delivered.

The Trust places significant emphasis on its safety agenda, with an open and transparent culture, and this is reflected with the work the Trust has undertaken under the "Sign up to Safety" agenda. Of particular note is the improvement plan progress in relation to:

- **Medication Driver**; Completed & Ongoing
- **WHO Checklist**; Completed & Ongoing
- **Cauda Equina Syndrome**; National definition now agreed, best practice pathway identified locally now progressing through Vanguard
- **Deteriorating Patient**; Completed & On going
- **Clinical Nurse Sensitive Indicators** – pressure ulcers, infections and falls; completed & ongoing.

Also of particular note is the improvements the Trust has made regarding staff engagement, staff recommendation of the Trust as a place to work or receive treatment (FFT) and percentage of staff reporting good communication between senior management and staff.

The CCGs would like to acknowledge the Trust being awarded an 'Outstanding' rating by the Care Quality Commission.

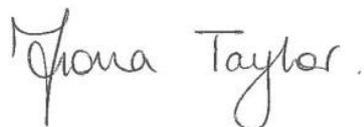
Commissioners are aspiring through strategic objectives and 5 year plans to develop an NHS that delivers great outcomes, now and for future generations. This means reflecting the government's objectives for the NHS set out in their mandate to us, adding our own stretching ambitions for improving health 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 both 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.

Liverpool CCG



Signed Date: 26th May 2017
Katherine Sheerin, Chief Officer

South Sefton and Southport & Formby CCGs



Signed Date: 25th May 2017
Fiona Taylor, Chief Officer

6. Foreword to the Accounts

The Walton Centre NHS Foundation Trust

Accounts for the period ending 31 March 2017

The following presents the accounts for the Walton Centre NHS Foundation Trust for the period ending 31 March 2017.

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

Chief Executive 19 May 2017

7. Primary Financial Statements

Statement of Comprehensive Income

Restated 2015/16			2016/17	
Foundation Trust £000	Group £000		Foundation Trust £000	Group £000
110,055	110,273	Operating Income from continuing operations	119,719	120,132
(108,264)	(108,476)	Operating Expenses of continuing operations	(113,268)	(113,619)
1,791	1,797	OPERATING SURPLUS / (DEFICIT)	6,451	6,512
		FINANCE COSTS		
26	55	Finance income	21	51
(628)	(628)	Finance expense - financial liabilities	(642)	(642)
(4)	(4)	Finance expense - unwinding of discount on provisions	(4)	(4)
(1,535)	(1,535)	PDC Dividends payable	(1,488)	(1,488)
(2,141)	(2,112)	NET FINANCE COSTS	(2,113)	(2,083)
40	40	Gains/(losses) on disposal of non-current assets	8	8
(310)	(275)	Surplus/(deficit) from continuing operations	4,346	4,438
0	0	Surplus/(deficit) of discontinued operations	0	0
(310)	(275)	SURPLUS/(DEFICIT) FOR THE YEAR	4,346	4,438
		Other comprehensive income		
0	0	Impairments	(3,740)	(3,740)
1,207	1,207	Revaluations	0	0
0	(48)	Other recognised gains and losses	0	111
897	884	TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE PERIOD	606	809

Reconciliation from the Statement of Comprehensive Income to the Trust trading position

Foundation Trust £000		Foundation Trust £000
(310)	Surplus/(deficit) from continuing operations	4,346
	Normalising adjustments:	
0	Capital donation from the Charitable Fund	(2,044)
(687)	Impairment/(reversal of impairment) of land and buildings	(694)
(997)	Trading (deficit)/surplus for the period	1,608

The Notes on pages 205 to 238 form part of these accounts:

Statement of Financial Position

31-Mar-16				31-Mar-17	
Foundation				Foundation	
Trust	Group			Trust	Group
£000	£000		Note	£000	£000
143	143	Non-current assets			
78,085	78,085	Intangible assets	10	98	98
0	733	Property, plant and equipment	11	80,700	80,700
78,228	78,961	Other Investments	12	0	836
		Total non-current assets		80,798	81,634
		Current assets			
936	936	Inventories	13	1,986	1,986
5,417	5,351	Trade and other receivables	14	6,779	6,417
9,487	10,008	Cash and cash equivalents	15	11,728	12,678
15,840	16,295	Total current assets		20,493	21,081
94,068	95,256	Total Assets		101,291	102,715
		Current liabilities			
(13,097)	(13,103)	Trade and other payables	16	(15,020)	(15,059)
(1,163)	(1,163)	Borrowings	17	(1,165)	(1,165)
(559)	(559)	Provisions	18	(292)	(292)
(538)	(538)	Other liabilities	19	(550)	(550)
(15,357)	(15,363)	Total current liabilities		(17,027)	(17,066)
78,711	79,893	Total assets less current liabilities		84,264	85,649
		Non-current liabilities			
(24,162)	(24,162)	Borrowings	17	(29,098)	(29,098)
(265)	(265)	Provisions	18	(276)	(276)
(24,427)	(24,427)	Total non-current liabilities		(29,374)	(29,374)
54,284	55,466	Total assets employed		54,890	56,275
		Financed by Taxpayers equity			
26,619	26,619	Public Dividend Capital	25	26,619	26,619
4,472	4,472	Revaluation reserve	21	732	732
23,193	23,193	Income and expenditure reserve		27,539	27,538
0	1,182	Charitable fund reserves	27	0	1,386
54,284	55,466	Total taxpayers' and others' equity		54,890	56,275

The financial statements and notes on pages 201 to 238 were approved by the Board on 19 May 2017 and signed on its behalf by:

C. Hamp

Chief Executive

19 May 2017

Statement of Changes in Taxpayers Equity

Statement of Changes in Taxpayers Equity	Group					Foundation Trust			
	Total Group equity £000	Charitable funds reserves £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000	Total Taxpayers equity £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000
Taxpayers' and Others' Equity at 1 April 2016	55,466	1,182	26,619	4,472	23,193	54,284	26,619	4,472	23,193
Surplus/(deficit) for the year	4,438	2,240	0	0	2,198	4,346	0	0	4,346
Impairments	(3,740)	0	0	(3,740)	0	(3,740)	0	(3,740)	0
Fair value gains and losses on available for sale investments	111	111	0	0	0	0	0	0	0
Other reserve movements	0	(2,147)	0	0	2,147	0	0	0	0
Taxpayers' and Others' Equity at 31 March 2017	56,275	1,386	26,619	732	27,538	54,890	26,619	732	27,539
Taxpayers' and Others' Equity at 1 April 2015	55,282	1,195	27,319	3,269	23,499	54,087	27,319	3,269	23,499
Surplus/(deficit) for the year	(275)	216	0	0	(491)	(310)	0	0	(310)
Transfer between reserves	0	0	0	(4)	4	0	0	(4)	4
Revaluations	1,207	0	0	1,207	0	1,207	0	1,207	0
Fair value gains and losses on available for sale investments	(48)	(48)	0	0	0	0	0	0	0
Public Dividend Capital repaid	(700)	0	(700)	0	0	(700)	(700)	0	0
Other reserve movements	0	(181)	0	0	181	0	0	0	0
Taxpayers' and Others' Equity at 31 March 2016	55,466	1,182	26,619	4,472	23,193	54,284	26,619	4,472	23,193

Statement of Cash Flows

Restated 2015/16			2016/17	
Foundation			Foundation	
Trust £000	Group £000		Trust £000	Group £000
		Cash flows from operating activities		
1,791	1,797	Operating surplus/(deficit)	6,451	6,512
		Non-cash income and expense		
4,068	4,068	Depreciation and amortisation	4,352	4,352
(687)	(687)	Impairments/(Reversal of Impairments)	(694)	(694)
		Income recognised in respect of capital donations	(2,044)	0
		(Increase)/Decrease in Trade and Other Receivables	(1,268)	(983)
(1,461)	(1,409)	(Increase)/Decrease in Inventories	(1,050)	(1,050)
(290)	(290)	Increase/(Decrease) in Trade and Other Payables	209	209
2,833	2,833	Increase/(Decrease) in Other Liabilities	11	11
56	56	Increase/(Decrease) in Provisions	(260)	(260)
(14)	(14)	NHS charitable fund adjustments for non-cash flows	0	54
0	(4)			
6,296	6,350	NET CASH GENERATED FROM/(USED IN) OPERATIONS	5,707	8,151
		Cash flows from investing activities		
26	55	Interest received	21	51
(11)	(11)	Purchase of intangible assets	0	0
(4,527)	(4,527)	Purchase of Property, Plant and Equipment	(8,269)	(8,269)
70	70	Sales of Property, Plant and Equipment	33	33
0	0	Receipt of cash donations to purchase capital assets	2,044	0
(4,442)	(4,413)	Net cash generated from/(used in) investing activities	(6,171)	(8,185)
		Cash flows from financing activities		
(700)	(700)	Public dividend capital received/(repaid)	0	0
0	0	Loans received from the Department of Health	6,100	6,100
(1,131)	(1,131)	Loans repaid to the Department of Health	(1,131)	(1,131)
		Capital element of finance lease rental payments	(31)	(31)
(29)	(29)	Interest paid	(631)	(632)
(640)	(640)	Interest element of finance lease	(5)	(5)
(7)	(7)	PDC Dividend paid	(1,597)	(1,597)
(1,469)	(1,469)			
(3,976)	(3,976)	Net cash generated from/(used in) financing activities	2,705	2,704
		Increase/(decrease) in cash and cash equivalents	2,241	2,670
(2,122)	(2,039)	Cash and Cash equivalents at 1 April	9,487	10,008
11,609	12,047	Cash and Cash equivalents at 31 March	11,728	12,678
9,487	10,008			

8. Notes to the Accounts

Accounting Policies

NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual (DH GAM) which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the DH GAM 2016/17 issued by the Department of Health. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (FRM) to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 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.

1.2 Going concern

Following extensive enquiries the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. They have identified no material uncertainties that cast significant doubt on the Trust's ability to continue as a going concern. For this reason, they continue to adopt the going concern basis in preparing the accounts.

The main factors in reaching this conclusion were:

- The Trust's latest two year plan (2017/18-2018/19) forecasts a surplus position across the period;
- Projected cash balances are sufficient to sustain the investment programme and meet short term operating costs. The Trust has sufficient cash headroom to support its plans;
- There is no expectation for short term loans or overdraft facilities;
- Internal auditor's opinions have provided assurance as to the accuracy and reliability of the Trust's financial systems and the robustness of the internal controls.

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.

Associates

Associate entities are those over which the Trust has the power to exercise a significant influence. Associate entities are recognised in the Trust's financial statements using the equity method. The investment is initially recognised at cost. It is increased or decreased subsequently to reflect the Trust's share of the entity's profit or loss or other gains and losses following acquisition. It is also reduced when any distributions are received by the Trust from the associate.

Associates which are classified as held for sale are measured at the lower of their carrying amount and fair value less costs to sell.

1.4 Income

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.

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Interest revenue is accrued on a time basis, by reference to the principal outstanding and interest rate applicable.

1.5 Expenditure on Employee Benefits

Short term employee benefits

Salaries, wages and employment-related payments 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.

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.

1.6 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.

1.7 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 fair value. 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. Fair values are based on modern equivalent assets basis for existing use on an alternative site valuation.

The freehold properties of The Walton Centre NHS Foundation Trust estate were valued as at 31 March 2017 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuations were prepared in accordance with the requirements of the RICS Valuation – Professional Standards, effective January 2014, revised April 2015, the International Valuation Standards and IFRS as adapted and interpreted by the FReM. The valuations of specialised properties were derived using the Depreciated Replacement Cost method, with other in-use properties reported on an Existing Use Value basis.

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

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be measured reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

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. 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 is 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 DH 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; and (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 are treated as revaluation losses. 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 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.

1.8 Intangible Assets

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.

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.

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.9 Revenue Government and Other Grants

Government grants are grants from government bodies other than income from commissioners or NHS Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1.10 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.

1.11 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

Financial assets are categorised as:

- 'At fair value through income and expenditure';
- 'Available for sale financial assets';
- 'Loans and receivables'; or
- 'Held to maturity' investments.

'Loans and receivables' is the only category relevant to the Trust. The Charity investments are 'available for sale.'

Financial liabilities are classified as:

- 'Fair value through income and expenditure'; or
- 'Other financial liabilities.'

All of the Trust's financial liabilities are categorised as 'other financial liabilities.'

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise:

- Current investments;
- Cash and cash equivalents;
- NHS receivables;
- Accrued income; and
- Other receivables.

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Other financial liabilities

Other financial liabilities 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.

Financial liabilities are initially recognised at fair value, net of transaction costs incurred, and measured subsequently 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 or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

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

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

1.12 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; 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.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. The contribution is charged to the Statement of Comprehensive Income. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at 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 the NHSLA 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.

1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 20 where an inflow of economic benefits is probable.

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 entity'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.

1.15 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 PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the forecast cost of capital utilised by the Trust, is paid over as public dividend capital 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 (i) donated assets (including lottery funded assets), (ii) 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, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (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.

1.16 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.

1.17 Corporation Tax

HM Treasury has decided to defer the planned implementation of legislation requiring NHS Foundation Trusts to pay corporation tax on profits generated on their commercial activities. As a result NHS Foundation Trusts will not become taxable on their profits. This may change with future Government legislation.

1.18 Foreign Currencies

The Trust operates and accounts for its transactions in sterling. Transactions denominated in a foreign currency are translated into sterling at the spot exchange rate on the date of the transaction. Resulting exchange gains and losses are taken to the Statement of Comprehensive Income. At the Statement of Financial Position date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the Statement of Financial Position date.

1.19 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.

1.20 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 NHS Trusts not been bearing their 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.

1.21 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.22 Critical Accounting Judgements and Key Sources of Estimation

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.

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.

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 11. The land and buildings were valued by Gerald Eve LLP as at 31 March 2017.

1.23 Operating Segments

The Trust is the UK's only specialist neurological centre and sees patients with neurological associated conditions referred from all over the country. Contracts for services are negotiated with commissioners and monitored on the basis of point of delivery, inpatients, outpatients etc. The services provided by the Trust are interdependent and therefore the Board considers that the Trust operates as a single segment.

1.24 Accounting standards that have been issued but have not yet been adopted

The DH GAM does not require the following Standards and Interpretations to be applied in 2016/17. These standards are still subject to HM Treasury FReM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018/19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

- IFRS 9 Financial Instruments – application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 15 Revenue from Contracts with Customers — application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 16 Leases – application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 22 Foreign Currency Transactions and Advance Consideration – application required for accounting periods beginning on or after 1 January 2018.

Note 2.1 Operating Income by Type

Restated 2015/16			2016/17	
Foundation			Foundation	
Trust £000	Group £000		Trust £000	Group £000
		Income from activities		
499	499	NHS Trusts / NHS Foundation Trusts	562	562
83,168	83,168	CCGs / NHS England	87,732	87,732
14,788	14,788	NHS Other	15,254	15,254
264	264	Non NHS: Private patients	182	182
275	275	Non-NHS: Overseas patients (non-reciprocal)	19	19
422	422	NHS injury scheme (was RTA)	267	267
		Additional income for delivery of healthcare services	0	0
700	700	Non NHS: Other	2,078	2,078
1,325	1,325			
101,441	101,441	Total income from activities	106,094	106,094
2,175	2,175	Research and development	1,986	1,986
3,574	3,574	Education and training	3,488	3,488
88	0	Charitable and other contributions to expenditure	2,111	0
434	434	Non-patient care services to other bodies	413	413
0	0	Sustainability and Transformation Fund income	1,879	1,879
1,395	1,302	Other	2,792	2,755
730	730	Rental revenue from operating leases	749	749
		Income in respect of staff costs where accounted on gross basis	207	207
		Charitable incoming resources (excluding investment income)	0	2,561
0	399			
8,614	8,832	Total other operating income	13,625	14,038
110,055	110,273	TOTAL OPERATING INCOME	119,719	120,132

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.

Note 2.2 Income from Activities by Class

2015/16 £000	Foundation Trust and Group	2016/17 £000
24,432	Elective income	27,251
11,777	Non-elective income	12,829
23,411	Outpatient income	24,935
40,826	Other NHS clinical income	40,897
264	Private patient income	182
731	Other clinical income	0
101,441	Total income from activities	106,094

The Trust has met the requirement of Section 43 (2a) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) that income in respect of NHS services in England exceeds all other sources of income.

Other clinical income in 2015/16 related to non-recurrent funding received by the Trust for the delivery of healthcare services.

Note 2.3 Analysis of Other Income

2015/16			2016/17	
Foundation Trust £000	Group £000		Foundation Trust £000	Group £000
113	113	Car parking	124	124
223	223	Clinical excellence awards	272	272
28	28	Catering	30	30
135	135	Workforce funding	174	174
		Vanguard funding from NHS		
659	659	England	1,882	1,882
59	59	NHS Blood & Transport	73	73
178	85	Other	237	200
1,395	1,302	Total	2,792	2,755

Note 2.4 Operating Lease Income

2015/16 £000	Foundation Trust and Group	2016/17 £000
	Operating Lease Income	
730	Rents recognised as income in the period	749
730	TOTAL	749
	Future minimum lease payments due	
382	- not later than one year;	382
1,412	- later than one year and not later than five years;	1,390
17,878	- later than five years.	17,546
19,672	TOTAL	19,318

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, the lease of the shop to RVS and the lease of part of the Sid Watkins building to Mersey Care NHS FT for their brain injury rehabilitation unit.

Note 3.1 Operating Expenses (by type)

Restated 2015/16			2016/17	
Foundation			Foundation	
Trust £000	Group £000		Trust £000	Group £000
943	943	Employee Expenses - Executive directors	931	931
130	130	Employee Expenses - Non-executive directors	130	130
58,527	58,657	Employee Expenses - Staff	61,087	61,224
1,166	1,166	Employee Expenses - Research and development	1,309	1,309
12,347	12,347	Drug costs	13,006	13,006
18,650	18,650	Supplies and services - clinical (excluding drug costs)	19,830	19,830
3,427	3,427	Supplies and services - general	3,863	3,863
1,262	1,262	Establishment	1,309	1,309
767	767	Research and development	345	345
3,797	3,797	Premises	3,510	3,510
108	108	Rentals under operating leases	105	105
(2)	(2)	Increase/(decrease) in provision for impairment of receivables	119	119
12	12	Increase in other provisions	35	35
25	25	Inventories consumed	6	6
4,010	4,010	Depreciation on property, plant and equipment	4,307	4,307
58	58	Amortisation on intangible assets	45	45
(687)	(687)	Net Impairments	(694)	(694)
		Audit fees:		
54	55	- audit services - statutory audit	48	52
0	0	- other auditor remuneration (external audit only)	6	6
73	73	Internal audit	65	65
1,362	1,362	Clinical negligence	1,571	1,571
26	26	Legal fees	120	120
318	318	Consultancy costs	467	467
395	395	Training, courses and conferences	453	453
189	189	Patient travel	192	192
329	329	Car parking & Security	358	358
13	13	Hospitality	14	14
52	52	Insurance	32	32
658	658	Other services, e.g. external payroll	426	426
25	25	Losses, ex gratia & special payments	11	11
0	81	NHS charitable funds other resources expended	0	210
230	230	Other	262	262
108,264	108,476	TOTAL OPERATING EXPENSES	113,268	113,619

The external auditors' liability is limited to £2,000,000.

Note 3.2 Employee expenses

Note 3.2 Employee Expenses

	Group		Foundation Trust Only		
	Total	Charity	Total	Permanent	Other
	£000	£000	£000	£000	£000
2016/17					
Salaries and wages	50,231	113	50,118	48,829	1,289
Social security costs	4,739	11	4,728	4,728	0
Employers contributions to NHS Pensions	5,584	13	5,571	5,571	0
Termination benefits	288	0	288	288	0
Agency/contract staff	2,622	0	2,622	0	2,622
TOTAL	63,464	137	63,327	59,416	3,911
2015/16	£000	£000	£000	£000	£000
Salaries and wages	49,338	110	49,228	48,267	961
Social security costs	3,715	8	3,707	3,707	0
Employers contributions to NHS Pensions	5,264	12	5,252	5,252	0
Termination benefits	80	0	80	80	0
Agency/contract staff	2,369	0	2,369	0	2,369
TOTAL	60,766	130	60,636	57,306	3,330

Note 3.3 Employee expenses (analysed into operating expenses)

Note 3.3 Analysed into operating expenses

	Group		Foundation Trust Only		
	Total	Charity	Total	Permanent	Other
	£000	£000	£000	£000	£000
2016/17					
Employee Expenses - Staff	61,224	137	61,087	57,176	3,911
Employee Expenses - Exec. directors	931	0	931	931	0
Research & development	1,309	0	1,309	1,309	0
Total Employee benefits	63,464	137	63,327	59,416	3,911
2015/16	£000	£000	£000	£000	£000
Employee Expenses - Staff	58,657	130	58,527	55,197	3,330
Employee Expenses - Exec. directors	943	0	943	943	0
Research & development	1,166	0	1,166	1,166	0
Total Employee benefits	60,766	130	60,636	57,306	3,330

Note 3.4 Average numbers of employees (whole time equivalent)

	Group	Charity	Foundation Trust Only		
	Total	Permanent	Total	Permanent	Other
2016/17	Number	Number	Number	Number	Number
Medical and dental	161	0	161	161	0
Administration and estates	337	0	337	337	0
Healthcare assistants and other support staff	210	0	210	210	0
Nursing, midwifery and health visiting staff	399	0	399	399	0
Scientific, therapeutic and technical staff	201	0	201	201	0
Agency and contract staff	46	0	46	0	46
Bank staff	22	0	22	9	13
Other	3	3	0	0	0
TOTAL	1,379	3	1,376	1,317	59
2015/16	Number	Number	Number	Number	Number
Medical and dental	156	0	156	156	0
Administration and estates	314	0	314	314	0
Healthcare assistants and other support staff	195	0	195	195	0
Nursing, midwifery and health visiting staff	398	0	398	398	0
Scientific, therapeutic and technical staff	189	0	189	189	0
Agency and contract staff	64	0	64	0	64
Other	3	3	0	0	0
TOTAL	1,319	3	1,316	1,252	64

Note 3.5 Staff exit packages

Foundation Trust and Group

Exit Package Cost Band £000	Number of Compulsory Redundancies	2016/17			2015/16		
		Number of Other departures agreed	Total Number Exit Packages per band	Number of Compulsory Redundancies	Number of Other departures agreed	Total Number Exit Packages per band	
Under 10	0	1	1	0	2	2	
10 - 25	0	1	1	0	0	0	
25 - 50	0	2	2	0	0	0	
50 - 100	0	1	1	0	1	1	
100-150	0	1	1	0	0	0	
Total Number of exit Packages	0	6	6	0	3	3	
Total Cost £000	0	288	288	0	80	80	

During the financial year 2016/17 six members of staff left the Trust through a mutually agreed resignation scheme (MARS) arrangement (2015/16: 1).

There were no exit packages agreed during this period for which Treasury/NHS Improvement approval was required.

Note 3.6 Directors' remuneration

Foundation Trust and Group

Name	Position	2016/2017			2015/2016		
		Remuneration £000	Employer Contribution to Pension £000	Other Benefits £000	Remuneration £000	Employer Contribution to Pension £000	Other Benefits £000
Executive Directors							
Chris Harrop	Chief Executive	157	22	0	145	20	3
Andrew Nicolson	Medical Director (from 1 September 2016)*	14	0	0	0	0	0
Peter Enevoldson	Medical Director (to 31 August 2016)*	11	0	0	27	0	0
Mike Burns	Director of Finance	106	15	0	35	5	0
Stephen Kennedy	Director of Finance (to 31 October 2015)**	0	0	0	135	10	7
Hayley Citrine	Director of Nursing, Operations and Quality	116	16	0	98	14	0
Mike Gibney	Director of Workforce	91	13	0	84	12	0
Stuart Moore	Director of Strategy and Planning	106	15	0	106	15	0
Jayne Wood	Director of Operations and Performance (to 31 August 2016)**	184	7	0	104	15	0
Total Executive Directors		784	89	0	734	91	10
Non-Executive Directors							
Ken Hoskisson	Chair (to 31 March 2017)	44	0	1	43	0	3
David Chadwick	Non-Executive Director (to 30 June 2015)	0	0	0	3	0	0
Seth Crofts	Non-Executive Director	13	0	0	13	0	0
Peter Humphrey	Non-Executive Director	13	0	1	7	0	0
Ann McCracken	Non-Executive Director	14	0	0	13	0	0
Janet Rosser	Non-Executive Director (to 31 October 2016)	9	0	0	15	0	2
Sheila Samuels	Non-Executive Director	13	0	0	7	0	0
Alan Sharples	Non-Executive Director	15	0	1	15	0	2
Wendy Williams	Non-Executive Director (to 31 July 2015)	0	0	0	4	0	2
Total Non-Executive Directors		76	0	3	77	0	6

*Peter Enevoldson, as Medical Director to 31 August 2016, also received remuneration of £77,000 (2015/16: £188,000) in respect of his role as Consultant Neurologist. Andy Nicolson, who became Medical Director on 1 September 2016 received remuneration of £85,000 for his role as Consultant Neurologist.

**Included within Stephen Kennedy's 2015/16 remuneration of £134,800 is £66,100 of contractual payments for loss of office included in Note 3.6 above. Also included within Jayne Wood's 2016/17 remuneration of £183,721 is £139,533 of payments for loss of office. Her remuneration for the year comprised:

	£
Contractual pay Apr 16 - Aug 16	44,188
MARS payment	80,000
Payment in lieu of notice (6 months' salary 1 Sep 16 to 28 Feb 17)	53,025
Payment in lieu of annual leave	6,508
Total payments for loss of office	<u>139,533</u>
Total remuneration	<u>183,721</u>

This post was rationalised as part of a planned restructure of the trust board. The payback from the rationalisation of this post of 13 months was deemed to be an efficient use of the Trusts resources.

Eight employees serving as executive directors during 2016/17 (2015/16: 7) are members of the NHS pension scheme which is a defined benefit pension scheme. Details of the scheme are shown in Note 4. No other pension payments have been made.

The Trust has not entered into any guarantees on behalf of any of the directors or made any advances on their behalf.

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. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State 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 are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2017, is based on valuation data as 31 March 2016, updated to 31

March 2017 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 scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension 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 their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

Note 5 Retirements due to ill health

Foundation Trust and Group

During the period 1 April 2016 to 31 March 2017 there were two early retirements from the Trust agreed on the grounds of ill-health valued at £105,131 (2015/16: two, £68,254).

Note 6.1 Operating leases

2015/16 £000	Foundation Trust and Group	2016/17 £000
108	Minimum lease payments	105
<u>108</u>	TOTAL	<u>105</u>

Note 6.2 Arrangements containing an operating lease

2015/16 £000	Foundation Trust and Group	2016/17 £000
	Future minimum lease payments due:	
105	- not later than one year;	105
308	- later than one year and not later than five years;	205
<u>413</u>	TOTAL	<u>310</u>

Note 7.1 Finance income

Foundation Trust 2015/16 £000	Group 2015/16 £000		Foundation Trust 2016/17 £000	Group 2016/17 £000
0	29	Interest on held-to-maturity financial assets	0	30
26	26	Bank interest	21	21
26	55	TOTAL	21	51

Note 7.2 Finance expenditure

Foundation Trust 2015/16 £000	Group 2015/16 £000		Foundation Trust 2016/17 £000	Group 2016/17 £000
621	621	Interest on Loans from the Independent Trust Financing Facility	637	637
7	7	Interest on Finance leases	5	5
628	628	TOTAL	642	642

Note 8 Gains/(Losses) on disposal

2015/16 £000	Foundation Trust and Group	2016/17 £000
40	Profit on disposal of non-current assets	8
40	Net profit/(loss) on disposal of non-current assets	8

Note 9 Impairment of assets

2015/16 £000	Foundation Trust and Group	2016/17 £000
	Net impairments charged to operating surplus / deficit resulting from:	
(687)	Changes in market price	(694)
(687)	Total net impairments charged to operating surplus / deficit	(694)
0	Impairments charged to the revaluation reserve	3,740
(687)	Total net impairments	3,046

During 2016/17 following a review of the Trust's assets, including a revaluation of land and buildings by the Trust's valuers, £3,046,473 net impairments were identified.

- £693,745: related to a net reversal of a previous impairment of the Sid Watkins land and building charged against operating surplus; and
- £3,740,218: related to a net impairment of land and buildings charged against the revaluation reserve.

In 2015/16 no impairments were made to land and buildings. In 2015/16 £686,961 of previous impairments were reversed following an upward revaluation of the Sid Watkins

building. Further details of the valuation are included in Note 1. There have been no impairments identified on other assets in the Trust (2015/16: none).

Note 10 Intangible assets

Foundation Trust and Group	Software licences (purchased)	
	2016/17 £000	2015/16 £000
Valuation/Gross cost at 1 April	582	571
Additions - purchased	0	11
Gross cost at 31 March	582	582
Amortisation at 1 April	439	381
Provided during the year	45	58
Amortisation at 31 March	484	439
Net Book Value at 31 March	98	143

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 – 2016/17

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
Valuation/Gross cost at 1 April 2016	91,190	2,820	59,992	766	23,038	3,835	739
Additions - purchased	9,992	0	5,696	92	3,629	575	0
Impairments	(4,950)	(800)	(4,150)	0	0	0	0
Reversals of impairments	412	0	412	0	0	0	0
Reclassifications	0	0	588	(588)	0	0	0
Disposals	(92)	0	0	0	(92)	0	0
Valuation/Gross cost at 31 March 2017	96,552	2,020	62,538	270	26,575	4,410	739
Accumulated depreciation at 1 April 2016	13,105	0	0	0	11,332	1,536	237
Provided during the year	4,307	0	1,492	0	2,069	700	46
Reversals of impairments	(1,492)	0	(1,492)	0	0	0	0
Disposals	(68)	0	0	0	(68)	0	0
Accumulated depreciation at 31 March 2017	15,852	0	0	0	13,333	2,236	283

Note 11.2 Property Plant and Equipment – 2015/16

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
Valuation/Gross cost at 1 April 2015	88,944	2,490	59,289	225	22,946	3,285	709
Additions - purchased	4,244	0	405	993	2,378	438	30
Reclassifications	0	0	187	(452)	0	265	0
Revaluations	441	330	111	0	0	0	0
Disposals	(2,439)	0	0	0	(2,286)	(153)	0
Valuation/Gross cost at 31 March 2016	91,190	2,820	59,992	766	23,038	3,835	739
Accumulated depreciation at 1 April 2015	12,957	0	0	0	11,673	1,095	189
Provided during the year	4,010	0	1,453	0	1,917	592	48
Revaluation surpluses	(1,453)	0	(1,453)	0	0	0	0
Disposals	(2,409)	0	0	0	(2,258)	(151)	0
Accumulated depreciation at 31 March 2016	13,105	0	0	0	11,332	1,536	237

Note 11.3 Property Plant and Equipment Financing

Foundation Trust and Group	Total	Land	Buildings	Assets	Plant &	Information	Furniture
Net book value 31 March 2017	£000	£000	excluding	Under	Equipment	Technology	& Fittings
			dwellings	Construction	£000	£000	£000
			£000	£000			£000
Owned	78,593	2,020	62,538	270	11,195	2,144	426
Finance lease	30	0	0	0	0	30	0
Donated	2,077	0	0	0	2,047	0	30
Total net book value at 31 March 2017	80,700	2,020	62,538	270	13,242	2,174	456
Net book value 31 March 2016	£000	£000	£000	£000	£000	£000	£000
Owned	77,976	2,820	59,992	766	11,689	2,240	469
Finance lease	59	0	0	0	0	59	0
Donated	50	0	0	0	17	0	33
Total net book value at 31 March 2016	78,085	2,820	59,992	766	11,706	2,299	502

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 2017 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	Max Life
	Years	Years
Buildings excluding dwellings	41	56
Assets under Construction & POA	0	0
Plant & Equipment	5	15
Information Technology	3	10
Furniture & Fittings	5	25

Note 12 Other Investments

31-Mar-16 £000	Foundation Trust and Group	31-Mar-17 £000
791	Carrying value of investments at 1 April	733
129	Acquisitions in the year	113
(48)	Movement in fair value of available for sale financial assets recognised in other income	111
(139)	Disposals	(121)
733	Carrying value of investments at 31 March	836

Note 13.1 Inventories

31-Mar-16 £000	Foundation Trust and Group	31-Mar-17 £000
936	Consumables	1,986
936	TOTAL Inventories	1,986

Note 13.2 Inventories Recognised in Expenses

31-Mar-16 £000	Foundation Trust and Group	31-Mar-17 £000
3,932	Inventories recognised in expenses	9,905
25	Write-down of inventories recognised as an expense	6
3,957	TOTAL Inventories recognised in expenses	9,911

Note 14.1 Trade Receivables and Other Receivables

31-Mar-16			31-Mar-17	
Foundation Trust £000	Group £000		Foundation Trust £000	Group £000
1,599	1,599	NHS Receivables	1,277	1,277
77	0	Receivables due from NHS charities	362	0
(262)	(262)	Provision for impaired receivables	(374)	(374)
723	723	Prepayments	995	995
2,416	2,416	Accrued income	2,990	2,990
0	0	PDC receivable	94	94
0	0	VAT receivable	39	39
864	875	Other receivables	1,396	1,396
5,417	5,351	TOTAL CURRENT TRADE AND OTHER RECEIVABLES	6,779	6,417

Note 14.2 Provision for Impairment of Receivables

31-Mar-16	Foundation Trust and Group	31-Mar-17
£000		£000
279	At 1 April	262
178	Increase in provision	277
(15)	Amounts utilised	(7)
(180)	Unused amounts reversed	(158)
<u>262</u>	At 31 March	<u>374</u>

Note 14.3 Analysis of Impaired Receivables

Foundation Trust and Group	31-Mar-17		31-Mar-16	
	£000 Trade Receivables	£000 Other Receivables	£000 Trade Receivables	£000 Other Receivables
Ageing of impaired receivables				
0 - 30 days	0	0	0	0
30-60 Days	0	0	0	0
60-90 days	0	0	0	0
90- 180 days	0	0	0	0
over 180 days	374	0	258	4
Total	374	0	258	4
Ageing of non-impaired receivables past their due date				
0 - 30 days	1,017	0	1,742	0
30-60 Days	279	0	50	0
60-90 days	19	0	135	0
90- 180 days	383	0	61	0
over 180 days	85	0	0	0
Total	1,783	0	1,988	0

Note 15 Cash and Cash Equivalents

31-Mar-16			31-Mar-17	
Foundation Trust	Group		Foundation Trust	Group
£000	£000		£000	£000
11,609	12,047	At 1 April	9,487	10,008
(2,122)	(2,039)	Net change in year	2,241	2,670
<u>9,487</u>	<u>10,008</u>	At 31 March	<u>11,728</u>	<u>12,678</u>
		Comprising:		
14	14	Cash at commercial banks and in hand	56	56
9,473	9,994	Cash with the Government Banking Service	11,672	12,622
<u>9,487</u>	<u>10,008</u>	Cash and cash equivalents as in SoFP	<u>11,728</u>	<u>12,678</u>
<u>9,487</u>	<u>10,008</u>	Cash and cash equivalents as in SoCF	<u>11,728</u>	<u>12,678</u>

Note 16 Trade and Other Payables

31-Mar-16			31-Mar-17	
Foundation			Foundation	
Trust	Group		Trust	Group
£000	£000		£000	£000
		Current		
1,639	1,639	NHS payables - revenue	1,313	1,313
715	715	Other trade payables - capital	2,438	2,438
3,206	3,212	Other trade payables - revenue	3,412	3,451
554	554	Social Security costs	689	689
124	124	VAT payable	0	0
625	625	Other taxes payable	637	637
1,230	1,230	Other payables	1,381	1,381
4,989	4,989	Accruals	5,150	5,150
15	15	PDC dividend payable	0	0
13,097	13,103	TOTAL CURRENT TRADE AND OTHER PAYABLES	15,020	15,059

Note 17 Borrowings

31-Mar-16	Foundation Trust and Group	31-Mar-17
£000		£000
	Current	
1,131	Loans from Department of Health	1,131
32	Obligations under finance leases	34
1,163	TOTAL CURRENT BORROWINGS	1,165
	Non-current	
24,117	Loans from Independent Trust Financing Facility	29,086
45	Obligations under finance leases	12
24,162	TOTAL OTHER NON CURRENT LIABILITIES	29,098

Note 18.1 Provisions for Liabilities and Charges

Foundation Trust and Group	Current		Non-current	
	31-Mar-17	31-Mar-16	31-Mar-17	31-Mar-16
	£000	£000	£000	£000
Pensions- Early departure costs	27	26	276	265
Other legal claims	24	20	0	0
Other	241	513	0	0
Total	292	559	276	265

Note 18.2 Analysis of Provisions for Liabilities and Charges

Foundation Trust and Group	Total £000	Pensions - other staff £000	Other legal claims £000	Other £000
At 1 April 2016	824	291	20	513
Change in the discount rate	35	35	0	0
Arising during the year	12	0	12	0
Utilised during the year	(27)	(27)	0	0
Reversed unused	(280)	0	(8)	(272)
Unwinding of discount	4	4	0	0
At 31 March 2017	568	303	24	241
Expected timing of cash flows:				
- not later than one year;	292	27	24	241
- later than one year and not later than five years;	109	109	0	0
- later than five years.	167	167	0	0
TOTAL	568	303	24	241

The pension provision relates to the anticipated costs relating to the enhanced element of ill-health pensions for former employees. These entitlements are explained in Note 4.

The provision for legal charges are in respect of legal claims accounted for as described in the accounting policies in Note 1. The figures are provided by the NHSLA.

£20,610,626 (2015/16: £7,287,369) is included in the provisions of the NHSLA at 31 March 2017 in respect of clinical negligence liabilities of the Trust.

The other provision relates to claims for potential underpayments in respect of salaries to doctors on call where the incorrect rate may have been paid in the past. The provision has been reduced following confirmation that only Deanery trainees would have the right to claim.

Note 19 Other Liabilities

31-Mar-16 £000	Foundation Trust and Group	31-Mar-17 £000
538	Other Deferred income	550
538	TOTAL OTHER CURRENT LIABILITIES	550

Note 20 Contingencies

The Trust has £11,405 contingent liabilities relating to NHSLA cases as at 31 March 2017 (2015/16: £11,875). There have been no contingent assets or other contingent liabilities recognised at 31 March 2017 (2015/16: nil).

Note 21 Revaluation Reserve

Foundation Trust and Group	Total revaluation reserve £000	Property, plant and equipment £000
Revaluation Reserve at 1 April 2016	4,472	4,472
Impairments	(3,740)	(3,740)
Revaluation reserve at 31 March 2017	732	732

Foundation Trust and Group	Total revaluation reserve £000	Property, plant and equipment £000
Revaluation Reserve at 1 April 2015	3,269	3,269
Revaluations	1,207	1,207
Transfers to other reserves	(4)	(4)
Revaluation reserve at 31 March 2016	4,472	4,472

The impairment relates to the impact of the land and building valuation on The Walton Centre carried out by Gerald Eve LLP as at 31 March 2017.

Note 22 Capital Commitments

At 31 March 2017 the Trust had capital commitments of £1,228,784 (31 March 2016: £6,357,756) in relation to orders 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 investment managers and 80% of investments are held in UK fixed interest bonds and a wide portfolio of UK investments. The maximum

exposure on receivables at 31 March 2017 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 2017 with a fair value of £836,015 (31 March 2016: £733,258). The book value of these assets is £685,421 (31 March 2016: £665,830).

Note 23.3 Financial Assets by Category

	Foundation Trust		Group		
	Total	Loans and receivables	Total	Loans and receivables	Available for sale
	£000	£000	£000	£000	£000
Assets per Statement of Financial Position at 31 March 2017					
Trade and other receivables	5,300	5,300	4,940	4,940	0
Other Investments	0	0	836	0	836
Cash and cash equivalents at bank and in hand	11,728	11,728	12,678	12,678	0
Total as at 31 March 2017	17,028	17,028	18,454	17,618	836
Assets per Statement of Financial Position at 31 March 2016					
Trade and other receivables	4,475	4,475	4,408	4,408	0
Other Investments	0	0	733	0	733
Cash and cash equivalents at bank and in hand	9,487	9,487	10,008	10,008	0
Total as at 31 March 2016	13,962	13,962	15,149	14,416	733

Note 23.4 Financial Liabilities by Category

	Foundation Trust		Group	
	Total	Other financial liabilities	Total	Other financial liabilities
	£000	£000	£000	£000
Liabilities per Statement of Financial Position at 31 March 2017				
Borrowings excluding Finance lease and PFI liabilities	30,217	30,217	30,217	30,217
Obligations under finance leases	45	45	45	45
Trade and other payables	12,406	12,406	12,445	12,445
Other financial liabilities	0	0	0	0
Provisions under contract	0	0	0	0
Total at 31 March 2017	42,668	42,668	42,707	42,707
Liabilities per Statement of Financial Position at 31 March 2016				
Borrowings excluding Finance lease and PFI liabilities	25,248	25,248	25,248	25,248
Obligations under finance leases	77	77	77	77
Trade and other payables	10,691	10,691	10,697	10,697
Other financial liabilities	0	0	0	0
Provisions under contract	0	0	0	0
Total at 31 March 2016	36,016	36,016	36,022	36,022

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 2017 the Trust held £516 on behalf of patients (31 March 2015: £387).

Note 27 Related Party Transactions

The Walton Centre NHS Foundation Trust is a public interest body authorised by NHS 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 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 South Sefton CCG;
- NHS Warrington CCG;
- NHS Wirral CCG;
- Aintree University Hospital NHS Foundation Trust;
- Royal Liverpool and Broadgreen University Hospitals NHS Foundation Trust; and
- NHS Litigation Authority.

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, Aintree University Hospital NHS FT, Alder Hey Children's NHS FT, The Clatterbridge Cancer Centre NHS FT, Royal Liverpool and Broadgreen University Hospitals NHS Trust, 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 £80,000 (2015/16: £80,000) 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 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 2016/17 and its balance sheet at 31 March 2017 are summarised as:

Summary statement of financial activities	2016/17	2015/16
	£'000	£'000
Incoming resources	2,591	428
Resources expended	(2,499)	(393)
Net incoming resources	92	35
Gains/(losses) on revaluation of investment assets	111	(48)
Net movement in funds	203	(13)
Summary balance sheet	31-Mar-17	31-Mar-16
	£'000	£'000
Fixed asset investments	836	733
Current assets	950	532
Creditors falling due within one year	(400)	(83)
Total net assets	1,386	1,182
Restricted funds	0	0
Unrestricted funds	1,386	1,182
Total funds	1,386	1,182

Note 28 Losses and Special Payments

During the period the Trust made 18 (2015/16: 19) special payments with a total value of £7,463 (2015/16: £27,242). Of these £3,375 (2015/16: £24,700) related to payments in respect of 4 (2015/16: 4) claims by third parties which are handled by the NHSLA. The Trust also wrote off 21 (2015/16: 5) debts with a total value of £7,182 (2015/16: £15,452) and £6,168 (2015/16: £24,098) of stock items due to loss, damage or expiry.

Independent Practitioner's Limited Assurance Report to the Council of Governors of The Walton Centre NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of The Walton Centre NHS Foundation Trust to perform an independent limited assurance engagement in respect of The Walton Centre NHS Foundation Trust's Quality Report for the year ended 31 March 2017 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and additional supporting guidance in the 'Detailed requirements for quality reports for foundation trusts 2016/17' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

We refer to these national priority indicators collectively as the 'Indicators'.

Respective responsibilities of the directors and Practitioner

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance and the six dimensions of data quality set out in the 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2016 to May 2017;
- papers relating to quality reported to the Board over the period 1 April 2016 to May 2017;
- feedback from Commissioners dated May 2017;
- feedback from Governors dated December 2016;
- feedback from local Healthwatch organisations dated May 2017
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2017;

- the national patient survey dated 2015
- the national staff survey dated 2016;
- the Care Quality Commission inspection report dated 21 October 2016;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated April 2017.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

The firm applies International Standard on Quality Control 1 and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of The Walton Centre NHS Foundation Trust as a body, to assist the Council of Governors in reporting The Walton Centre NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2017, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and The Walton Centre NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicators tested back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators which have been determined locally by The Walton Centre NHS Foundation Trust.

Our audit work on the financial statements of The Walton Centre NHS Foundation Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as The Walton Centre NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to The Walton Centre NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to The Walton Centre NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of The Walton Centre NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than The Walton Centre NHS Foundation Trust and The Walton Centre NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the work described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.

Grant Thornton UK LLP
Chartered Accountants
Manchester
19 May 2017

