Incorporating the Walton Neuroscience Fund
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction from the Chairman</td>
<td>3</td>
</tr>
<tr>
<td>Patient care and staff praised</td>
<td>4</td>
</tr>
<tr>
<td>New appointment improves discharge process</td>
<td>4</td>
</tr>
<tr>
<td>Investing in baseline nursing</td>
<td>5</td>
</tr>
<tr>
<td>Home comforts for epilepsy patients</td>
<td>5</td>
</tr>
<tr>
<td>Modern Matrons take their place in new nursing structure</td>
<td>6</td>
</tr>
<tr>
<td>Research and development</td>
<td>6</td>
</tr>
<tr>
<td>Training to deliver the best care</td>
<td>7</td>
</tr>
<tr>
<td>PALS help and support grows</td>
<td>8</td>
</tr>
<tr>
<td>Specialist physio service</td>
<td>8</td>
</tr>
<tr>
<td>Collaboration helps epilepsy sufferers</td>
<td>9</td>
</tr>
<tr>
<td>Partnership bears fruit</td>
<td>9</td>
</tr>
<tr>
<td>New centre gives patients more choice</td>
<td>10</td>
</tr>
<tr>
<td>Memory group proves a success</td>
<td>10</td>
</tr>
<tr>
<td>Volunteers making a difference</td>
<td>11</td>
</tr>
<tr>
<td>Clinic smooths way for patients</td>
<td>12</td>
</tr>
<tr>
<td>Risk Sharing Scheme ensures fairer deal for MS patients</td>
<td>12</td>
</tr>
<tr>
<td>Centre’s key role in life-saving scan guidelines</td>
<td>13</td>
</tr>
<tr>
<td>Clinical Governance</td>
<td>14</td>
</tr>
<tr>
<td>Looking Forward</td>
<td>15</td>
</tr>
<tr>
<td>The Walton Centre’s Service Delivery Plan 2003/2004</td>
<td>16</td>
</tr>
<tr>
<td>Analysis of Actual Performance</td>
<td>16</td>
</tr>
<tr>
<td>Financial Report</td>
<td>17 – 19</td>
</tr>
<tr>
<td>Trust Board Information</td>
<td>20 – 21</td>
</tr>
<tr>
<td>The Walton Neuroscience Fund</td>
<td>22 – 23</td>
</tr>
</tbody>
</table>
2002/03 has been a particularly successful and rewarding year for the Walton Centre and one in which many exciting and challenging projects have been initiated or completed.

The modernisation agenda is very much our driving force as we look to new and more effective ways to deliver the highest quality clinical care for patients with neurological injury, illness, disability or pain. Many of the year’s key achievements are highlighted in this report and detail the continued development of a regional service around the needs and aspirations of our patients.

One of the most significant events over the past year was the review of the Trust by a team of assessors from the Commission for Health Improvement (CHI). In their report CHI praised the range of innovative practices at the centre, as well as the excellent quality of care, a highly motivated and enthusiastic staff and our culture of working in partnership with external organisations. The CHI team particularly noted the Trust’s flourishing educational and support partnership with the Glaxo Neurological Centre in Liverpool which is greatly valued by patients and their families.

We welcomed the review as an opportunity to look at how we can improve performance and best achieve our targets and we have since implemented an action plan to address those specific areas for improvement identified by CHI.

The Trust has continued to build on its strong external links and work is well underway on our Public & Patient Involvement Strategy and the establishment of a new Patient and Public Involvement Forum.

In addition, our work within the North West Clinical Neuroscience Partnership - a network with other neuroscience centres in Salford and Preston - continues to go from strength to strength as the partnership moves into its third year.

One of the most important clinical developments for the Trust this year has been the investment to expand endovascular coiling services following completion of the international trial. The placement of platinum coils into a weakness on an artery to the brain through a catheter inserted into the main artery to the leg is an alternative treatment to more traditional surgery for most patients who have suffered bleeding into the fluid surrounding the brain. The trial results have shown coiling to be a safer treatment than open neurosurgery and that the quality of life for patients improves significantly. We are particularly pleased that we have been able to develop our services in this area using the most up-to-date technology available as there are undoubted benefits for patients.

As you will see within the report, we have made a number of staff appointments this year including five new consultants. We have established a newly created Technician Consultant role within our Neurophysiology Department – the first of its kind within the profession nationally. We have also appointed two Modern Matrons to lead our new nursing structure and following a major Trust-wide nursing review carried out this year we will be investing £440,000 of funding for nursing staff in 2003/04.

Volunteers working in the Trust continue to make a valuable contribution. I would like to take this opportunity to thank the League of Friends, the Walton Centre volunteers and the Glaxo Centre volunteers for giving so generously of their time over the past year. They play a vital role within the Centre and their work is appreciated by patients, relatives and staff alike.

Finally, on behalf of the Board, I would like to pay tribute to all the staff for their continued loyalty and ongoing commitment to the patients we serve. As ever, over the course of the past year, our staff have responded magnificently to all that has been demanded of them.

As a Trust we can look forward to building on this year’s significant achievements and successes. This means continuing to develop new services and innovative practice, promoting a culture of continuous learning and ensuring that patients are at the centre of everything we do.

Mrs Joyce Brittain
Chairman
The Walton Centre’s reputation for delivering quality care and treatment has been highlighted in a National Health Service report.

The report, by the Commission for Health Improvement (CHI), praised a range of innovative practices at the Centre and paid tribute to the ‘excellent quality of clinical care and highly motivated and committed staff.’

“This has been a major review involving the Trust having to provide a whole set of data on its strategies and policies,” explains David Melia, Deputy Director of Nursing at the Walton Centre.

“The CHI Review Team spoke to our stakeholders and organised public meetings to gauge the views of people who use our service. Inspectors spent five days at the Trust, speaking to staff, seeing how they feel about working here.”

Published in March this year, the report noted particular initiatives that the rest of the NHS can learn from, including:

- The educational and information provision and support partnership with the Glaxo Neurological Centre in Liverpool
- The Trust’s ‘preceptorship’ programme – a personal development programme which assigns a senior member of staff to all newly employed nurses to provide advice and guidance on an ongoing basis.

As well as highlighting high levels of patient satisfaction, the report also praised several initiatives including:

- The North West Clinical Neuroscience Partnership – a network with other neuroscience centres in Salford and Preston
- The Multiple Sclerosis ‘one-stop’ clinic at the Walton Centre which is valued by patients and their families

Areas identified for improvement by CHI included developing systems and supporting structures across the organisation to ensure quality of care. The Trust has already begun to address this issue by recently upgrading its administration systems in line with District Audit guidelines, and a new Information Technology (IT) system is coming on line.

CHI Chief Executive Peter Homa says: “The Walton Centre for Neurology & Neurosurgery NHS Trust is rightly proud of its reputation for being a Trust that delivers high quality patient care and for its work in neuroscience. It now needs to develop further its systems for assuring the quality of patient care and use its information effectively to improve patient access.”

David Melia adds: “This process enables us to take a good look at how we work as an organisation and demonstrates how everyone here has a responsibility to work in collaboration to ensure that patient care continually improves.”

The CHI report on the Walton Centre is available to view online at www.chi.nhs.uk

New appointment improves discharge process

The appointment of a dedicated Discharge Co-ordinator at the Walton Centre is helping to ensure the safe and speedy discharge of patients.

Iris Haslam’s appointment has helped to reduce delays in the smooth transfer of patients to home, other hospitals or continuing care.

Her role involves liaising with Bed Managers in community, district general hospitals and other health providers across the North West, North Wales, the Isle of Man and beyond to ensure that patients are transferred to the most appropriate facility.

“I have been busy building up relationships with Bed Managers because it really helps to ensure that patients at the Walton Centre are not affected by unnecessary discharge delays,” explains Iris, who regularly attends Bed Managers’ forums across the region.

“I speak to Bed Managers on a daily basis and often need to research a tiny community hospital in the middle of rural Wales that a patient has told me about.”

The move is also allowing nurses to spend more time delivering clinical expertise, as Iris is entirely responsible for patient discharge.

“This is a new role and it is evolving all the time. When I first started in the job I was given a great deal of support by Edna Walker, the Bed Manager at the Walton Centre. We still work very closely together as Edna is responsible for admissions so we have to keep each other continually updated,” says Iris, who has worked at the centre for the past 21 years, most recently as a Nurse Manager.

As well as co-ordinating all discharges, Iris is developing new ways of working with Social Services departments when discharged patients are transferred to Social Services care.

Iris is also involved in a monthly teaching programme to ensure that all staff are familiar with the Centre’s discharge procedures.

“I am really enjoying my new role and if there is anything I’m not familiar with, I’m not afraid to ask,” she adds.
Investing in baseline nursing

The role of nurses at the Walton Centre has been put under the microscope like never before during a major review which has resulted in an investment package worth nearly half a million pounds.

The review examined aspects of the nursing workforce to include numbers, skill mix, roles and activity.

“Ward staff and clinical managers agreed that a Trust-wide assessment of the nursing workforce was required,” explains Jackie Holt, Director of Nursing at the Walton Centre.

“We wanted to gain a clear picture of the staffing levels and skill mix that we needed in each of the wards and departments. In addition we looked at all aspects of nursing activity on a day to day basis, to gain a comprehensive picture of what our nurses were doing and the interventions they were involved in.”

The review began last October and during the five month project researchers also examined the work of similar providers of neurological care around the country and in the USA.

“We were given recommendations which suggested that we increase the size of the frontline nursing workforce and review the way that nurses work,” continues Jackie. “For example, it was found that some qualified nurses were performing tasks that could be carried out by a Healthcare Assistant. This has led to us re-focusing and also looking at expanding the role of Healthcare Assistants.”

The Trust Board has agreed to invest £440,000 to fund more nurses and bring about the changes recommended, a move that has been welcomed by staff.

“Everyone is heartened that funding has been made available to put these recommendations into practice as we develop the role of our nurses,” continues Jackie. “It is good to know that the valuable work of our nurses is being recognised and that staffing levels will be increased to improve patient care further.

“Another benefit has been that non-clinical staff have a better understanding of the pressures nurses face on a day to day basis.”

Jackie adds: “The recommendations from this review have enabled us to strengthen our existing workforce and demonstrate the value the Trust places on our staff. Our priority now is to ensure that the benefits have an impact on the quality of patient care and experience.”

Home comforts for epilepsy patients

Some patients with epilepsy who previously faced a five-day stay in hospital having their seizures monitored can now undergo the same tests in the comfort of their own homes.

A portable recorder attached to the patient’s body records seizure activity. Patients are able to remain in familiar surroundings and be involved in normal activities.

This leads to a more accurate picture of the patient’s condition and enables doctors and nursing staff to further improve their standard of care.

Although the initiative started over eighteen months ago, the results have just recently been audited. They show it has proved very popular with the patients involved and is also releasing beds for other patients.

Caroline Finnegan, Service Manager in Neurophysiology at the Walton Centre, says: “Our audit estimated that offering this test as an outpatient service has saved 150 beds in 2002.”

“We looked at our system for monitoring epilepsy patients which involves them coming into hospital for five days at a time to have their seizures monitored,” adds Lisa Cook, General Manager - Operational Services at the Walton Centre.

“Our research showed that the best way of monitoring some of our patients was to allow them to remain at home as seizure patterns can be false in a strange environment.”

The Centre’s Neurophysiology team drew up criteria for the patients who could be monitored at home as some still need to be inpatients in hospital.

“The patients monitored at home call into hospital each day during the five days to bring in the tape containing the information and we give them a new tape,” adds Lisa. “It has proved a big hit with these patients who think it’s marvellous to be able to stay in their own homes.”

There are now plans to roll out the project to the Centre’s satellite clinics.
Modern Matrons take their place in new nursing structure

Newly appointed Modern Matrons Dawn Porter and Margaret Wood are at the forefront of a new nursing structure introduced at the Walton Centre.

Dawn and Margaret are providing clinical leadership as their roles encompass patient care, staff management, budget management, staff training and development and environmental care, which includes improving food and cleanliness.

Tracey Cole, General Manager of Clinical Services at the Walton Centre, explains: “The Modern Matrons are literally at the top of the nursing tree and it is good for our patients and their relatives to see that there is clearly someone in charge if they have any concerns.

“It is also of benefit to our nursing staff because the Modern Matrons can act as an intermediary between nurses and managers and between nurses and doctors. The nurses feel they are being kept informed and communicated with.”

Margaret Wood, who has worked in nursing for the past 21 years, is responsible for Caton and Sherrington wards as well as a 12-bedded day ward and the Outpatients Department.

“The important thing is that I provide a clear presence on the wards,” says Margaret. “I need to be out and about on the wards, seeing how the ward is staffed, ensuring there is the right skills mix whilst utilising my staff to maximum effect.

“I also monitor patient care standards and am responsible for ensuring that the clinical team works well together.”

Margaret also manages the recruitment and retention of staff and monitors sickness and absenteeism. “The key to it all is delivering high quality patient care whilst creating a nice working environment for staff,” she adds.

Dawn, who manages Dott and Cairns wards as well as the Rehabilitation Unit, says: “Our patients’ interests must always come first and it is important that I am available to sit down with them or their relatives to discuss any concerns.

“I have made improvements to the menu on the wards and am involved in an infection control audit. I have a lot of really conscientious staff who are very helpful and flexible and this has helped me to settle into my new role.”

Margaret and Dawn are also overseeing the introduction of an induction initiative for student nurses. Tracey adds: “We plan to continue developing the roles of all our nursing staff and Healthcare Assistants by creating more career opportunities.”

Research and Development

The Clinical Trials Unit facilitates the Trust’s research process and annually documents research projects and publications undertaken by Walton Centre clinicians.

With its staff, accommodation and administrative support, the unit eases the research procedure for pilot, multi-centre or single centre studies and provides the required support for Research Governance and Ethical Committee applications.

The Trust receives research money from NHS Research and Development as a ‘Support for Science’ and as a result of NHS Research and Development ‘Priorities and Needs Research’. Information gathered through research has a considerable impact for the Trust in maintaining its annual Research and Development (R&D) grant and in its bids for extra funding. The data is also used to update the National Research Register submission which is required quarterly by NHS Research and Development.

The Trust will receive more credit for future funding for research activities which involve other Trusts and Universities (ie multi-centre collaboratives) and the North West Neuroscience Research Partnership is an example of this. Collaborative research between Walton’s Neuroscience Unit and those at Hope Hospital, Manchester and the Royal Preston Hospital is being facilitated by regular meetings between the three units’ Research & Development Directors.

The Unit’s 2002-2003 Publications and Research Projects brochure shows that epilepsy remains the major research area, with collaborative interests in drug treatment, neuro-development, neuro-genetics, neuro-imaging, neuropsychology, quality of life issues and outcomes.

Other research groups cover neurosurgery and pain and vascular disease while research remains active in neuro-imaging, neuro-disability, Multiple Sclerosis, Motor Neurone Disease, movement disorders, infectious diseases and neuropyschology.

Research Governance meets monthly and considered 60 applications in 2002.
Training to deliver the best care

The Training and Development Department in conjunction with fellow trainers within the Trust is continuing to play a key role in allowing colleagues at the Walton Centre to fulfil their career goals and deliver high quality patient care.

Through incorporating a series of new initiatives, courses and workshops into the Trust’s constantly evolving programme, the Training and Development team has continued to meet and often exceed performance targets.

“The continuous delivery of training and development activities means we can respond in a consistent way to the widespread changes required to deliver high quality NHS care and services,” explains Neil Gregory, Training and Development Manager. “Professional and vocational development are intrinsically linked to quality service issues.

“One example is our development of the role of a Moving and Handling Co-ordinator following a successful three month secondment within the Department.

“This role has been pivotal in the development of an individual patient moving and handling risk assessment framework within the Trust.”

The Risk Assessment workshop has also been relaunched with a revised study programme, and a framework has been set up to monitor attendance at mandatory training sessions.

“We will continue to encourage and challenge staff at every level of the Trust to contribute towards a learning culture that helps our staff to continue to learn throughout their careers in the NHS,” says Neil. “We aim to support all our colleagues to reach their full potential and enable them to respond more effectively to the needs of our patients.”
PALS help and support grows

The number of people using the Patient Advice and Liaison Service (PALS) has doubled in the last year.

Word of mouth and promotion of the service have enabled more patients and their families to benefit from the valuable information, help and support it provides.

“There are a number of ways PALS helps people,” explains Tony Murphy, PALS Leader. “Sometimes it is straightforward information about their condition or treatment that they require.

“Other times it is emotional support for the relatives of someone critically ill in intensive care or having received a serious diagnosis.

“Occasionally people have questions or concerns about their care and we help them to raise these issues with clinicians so that they are aware of the issues and hopefully can respond in such a way that leaves them satisfied.

“This process also allows us to use our experiences to improve the services we provide.”

PALS has also been involved in improving the design of information for patients and carers at the Walton Centre and increasing user involvement.

The service works in close partnership with the Glaxo Neurological Centre, which is run by a charity to support people affected by neurological conditions.

“This is all part of our efforts to put the patient at the centre of the NHS,” adds Tony. “In future PALS will be working with the newly appointed Modern Matrons to enhance patient and carer experience and help resolve any issues on the spot.”

Specialist physio service

Patients suffering chronic pain are being seen more quickly at the Walton Centre following the appointment of a Pain Specialist Physiotherapist.

Sharon Barnett was recruited last October and sees new patients who would normally have to wait for a consultant appointment.

Working in close consultation with colleagues, a triage system operates. Sharon sees new patients and decides if the patient should be seen by a consultant or whether specialist physiotherapy treatment is more appropriate.

It has proved very successful. Sharon treats most patients and since the initiative began, only 43% needed to go on and see a consultant.

“We have found that people have often been waiting to see a consultant when all they required was advice or referral on to the Centre’s Pain Management Programme,” explains Sharon.

“I have referred some patients to our pain control clinic and given others physiotherapy treatment, whilst others have been given advice about coping with pain, gentle exercise and mobilisation.”

The initiative began with patients suffering from back problems and has now been widened out to those suffering all types of chronic musculoskeletal pain. Waiting lists have been reduced and attendance levels have improved in the clinics.

“The feedback has been really positive,” explains Sharon. “We started the initiative in January and began by ringing patients to see whether they were happy to be seen by me rather than wait for a consultant appointment. Of 40 patients, only two declined.

“This means that people don’t face an unnecessary wait and can be routed to more appropriate treatment such as the Pain Management Programme more quickly.

“I work closely with the consultants, it is a real team effort. I am learning all the time and, in fact, we are all learning from one another.

“We are really encouraged that the change in practice has been so well accepted by patients. It has also been very well received by GPs.”
Collaboration helps epilepsy sufferers

Patients with severe epilepsy are being cured – thanks to a successful collaboration between the Walton Centre and the University of Liverpool.

The epilepsy group at the Walton Centre works closely with the Magnetic Resonance Imaging and Analysis Research Centre (MARIARC) at the University. MARIARC established Magnetic Resonance Imaging in Liverpool as one of the first research centres in the UK. Collaborative working with the Walton Centre began in 1995.

“Epilepsy is a common neurological condition,” says Dr Udo Wieshmann. “The cause is often unknown and in about 30% of patients, seizures cannot be controlled with medication.

“Our aim is to continue to develop modern MRI techniques to identify the cause of epilepsy with this simple, non-invasive procedure.

“The collaboration with MARIARC plays a key role for our epilepsy service,” continues Dr Wieshmann. “In particular for patients with severe epilepsy which is untreatable with medication. MARIARC scans often identify small, previously undetected, structural abnormalities causing epilepsy such as hippocampal sclerosis – a small scar in the brain. Subsequent surgical removal of the structural abnormality often cures the patient’s epilepsy.

“If the abnormality on the MRI correlates with other tests, the chances of being seizure free after removal of the abnormality is excellent,” adds Dr Wieshmann.

“If there is no abnormality on the MRI, the chances of successful epilepsy surgery are currently slim.”

Around 20 epilepsy patients are being operated on each year and future plans include replacing some of the more invasive tests that these patients undergo with modern MRI.

Partnership bears fruit

The North West Clinical Neuroscience Partnership continues to go from strength to strength as its third anniversary approaches.

The Partnership was formed in September 2000 – the outcome of a project designed to find better ways of commissioning and providing care for people with damage to the nervous system – in the context of changes in the NHS, society and medicine. Commissioners and Trusts involved in the delivery of clinical neurosciences in the North West of England and North Wales agreed to work together to plan and deliver services of assured quality that would be accessible to all the people in the region.

There have been many benefits including collaboration between nursing staff to share best practice, whilst managers of the service are meeting more frequently to exchange ideas and achieve continuous improvement through comparison and sharing.

Several working groups have been set up including a neurovascular group and current plans include establishing forums to share experiences of treating patients suffering an unruptured aneurysm.

“The clinical forums are planned so that we can discuss difficult cases and how best to manage such patients,” explains Donald Shaw, Medical Director and Consultant Neurosurgeon at the Walton Centre.

“We are also continuing to focus on improving equity of access to all services across the whole of the population served by the three units – the Walton Centre, Hope Hospital in Salford and the Royal Preston Hospital.”

The Walton Centre is an integral part of the partnership with Mr Shaw sitting on the Partnership Board and many of the clinicians involved in working groups.

The collaboration has also increased links with Primary Care whilst voluntary agencies representing the views of patients and carers continue to be an important aspect of the Partnership.
New centre gives patients more choice

Patients at the Walton Centre are being offered a choice in when they attend their appointments.

A new Patient Access Centre has centralised bookings for outpatient appointments and day case admissions.

“There is a national booking programme and we recognise that people have busy lives and want to have a choice about when they attend,” says Anne Gordon, Service Improvement Manager.

“All new patients receive a letter that invites them to telephone the Patient Access Centre and have a conversation with staff to make sure they can choose a date that is convenient for them.

“If patients do not telephone, they receive a reminder letter. In urgent cases staff contact patients immediately by telephone.”

The initiative is helping to reduce non-attendance rates, with one clinic benefiting from a reduction in non-attendance by almost 75%.

“This has brought benefits to everyone,” adds Anne. “Not only are patients involved in deciding when they attend, we have reduced non-attendance rates, reduced waiting lists and it is helping us with our planning of clinics.”

Sue Thong, Patient Access Centre Supervisor, who works alongside colleagues Jane Prescott, Ann Bailey, Sharon Greer and Jenny Cain, says: “It is great to have such close contact with our patients and we can often allay some of their fears. Although we can’t go into detail about their medical care when we are talking to them, just by chatting to us patients can be put at ease.

Memory group proves a success

A group-based treatment for people with memory difficulties associated with head injuries or neurological problems is continuing to have a significant impact on patients’ day-to-day functioning.

The Memory Enhancement Group has been running for several years and is currently facilitated by Clinical Psychologist Dr Paul Waring together with two Assistant Psychologists.

“The group aims to help our patients cope with the everyday memory problems they experience,” explains Dr Waring. “The loss of memory that can occur as a result of an injury or a medical problem can be quite distressing, so we aim to deal with that in a number of different ways.

“We give group members information about the memory process, what types of memory difficulties they might experience, how to cope with memory problems and how to make the most of their memory.

“A recent audit reported significant improvements on a measure of patients’ everyday memory functioning and also found the group had a positive impact on patients’ mood.”

Patients referred into the service are invited to attend for an initial assessment to discuss their current memory difficulties and have a formal assessment of their memory functioning.

“Each group usually consists of up to eight patients,” says Dr Waring. “However, each patient is encouraged to bring a relative or carer along with them, so up to sixteen people can attend each group.

“We’re always looking into ways of improving the service and in the future we hope to be able to offer a broader range of memory remediation to groups and individuals so we can tailor support more specifically to their needs.”
The number of volunteers providing an invaluable service at the Walton Centre has trebled since last October – increasing from 12 to 36.

Volunteers provide a trolley service so that patients on the wards can purchase their own newspapers, magazines, sweets or toiletries, and enjoy the opportunity of a friendly chat with the volunteers.

“We are delighted to have taken the number of volunteers to 36 and our aim is for that figure to be over 100 within the next year,” explains Terry Owen, Manager of the Walton Centre Volunteers.

“Our volunteers take the refreshments trolley around the wards and help to fund-raise by selling greeting cards that we make ourselves. They might also be a friend to patients by chatting to them and providing companionship.”

Terry says that many of the tasks carried out by volunteers could help to free up the nurses who can then concentrate on clinical care: “For example our volunteers can serve as escorts, providing the patient is stable enough. Indeed, our long-term strategy is to recruit people into nursing at the Centre.”

Earlier this year three volunteers at the Centre were given direct entry into nurse training. “People may want to have a go at being a volunteer to dip a toe into nursing to see whether they like it or not,” adds Terry.

“What makes a volunteer is, above all, someone who can listen. They can recognise staff needs and help to put patients and their relatives at their ease.”

Disability is no bar to being a volunteer and nor is age as there are volunteers aged from 16 to 82.

Christine Hobson, 18, who is disabled, has recently started working as a volunteer at the Walton Centre and loves every minute of it. “I have been selling books and cards and it is really, really good. I would recommend it to anyone, and everyone is so friendly.”

Christine is assisted by her supporter and job trainer Lorraine Delap who works for the Barnardo’s ‘A Chance to Work’ project. “Christine is getting such a lot from helping out at the Centre,” she says.

Terry adds: “The volunteers have made a huge difference to patient services at the Walton Centre.”
Clinic smooths way for patients

Patients awaiting operations at the Walton Centre are undergoing pre-operative tests well in advance of their surgery in a process that has led to a more streamlined service.

Previously, pre-operative assessments such as chest X-rays and Electro Cardiograms (ECGs) were carried out on the day of the operation or on a Friday with surgery planned for the following Monday.

If further investigations were found to be needed or an underlying medical condition was discovered, this often led to surgery being postponed at short notice, not allowing time for the slot to be allocated to another patient.

Now, a designated pre-operative assessment clinic has been established to carry out such procedures in advance. It has been successful in reducing non-admission rates on the day of surgery as well as making better use of beds and fewer cancelled operations.

“We are aware that it can be very stressful for patients to have their operation postponed when they are geared up to having it on a particular day,” explains Lisa Cook, General Manager - Operational Services.

“By bringing patients in well in advance of their operation, we then have all the results back on the day of surgery so our surgeons have all the information they require.

“Patients feel happier because nurses in the pre-operative clinic will explain what will happen on the day of their operation.”

The initiative came as a result of the Centre’s Theatre Management Programme when a working group of multi-disciplinary staff including occupational therapists, physiotherapists, administration staff and doctors got together to look at how the service could be improved.

It has been piloted in Neurosurgeon Tim Pigott’s clinic and is run by Sister Joanne Dunwoodie and Senior House Officers.

“The process flows better and, most importantly, has increased patient satisfaction with our service,” adds Lisa.

The initiative has also proved popular with staff and there are now plans for Service Improvement Managers Anne Gordon and Hilary Jamieson to roll it out to other patient groups, where it will be tailored to suit the needs of different neurosurgical specialities.

Risk Sharing Scheme ensures fairer deal for MS patients

The Walton Centre is playing an important role in a Risk Sharing Scheme which aims to end the ‘post code lottery’ of drugs allocation for patients with Multiple Sclerosis.

The Trust is one of 64 centres taking part in the scheme set up by the Department of Health in response to National Institute for Clinical Excellence (NICE) guidance, following its appraisal of the clinical and cost effectiveness of beta interferon and glatiramer acetate in the treatment of MS.

The scheme offers the treatment to all those who meet the criteria developed by the Association of British Neurologists.

Launched a year ago, the Risk Sharing Scheme is basically payment by results, with patients monitored annually over a period of ten years. If the results prove less clinically effective than predicted a price reduction will be negotiated with the drug companies.

Four different treatments are covered by the scheme, from four different drug companies. Some 7,500 – 9,000 patients (between 12.5 and 15% of all people with MS) will be involved, at an estimated cost of £50m.

Dr Mike Boggild, Consultant Neurologist with a special interest in MS, is on a two year secondment to the scheme. As the lead clinician working with colleagues from the Universities of Oxford, Sheffield and Liverpool he is visiting other centres across the country discussing with colleagues the collection of the data that will fuel the scheme.

“At Walton we never had a problem with ‘post code lottery’ funding or a list of patients waiting for treatment,” says Dr Boggild. “Two hundred of our patients were on the treatment before the scheme was launched and fifty patients have begun treatment since. In other parts of the country patients were not so fortunate.”
Centre’s key role in life-saving scan guidelines

The Walton Centre’s Neurobiochemistry Department has played a major role in formulating national guidelines for the use of a test that helps to save lives.

The UK guidelines make recommendations for standardising laboratory methods to detect subarachnoid haemorrhage (SAH) in people with a negative computed tomography (CT) scan.

A diagnostic test has been developed to pick up the haemorrhage in CT negative patients – leading to the detection of intracranial bleeds that would have otherwise been missed.

As well as the role played in formulating UK guidelines, additional research work carried out at the Walton Centre gives the Neurobiochemistry Department a diagnostic edge over other similar centres in the United Kingdom. Danny O’Connell, Senior Biomedical Scientist and co-author Dr Ian Watson, Consultant Biochemist, have now published their work in the international journal of biochemistry in medicine, ‘Annals of Clinical Biochemistry.’

The development of the diagnostic test was given an international platform when Danny gave a presentation to the 15th International Federation of Clinical Chemistry congress held in Barcelona.

“Some 98% of patients can be picked up by CT scan, which leaves 2% of people who are not,” explains Danny. “A bleed in the brain has a high mortality rate and prompt treatment can basically save your life or avoid a neuro deficiency such as loss of speech.

“Subarachnoid haemorrhage usually manifests itself as a bleeding into the fluid around the brain from an intracranial aneurysm. This bleed can sometimes take the form of a ‘warning leak’, which may be followed by a further, often catastrophic event. It is therefore important that it is diagnosed quickly.

“If the patient presents within 12 hours of the event, then the detection of blood will normally show up on a CT scan and, as stated, can be detected in about 98% of those who have suffered an intracranial bleed.

“The positive rate of detection falls to about 50% one week after presentation and even less if presentation is later. Detection allows intervention and a good neurological outcome.”

Danny adds that the diagnosis of SAH in later presentation, although crucial, is difficult and catheter angiography is used to locate the aneurysm. However, this is an invasive procedure with a low but recognised risk of stroke or possible death.

“The investigation of patients who may have suffered a benign severe headache mimicking SAH would expose them unnecessarily to this risk. Therefore, a reliable technique is required for the investigation of SAH in patients presenting with headache and in whom the CT scan is negative,” he explains.

The Walton Centre has developed the use of a technique called Derivative Spectrophotometry when biochemists examine cerebrospinal fluid (CSF) for small amounts of bilirubin, which is responsible for the yellow discoloration of the cerebrospinal fluid.

“Historically, a sample of the fluid was held up to the light and examined for signs of yellow discolouration which indicated a bleed, as it should be crystal clear,” says Danny.

“Small bleeds are extremely difficult to see by eye and therefore might be missed. The use of Derivative Spectrophotometry at the Walton Centre has led to the detection of intracranial bleeds in a number of patients who would have otherwise been missed, with fatal consequences.

“Guidelines produced under the auspices of the UK National External Quality Assurance Group advocate that the key pigment to detect is bilirubin.”

As a result of this work, doctors and biochemists are working in close collaboration with Aintree Hospitals NHS Trust in connection with the diagnosis of subarachnoid haemorrhage. All samples are sent to the Walton Centre from Aintree and the Centre acts as a regional referral laboratory for hospitals further afield.
Clinical Governance

‘A system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish.’

Department of Health definition of Clinical Governance.

The responsibility for Clinical Governance at the Walton Centre lies with the Clinical Governance Sub Committee, which is chaired by the Medical Director. The Clinical Governance Sub Committee is served by the:

- Professional Standards Committee
- Drugs, Therapeutics and New Technologies Committee
- Clinical Risk Management Forum
- Clinical Audit Committee
- Research Governance Committee
- Infection Control Committee

Patients and carers contribute to Clinical Governance through membership of the Sub Committee and its serving committees and through groups such as the Glaxo Centre Liaison Group and Patient Focus Group. A Patient Advice and Liaison Service (PALS) also provides support and assistance to patients, relatives and carers.

The work within the Centre is based on evidence and, although there is not yet a National Service Framework (NSF) in neurological conditions, the Trust fully complies with parts of other NSFs that are applicable to the work we carry out. The Trust, along with the Glaxo Neurological Centre, has been involved in some of the discussions that will build on the NSF for long-term conditions (incorporating neurological conditions). The Trust also abides by the National Institute for Clinical Excellence (NICE) guidelines.

During 2002/03 progress has been made in the following key areas of Clinical Governance:

- 100% of consultants were appraised by June 2002 and Personal Development Plans have been developed for each employee.
- An active audit programme has included participation in national and international audits including the Sudden Unexpected Death in Epilepsy Patients, the National Confidential Enquiry into Perioperative Deaths (NCEPOD) and the National Subarachnoid Haemorrhage Audit which is run jointly by the Royal College of Surgeons and the Society of British Neurological Surgeons.
- Staff within the Trust have undertaken training on root cause analysis. This enables the systematic assessment of incidents and complaints. The complaints system has been thoroughly reviewed and improved during the year under the leadership of the Complaints/Patient Satisfaction Working Group.
- The Trust has developed a set of Clinical Indicators that are specific to neurological conditions. Clinical Indicators measure the level of quality and outcomes of care for patients.
- A number of Trust-wide Clinical Governance initiatives have taken place throughout the year including a handwashing awareness-raising initiative, Infection Control Awareness Week and a review of sharps devices to reduce the incidence of sharps injuries.
- A Clinical Governance self-assessment toolkit was developed. This enables departments and ward areas to set their own action plans in relation to the Trust-wide Clinical Governance strategy.
Looking Forward

The Walton Centre’s Service Delivery Plan 2003/2004

The Service Delivery Plan outlines the Trust’s priorities as the Walton Centre moves into its twelfth year as an NHS Trust. With a total planned income for the year of £37 million – 12.4% more than the previous year – there will be new investment in staff and equipment to help continue our record of meeting all statutory duties, whilst also increasing the quality of care our patients receive.

Central to our plans is the need to continue to maintain and develop high quality, clinically effective services for the 3.2 million people who live in our catchment area of North West England, North Wales and the Isle of Man. Our core purpose is to maximise the independence and improve the health of people with neurological injury, illness, disability or pain. Far from just being about establishing new services, this also means sustaining the passion and enthusiasm of our staff, investing in equipment, promoting a culture that values continuous learning and improvement, and ensuring that the patients are at the centre of everything we do.

We will employ an extra 94 clinical staff to help achieve our aims. They will include around 76 additional nurses, 11 professional, technical and scientific staff, and 7 doctors over the next 3 years. With the planned purchase of a new MRI scanner and biplane angiography suite we also plan to spend around £2.2 million on medical equipment.

Our plans reflect both our own ambitions as a clinical centre striving for excellence and also take into account other policies and legislative factors and clinical and technological changes, as well as performance and governance requirements. Through considering these important influences the Trust has identified the eight key priorities outlined here:

Maintaining and expanding patient services
- Work differently with GPs to deliver improved services in headaches, epilepsy and chronic pain
- Recruit more consultants and therapists to support the MS service
- Continue to develop options for the future of our paediatric neurosurgery service
- Develop clinical network collaborations in oncology, spinal surgery and pain
- Purchase and install a replacement MRI scanner and biplane angiography suite
- Continue service improvement projects across the Trust, such as improving patient flow in theatre

Developing Clinical Governance
- Develop a systematic approach to Clinical Governance to ensure that practices can be monitored and there is continuous improvement in patient care
- Ensure all departments can assess their own Clinical Governance activity to inform departmental and Trust-wide priorities
- Develop a strategy for patient and public involvement and instigate a new patient forum

Meeting key waiting times targets and improving cancellations performance
- The Trust will ensure that by November no patient referred by a GP will wait longer than 17 weeks for an outpatient appointment
- Waiting times for inpatients and day cases will not exceed 9 months by November, making progress thereafter towards a maximum waiting time of 6 months

Addressing National Performance

Indicators to achieve 3 Star Status in 2003/4
The Trust recognises the need to achieve 3 Star Status. Based on the current star rating system we expect to concentrate on the following targets:
- Make good progress on the Commission for Health Improvement (CHI) action plan
- Achieve compliance with junior doctors’ hours requirements
- Improve the percentage of outpatients seen within 13 weeks
- Strive to ensure there are no cancelled admissions and operations and that if patients are cancelled, they are treated within 28 days
- Strive to eradicate delayed discharges

Meeting all statutory financial targets
- Continue the Trust’s good financial performance and ensure recurrent financial balance i.e. this year and in future years
- Multidisciplinary working and understanding is the key factor in delivering this objective

Working well with our partners
- Exploit opportunities to work with our fellow North West Partnership members in Salford and Preston in improving neuroscience services
- Work with other Trusts and PCTs in the local health economy (Improving Services on Merseyside Management Board – ISMMB) to find the best ways of exploiting capacity between hospitals
- Ensure that future healthcare plans for North Mersey accommodate the needs of neurorehabilitation, neuro-oncology, imaging and paediatric neurosurgery
- Work with the new Health Commission (Wales) to agree the extension of neurology services in Wales and improve access to neurosurgery
- Continue to work with our partners in the Glaxo Centre and the Neurological Alliance
- Ensure the continuation of close links with the Clinical Sciences Centre - a joint academic venture between the Walton Centre, University Hospital Aintree, Edge Hill, the University of Liverpool and the Pain Relief Foundation

Investing in staff
- Work to achieve Improving Working Lives Practice Plus accreditation
- Ensure all staff have appraisals and Personal Development Plans
- Support staff in developing new skills and roles, especially in relation to research capability
- Work to improve internal communications
- Plan for the implementation of the European Working Time Directive for Junior Doctors in 2004
- Plan for the introduction of Agenda for Change, the new NHS pay structure, in 2004

Improving IT Infrastructure
and Information Analysis Capacity
- Ensure all staff accept ownership of the need to improve data quality
- Ensure all staff are equipped with the basic IT skills needed for their role
- Implement e-procurement across the Trust
- Implement the new PAS system
- Establish a set of useful Clinical Indicators for departments and the Trust
- Agree important service aspects to benchmark with other organisations and assess against standards
Analysis of Actual Performance

### Inpatient/Day Cases

<table>
<thead>
<tr>
<th></th>
<th>1998/99</th>
<th>1999/00</th>
<th>2000/01</th>
<th>2001/02</th>
<th>2002/03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurology</td>
<td>2,370</td>
<td>2,460</td>
<td>2,488</td>
<td>2,415</td>
<td>2,328</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>2,309</td>
<td>2,523</td>
<td>2,598</td>
<td>2,633</td>
<td>2,662</td>
</tr>
<tr>
<td>Pain Relief</td>
<td>1,353</td>
<td>1,582</td>
<td>994</td>
<td>812</td>
<td>985</td>
</tr>
<tr>
<td>Total</td>
<td>6,032</td>
<td>6,565</td>
<td>6,080</td>
<td>5,860</td>
<td>5,975</td>
</tr>
</tbody>
</table>

### Outpatient Attendances – Walton Centre

<table>
<thead>
<tr>
<th></th>
<th>1998/99</th>
<th>1999/00</th>
<th>2000/01</th>
<th>2001/02</th>
<th>2002/03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurology</td>
<td>4,732</td>
<td>5,566</td>
<td>6,036</td>
<td>6,085</td>
<td>6,882</td>
</tr>
<tr>
<td>New</td>
<td>10,398</td>
<td>12,273</td>
<td>12,094</td>
<td>12,561</td>
<td>13,748</td>
</tr>
<tr>
<td>Follow-up</td>
<td>15,128</td>
<td>17,839</td>
<td>18,130</td>
<td>18,646</td>
<td>20,630</td>
</tr>
<tr>
<td>Total</td>
<td>15,128</td>
<td>17,839</td>
<td>18,130</td>
<td>18,646</td>
<td>20,630</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>1,742</td>
<td>1,722</td>
<td>1,820</td>
<td>1,794</td>
<td>1,855</td>
</tr>
<tr>
<td>New</td>
<td>5,833</td>
<td>6,135</td>
<td>6,064</td>
<td>6,554</td>
<td>6,993</td>
</tr>
<tr>
<td>Follow-up</td>
<td>7,575</td>
<td>7,857</td>
<td>7,844</td>
<td>8,348</td>
<td>8,948</td>
</tr>
<tr>
<td>Total</td>
<td>7,575</td>
<td>7,857</td>
<td>7,844</td>
<td>8,348</td>
<td>8,948</td>
</tr>
<tr>
<td>Pain Relief</td>
<td>1,364</td>
<td>1,678</td>
<td>1,772</td>
<td>1,936</td>
<td>2,130</td>
</tr>
<tr>
<td>New</td>
<td>2,769</td>
<td>2,998</td>
<td>2,399</td>
<td>2,571</td>
<td>2,997</td>
</tr>
<tr>
<td>Follow-up</td>
<td>4,133</td>
<td>4,666</td>
<td>4,171</td>
<td>4,507</td>
<td>5,127</td>
</tr>
<tr>
<td>Total</td>
<td>4,133</td>
<td>4,666</td>
<td>4,171</td>
<td>4,507</td>
<td>5,127</td>
</tr>
<tr>
<td>Overall Total</td>
<td>26,836</td>
<td>30,362</td>
<td>30,185</td>
<td>31,501</td>
<td>34,605</td>
</tr>
</tbody>
</table>

### Outpatient Attendances – Satellite Clinics

<table>
<thead>
<tr>
<th></th>
<th>1998/99</th>
<th>1999/00</th>
<th>2000/01</th>
<th>2001/02</th>
<th>2002/03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurology</td>
<td>4,929</td>
<td>5,231</td>
<td>5,357</td>
<td>5,641</td>
<td>5,739</td>
</tr>
<tr>
<td>New</td>
<td>7,709</td>
<td>7,795</td>
<td>7,828</td>
<td>8,857</td>
<td>8,904</td>
</tr>
<tr>
<td>Follow-up</td>
<td>12,638</td>
<td>13,026</td>
<td>13,185</td>
<td>14,498</td>
<td>14,643</td>
</tr>
<tr>
<td>Total</td>
<td>12,638</td>
<td>13,026</td>
<td>13,185</td>
<td>14,498</td>
<td>14,643</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>New</td>
<td>0</td>
<td>80</td>
<td>80</td>
<td>32</td>
<td>123</td>
</tr>
<tr>
<td>Follow-up</td>
<td>0</td>
<td>95</td>
<td>95</td>
<td>84</td>
<td>174</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>175</td>
<td>175</td>
<td>116</td>
<td>297</td>
</tr>
<tr>
<td>Overall Total</td>
<td>12,638</td>
<td>13,201</td>
<td>13,360</td>
<td>14,614</td>
<td>14,940</td>
</tr>
</tbody>
</table>

Notes:
- Certain types of treatment have been re-classified from day case episodes to outpatient episodes during this timescale. The Trust has altered previous reported data to reflect this position, so that it is consistent with methods employed in reporting activity in 2002/03.
- Both Inpatient and Outpatient attendances include activity for private patients.

### Patients Awaiting Admission

The Trust met its inpatient and outpatient Waiting Time/Numbers on List targets, set by Cheshire and Merseyside Strategic Health Authority, at the end of March 2003.

### Complaints

<table>
<thead>
<tr>
<th></th>
<th>1998/99</th>
<th>1999/00</th>
<th>2000/01</th>
<th>2001/02</th>
<th>2002/03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints</td>
<td>33</td>
<td>33</td>
<td>57</td>
<td>64</td>
<td>49</td>
</tr>
</tbody>
</table>

The Trust strives to maintain a responsive service and is proud of its record of dealing sympathetically and effectively with anyone experiencing dissatisfaction with our service. The review of complaints by the Clinical Risk Management Forum ensures improvement in patient safety and the quality of service delivery.

### Additional Information

45 complaints (92%) were resolved within 20 working days. Four complaints were still active at the end of the financial year 2002/03. During the year the Trust received four requests for Independent Review, each of which was referred back to the Trust for further local resolution.

### Other Performance Information

All of our inpatient accommodation is provided within single sex bays or single rooms.

### Staff

Improvements in the volume, range and quality of services to patients have been achieved by having the right balance of numbers and skills of staff. This year has seen a consolidation of position achieved last year with the overall staffing levels remaining stable.

### Analysis of Staff No’s

- Includes trainees and honorary practitioners
- Numbers in brackets are staff members expressed in terms of whole time equivalents

### Equality and Diversity

The Trust recognises that as a major employer it has a legal responsibility to promote and practise equality of opportunity and it will ensure that this policy is made widely known throughout the Trust and that employees understand and follow its equal opportunity policy.

The Trust also recognises the benefits of equality of opportunity in helping to create and maintain an efficient and effective workforce. The Trust has met the target for equality of representation at Trust Board level with 45% female representation. The Trust also maintains a comprehensive policy for the employment of disabled people and the practices and procedures it follows are accredited at the ‘Two Ticks’ level.
Financial Report

Introduction
The Trust has again had a successful year achieving all its key financial statutory targets. The Trust’s financial position is detailed within the Summary Financial Statements included in this report. Additional supplementary information is given below.

Financial Developments
The Trust invested £975,000 in new and replacement assets in 2002/03, including:

- £484,000 on upgrading its IM&T infrastructure including further development of the scheme started in 2001/02 which allows clinicians to view images from X-Ray scans taken at other hospitals and vice versa. The Trust also invested in preparatory work to implement its new Patient Administration System, due to go ‘live’ during the 2003/04 financial year.
- £308,000 on equipment to support clinicians within the Trust’s critical care facilities, including the replacement of its ITU monitoring system.
- £144,000 on refurbishment and development work within the Trust’s estate.
- £39,000 on replacement endoscopes to support the Trust’s surgeons within theatres.

Changes in Accounting Policies
FRS11 ‘Impairment of Fixed Assets & Goodwill’ was applied to the Trust accounts 1999/2000, resulting in a negative charge of £5.510m being taken to the Income and Expenditure reserve. The Trust has accounted on a consistent basis, under the rules of FRS11 since the standard was introduced.

Income & Expenditure
The Trust’s turnover for the year is £33.2m. The charts below identify how this money has been spent and the main sources of income.

Analysis of Expenditure 2002/03

Sources of Income 2002/03

Public Sector Payment Policy
The trade creditor payment policy of the Trust is to comply with both the CBI Further Contribution Prompt Payment Code and government accounting rules. These state ‘the timing of payment should normally be stated in the contract… where there is no contractual provision, departments should pay within 30 days of either receipt of the goods or the presentation of a valid invoice whichever is the later’. Details of Trust compliance with the code are included below.

Better Payment Practice Code – Measure of Compliance

Non Medical Education and Training (NMET)
There is a non medical education and training consortium in place with Mersey Care NHS Trust acting as lead body. The lead body accounts for the consortium income and expenditure.

Management Costs
The Trust narrowly missed its management cost target of £1,292,000, but has ensured that the cost of total pay rises for managers remained within 3.6% of the managerial pay bill.
**Management Costs (continued)**

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Age</th>
<th>Salary (bands of £000)</th>
<th>Other Remuneration (bands of £000)</th>
<th>Golden helix compensation for loss of office</th>
<th>Benefits in kind</th>
<th>Benefits in kind</th>
</tr>
</thead>
<tbody>
<tr>
<td>Britann J, Chairman</td>
<td>56</td>
<td>15,001 - 20,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Antrobus S, Non Executive Director</td>
<td>39</td>
<td>5,001 - 10,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Brand D, Non Executive Director</td>
<td>53</td>
<td>0 - 5,001</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Harwood H, Non Executive Director</td>
<td>71</td>
<td>0 - 5,001</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lobley L, Non Executive Director</td>
<td>5,001 - 10,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>McDaid M, Non Executive Director</td>
<td>50</td>
<td>5,001 - 10,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sweeney T, Non Executive Director</td>
<td>40</td>
<td>5,001 - 10,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Abandstern K, Chief Executive (from August 2001)</td>
<td>38</td>
<td>75,001 - 80,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Griffiths K, Director of Finance (Apr 02 - Aug 02, Mar 03)</td>
<td>38</td>
<td>20,001 - 25,000</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hill S, Director of Finance (Aug 02 - Feb 03)</td>
<td>41</td>
<td>30,001 - 35,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Holt J, Director of Nursing</td>
<td>43</td>
<td>50,001 - 55,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Shaw D, Medical Director</td>
<td>83</td>
<td>15,001 - 20,000</td>
<td>100,001 - 150,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Humphrey P, Director of Research and Development</td>
<td>57</td>
<td>10,001 - 15,000</td>
<td>120,001 - 170,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Summary Financial Statements**

The summary financial statements below are a summary of the information contained within the full annual accounts of the Trust. Requests for copies of the full accounts should be made to:

Mr Keith Griffiths, Director of Finance & Corporate Development, The Walton Centre, Lower Lane, Fazakerley, Liverpool L9 7LJ.

The summary financial statements are approved and are representative of the full annual accounts of the Trust. The full annual accounts for the Trust can also be viewed on our website www.thewaltoncentre.co.uk

**Chief Executive**

Director of Finance & Corporate Development

<table>
<thead>
<tr>
<th>2002/03</th>
<th>2001/02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income &amp; Expenditure Account</td>
<td>£000</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>31,731</td>
</tr>
<tr>
<td>Operating Surplus</td>
<td>1,429</td>
</tr>
<tr>
<td>Exceptional Gain : on write-out of clinical negligence provisions</td>
<td>0</td>
</tr>
<tr>
<td>Exceptional Loss : on write-out of clinical negligence debtors</td>
<td>0</td>
</tr>
<tr>
<td>Profit (loss) on disposal of fixed assets</td>
<td>(2)</td>
</tr>
<tr>
<td>Surplus (Deficit) Before Interest</td>
<td>1,427</td>
</tr>
<tr>
<td>Interest Receivable</td>
<td>72</td>
</tr>
<tr>
<td>Public Dividend Capital payable</td>
<td>(1,484)</td>
</tr>
<tr>
<td>Retained Surplus</td>
<td>165</td>
</tr>
<tr>
<td>Capital Cost Absorption Rate</td>
<td>6.70%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2002/03</th>
<th>2001/02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance Sheet</td>
<td>£000</td>
</tr>
<tr>
<td>Fixed Assets</td>
<td>24,600</td>
</tr>
<tr>
<td>Current Assets</td>
<td>2,388</td>
</tr>
<tr>
<td>Creditors payable within 1 year</td>
<td>(3,487)</td>
</tr>
<tr>
<td>Creditors payable after 1 year</td>
<td>0</td>
</tr>
<tr>
<td>Provisions for Liabilities &amp; Charges</td>
<td>(561)</td>
</tr>
<tr>
<td>Total Assets Employed</td>
<td>22,940</td>
</tr>
<tr>
<td>Public Dividend Capital</td>
<td>25,086</td>
</tr>
<tr>
<td>Revaluation Reserve</td>
<td>2,062</td>
</tr>
<tr>
<td>Donation Reserve</td>
<td>226</td>
</tr>
<tr>
<td>Income &amp; expenditure reserve</td>
<td>(4,434)</td>
</tr>
<tr>
<td>Total capital &amp; reserves</td>
<td>22,840</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2002/03</th>
<th>2001/02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cashflow Statement</td>
<td>£000</td>
</tr>
<tr>
<td>Net cash inflow from operating activities</td>
<td>3,761</td>
</tr>
<tr>
<td>Payments to acquire fixed assets</td>
<td>(1,046)</td>
</tr>
<tr>
<td>Sale of fixed assets</td>
<td>405</td>
</tr>
<tr>
<td>Dividends paid</td>
<td>(1,484)</td>
</tr>
<tr>
<td>Net cash outflow before financing</td>
<td>1,711</td>
</tr>
<tr>
<td>Net cash inflow from financing</td>
<td>(1,708)</td>
</tr>
<tr>
<td>Increase (decrease) in cash</td>
<td>11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2002/03</th>
<th>2001/02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Recognised Gains and Losses</td>
<td>£000</td>
</tr>
<tr>
<td>Surplus (deficit) for the year before dividend payments</td>
<td>1,499</td>
</tr>
<tr>
<td>Unrealised surplus (deficit) on fixed asset revaluations/indexation</td>
<td>2,569</td>
</tr>
<tr>
<td>Reduction in the donated asset reserve due to depreciation of donated assets</td>
<td>(44)</td>
</tr>
<tr>
<td>Total recognised gains and losses in the year</td>
<td>4,024</td>
</tr>
</tbody>
</table>

*There are no directors of the Trust who hold company directorships, as confirmed by the Trust’s process of ascertaining declarations of interest.*

**Website Information**

The Trust has an established internet site, which provides an additional method for the Trust to communicate with all interested parties. The site is divided into sections to assist people in finding the information they require as easily as possible. Visit our website at www.thewaltoncentre.co.uk

**Link Sites:**

- Glaxo Neurological Centre – for information to patients on neurological conditions. http://glaxocentre.merseyside.org
- University Department of Neurological Science – for information on research and education programmes. www.liv.ac.uk/neuroscience
Financial Report (continued)

Independent Auditors’ Report on the Summary Financial Statements

We have examined the summary financial statements set out on pages 17 to 18. This report is made solely to the Board of the Walton Centre for Neurology and Neurosurgery NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

Respective responsibilities of Directors and Auditors

The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of Opinion

We conducted our work in accordance with Bulletin 1999/6 ‘The auditor’s statement on the summary financial statements’ issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2003 on which we have issued an unqualified opinion.

Signed: 16th September 2003

Baker Tilly, Brazennose House, Lincoln Square Manchester M2 5BL

The directors confirm that they have undertaken the review and the above requirements have been met.

By order of the Board.

Chief Executive 16th September 2003

Controls Assurance Statement

The Board acknowledges and accepts its responsibility for maintaining a sound system of internal control including risk management.

As part of the NHS Controls Assurance Project, I as Chief Executive confirm that for the year ended 31st March 2003, and in accordance with NHS Executive circular HSC 1999/123 and supporting guidance, the Board has reviewed and endorsed an action plan resulting from an organisation-wide self-assessment against relevant risk management and organisational control standards produced by the NHS Executive. The Board will oversee implementation of the action plan.

By order of the Board

Chief Executive 16th September 2003

Statement of Director’s Responsibility in Respect of Internal Control

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation’s objectives, and for reviewing its effectiveness. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievement of the organisation’s objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core Controls Assurance standards:

- Governance
- Financial Management
- Risk Management

As Accountable Officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system on internal control has taken account of the work of the executive management team within the organisation who have responsibility for the development and maintenance of the internal control framework, and of the internal auditors. I have also taken account of the comments made by external auditors and other review bodies in their reports.

The assurance framework is still being finalised and will be fully embedded during 2003/04 to provide the necessary evidence of an effective system of internal control.

The actions taken so far include:

- The organisation has undertaken a self-assessment exercise against the core Controls Assurance standards (Governance, Financial Management and Risk Management). An action plan has been developed and implemented to meet any gaps.
- The organisation has in place arrangements to monitor, as part of its risk identification and management processes, compliance with other key standards, including relevant Controls Assurance standards covering areas of potentially significant organisational risk.

In addition to the actions outlined above, in the coming year it is planned to:

- Clarify organisational structure in relation to risk management, and a single committee to oversee and co-ordinate all risk related activity – (Quarter 1 2003/04)
- Provide further guidance and training needs to Trust Officers in relation to the reporting and investigation of adverse incidents, complaints and claims – (Ongoing)
- Develop a Trust wide risk register/process to capture all risks identified, and develop a risk profile (1st Draft – Quarter 3 2003/04)
- Formally consider all risk related policies at Board Level – (Ongoing)

By order of the Board

Chief Executive 16th September 2003
Trust Board Information

Non Executive Directors

- Mrs Joyce Brittain, Chairman
- Mr Terry Sweeney, Vice Chairman
- Mrs Sheila Hill, Acting Director of Finance from August 2002 to February 2003
- Ms Jackie Holt, Director of Nursing and Hospital Services
- Mr Donald Shaw, Medical Director, Consultant Neurosurgeon
- Dr Peter Humphrey, Director of Research & Education, Consultant Neurologist
- Mrs Joy Antrobus
- Mr Harry Harwood (left the Trust as of 30.11.02)
- Mrs Lynne Lobley
- Ms Maggie McDaid
- Mr Dennis Brant (from 1.12.02)
- Mr Harry Harwood (left the Trust as of 30.11.02)

Executive Directors

- Mrs Kate Abendstern, Chief Executive
- Mr Keith Griffiths, Director of Finance & Corporate Development
- Mrs Sheila Hill, Acting Director of Finance from August 2002 to February 2003
- Ms Jackie Holt, Director of Nursing and Hospital Services
- Mr Donald Shaw, Medical Director, Consultant Neurosurgeon
- Dr Peter Humphrey, Director of Research & Education, Consultant Neurologist
- Professor David Chadwick, Head of the Department of Neurological Science, University of Liverpool

Executive Support

- Mrs Phyllis Murphy, Head of Planning and Modernisation
- Mr Lew Swift, Head of Human Resources

New Consultants

Five consultants have taken up appointments at the Centre during the year.

- Dr Nigel Hinds is a Consultant Neurologist with an interest in peripheral nerve and muscle disease who also provides a service to Ysbyty Gwynedd in Bangor
- Dr Richard White is a Consultant Neurologist with an interest in neurovascular disease who also provides a service to Ysbyty Glan Clwyd in Bodleleyddan
- Dr Tony Manson is a Senior Lecturer and Honorary Consultant in Neurology with a special interest in epilepsy who also provides a service to Warrington District General Hospital
- Dr Kumar Das is a Consultant Neuroradiologist with a special interest in MR imaging and MR spectroscopy
- Dr Sasha Niven is a Consultant Neuroradiologist with a special interest in interventional neurovascular radiology
Brief History
The Trust was established in April 1992 under the NHS Act 1977 and provided services on its Walton site until 1998. It was then relocated to a purpose-built facility in Fazakerley where it continues to provide diagnostic and treatment services at the forefront of developments in neuroscience for approximately three million people throughout Merseyside, Cheshire, Lancashire, North Wales and the Isle of Man.

Trust Board
The Trust Board meets 10 times a year and all meetings are held in public.

Remuneration Sub Committee
The Remuneration Sub Committee establishes the remuneration and Terms of Service for Executive Directors of the Board and determines pay and reward strategies for the Trust. Membership: the Committee is chaired by Mrs Joyce Brittain and attended by all the Non Executive Directors. The Chief Executive attends for consideration of remuneration of other Executive Directors.

Audit Sub Committee
The function of the Audit Sub Committee is to ensure the effective internal control of the Trust by reviewing the financial systems and information used by the Centre and ensuring compliance with the guidance and Codes of Conduct. Membership: Ms M McDaid (Chairman); Mr T Sweeney; Mr H Harwood (to 30.11.02), Mr D Brant (from 1.12.02).

Clinical Governance Sub Committee
The Clinical Governance Sub Committee provides a framework for the Trust to ensure that it is accountable for continuously improving the quality of its services and safeguarding high standards of care. Membership: Mr D Shaw (Chairman); Mrs S Antrobus; Mrs M McDaid; Ms J Holt.

Corporate Performance Sub Committee
The Corporate Performance Sub Committee reviews the key performance targets of the Trust and advises the Board on any actions required from matters arising. Membership: Mr T Sweeney (Chairman); Mr H Harwood (to 30.11.02); Mr D Brant (from 1.12.02); Mr D Shaw; Dr P Humphrey; Mrs K Abendstern; Mr K Griffiths (from 1.4.02 to 11.8.02 and 1.3.03 to 31.3.03); Ms J Holt; Mrs S Hill (from 12.8.02 to 28.2.03).

Human Resources and Operational Services Sub Committee
The Human Resources and Operational Services Sub Committee reviews all matters relating to the Trust’s HR policy and impact on Operational Services and informs the Board accordingly. Membership: Mrs L Lobley (Chairman); Mrs S Antrobus; Ms J Holt; Mrs S Hill (from 12.8.02 to 28.2.03).

The Walton Neuroscience Fund (Board)
The Walton Neuroscience Fund is the independent, registered charity of the Walton Centre (registered Charity no: 1050050). Membership: Mr H Harwood (Chairman to 30.11.02); Ms J Holt; Mr K Griffiths (from 1.4.02 to 11.8.02 and 1.3.03 to 31.3.03); Mrs S Hill (from 12.8.02 to 28.2.03); Mrs L Lobley (Chairman from 1.12.02); Mr D Brant (from 1.12.02).

The Clinical Advisory Group
The Clinical Advisory Group, established to strengthen the involvement of clinicians in the management of the Trust, is comprised of the Executive Team and Service Co-ordinators representing each service area.

Acknowledgments
League of Friends
Our grateful thanks must go to the League of Friends who continue to provide their valuable support to the Trust and have been very active in raising funds throughout the year.

Walton Centre Hospital Volunteers
We would like to extend our appreciation for the work of Terry Owen and the Walton Centre volunteers who provide an indispensable service to our patients and their visitors. We look forward to working with them in the coming year.

Glaxo Neurological Centre
The work of the neurological charities and patient groups in providing advice to the Trust and its patients.

CHC Representation
Mrs O Gregor representing South Sefton Community Health Council on behalf of all CHCs in our areas served.
Established in 1992, the Walton Neuroscience Fund is the charitable arm of the Walton Centre NHS Trust. Although the two are managed and accounted for separately, the Centre’s board members act as Trustees in managing the Charity (Reg. No. 1050050).

In supporting the activities of the Walton Centre NHS Trust, the Walton Neuroscience Fund states its core purpose as being the following: “The Trustees shall... apply the income... for any charitable purposes relating to the Walton Centre for Neurology and Neurosurgery NHS Trust.”

Managing the Fund

A sub-committee of the Trust Board, called the Walton Neuroscience Fund Panel, meets on a quarterly basis to oversee the management of the Charity. This is comprised of two Executive Directors and two Non-Executive Directors, and is also attended by two clinical advisors.

Its role is to:
- act as the focal point for fundraising activities within the Trust
- maximise donations to the Charity by maintaining contact with the public, fundraising organisations and other charities in a professional manner
- monitor the use of the charitable monies received
- report to the Trust Board on the activities of the Charity and the Panel itself

The Fund continually seeks to play a role in valuable activities ranging from staff training and development to the provision of amenities for patients and staff alike.

The Charity receives donations from a wide variety of individuals and organisations. One such donation was made by a team of seven colleagues from Asda and City Facilities Management after they completed a 250 mile walk from Southport to Glasgow in May 2002. They are pictured here presenting a cheque for the £7,500 they raised to Mrs Joyce Brittain, Chairman of the Walton Centre.

Mrs Brittain said: “I’d like to thank the team from Asda and City Facilities for their very kind donation and congratulate them on their outstanding display of commitment and determination by completing the 250 mile walk.”

Ultimate responsibility for income and expenditure rests with the Trustees but the Charity operates a system whereby individual earmarked funds have been identified and are managed by a number of Fund Advisors. A summary list of these earmarked funds along with the name of the appointed fund advisor is provided in the table below.

<table>
<thead>
<tr>
<th>NO</th>
<th>FUND NAME</th>
<th>FUND ADVISOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>4468</td>
<td>Neurological Res &amp; Trav Fund</td>
<td>Mr K D Griffiths</td>
</tr>
<tr>
<td>4470</td>
<td>Neurosurgical Research Fund</td>
<td>Mr G F G Findlay</td>
</tr>
<tr>
<td>4481</td>
<td>Neurosurgical General Fund</td>
<td>Mr M D M Shaw</td>
</tr>
<tr>
<td>4477</td>
<td>Horsley ITU Fund</td>
<td>Dr Tiddesley/H Hammond</td>
</tr>
<tr>
<td>4497</td>
<td>MINDA</td>
<td>Mr K D Griffiths</td>
</tr>
<tr>
<td>4498</td>
<td>Neuroradiological Dev Fund</td>
<td>Dr T Nixon</td>
</tr>
<tr>
<td>4499</td>
<td>Epilepsy Fund</td>
<td>Prof Chadwick/ Dr Smith</td>
</tr>
<tr>
<td>4514</td>
<td>Paediatric Brain Tumour Fund</td>
<td>Dr P May/O Mallucci</td>
</tr>
<tr>
<td>4520</td>
<td>Neuropsychology Fund</td>
<td>Dr E Ghadiali</td>
</tr>
<tr>
<td>4527</td>
<td>R&amp;D &amp; Higher Study Fund</td>
<td>Dr M Rossi</td>
</tr>
<tr>
<td>4528</td>
<td>Neuropsychology Training &amp; Education</td>
<td>Dr Tedman</td>
</tr>
<tr>
<td>4529</td>
<td>Children’s Ward Fund</td>
<td>Mr P Eley</td>
</tr>
<tr>
<td>4530</td>
<td>Neurological Disability Fund</td>
<td>Ms J Holt</td>
</tr>
<tr>
<td>4532</td>
<td>Training &amp; Development Fund</td>
<td>Dr NA Fletcher</td>
</tr>
<tr>
<td>4533</td>
<td>Movement Disorders/Genetics Fund</td>
<td>Dr R G Annells</td>
</tr>
<tr>
<td>4535</td>
<td>Isiua Fund</td>
<td>Dr M D M Shaw</td>
</tr>
<tr>
<td>4537</td>
<td>Cognitive Research Fund</td>
<td>Dr G dungor</td>
</tr>
<tr>
<td>4538</td>
<td>Stereotactic Fund</td>
<td>Mr Varma</td>
</tr>
<tr>
<td>4540</td>
<td>Spinal Fellowship</td>
<td>Mr P May/O Mallucci</td>
</tr>
<tr>
<td>4541</td>
<td>Neurobiochemistry Fund</td>
<td>Dr I Watson</td>
</tr>
<tr>
<td>4542</td>
<td>Higher Education Fund</td>
<td>Ms J Holt</td>
</tr>
<tr>
<td>4543</td>
<td>Disorders of Movement General Fund</td>
<td>Dr A P Moore</td>
</tr>
<tr>
<td>4550</td>
<td>Research Fellowship</td>
<td>Prof D Chadwick</td>
</tr>
<tr>
<td>4551</td>
<td>Stroke Research Fund</td>
<td>Dr T P Ennovidson</td>
</tr>
<tr>
<td>4552</td>
<td>Parkinsons Disease Fund</td>
<td>Dr M Steiger</td>
</tr>
<tr>
<td>4554</td>
<td>Multiple Sclerosis Research &amp; Study</td>
<td>Dr D Mcgolid</td>
</tr>
<tr>
<td>4900</td>
<td>Neuro X-Ray Research</td>
<td>Dr T Nixon</td>
</tr>
<tr>
<td>4903</td>
<td>Neuro Education Fund</td>
<td>Dr C A Young</td>
</tr>
</tbody>
</table>

Looking after Patients and Staff

The Fund continually seeks to play a role in valuable activities ranging from staff training and development to the provision of amenities for patients and staff alike.

One area where we seek to make a difference is by supporting important research staff posts. These include a full time nurse appointed as Motor Neurone Disease Co-ordinator, a Research Fellow who has studied Neurological Disability, and the Walton Research Studentship, which has involved Cognitive Research.

“The Neuroscience Fund supports a wide range of clinical and research activities related to chronic neurological disease and rehabilitation,” explains Dr Carolyn Young, Consultant Neurologist. “Nicky Grundy’s appointment as Motor Neurone Disease Care and Research Co-ordinator, using money channelled through the Fund, means we have somebody who is able to carry out a lot of research, visit the inpatients and contact them in the community.”

“We are carrying out a long term observational study from the time of diagnosis which tracks the patients’ quality of life and involves seeing the patients regularly,” says Dr Young. “MND is an incurable disorder that significantly reduces life expectancy and we are trying to understand the impact it has on people.”

A study of the respiratory function of patients with Motor Neurone Disease is also being undertaken with the help of monies channelled through the Fund, which has also supported research into Multiple Sclerosis.

Dr Young explains: “A lot of research into both MS and MND has been carried out by Dr Roger Mills, and in particular his studies into fatigue in MS patients cover areas that have not been looked at before.”

“The Fund has also supported our PhD student Sally Rigby, who has carried out research into the information needs of people with MS.”

“These are important projects that we probably would not have been able to get involved in without the help of the Fund.”

Summary of Salary Costs Supported by the Charity

The Charity is always open to suggestions from patients and staff as to how it can provide or encourage the provision of patient and staff welfare and amenities. For instance, charitable donations help the Neurorehabilitation Unit cover the cost of organised trips for patients, including visits to the Calvert Trust in the Lake District. This allows patients to experience a range of outdoor activities under the supervision of suitably qualified and experienced staff.

Charitable Funds have continued to allow Walton Centre staff to be trained and educated in many aspects of healthcare delivery and management. During 2002/03 the Charity made a significant financial contribution to the following courses:

<table>
<thead>
<tr>
<th>POST</th>
<th>RESEARCH AREA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Neurone Disease Co-ordinator</td>
<td>Motor Neurone Disease</td>
</tr>
<tr>
<td>Research Fellow</td>
<td>Neurological Disability</td>
</tr>
<tr>
<td>Walton Research Studentship</td>
<td>Cognitive Research</td>
</tr>
</tbody>
</table>
- Diploma in Education for a Theatres Staff Nurse
- BSc. Degree in Health Studies for a Theatres Staff Nurse
- BSc. Degree in Health Studies for an ITU Staff Nurse
- Nursing Skills Counselling Course for a Staff Nurse in Theatres
- BSc. Degree in Health Sciences for Training and Development Manager
- Leadership and Health Care Professionals for an Epilepsy Nurse Specialist
- MSc. Biomedical Science for a Pathology MLSO
- MSc. Strategic Leadership, Booked Admissions Manager
- HNC Business Studies, IT Assistant

Supporting Research and Enhancing Services

The schemes below provide further illustration of how the Charity is actively seeking to make a difference:

- Research Fellowship Fund
  A Research Pathologist will continue work on a 2 year project sponsored jointly by The Walton Neuroscience Fund and Clatterbridge Cancer Research Trust.

- Neurosurgical Research Fund
  This fund will purchase new equipment for specialist registrar training.

- International Seminars
  Charitable funds will also be assigned to support the travel costs of those staff who need to attend international scientific conferences. This will ensure that our medical and nursing staff within the Trust are kept abreast of the latest initiatives and developments in this leading edge area of medicine.

- Multiple Sclerosis Research
  Funding will continue in respect of pilot research projects in relation to the Multiple Sclerosis Service. This particular initiative receives some financial support from the MS Society.

Summary Annual Accounts for 2002/2003

The Statement of financial activities for the year ended 31st March 2003 shows that expenditure of £340,000 exceeded income of £287,000, causing a net outflow of resources of £53,000. The accumulated total value of charitable funds remained in good shape at £881,000.

This demonstrates that the Charitable Fund is both financially active and secure, in accordance with Charity Commission guidelines and best practice. The following tables are summarised extracts from the audited and approved final accounts:

Summarised Balance Sheet as at 31st March 2003

<table>
<thead>
<tr>
<th>Assets</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investments*</td>
<td>814</td>
</tr>
<tr>
<td>Debtors</td>
<td>92</td>
</tr>
<tr>
<td>Cash</td>
<td>105</td>
</tr>
<tr>
<td>Creditors</td>
<td>130</td>
</tr>
<tr>
<td>Total Assets</td>
<td>881</td>
</tr>
</tbody>
</table>

Accumulated Funds £000

<table>
<thead>
<tr>
<th></th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>881</td>
</tr>
</tbody>
</table>

Key note*: The investment figure represents the market value of the Charity’s investment portfolio as at 31st March 2003. This portfolio comprises cash and shares. This is managed on behalf of the Charity by Rensburg, Liverpool.

Summarised Income and Expenditure Account

<table>
<thead>
<tr>
<th>Income</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations</td>
<td>196</td>
</tr>
<tr>
<td>Investment Income</td>
<td>49</td>
</tr>
<tr>
<td>Other Incoming Resources</td>
<td>42</td>
</tr>
<tr>
<td>Total</td>
<td>287</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities in furtherance of Charity’s Objectives</td>
<td>(323)</td>
</tr>
<tr>
<td>Management and Administration</td>
<td>(17)</td>
</tr>
<tr>
<td>Total</td>
<td>(340)</td>
</tr>
</tbody>
</table>

Net Outgoing Resources £000

<table>
<thead>
<tr>
<th></th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(53)</td>
</tr>
</tbody>
</table>

Reserves Policy

It is the policy of the Charity to maintain unrestricted funds. These funds are managed by fund holders in accordance with their documented annual expenditure plans. These funds are fully committed and consequently the Charity does not hold any free reserves.

Audit Arrangements

The Accounts of the Charity are reported annually to the following:

- The Trust Board
- NHS Executive
- Charity Commission

The External Auditors are Baker Tilly
The Internal Auditors are Merseyside Internal Audit Agency

The Walton Neuroscience Fund final accounts for the year ended March 2003 were fully approved by the Board and received an unqualified opinion by its external auditors.

Independent Auditors’ Report on the Summary Financial Statements

We have examined the summary financial statements set out above. This report is made solely to the trustees of The Walton Centre for Neurology and Neurosurgery NHS Trust funds held on trust in accordance with Part II of the Audit Commission Act 1998 and the Charities Act 1993 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

Respective Responsibilities of Directors and Auditors

The Trustees are responsible for the preparation of financial statements in accordance with the Statement of Recommended Practice 2000: Accounting and Reporting by Charities and directions issued by the Secretary of State. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of Opinion

We conducted our work in accordance with Bulletin 1999/6 ‘The auditor’s statement on the summary financial statements’ issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Walton Centre Funds Held on Trust for the year ended 31 March 2003 on which we have issued an unqualified opinion.

Signed:

Baker Tilly 16th September 2003

Baker Tilly, Brazenose House, Lincoln Square Manchester M2 5BL

The trustees confirm that they have undertaken the review and the above requirements have been met.

By order of the Board

Chief Executive 16th September 2003

Further Information

If you would like to make a donation or require any further information then please contact:

Mr Keith Griffiths
Director of Finance and Corporate Development
The Walton Neuroscience Fund
The Walton Centre for Neurology and Neurosurgery NHS Trust
Lower Lane
Fazakerley
Liverpool L9 7LJ
Tel: (0151) 529 5523
Fax: (0151) 529 5500
E-mail: keith.griffiths@thewaltoncentre.nhs.uk

Address of Charity:

The Walton Neuroscience Fund
The Walton Centre for Neurology and Neurosurgery NHS Trust
Lower Lane
Fazakerley
Liverpool L9 7LJ
Registered Charity Number: 1050050