The Walton Centre
NHS Foundation Trust

The Walton Centre NHS Foundation Trust

Annual Report and Accounts 2018/19

The Walton Centre NHS Foundation Trust

Annual Report and Accounts 2018/19

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

©2019 The Walton Centre NHS Foundation Trust

Table of contents **Page**

1. Foreword from the Chair and Chief Executive

Welcome to our annual report and accounts for 2018/19.

Foreword from the Chair and Chief Executive

Welcome to The Walton Centre NHS Foundation Trust's Annual Report for the period 1st April 2018 to 31st March 2019. To note that the Trust is the corporate trustee to The Walton Centre Charity and has assessed its relationship to the Charity as a subsidiary. The annual report has been prepared on a 'group basis' in line with the treatment of the final accounts.

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.

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 'requiring improvement'. The report highlighted many examples where staff had '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.

Recognising that the NHS is facing a period of profound change, the new strategy for The Walton Centre continues to put patients at the heart of delivering care and focuses on six key ambitions:

- Deliver best practice care and treatments in our specialist field.
- Provide more services closer to patients' homes, driven by the needs of our communities, extending partnership working.
- Be financially strong, meeting our targets and investing in our services, facilities and innovations for patients and staff.
- Lead research, education and innovation, pioneering new treatments nationally and internationally.
- Adopt advanced technology and treatments enabling our teams to deliver excellent patient and family centred care.
- Be recognised as excellent in our patient and family centred care, clinical outcomes, innovation and staff wellbeing.

BBC Hospital

In Autumn 2018, the production company Label 1 filmed patient stories in the Trust, which resulted in a full episode of the latest series of BBC Two's flagship medical programme 'Hospital' being focused on The

Walton Centre. The episode highlighted the fantastic care provided by Walton Centre staff and raised the profile of the Trust. The episode was well received and viewed by over 2.3 million people.

Cheshire and Merseyside Rehabilitation Network (CMRN) Five Year Celebration

In March 2019 the Cheshire and Merseyside Rehabilitation Network (CMRN), led by The Walton Centre, celebrated its five-year anniversary. Over 120 clinicians, patients and visitors gathered at the Trust to share stories and learning from the network.

Open Scanner Replacement

Autumn 2018 saw the departure of the Trust's Open (Ovation) 0.35 Tesla scanner, which was installed in December 2008 and used for the claustrophobia clinic, as well as for other patients. It scanned nearly 30,000 times in its lifetime. It was replaced by a more efficient wide bore MR scanner.

ITU Garden Room

Work began in 2018 to create a unique garden room in the hospital's ITU. This is essentially a separate pavilion type building with a single patient bay, surrounded by a landscaped courtyard. The aim is for ventilated patients to receive treatment and recover in a calming environment. The room should be available for use in April 2019.

The Walton Centre Charity

During the year, the Charity continued to go from strength to strength. Community support grew steadily and in addition to raising awareness, 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 which enabled the Trust to purchase a Robotic Arm – a state-of-the-art piece of equipment to support a number of neurosurgical procedures.

PLACE Report

The Walton Centre excelled again in the national Patient-led Assessment of Care Environment (PLACE) inspection. The Walton Centre's average across the six main domains of the assessment was 96.23% which made it the third highest performing specialist Trust in the country and gave us a ranking of 15th out of all NHS Trusts across England. Our results were over 7% higher than the national average.

Improving Quality

Significant work has been undertaken to improve the quality of care to both patients and their families. In line with the Trust's strategy, we have continued to engage with staff, patients and families through varied opportunities including Safety Huddle, Hayley's Huddle, Berwick Sessions, Schwartz Rounds, Staff Listening Events and patient and family engagement. The Trust has continued to reduce hospital acquired pressure ulcers and hospital acquired infections.

- Catheter Associated Urinary Tract Infections (CAUTI):
  The Trust has seen a reduction in patients experiencing CAUTIs from 23 in 2017/18 to 16 in 2018-2019 against an internal reduction target of 30 and we aim to reduce cases further during 2019-2020 with our comprehensive education programme.

- Methicillin-resistant Staphylococcus Aureus (MRSA)
  There is zero tolerance at both national level and internally within the Trust. The embedded learning across the Trust to improve patient safety has ensured the Trust has had zero MRSAs during 2018/19
- Methicillin-sensitive Staphylococcus Aureus (MSSA)
  There were 10 patients with MSSA against an internal target of 9. All cases were investigated and learning opportunities shared across the Trust. We aim to reduce MSSA during 2019-2020 and have set an internal target of no more than 9 cases.

The Trust achieved all Quality Account priorities, which highlighted the continued motivation and enthusiasm of staff to achieve a reduction in harm thus enabling enhanced patient safety and experience.

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 and Innovation 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.

The Trust was also reaccredited with the Investors In People Gold Standard, reflecting the strong supportive culture staff have created.

This year staff have had the opportunity to take part in Schwartz Rounds, discussion forums for staff to share experiences and reflections of working in a healthcare setting; Berwick Sessions, engagement events for all staff groups built around a new theme each time; a range of exercise classes and health and wellbeing events.

Staff from The Walton Centre have helped to create an app to improve daily wellbeing and resilience during work this is the first in the NHS.

Working in partnership with Shiny Mind, a company which has delivered wellbeing and resilience training to over 1500 staff in more than 20 NHS Trusts, staff from all levels of the organisation have helped to develop an app, which allows users to send and receive messages of encouragement and positivity.

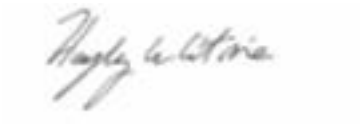
The app provides interactive exercises and support aimed to reduce stress and increase wellbeing. It also gives staff coping skills and access to the resources 24 hours a day, seven days a week.

The app is available to all our Walton Centre staff to download for free.

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 previous patients. Special thanks go to everyone who contributed to the development of the Trust's new five year strategy, helping to set our direction for the future.

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, to be 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.



Hayley Citrine, Chief Executive

24 May 2019

Janet Rosser, Chair

24 May 2019

This report was approved and adopted by the Board of Directors on 24 May 2019. The Trust's 2018/19 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

Our vision is: Excellence in Neuroscience.

Our Purpose is: Dedicated specialist staff leading future treatment and excellent clinical outcomes for brain, spinal and neurological care nationally and internationally.

Our vision is what we strive for and our purpose is what we do. Our purpose has been chosen by our staff to reflect our culture, what we believe in and what we strive to deliver for our patients and their families.
To deliver our vision and to meet our purpose, we have through consultation agreed a set of ambitions together.

The Walton Way

To meet our ambitions, we need to ensure a learning culture that empowers staff to believe they can make and lead change, be curious and seek continuous improvement. We want all staff to feel comfortable being open and honest, treating patients and each other with dignity and respect and we do this through our Walton way values; Dignity, Respect, Caring, Pride and Openness.

Our staff were keen to keep the Walton way values, which they helped design, to underpin the Trust strategy and they remain core to everything that we do.

Strategic Objectives

1. Deliver - Deliver best practice care and treatments in our specialist field.
2. Provide - Provide more services closer to patient's homes, driven by the needs of our communities, extending partnership working.
3. Invest - Be financially strong, meeting our targets and investing in our services, facilities and innovations for patients and staff.
4. Lead - lead research, education and innovation, pioneering new treatments nationally and internationally.
5. Adopt - Adopt advanced technology and treatments, enabling our teams to deliver excellent patient and family centred care.
6. Recognise - Be recognised as excellent in our patient and family centred care, clinical outcomes, innovation and staff wellbeing.

The progress made against the Trust's 5 year strategy (2018-2023) was recently reviewed and shared with all staff and key stakeholders. This showed that the Trust was performing well against the six objectives it had set.

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 Cheshire and Merseyside Major Trauma Centre Collaborative, Cheshire and Merseyside Rehabilitation Network, our neurology services provided in 34 locations, and the developing spinal surgery network. This also includes supporting GPs and hospitals to manage patients with neurological conditions better locally, without referring to the specialist centre.

Following the publication of the NHS Five Year Forward View (5YFV) in 2014 a Vanguard Programme was set up by NHS England to test different approaches to fulfilling the Triple Aim with its focus on population health, effective care and per capita cost. The NHS invited individual organisations and partnerships to apply to become pilot sites for the new care models (NCMs) programme. The Cheshire and Merseyside Neuro Network was selected as one of the acute care collaboration sites. The programme has been evaluated and come to an end however the success of the programme has been captured throughout Cheshire and Merseyside with the Neurosciences Programme, being a key programme reports to the Cheshire and Merseyside Health and care partnership programme.

Business, Activity and Performance

Throughout 2018/19, 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 in a timely manner.

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
- Clinical Audit and Outcomes
- Teaching and Training across the specialities within the division

The Division of Neurology is responsible for:

- Neurology; hub and partner outpatient service, day cases and inpatient wards
- Therapies
- Integrated Neurology Nurses
- Disease specific Specialist Nurses
- Neurophysiology
- Neuropsychiatry
- Neuropsychology
- Pharmacy Service Level Agreement
- Patient Access Centre
- Outpatient Department
- Medical Secretariat
- Complex Rehabilitation Network
- Neuroradiology
- Clinical Audit and Outcomes
- Thrombectomy

Division of Neurosurgery

Within the Neurosurgery Service there are 20 Consultant Neurosurgeons, 2 Consultant Orthopaedic surgeons and 25 Specialist Nurses working alongside Allied Health Professionals (AHPs) to deliver specialist services at the centre and at nine satellites sites at partner Trusts across Cheshire and Merseyside, Isle of Man and Wales.

Within the Pain Medicine Service there are 7 Consultants in Pain Medicine and 5 Specialist Nurses again supported by AHP's to deliver a highly specialised pain service on site enhanced by joint specialist clinics working with Liverpool Womens, Aintree and Alder Hey Hospitals.

Neurosurgery

The department continues to be one of the busiest neurosurgical units in the country, seeing 10,600 new patients, 4,000 elective, and 1,800 emergency inpatients during 2018/19.

Achievement of the Referral to Treat (RTT) target has been a particular challenge, with the impact of the national Paper Switch Off initiative for GP referrals. This saw the number of referrals fall for the first time in many years. While, RTT achievement was not maintained, we are on track with our performance improvement trajectory which should see achievement of the RTT standard by Spring 2019. During the year we continued to support the population of a local hospital, who have temporarily suspended their spinal service.

The number of emergency referrals also continues to increase year on year. In 2018/19 almost 10,000 referrals were received by the on-call team, compared to almost 9,000 in 2017/18. In 2017/18 we employed two emergency admission co-ordinators to provide the clinical teams with valuable support and also improved the speed at which calls are dealt with and response times for our referrers. We are now exploring the option to allow referrers to electronically refer to further improve the process and timeliness.

We received accreditation as a EUROSPINE Surgical Spinal Centre of Excellence for all spinal pathologies, following an audit of our spinal service in March 2019. EUROSPINE developed the Europe-wide quality certification programme for spinal service providers which aims to audit and certify the services that advance spine surgery and spine care as a whole. The ultimate goal would be to enhance treatment quality in spine surgery and to provide guidance for patients with spinal disorders by displaying centres of a certain quality.

The Trust has engaged with partners from across the Cheshire and Merseyside region to explore how spinal services are provided with the aim of establishing a single spinal surgical service for the adult population of Cheshire and Merseyside, delivering the recommendations set out by Getting it Right First Time (GiRFT) national project. The work involves the assessment of options on potential clinical models and associated pathways of a single spinal service and regional spinal on-call emergency rota.

The Neurosurgical Division maintains a high national presence with Mr Paul May, Consultant Neurosurgeon, immediate past president of the Society of British Neurological Surgeons (SBNS), Miss Gilkes, Consultant Neurosurgeon SBNS Meetings Secretary and member of the Executive Council of the SBNS and Mr Marco Teli, Consultant Orthopaedic Surgeon is the SBNS Treasurer. Mr Pigott, Consultant Neurosurgeon was also appointed as President of Eurospine in October 2018.

The demand for our deformity service continues to increase and we were delighted to expand our Orthopaedic workforce by welcoming Mr Narendra Rath, Consultant Orthopaedic surgeon in August 2018.

We expanded the number of satellite sites with the addition of our first Extended Scope Practitioner Physiotherapist satellite site in St Helens and Consultant spinal clinics at Arrow Park and Aintree Hospitals. In addition, our first neurosurgery satellite clinic in North Wales is due to commence in April 2019. Miss Catherine Gilkes, Consultant Neurosurgeon will be providing a monthly clinic at Glan Clwyd hospital, to avoid patients having to travel to Liverpool.

Investment was made in an Metastic Spinal Cord Compression (MSCC) co-ordinator role within the spinal service to review patient pathways, improve staff training and education and promote best practice. Improvements have been made with regards to:

- Pathway development. A draft MSCC pathway has been developed internally, promoting closer working relationships with oncology services, enabling rapid access to palliative care services for appropriate pain assessments and smooth transition from surgical to oncological care
- Orthosis management. An education video developed for clinicians, patients and carers across the region and standardised orthosis weaning regimes developed. The spinal team are also planning an orthosis study day for professionals, to support training and developments.
- Patient Information. A new patient information pack detailing discharge summaries, surgical information booklet, physiotherapy advice / prescriptions, contact information and details of forthcoming appointments.
- MSCC database development. This will enable MSCC outcomes to be collected and audited allowing continuous clinical and service review and publications.

Since the establishment of the Major Trauma Centre Collaborative between Aintree and The Walton Centre in 2012, continual progress has been recognised both locally and nationally. At the National Conference for Major Trauma in November 2018, The Cheshire & Merseyside Major Trauma Centre Collaborative (MTCC) was recognised as the second best Major Trauma Centre in the Country according to TARN patient outcomes.

The last 12 months has seen great success, with many areas of good practice and significant achievements recognised by the Operational Delivery Network at the annual review in November 2018, including improvement in the provision of Neuropsychology services as a result of investment to support our trauma patient cohort. Improved pathways have resulted from new MTCC referral documentation,

establishment of head injury referral guidelines, the introduction of a collaborative MDT meeting and the appointment of Mr Nick Carleton-Bland as Spinal Lead for the Major Trauma service. We held our first regional Trauma conference in March 2019, which was a huge success and attended by over 100 attendee's from all disciplines.

We also successfully recruited a Head Injury Advanced Practitioner and are leading on the development of the first electronic rehabilitation prescription for major trauma patients.

We have invested in an Outpatient Antimicrobial Therapy (OPAT) Service, with the first clinic due to commence in May 2019. This service will provide consistency in patient follow-up, antibiotic duration, blood monitoring, dosing, and imaging requirements for medically stable patients who have been discharged on intravenous (IV) antibiotic therapy. This eliminates the need to admit patients whose only reason to stay in hospital is to receive IV antibiotic therapy. The provision of an OPAT service is nationally supported with evidence-based positive outcomes. It improves the experience of patients and their families and reduces inpatient length of stay and admissions related to inappropriate antibiotic cessation.

We have developed an enhanced role for surgical practitioners, adding a greater level of assistance during neurosurgical procedures. The 'Walton Surgical Assistant' Project was created because of the need for assistance during the initial stages of surgery. Scrub Practitioners who are eligible for the training have a dedicated consultant mentor, who guides them through gaining the skills needed to assist in surgery. This additional set of skills provides greater efficiency in the operating room and provides essential development opportunities for eligible staff.

Following on from the success of the major incident simulation exercise in 2017, a small working group has continued to meet and plan major incident and mass casualty-based scenarios; continuously reviewing events that have taken place across the country and capturing key learning points. In May 2018, The Walton Centre took part for the first time, in a regional desktop Major Incident Exercise facilitated by Public Health England, in which all trauma units, NWAS & NHSE participated. In June 2018, The Walton Centre undertook a desktop exercise, testing the resilience of our theatre department, critical care unit and our collaborative working with our major trauma partners Aintree University Hospital. In 2018, the Major Incident Policy was reviewed and updated, and now incorporates all elements of learning from the above exercises. Additionally, two members of staff qualified as major incident simulation facilitators and there is also a rolling programme for scribe training.

Anaesthesia and Critical Care

The anaesthetic department maintained their Anaesthesia Clinical Services Accreditation (ACSA) from the Royal College of Anaesthetists (RCoA) in 2018. ACSA is the RCoA's peer-reviewed scheme which promotes quality improvement and the highest standards of patient experience, patient safety and clinical leadership within anaesthetic services. ACSA accreditation was first awarded to our anaesthetic

department in 2017; we were the eighth in the North of England and the seventeenth in the UK to receive the prestigious accreditation and continue to develop the service for the benefit of patients and staff.

In line with our strategy to combat the national shortage of medical staffing across all specialties, we have expanded the number of Advanced Critical Care Nurse Practitioners (ACCPs) from 4.50 WTE to 6.00 WTE, in year. This will provide 24/7 ACCP cover once all individuals have completed their formal training. The department was also granted permission by the Royal College of Anaesthetists to recruit Anaesthetic Trainees from developing countries. The Medical Training Initiative programme has to date seen 5 additional junior doctors employed via this programme.

We have invested in a dedicated Acute Pain Service and recruitment for an Acute Pain Nurse is underway. This is to compliment the previous investment in an Acute Pain Anaesthetic Consultant Lead and the prescribing capabilities within the Trust with the recruitment of prescribing Pharmacists and Nurse Specialists undertaking the Non Medical Prescribing course. However, ward rounds still take place without the ability to prescribe and an audit highlighted instances of inadequate pain relief for some of our inpatients. This will reduce patients experiencing unmanaged acute post procedure pain in the context of ever increasing complexity of surgical capabilities. This also addresses the findings within the ACSA review and works towards the recommended guidelines for the Provision of Anaesthesia Services (GPAS) for Acute Pain Services 2017 published by the Royal College of Anaesthetists.

The Trust has partially met (4 of 5 triggers) the ITU Delayed Discharge 3rd year CQUIN. In the first two years of the CQUIN we saw discharge within 4 hours increase from only 41% to over 60% by the end of March 2018. This year we have changed the starting point for our CQUIN collection after it came to light we were recording the time from when the decision to discharge was made rather than when the patient was clinically fit for discharge, as where other Trusts. This has prevented us from comparing our performance in previous years however; we met the required percentage within 4 hours set by our commissioners. The trigger which was not met in 18/19 related to the percentage of discharges greater than 24 hours. This was due to the complex requirements of some of our patients being discharged from ITU to an acute ward.

Pain Medicine

Activity growth continues within the service seeing over 5,400 new patients in 2018/19 and 1,900 elective inpatient admissions.

To cope with the increase in demand, the department have looked at alternative ways support the additional patient. The team has expanded the multi-disciplinary team by a further specialist pain physiotherapist, junior doctor and specialist nurse funded by industry but managing demand remains a challenge an requires additional capacity which is managed through of Waiting List Initiatives (WLI's).

We have strengthened the patient outcome collection for the service, with the introduction of the use of Spine Tango for certain pain procedures. Outcome collection remains a priority area for the service and we continue to work to expand, strengthen and consolidate processes for collection and integrate digital solutions to increase outcome collection and reduce burden on patients and the reliance on clinical staff time.

The pain service have introduced the Expedited Root Block Service which will streamline the pathway for this procedure, for suitable patients, reducing waiting times and improving their quality of life. The service avoids a outpatients consultation with a Pain consultant when specific clinical criteria are met.

A joint MDT clinic with a Consultant Urologist and Consultant in Pain Medicine has commenced focusing on male patients with pelvic pain. There is an ambition to expand this MDT clinic further with a psychologist and physiotherapist.

The 34th Liverpool Annual Pain course on the Management of Chronic Pain was held in July 2018, supported by The Pain Relief Foundation. This is an advanced practical and interactive course in clinical pain management for multi-disciplinary pain professionals and trainees, who are aiming to develop their skills in assessing and treating complex chronic pain patients. The course offered the opportunity to develop an evidence-based approach to assessment, examination and formulation of diagnosis, and how to design a comprehensive management plan. The course attended by national and international delegates was again oversubscribed and delegate feedback continued to be excellent.

The pain team were awarded the Innovation Honour Award by Nevro which was awarded for their commitment to HF10 therapy development & advancement with the latest Senza ll IPG.

Pain Management Programme (PMP)

We have added to our PMP repertoire in 2018/19 with the launch of a Community programme. Our Community Pain Management Programme (CPMP) 12-month pilot was launched at the beginning of the year, located in the Warrington area for Warrington CCG patients. The CPMP service began accepting referrals in February 2018, with the first Programme held in April 2018. The service provided 10 programmes between April 2018 and March 2019, treating patients with chronic pain, bringing care closer to home through an out of hospital model.

This is a direct result of work which was initiated by The Walton Centre, as one of the selected ‘Vanguards’ for the New Care Models Programme. The CPMP is an essential element of NHS England’s National Back and Radicular Pain Pathway, designed to ensure patients get access to the treatment they need, when they need it. Through the work of the regional Health and Care Partnership for Cheshire and Merseyside and specifically the Neuroscience Programme, we continue to build on the successes of the Neuro Network Vanguard and the ambition is to increase CPMP local provision to serve the population of Cheshire and Merseyside.

We also continued to provide our full range of specialist for PMPs for people experiencing chronic pain including:

- Intensive 16 day Pain Management Programme with 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

Referrals into these specialist PMP's, delivered at the Walton 'hub' site, have continued to see growth in the number of referrals. A 7% increase has been observed across the programmes, compared with 17/18. The number of medical conversion clinics has been increased to help assess patients as timely as possible but the year has been a very challenging one in terms of RTT achievement within the sub-speciality.

The Neuroscience Laboratories

Demand continued to grow in year with growth observed across all areas; Clinical Neuropathology / CSF Cytology, Clinical Neuroimmunology and Clinical Neurobiochemistry. To support the increasing demands on the Neuroimmunology and Neurobiochemistry laboratory we have replaced our Medical Laboratory Assistant positions with Associate Healthcare Practitioners, which has increased development of our staff and means they are able to assist laboratory staff with routine work and point of care responsibilities.

The department welcomed a new Consultant Neuropathologist to the team in July 2018. All clinical services were maintained during the recruitment process for both Consultant replacements with robust Service Level Agreements (SLA's) in place with other providers and the strong teamwork of all of the Neurosciences Laboratories staff.

Following United Kingdom Accreditation Service (UKAS) accreditation in 2015; the Neuroscience Laboratories had their third annual surveillance visit by UKAS in November 2018 and successfully maintained accreditation. During this process, further specialist neuro diagnostic work was added to the accreditation scope of the services provided, evidence submitted and assessed, which resulted in full accreditation across the new scope.

Sample collection and storage of cerebrospinal fluid (CSF) and blood continues in our BioBank repository, launched in 2017. Samples and relevant clinical information is collected and stored for use in current and future neurological research projects. It allows our clinicians active in research, and also other researchers nationally and internationally, increased access to samples when conducting important research into neurological diseases, including Dementia and Parkinson's, and the treatments of those diseases. Patients undergoing routine tests are asked to donate, with samples taken at the same time as their test, making the

donation quick and easy for consenting patients. The Walton Research Tissue Bank is currently supporting 20 research projects.
Following the retirement of Clinical Scientist, Dr Geoff Kier in Spring 2018, the department is now supported by Dr Huda and Dr Jacob, Consultant Neurologists, who attend departmental MDTs and work with the laboratory in the development of neuroimmunological assays; supporting translational medicine.

Over the past year, our Consultant Neuropathologists have been working with the Neuropathology laboratory to introduce new antibodies to aid with diagnosis. This has led to the laboratories being fully compliant with NICE guidelines.

The laboratories have also successfully recruited to a Biomedical scientist to lead on IT within the department. This is a new post which will be critical as we embark on our plans to introduce Order Comms, aswell as addressing pathology IT issues.

We have successfully replaced both the Trusts blood gas analysers based in critical care and the theatre department, with minimal clinical service disruption. The auto-immunostainer in Neuropathology, an important piece of equipment involved in the staining of tissue was also replaced and the gamma counter; required for radio immunoassay in Neuroimmunology.

Approval has been granted for the recruitment of a Professor of Pathology with clinical sessions in the Neuroscience Laboratories. This new joint position between the University of Liverpool and The Walton Centre, will also link with the newly created Liverpool Head and Neck Institute. The successful candidate will be expected to develop and expand the neuropathology research platform, linking in with clinical and academic colleagues to build a first class, world leading department. They will also be work alongside our two Consultant Neuropathologists to develop and expand the clinical work of the department.

The department implemented the National Pathology Exchange (NPEx) software in March 2019, which provides digital integration of UK laboratories enabling pathology test requests and results to be sent from any lab to any lab in a matter of seconds. Prior to this technology, our method of receiving referred work and outsourcing was dependent on a paper based system. This development will result in reduced turnaround times, reduced risk of transcription errors, income generation potential and added visibility of tests by Provider showing price and performance data enabling informed decision making in order to get the best quality and most efficient service for 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 was recently chosen as a preferred model by the Association of British Neurologists (ABN) following the work undertaken by the Trust as part of the NHS Acute Care Collaboration Vanguard.

The Neurology service provides a specialist service to patients across Cheshire, Merseyside, North Wales and the Isle of Man. Our network of satellite clinics operates from 15 acute hospitals, providing both outpatient services and support to inpatients. It is a large and busy neurology service which, in 2018/19, saw 29,426 new outpatients and treated 4,880 inpatients in either the Walton Centre's day case or ward facilities.

The Neurology Service is delivered by a multi-skilled professional team. There are 41 Consultants and 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 also provided in epilepsy, movement disorders, headache, neuromuscular, multiple sclerosis, motor neurone disease, vascular and neuromyelitis optica.

There continues to be an increase in demand for our service year on year. As such robust plans are required for both the Consultant and nursing workforce. Four further consultants have been appointed in 2018/19, working in the areas of movement disorders, multiple sclerosis and Neuromyelitis optica (NMO). There is also an intention to review the disease specific nurse specialist workforce for all neurology sub-specialties to ensure an appropriate workforce is in place to meet the needs of our patients.

The Service continues to support the neurology service at Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust since entering into a sub-contract with them in 2017/8. Work is also underway exploring how we can support the adult neurology service in Shrewsbury and Telford and thus enable the service to re-open to new referrals from mid-2019/20.

Following the NHS Acute Care Collaboration Vanguard programme, work is continuing on the development and implementation of the acute headache pathway, alongside the national development of best practice guidelines for headache. In the field of epilepsy, we are supporting the implementation of the NASH 3 (National Audit of Seizures in Hospitals) recommendations which link to the post seizure pathway. This work is also being supported locally by the Integrated Neurology Nurse Specialist team who visit local Accident and Emergency departments to ensure neurology patients are on the correct treatment plan. The development of a pathway excellence framework for Parkinson's disease has also commenced.

The Vanguard programme has enhanced the neurology work undertaken at the Walton Centre and has raised the profile of our services nationally. There are frequent requests to share our learning at national events and also requests to support the development of other neurology services across the country.

The Cochrane Epilepsy Group continues to be based in Liverpool which maintains a high national and international profile, with awards of NIHR grants and close collaboration with the European Brain Council. There also continues to be major interest in the service delivery of epilepsy, the genetics of epilepsy, MRI scanning and the drug treatment of epilepsy including issues associated with prescribing valproate in pregnancy.

The expansion of the mechanical thrombectomy service for stroke patients across Cheshire and Merseyside continues, with detailed plans for expansion in place. It remains an ambition of NHS England to see this treatment available 24/7 over the next five to ten years and work is underway at the Walton Centre to realise this for our population.

The Neurology Service is also seeking to further develop its contribution to the urgent care pathway by implementing an ambulatory care service across our larger acute sites. Ambulatory care provides a high-quality patient focussed care pathway that delivers rapid senior assessment whilst avoiding the need for an inpatient stay. In 2018/19 a successful pilot commenced at the Royal Liverpool Hospital and work is now underway to expand this service to other acute hospitals.

Therapy Services

The Speech and language therapy team took possession of a brand new Functional Endocscopic Evaluation (FEES) Kit in November 2018 following capital investment and patients are now benefiting from more accurate objective swallow assessment which reduces reliance upon tube feeds, supports earlier tracheostomy weening and reduces risk of silent aspiration.

The recently extended Therapy outpatient service has been busy embedding a number of new multidisciplinary clinics and patient pathways which focus on condition management and health and wellbeing and includes movement disorders such as Parkinson's Disease, Motor Neurone Disease and Dystonia with our first prescribing Injection Physiotherapist for Botulin Toxin. The team also works closely with the Rehab Network Vocational Rehab Officer (VRO) developing valuable links between Therapy employment clinic, VRO and patient employers. Collectively this supports the Trust position as a Centre of Excellence in improving access to multi-disciplinary teams and reflects the emerging national strategy to deliver a long term NHS Plan (2019).

Aligned to this and building on the Vanguard Programme, the Therapy service continues to work in partnership to develop a project to improve access to exercise and activity for people with neurological disorders. Following on from the groundwork of 2017/18, the service is actively involved in rolling out the project model and will support further engagement events during 2019 for service users and providers and health care professional in a quest to make health and leisure facilities inclusive and accessible for people living with a long term Neurological condition.

Research and Innovation is a clear priority within the Walton Centre strategy and the Therapy Service have matched this with objectives directed at raising the profile of R D & I by encouraging staff involvement and ensuring support is easily accessible. The service has its own R D & I committee and achievements to date include; three ideas Forums in 2018, research competencies, research surgeries, mentorship, electronic resources and a dynamic list of funding sources for each discipline.

A culture of enquiry and research activity is encouraged and celebrated. The monthly team brief /staff meeting now includes a 'Focus On' slot in which staff showcase audits, research, ideas and projects to share good work which also helps reduce research based fear.

Several members of the therapy team are currently undertaking post-graduate research degrees including Masters in Research and a Dietitian will complete her PhD in June 2019. Staff have presented their work at national and international level where they received outstanding recognition and others are involved in AHP research networks. Future aspirations for the service include developing a research fellowship post, Incorporating RD & I into all supervision and appraisal discussions, developing research and quality improvement projects arising from the Ideas forum, increasing AHP publications in recognised journals and seeking out opportunities for collaboration with the Clinical Trials Units nursing and medical teams to develop prospects for therapists to become more involved in clinical trials.

The Therapy service plans to deliver additional external training courses during 2019 to promote best practice in neuroscience which should attract income to support the cost of training and education invested in Therapy staff. Such courses increase the profile of the service, improve collaborative links with other professionals and organisations and allow wider dissemination of expert knowledge.

A range of Therapy staff were successfully nominated for employee awards during 2018 and an Occupational Therapist was awarded CEO Employee of the year.

Complex Rehabilitation

The Walton Centre is both the host and 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 Rehabilitation Network is a unique collaboration of six partner organisations;

- The Walton Centre
- The Royal Liverpool and Broadgreen Hospital
- St Helens and Knowsely Teaching Hospital
- Wirral University Teaching Hospital
- Oak Vale Gardens Priory Group
- Community Rehabilitation Team

The Walton Centre has two rehabilitation units, hyper acute (level 1a) and level 1b and there are four spoke units across the region who all provide inpatient beds for level 2 rehabilitation. There is one unit, Oak Vale Gardens, for level 3 rehabilitation with two locality teams providing specialist rehabilitation community services.

The aim of the Network is to work in partnership across six 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 neuropsychology, neuropsychiatry, 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.

The work on patient flow has continued throughout 2018/19 and whilst we continue to see some significant delays this is usually due to availability of external placements rather than processes or funding issues.

Peer reviews were undertaken from April to June 2018. The panel consisted of representatives from all partners, trauma and critical care networks. Overall there were no serious concerns and it was agreed that the general standard of rehabilitation delivered was excellent. The enthusiasm, motivation and engagement of all staff groups was also noted. Areas for development were identified and these have been worked on by the teams.

The Masters level Complex Rehabilitation Module has delivered two cohorts this year, the first in March 2018 to a group of staff from Betsi Cadwaladr University Health Board and the second in September 2018 to a mix of Network staff and external students. The three cohorts delivered have gained positive feedback from the students and already there are 11 places booked for the next cohort in September 2019.

Life Link Clinics were developed in the Rehab Network Phoenix Unit at Broadgreen and have been rolled out to the other units across the Network. It was recognised that valuable therapy time was being used to address concerns in relation to housing, benefits and other social issues. The Rehab Co-ordinator, Social Worker and a representative from the Brain Charity hold a monthly clinic where any of these issues can be discussed and so freeing the therapy time to concentrate on rehab.

The Network is working closely with NHS England and Wirral and West Cheshire Commissioners to review the services provided at Clatterbridge Rehabilitation Centre and to try and address the gaps and ensure equity of services for the patients living in Cheshire and Wirral.

In March 2019 the Network held a Showcase Event to celebrate the first 5 years of the Network. There was a full programme that included a number of talks, a “marketplace” to demonstrate the pathway from hyperacute to community and some of the unique points of the network, interactive sessions and patients who have been through the Network were there to share their stories.

Neuropsychology

During 2018/19 the Neuropsychology department has seen some changes and developments. One of the most exciting developments this year is the successful business case for an inpatient Neuropsychology service. We are recruiting to the posts and excited to make a start on this new development. We have a new psychological therapist for the assessment and treatment service for people diagnosed with a functional neurological disorder. A further exciting development for this patient group is the research trial we are part of which involves physiotherapy intervention for patients with functional limb weakness. If the trial outcomes are successful, this would provide a basis for a future development (requiring a business

case) within the service for treatment of these patients. In addition we are developing resources to trial a psychoeducation group that patients would attend (approximately 6-10 patients at a time for 2 to 3 sessions only) before they go into therapy. This would ensure that the therapy sessions are utilised fully for intervention as the group sessions would focus on clarifying any questions the patients may have about their diagnosis and what engaging in psychological therapy will involve amongst other things.

The Neuropsychology team continue to support other services and staff groups. Throughout the year we have been part of MDT clinics for patients with Neuromyelitis Optica, and the cognitive function clinic for patients with a suspected diagnosis of dementia. We also ran a trial of a joint neuropsychology and physiotherapy clinic for patients with Multiple Sclerosis. One of our staff provides 1:1 therapy for patients with Motor Neurone Disease. More recently, we've been asked to provide debriefing (and/or debriefing training) for staff who experience traumatic events at work. In addition, the department continues to support the "Road to Recovery" event for patients who have had a subarachnoid haemorrhage.

We have recently received funding to purchase iPads to start using a new cognitive testing system called Q-interactive (from the Pearson testing company). This is a development which will go live from the new financial year. A trial earlier in the year provided proof of concept and patients of all ages found the system easy to use and they even said they enjoyed it.

On the research front, the ROAM study continues to recruit and we are working on a Cochrane Review of the treatments for Functional Dissociative attacks (aka NEAD).

The Neuropsychology team are committed to supporting training for Psychology and Neuropsychology within the region and beyond. The team has strong links with Liverpool, Manchester, Lancashire and Bristol Universities and provides both placements for trainees and also specialist lectures on their courses.

Neuroradiology

2018/19 saw the procurement of a 1.5T wide bore MRI scanner, as a replacement for the 0.35T open MR scanner. This scanner can scan faster than the open MR and has increased capacity for MRI.

2018/19 also saw the procurement of a Digital Mobile x-ray machine for use in CRU.

The Department successfully recruited and welcomed a new Consultant Neuroradiologist into the workforce towards the end of year, as a replacement for a retiring Consultant.

Neuroradiology continues to be an active member of the Cheshire and Merseyside Radiology Five Year Forward View Programme, and has led as an Early Adopter site for the Stroke Pathway.

The development of the mechanical thrombectomy service for stroke patients across Cheshire and Merseyside continues, with detailed plans for expansion in place. Mechanical thrombectomy is a momentous development in the treatment of stroke, demonstrating significantly improved outcomes and reduced disability for many stroke survivors. It remains an ambition of NHS England to see this treatment

available 24/7 in the future, in collaboration with local partners, work is underway at the Walton Centre to realise this for our population.

Neurophysiology

Demand into the Neurophysiology department remains high. Due to Consultant Neurophysiologist vacancies the service has continued to consider different ways of working to meet EMG demand. As a result, two new advanced practitioner posts for Clinical Physiologists have been created, currently they are training with the Consultant Neurophysiologists to undertake and report their own nerve conduction studies for carpal tunnel syndrome. Quality assurance of this development will be monitored via supervision and audit. In addition, there are plans to build on this success and create further advanced Clinical Physiologist roles in 2019/20.

Following a national change to the undergraduate training programme for Clinical Physiologists, Neurophysiology welcomed its first-degree apprentice to the team in September 2018. Historically trainees were based full time at University, attending department on placement for work based training and assessment. This exciting opportunity enables the apprentice to be employed on a three year fixed term contract, attending university on a weekly basis whilst developing their clinical skills and contributing more consistently to the team and ultimately patient care.

One of the key applications of the robotic arm, in neuro-surgery, has been the introduction of stereo EEG telemetry monitoring, which supports the epilepsy surgery programme. The patients being considered for epilepsy surgery, whose epilepsy cannot be controlled by medication will benefit from stereo EEG monitoring. The technology uses specific trajectory planning, allowing accessibility to deeper structures. Patients have better clinical outcomes, less infection risk (in comparison to other techniques) and reduced post–operative stay. Patients whom previously may not have been selected for surgery may now be considered suitable.

Pharmacy

Pharmacy services are provided via a service level agreement with Aintree University Hospital NHS Foundation Trust, and the service continues to develop year on year. The pharmacist prescribing service is now well established, with pharmacists playing a key role in the same day admission process for elective surgical patients. Two pharmacists review all same day admission patients admitted Monday to Friday morning for surgery and prescribe their usual medicines, ensuring any necessary changes peri-operatively are actioned.

An audit of prescribing errors across the Trust demonstrated that pharmacist independent prescribers (PIP) write a significant number of prescriptions, both for inpatients and at discharge. Service evaluation after implementation of the pharmacist prescribing service highlighted that PIPs wrote 54.5% of discharge prescriptions, relieving workload from medical colleagues. Furthermore, an audit of prescribing practice across the Trust has demonstrated that PIPs made significantly fewer errors than junior medical staff (0.2%

versus 13.4% respectively), improving patient safety and accuracy of prescribing of medications on transfer between care settings.

The wider role of pharmacists within The Walton Centre has further expanded this year, with senior pharmacist representation newly requested at various Trust groups, committees and initiatives. Further expansion of the pharmacy team is planned for the coming year, with Trust Board approval for a new antimicrobial pharmacist post.

Estates and Facilities

The Trust has undertaken a replacement of heating pipework in Chavasse Ward, Theatre 6 and the surrounding corridors. We will shortly be implementing phase 2. In 2018, Facilities introduced an electronic portering system which now gives all wards and departments the ability to pre book portering tasks, general tasks and monitor progress of a specific task. The Porters now receive tasks directly to their radios in the form of a text style message.

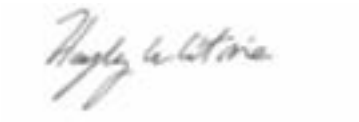
The Trust, again, rated highly in the annual Patient Led Assessments, across the six main domains of:

- privacy and dignity
- food
- cleanliness
- general building maintenance
- how well the needs of patients with dementia are met
- how well the needs of patients with a disability are met

The Trust had an average of 96.23% across all domains, which made it the third highest performing specialist Trust in the country and gave us a ranking of 15 out of 279 NHS Trusts across England. Our results were over 7% higher than the national average.

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.



Hayley Citrine, Chief Executive

24 May 2019

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 2019

The Trust delivered a £5,769k surplus for the financial year ending 31 March 2019. This position includes non-recurrent Provider Sustainability Funding (PSF) of £4,697k, which consists of £2,263k funding for meeting agreed financial targets during the year and £2,434k 'bonus and incentive' funding for achievement and over performance of the planned year-end position. The position also includes a charitable donation of £58k. The Trust has faced significant challenges with regard to patient acuity which has required one to one therapeutic specialing care (one nurse or one healthcare assistant to one patient and sometimes several to one in some instances).

The creation of an internal nurse bank system during 2018/19 led to a reduction in nurse agency and overtime expenditure during the year resulting in agency expenditure being below NHSI cap, although pressure on this area of spend continues. The identification and delivery of recurrent efficiency savings has also proved a challenge for the organisation during 2018/19.

Table 1 sets out the reconciliation of the annual accounts to the Trust's Normalised Trading Surplus for the year ended 31 March 2019.

Table 1

	£'000
Surplus for the year per statement of comprehensive income	**5,769**
Normalisation adjustment:	
Capital donation from the Charitable Fund	(58)
Normalised Trading Surplus (including STF)	**5,711**

Normalisation

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

Revaluation of Trust Property

During 2018/19 following a review of the Trust's assets, including a revaluation of land and buildings, by an independent valuer, a £1,177k total impairment was identified. The revaluation is a technical accounting

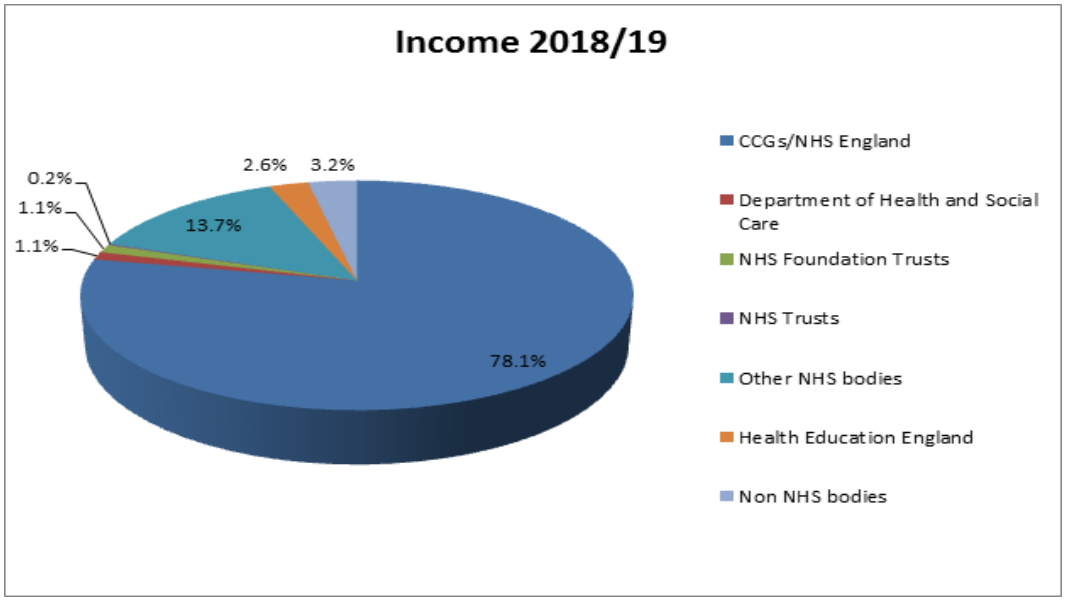
adjustment which has no impact on the Trust's cash position (as it is a non-cash item) or its overall reported performance to NHS Improvement (as the adjustment is normalised) in the financial statements.

Income

The Trust has seen income (turnover) increase of £1.9 million from the previous year (year ending 31 March 2019) which represents a 1.45% increase. The Trust receives the largest element of its income from NHS England for the provision of Specialised Prescribed Services. The Trust received £95.7 million from NHS England/ CCGs in the year ending 31 March 2019, an increase of £0.7 million (0.7%) on the previous financial year. This reflects a change to national specialised tariffs, increased acuity of patients treated by the organisation as well as additional agreed contract activity undertaken by the Trust on behalf of NHS England/ CCGs.

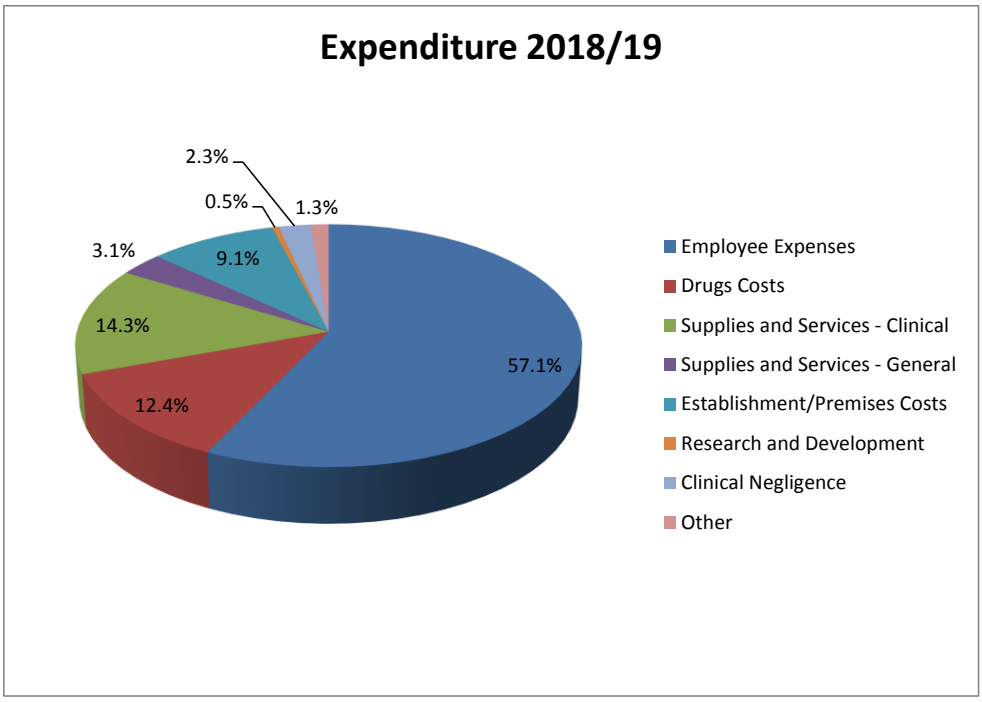
In addition, the Trust receives £17.4 million of income from Welsh Health Specialised Services Committee (WHSSC) for provision of services to the population of (mainly) North Wales, both through outreach clinics held within hospitals within Wales and for Welsh patients attending The Walton Centre, either as an out-patient or in-patient. This reflects a 2.3% increase from the previous year, which is in the main due to the new HRG4+ tariff as well as patient complexity and acuity.

The Trust also receives other amounts of income from different sources and these are set out in the following pie chart:



Expenditure

In line with the growth in income (turnover), the Trust has seen an increase in Operating Expenses of £2.3 million (1.91%) compared to the previous year. The following pie chart sets out the main components of expenditure incurred by the Trust in 2018/19.



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 £69.9 million on staffing during 2018/19 which was an increase of £3.5 million (5.3%) on the previous year. Much of this was due to the national Agenda for Change pay award that was paid to staff during 2018-19. Increased pay costs were also as a result of investments in medical staffing and increased waiting list initiative costs (incurred to ensure delivery of services). However, as noted above, some of the increased costs also related to patient acuity and the necessity of delivering more therapeutic specialing. The increase was partly offset by a reduction in non pay due to the move of excluded implants and devices to a national zero cost model. The average number of whole time equivalent (WTE) staff has increased by 40 from the previous year (of which 4 are permanent and 36 are temporary). The majority of the increase is due to the volume of temporary bank nursing staff used by the Trust.

Tables 2 and 3 show staff costs and average number of employees for 2017/18 and 2018/19.

Table 2 Subject to audit.

Staff costs

	Group			Foundation Trust Only		
	Total	Permanent	Other	Total	Permanent	Other
2018-19	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Salaries and wages	**55,314**	53,944	1,370	**55,314**	53,944	1,370
Social security costs	**5,089**	5,089	0	**5,089**	5,089	0
Apprenticeship levy	**257**	257	0	**257**	257	0
Pension cost - employer contributions to NHS pension scheme	**6,040**	6,040	0	**6,040**	6,040	0
Termination benefits	**307**	307	0	**307**	307	0
Temporary staff - external bank	**1,816**	0	1,816	**1,816**	0	1,816
Temporary staff - agency/contract staff	**1,706**	0	1,706	**1,706**	0	1,706
NHS charitable funds staff	**155**	155	0	**0**	0	0
Total gross staff costs	**70,684**	**65,792**	**4,892**	**70,529**	**65,637**	**3,902**
Costs capitalised as part of assets	**(628)**	(628)	0	**(628)**	(628)	0
Total staff costs	**70,056**	**65,164**	**4,892**	**69,901**	**65,009**	**3,902**
2017/18	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Salaries and wages	**54,547**	52,722	1,825	**54,547**	52,722	1,825
Social security costs	**4,889**	4,889	0	**4,889**	4,889	0
Apprenticeship levy	**244**	244	0	**244**	244	0
Pension cost - employer contributions to NHS pension scheme	**5,856**	5,856	0	**5,856**	5,856	0
Termination benefits	**54**	54	0	**54**	54	0
Temporary staff - external bank	**363**	0	363	**363**	0	363
Temporary staff - agency/contract staff	**1,714**	0	1,714	**1,714**	0	1,714
NHS charitable funds staff	**147**	147	0	**0**	0	0
Total gross staff costs	**67,814**	**63,912**	**3,902**	**67,667**	**63,765**	**3,902**
Recoveries in respect of seconded staff	**(711)**	**(711)**	0	**(711)**	**(711)**	0
Costs capitalised as part of assets	**(552)**	**(552)**	0	**(552)**	**(552)**	0
Total staff costs	**66,551**	**62,649**	**3,902**	**66,404**	**62,502**	**3,902**

Table 3 Subject to audit

Average number of employees (WTE basis)

	Group			Foundation Trust Only		
	Total	Permanent	Other	Total	Permanent	Other
2018-19	**Number**	**Number**	**Number**	**Number**	**Number**	**Number**
Medical and dental	**182**	177	5	**182**	177	5
Administration and estates	**334**	332	2	**334**	332	2
Healthcare assistants and other support staff	**256**	204	52	**256**	204	52
Nursing, midwifery and health visiting staff	**428**	414	14	**428**	414	14
Scientific, therapeutic and technical staff	**233**	232	1	**233**	232	1
Other (Charity)	**3**	3	0	**0**	0	0
Total average numbers	**1,436**	**1,362**	**74**	**1,433**	**1,359**	**74**
Of which:						
Number of employees (WTE) engaged on capital projects	**14**	14	0	**14**	14	0
	Total	Permanent	Other	Total	Permanent	Other
2017/18	**Number**	**Number**	**Number**	**Number**	**Number**	**Number**
Medical and dental	**168**	166	2	**168**	166	2
Administration and estates	**349**	344	5	**349**	344	5
Healthcare assistants and other support staff	**248**	225	23	**248**	225	23
Nursing, midwifery and health visiting staff	**411**	403	8	**411**	403	8
Nursing, midwifery and health visiting learners	**0**	0	0	**0**	0	0
Scientific, therapeutic and technical staff	**217**	217	0	**217**	217	0
Healthcare science staff	**0**	0	0	**0**	0	0
Social care staff	**0**	0	0	**0**	0	0
Other (Charity)	**3**	3	0	**0**	0	0
Total average numbers	**1,396**	**1,358**	**38**	**1,393**	**1,355**	**38**
Of which:						
Number of employees (WTE) engaged on capital projects	**14**	14	0	**14**	14	0

In order to respond to the well-publicised reductions in NHS allocations and at the same time maintain our ability to provide high quality, safe patient care and experience, the Trust has implemented service improvements and efficiencies across the organisation in 2018/19. The Trust delivered several departmental restructures in 2018/19 in order to facilitate efficiency and productivity improvements. These, in part, were facilitated by a time limited Mutually Agreed Resignation Scheme (MARS). The scheme was approved by NHS Improvement and adhered to national Agenda for Change terms and conditions of service. Tables 4, 5 and 6 show the number and value of exit packages for 2018/19 and 2017/18.

Table 4 Subject to audit

Reporting of compensation schemes - exit packages 2018/19

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
<£10,000	0	2	**2**
£10,001 - £25,000	0	0	**0**
£25,001 - £50,000	0	1	**1**
£50,001 - £100,000	0	4	**4**
£100,001 - £150,000	0	0	**0**
£150,001 - £200,000	0	0	**0**
>£200,000	0	0	**0**
Total number of exit packages by type	**0**	**7**	**7**
Total resource cost (£)	£0	£307,000	**£307,000**

Table 5

Reporting of compensation schemes - exit packages 2017/18

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
<£10,000	0	3	**3**
£10,001 - £25,000	0	0	**0**
£25,001 - £50,000	0	1	**1**
£50,001 - £100,000	0	0	**0**
£100,001 - £150,000	0	0	**0**
£150,001 - £200,000	0	0	**0**
>£200,000	0	0	**0**
Total number of exit packages by type	**0**	**4**	**4**
Total resource cost (£)	£0	£54,000	**£54,000**

Table 6

Exit packages: other (non-compulsory) departure payments

	2018/19		2017/18	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£'000	Number	£'000
Voluntary redundancies including early retirement contractual costs	1	8	-	-
Mutually agreed resignations (MARS) contractual costs	5	244	4	54
Contractual payments in lieu of notice	1	55	-	-
Total	**7**	**307**	**4**	**54**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	0	0	0	0

Delivery of Efficiency (Cost Improvement Programme)

The Trust, in line with all Trusts, is required to deliver recurrent 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 £3.2 million of efficiency savings to ensure the overall delivery of the control total (financial 'target' set by NHS Improvement, delivery of which secures access to Provider Sustainability Funding). As at 31 March 2019 the Trust had achieved £1.1m of recurrent savings, which represents 34% of the planned level. This represents 0.90% of the Trusts operating expenses. £2.2m of recurrent savings were not delivered during 2018/19 but additional savings were found through a number of non-recurrent measures. All identified savings schemes are subject to Quality Impact Assessments (QIA) and approved by the Medical Director and Director of Nursing to ensure that there is no adverse impact on patient safety, quality and patient experience. The Trust changed its approach to cost improvement during the year and transitioned to a quality improvement approach to savings. Looking forward to 2019/20, the trust is instigating 3 major Trust wide transformation programmes which it anticipates will deliver the required efficiency savings for the financial year.

Investments in Trust Infrastructure and Equipment

The Trust spent £5.0m of capital expenditure in 2018/19. Expenditure during the year included replacement of heating pipes across the Trust as well expenditure on an equipment replacement programme and the progression of the Trust's Digital Strategy. The capital programme is guided by principles of patient safety, business continuity/ service delivery and clinical developments in line with the Trust's strategy.

Table 7 sets out the major components of the Trust's capital investment expenditure programme for the year ended 31st March 2019.

Table 7

Capital - 2018/19	
Division	**£'000**
Estates	1,445
IM&T	863
Neurology	1,712
Neurosurgery	911
Corporate	42
Total Capital	**4,973**

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:

- As per national guidance, the Trust has submitted an annual plan for 2019/20 with a forecast surplus position and is working on a five-year plan for the Trust in conjunction with the Cheshire and Merseyside area;
- The Trust has a signed contract with CCG's for 2019/20 activity plan and an agreed 2019/20 contract value with NHS England;
- Projected cash balances are sufficient to sustain the capital investment programme and meet short term operating costs. The Trust has sufficient cash headroom to support its plans;
- The Trust has sufficient cash reserves to be able to operate for over 60 days if all income flows were to immediately cease
- There is no expectation for short term loans or overdraft facilities;
- If the Trusts efficiency target is delivered and there are no material changes to national tariff (which are currently not anticipated) then it is anticipated that the Trust will continue to deliver a surplus moving into 2020/21. This would be the case even if central Provider Sustainability Funding is not received in 2020/21;
- 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 2019/20 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 £4.8m

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 £2.9 million, with year-end cash balances projected to be c.£25 million.

Risks and Uncertainties

There continues to be a good deal of uncertainty within the NHS and the Trust is managing several risks and issues. These can be broadly categorised into the following 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 as well as the increasing complexity of patients.
- 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 was agreed with North Mersey CCG's as part of an 'Acting as One' arrangement across the North Merseyside region for a period of 2 years. This arrangement has been agreed to be continued into 2019/20 for a period of 1 year with 3 of the 4 CCG's. This means that non-specialist activity levels are fixed (with the block being based on 2018/19 actual outturn plus 3%). 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 were introduced in 2017/18 which recognised the increased cost of providing specialist services (HRG4+). Further tariff changes introduced for 2019/20 recognise this further. The increased tariffs to date have not been paid on a recurrent basis by Welsh Commissioners since 2017/18. This risk continues, however there is now national engagement between Department of Health and Social Care, NHS Improvement, NHS England, Welsh Commissioners and Welsh Government to come to a satisfactory conclusion with regard to funding this activity.

Principal Risks

The principal risks facing the Trust are:

- Failure to achieve the recurrent QIP financial plans in accordance with the Strategic Plan due to conflicting pressures/challenges without adequate mitigations
- Failure of Welsh Health Specialist Services Committee (WHSSC) to pay tariffs at HRG4+ levels.
- Failure to meet Neurosurgery and Pain RTT targets required by NHS Improvement and NHS England

- Compromising patient safety due to failure to prevent and breaching annual NHS Improvement threshold for C-Difficile
- Failure of Low Carbon Steel heating pipework due to premature corrosion
- Failure to deliver the Trust Digital Strategy and business / digital Intelligence given the level of work required within the current resources and loss of experienced members of staff
- Risk of breaching the NHSI Agency Cap because of increase in Medical Locum usage and HCA Agency usage for specialing which may contribute to worsening of Trusts overall financial risk rating.
- Risk of increased waiting times and operational performance including over performance in NHSE contract given the Trust has taken additional spinal activity from another local acute hospital.
- Lack of assurance on quality of data provided by the Informatics Department and, at times, difficulty in meeting deadlines.
- A risk of not having the required staffing resource to deliver the services the Trust is commissioned to provide
- Potential impact on business continuity due to an ageing estate
- Risk of physical harm to staff due to the complex clinical nature of the patient population

The above risks have been assessed and have been rated between 9 and 16. Risks rated below 16 are reported in the annual governance statement. All these risks are recorded on the Board Assurance Framework.

Following a reduction in 2017/18 the Trust has experienced a significant increase in violent and aggressive incidents from patients against staff in 2018/19. These incidents were dealt with on an individual basis with staff and patient safety being managed as a priority. Staff were supported throughout these events. In April 2018 the Trust invested in, and successfully appointed, an internal personal safety trainer. The trainer has developed a new training course which is nationally accredited. This now includes practical scenario based training which has been developed in conjunction with the Moving and Handling Advisor and ensures staff have all the relevant competencies in dealing with challenging patients in real-time. The trainer also attends wards and departments following incidents of aggression, to provide advice and assist in the development of strategies to best manage these patients, ensuring that all actions, including the use of sanctions, are used when required.

2018/19: Activity

During 2018/19, the Trust's activity has increased by 3.6% in comparison to 2017/18 (including diagnostic tests). There has been a marginal decrease in elective activity of 0.2% and a decrease of 13.3% in day cases, but an increase of 1.1% in non-elective activity when compared to 2017/18. Outpatient activity has increased by 5.0% compared to 2017/18.

Summary of Activity

Tables 8.1, 8.2, 8.3 and 8.4 show activity for 2018/19 compared to previous years.

Table 8.1 Summary

	2014/15	2015/16	2016/17	2017/18	2018/19
Day cases	11,405	12,893	12,964	12,547	12,102
Inpatients	5,719	5,479	5,491	5,408	5,436
Outpatients	103,891	108,518	116,701	125,012	131,285
Key diagnostic tests	25,336	25,442	28,229	26,143	26,325

Table 8.2 Annual Activity

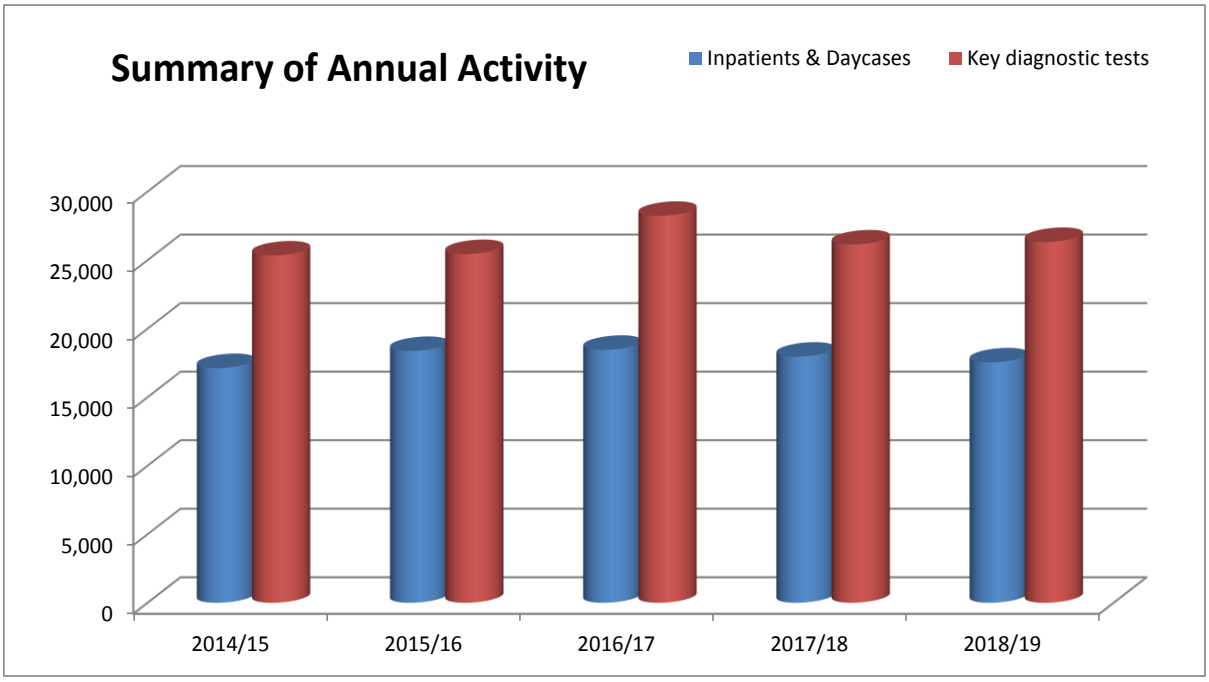


Table 8.3 Outpatients

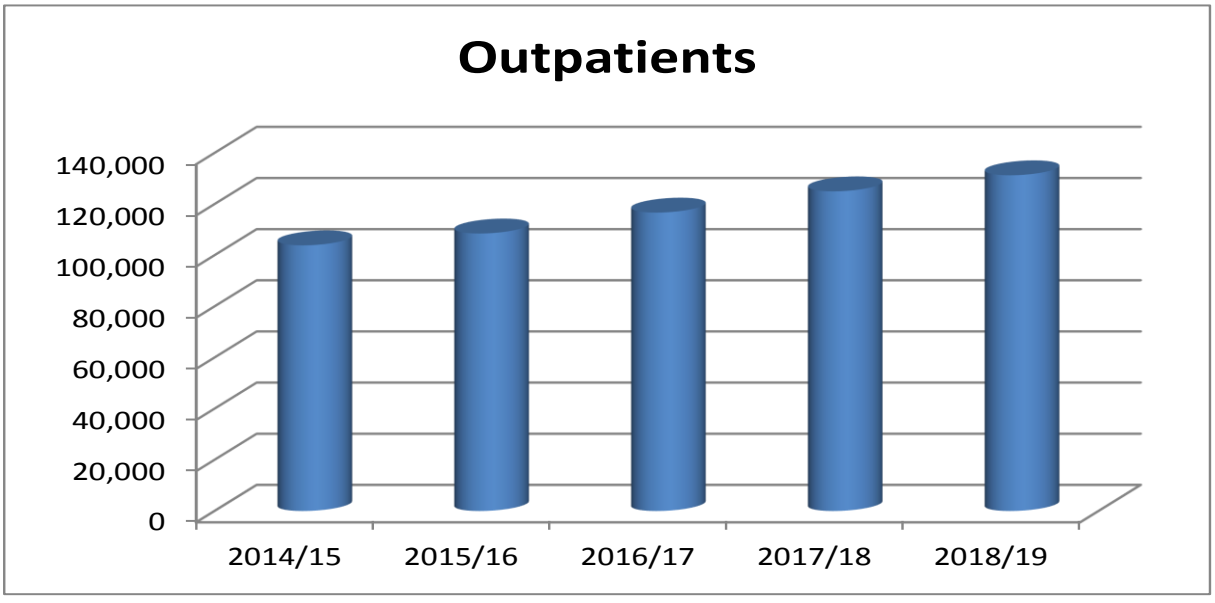
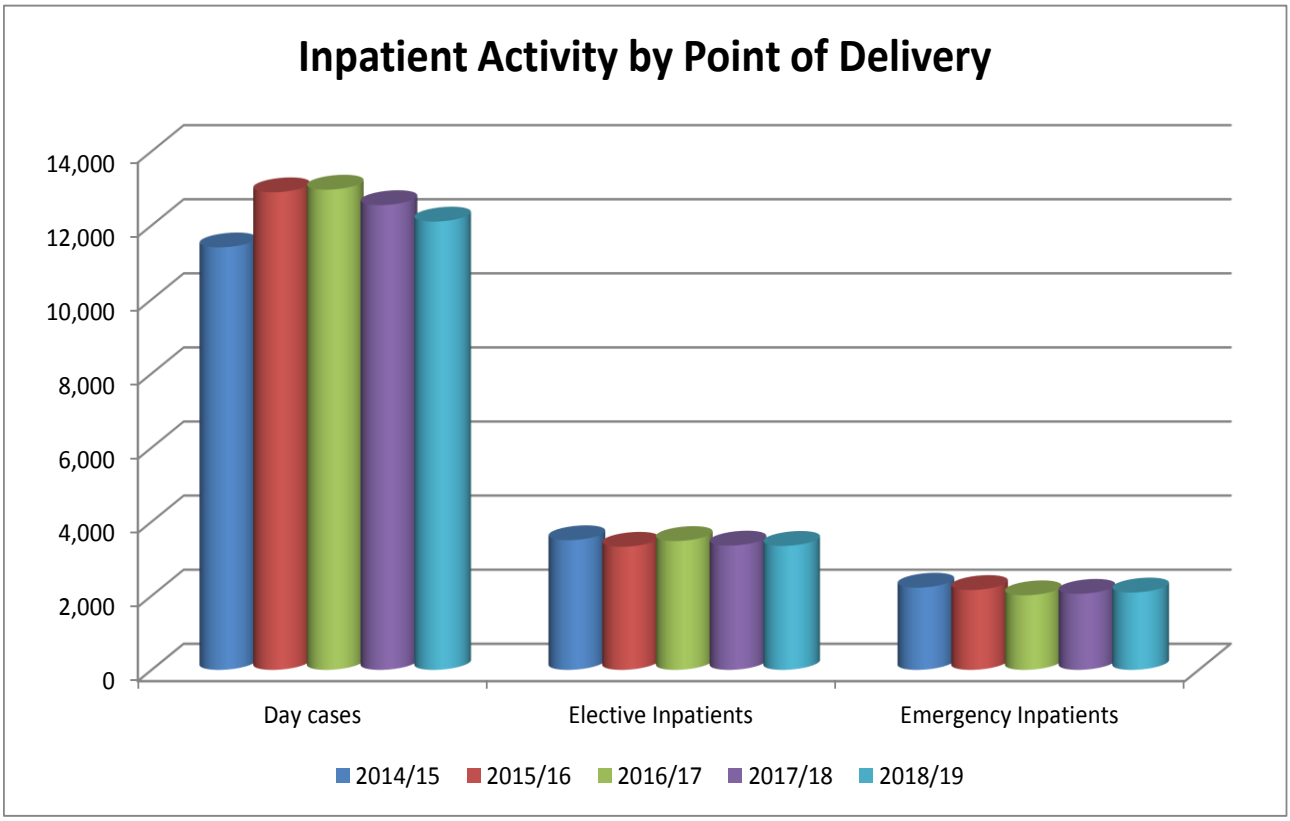


Table 8.4 Inpatients



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 2018/19 the average bed occupancy for the Trust's main wards (i.e. excluding Critical Care and the Complex Rehabilitation Unit (CRU)) was 84.2%, a decrease of 0.3% on 2017/18. Table 9 below gives the breakdown of occupancy rates for 2017/18 and 2018/19.

Table 9

Main Wards	Q1	Q2	Q3	Q4	Overall
2017/18	78.3%	84.4%	84.4%	89.0%	83.9%
2018/19	83.0%	80.5%	85.5%	87.7%	84.2%

Critical Care	Q1	Q2	Q3	Q4	Overall
2017/18	83.3%	85.9%	87.7%	83.5%	85.1%
2018/19	79.1%	82.3%	76.6%	78.6%	79.1%

CRU	Q1	Q2	Q3	Q4	Overall
2017/18	93.5%	81.8%	88.2%	86.2%	87.4%
2018/19	87.3%	93.4%	85.8%	87.7%	88.6%

2018/19: Referral to Treatment Target (RTT)

The Walton Centre has consistently achieved its access standards during 2018/19, with the most recent figures for Q4 showing a performance of 92.6% against the 92% open pathways target. Table 10 represents an overview of Trust performance against national priorities the single oversight framework published by NHS Improvement.

It was highlighted in November 2018 by NHSI that a number of providers including The Walton Centre were not including Appointment Slot Issues (ASI - this is where an appointment is not available to booked via choose and book at the time of the request) as part of their Referral to Treatment (RTT) Data. NHSI highlighted that patients were incorrectly being left on an ASI list until they had an appointment booked rather than being manually added to the Patient Tracking List (PTL) and included in the reported waiting list numbers each month. NHSI advised that each trust would have a chance to resubmit the national data for the period of September 2017 to August 2018 in the next resubmission window. The Walton Centre submitted the revised figures for this period in March 2019 and from January 2019 ASIs have been included in all submissions. Once the next resubmission window opens to include from September 2018 the Trust will update the September to December 2018 data to ensure National and internal RTT reporting data is accurate. It should be noted that due to this resubmission internal figures may not reflect the national reporting position until the figures have been refreshed. Table 10 reflects the performance against the indicator.

Table 10

Performance Indicator	**2017/18**	**2018/19**	**2018/19**
	Performance	**Target**	**Performance**
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	94%	92%	94.27%
All Cancers: 62 days wait for 1st treatment from urgent GP referral to treatment	100%	85%	100%
All Cancers: Maximum wait time of 31 days for second or subsequent treatment: surgery	100%	94%	100%
All Cancers: Maximum waiting time of 31 days from diagnosis to first treatment	100%	96%	99%
All Cancers: 2 week wait from referral date to date first seen	99.59%	93%	100%
Incidence of Clostridium difficile	7	9	7
Compliance with requirements regarding access to healthcare for people with a learning disability	Achieved	Achieved	Achieved
*Threshold set by Public Health England			

The Environment

Environmental and sustainable issues are important to the Trust. The Trust is currently working towards a sustainable development plan but the following options are considered for minimising negative environmental and social impacts and maximising positive impacts:

- Ensuring compliance with environmental legislation;
- Ensuring procurement supports the specific environmental and social objectives and targets of programmes and projects such as energy efficiency of new buildings and equipment;
- Choosing suppliers from our local community first, where possible;
- Ensuring that service providers have the capability to meet the technical environmental aspects of projects.

The Trust has continually undertaken and monitored a number of measures during the year to reduce its impact on the environment. The Trust continues to use a confidential waste disposal service, whereby 100% of the shredded items are reproduced into other paper products.

In addition to this we work closely with our partners to develop sustainable plans and are currently implementing a combined Heat and Power project in collaboration with several hospitals that will deliver energy, environmental and financial savings for the Trust. The Trust also provides regular updates to Board sub-committees on energy consumption, water usage and waste disposal and also utilises the services of a neighbouring trust e.g. linen and laundry services to maximise economies of scale with regards to utility usage. The Trust continues to review its approach to environment and sustainability and will be developing a strategy early in the new financial year.

Review of economy, efficiency and effectiveness of the use of resources.

The Trust ensures that resources are utilised economically, efficiently and effectively and this is reviewed through Business Performance Committee which NEDs attend at which finances and business cases are reviewed, Internal Audit reviews, which are independently carried out and reported by exception to Audit Committee and the Trust Board which reviews finances and key finance decisions including large business cases and the key risks that impact on economy, efficiency and effectiveness on the Board Assurance Framework

3i Accountability Report – Directors' report

Directors

The Board of Directors has collective responsibility for setting the strategic direction and organisational culture; and for the effective stewardship of the Trust's affairs, ensuring that the Trust complies with its licence, constitution, mandated guidance and contractual and statutory duties. The Board must also provide effective leadership of the Trust within a robust framework of internal controls and risk management processes. The Board approves the Trust's strategic and operational plans, taking into account the views of Governors; it sets the vision, values and standards of conduct and behaviour, ensuring that its obligations to stakeholders, including patients, members and the wider public are met. The Board is responsible for ensuring the safety and quality of services, research and education and application of clinical governance standards including those set by NHS Improvement, the Care Quality Commission, NHS Resolution and other relevant bodies. The Board has a formal Schedule of Matters Reserved for Board Decisions and a Scheme of Delegation. A copy of the Scheme of Reservation and Delegation is available from the Trust Secretary:

- By telephone: 0151 556 3423
- By post:

  Trust Secretary
  Executive Offices
  The Walton Centre NHS Foundation Trust
  Lower Lane
  Fazakerley, L9 7LJ

The unitary nature of the Board means that Non-Executive Directors and Executive Directors share the same liability and same responsibility for Board decisions and the development and delivery of the Trust's strategic and operational plans. The Board delegates operational management to its executive team and has established a Board Committee structure to provide assurances that it is discharging its responsibilities. The formal Schedule of Matters Reserved for the Board also includes decisions reserved for the Council of Governors as set out in statute and within the Trust's constitution.

During the period 1st April 2018 to 31st March 2019, the following were members of the Trust's Board of Directors:

Janet Rosser, Chair

Mrs Rosser was appointed as Chair of the Trust in April 2017. Prior to this, she was a Non-Executive Director and the Deputy Chair of the Trust.

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

Non-Executive Directors

Ann McCracken, Non-Executive Director

Mrs McCracken was appointed in 2012 and is Deputy Chair and Senior Independent Director of the Board. She chairs the Quality Committee and is the Health and Wellbeing lead. She has worked in communications throughout her career from early days as a newspaper journalist to more recent times as Head of Communications for the North of England. She is now a Communications Consultant and also works with Citizens Advice. Mrs McCracken has held Non-Executive Director positions at the Royal Liverpool University Hospital and Liverpool Women's NHS Foundation Trust. Mrs McCracken's final term of office was extended to the end of May 2019.

Alan Sharples, Non-Executive Director

Mr Sharples was appointed in 2011 and is a former Director of Finance, Information and Commissioning at Alder Hey Children's NHS Foundation Trust. He has 33 years' experience of financial management in the public sector, 17 of which was at Board level. Mr Sharples 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 extended to September 2019.

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. Mr Crofts is an experienced leader of health care education, has worked as a reviewer for the Quality Assurance Agency for Higher Education (QAA) since 2002 and been extensively involved in working to develop professional practice in higher education. He has made a major commitment to developing graduate employability and is currently involved in developing practice in health and social care organisations, with a specific interest in developing leadership skills in senior nurses. Mr Crofts was appointed as a Non-Executive Director at The Walton Centre in 2013, with his current term of office due to end in October 2019.

Sheila Samuels, Non-Executive Director

Mrs Samuels joined the Trust in September 2015 and has a wealth of experience in public sector management and leadership. She has previously held Executive Director Board level roles in local

government and the NHS. Since retiring in 2013 after 35 years public service, she has undertaken a number of consultancy assignments to support public sector and charitable organisations in addressing major organisational challenges. Mrs Samuels was appointed as Non-Executive Director in September 2015 and is currently in her second term of office.

Dr Peter Humphrey, Non-Executive Director (until 31st December 2018)

Dr Humphrey trained in Oxford, Southampton and London and qualified in medicine from Oxford University in 1972. He was appointed Consultant Neurologist at The Walton Centre in 1983 and went on to become Medical Director. Dr Humphrey had a major interest in cerebrovascular disease and set up the first one stop TIA clinic in the UK in 1983. 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. He is keen to ensure The Walton Centre retains an active research programme in order to continue as a leading research Neuroscience Centre.

Dr Humphrey was appointed as a Non-Executive Director in August 2015, completing his first term (with a short extension) and left his role in December 2018.

Professor Nalin Thakkar

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

Nalin was appointed Non-Executive Director in January 2019.

Executive Directors

Hayley Citrine, Chief Executive

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

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

Dr Andrew Nicolson, Medical Director

Dr Nicolson completed his medical training in Manchester and neurology training mainly in the North West, before he was appointed as a Consultant Neurologist at The Walton Centre in 2005. He has a specialist interest in epilepsy, and remains part of the multidisciplinary team providing epilepsy services at the Trust. He has previously provided an outreach neurology service to The Royal Liverpool Hospital and Arrowe Park Hospital, and currently runs a community general neurology clinic in Wirral. He was Director of Medical Education 2007-13 and then Assistant Medical Director 2013-16. He was appointed as Medical Director from September 2016.

Mike Burns, Director of Finance and Information Technology

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

Stuart Moore, Director of Strategy and Planning (until October 2018)

Mr Moore joined The Walton Centre in 2012. He began his career on the civil service training scheme at the Department of Health (DH) where he held a number of policy posts and was seconded to Sheffield Health Authority. He has worked in the NHS in Liverpool since 1996, having previously held a range of posts at the Royal Liverpool and Broadgreen University Hospitals NHS Trust, including Directorate Manager, Head of Planning & Performance and Acting Project Director. His responsibilities include estates and facilities management, governance, service improvement and the Neuro Network Vanguard. Mr Moore left the Trust in October 2018.

Lisa Salter, Director of Nursing and Governance

Mrs Salter completed her nurse training at the Royal Liverpool and Broadgreen Hospital and worked within the Nephrology Directorate. She progressed through different roles including, Lead for Nurse Recruitment and Head of Professional Nursing. In 2009, Mrs Salter moved to Liverpool Heart and Chest Hospital as Matron where she later became Assistant Director of Nursing for Patient Experience making changes for the benefit of both patients and staff.

Her final role at the Trust was Divisional Head of Nursing for Surgery and Quality before commencing her role at The Walton Centre Foundation Trust in June 2017 as Deputy Director of Nursing and Lead Nurse for Neurosurgery.

Mrs Salter qualified in 1994, holding a diploma in renal medicine, BSc Hons in Clinical Management and an MSc in Healthcare Leadership, the latter being as part of the NHS Leadership Academy. She has also

completed several leadership and coaching programmes throughout her career to date. Mrs Salter joined the Trust in June 2017 as Deputy Director of Nursing and was appointed Director of Nursing and Governance in May 2018.

Jan Ross, Director of Operations and Strategy

Jan Ross was appointed to the Executive Team in January 2019 following an interim appointment period from November 2018.

Jan has over 20 years' experience working in the NHS after qualifying as a nurse in 1995. She joins The Walton Centre after being in similar roles at Southport and Ormskirk Hospital NHS Trust, Warrington and Halton Hospitals NHS Foundation Trust, and the Royal Liverpool and Broadgreen University Hospitals NHS Trust.

Jan is the executive lead for the annual operational plan, operations and performance and the capital programme. Her responsibilities also include estates and facilities management, service improvement and is the executive lead for emergency resilience and planning.

Corporate Director

Mike Gibney, Director of Workforce and Innovation

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

Mr Gibney joined the NHS in August 2009 through the Gateway to Leadership Scheme. His role at The Walton Centre includes responsibility for HR, Training and Development, Communications, Fundraising and Innovation.

Mr Gibney's role changed in 2018 from Director of Human Resources to Director of Workforce and Innovation.

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 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 2018/19, the Trust's Chair undertook a performance evaluation of the Non-Executive Directors and the Chief Executive Officer evaluated the performance of all Executive Directors. The performance evaluation of the Trust's Chair was undertaken by the Lead Governor and the Senior Independent Non-Executive Director and was reported at the Annual Members' Meeting in September 2018.

All directors have undertaken an annual self-certification in 2018/19 to confirm compliance with the requirements of the Fit and Proper Persons Regulations (FPPR).

Table 11 represents the attendance at meetings of the Board of Directors 01 April 2018 - 31 March 2019. There were no scheduled meetings for the months of August, October, December and February.

Table 11

	April 2018	May 2018	May 2018 Extra-ordinary Board	June 2018	July 2018	Sept 2018	Nov 2018	Jan 2019	Mar 2019
J Rosser	✓	✓	✓	✓	A	✓	✓	✓	✓
M Burns	✓	✓	✓	✓	✓	✓	✓	✓	✓
H Citrine	✓	✓	✓	✓	✓	✓	✓	✓	✓
S Crofts	✓	✓	✓	✓	✓	✓	✓	✓	✓
M Gibney	✓	✓	✓	✓	✓	✓	✓	✓	✓
P Humphrey	✓	✓	✓	A	✓	A	A	A	
A McCracken	✓	✓	✓	✓	✓*	✓	✓	✓	✓
S Moore	✓	✓	✓	✓	✓	A			
A Nicolson	✓	✓	✓	✓	✓	✓	✓	✓	✓
J Ross							✓	✓	✓
L Salter	✓	✓	A	✓	✓	✓	✓	✓	✓
A Sharples	✓	✓	✓	✓	✓	A	✓	✓	✓
S Samuels	✓	A	✓	✓	✓	A	✓	✓	✓

KEY: ✓ = Present A = Apologies *Chaired

Register of Interests

The foundation trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS'22 guidance.

The register is kept to allow members of the public to view staff declarations providing transparency and accountability.

Access to the 2018 register is available online at https://wcft.mydeclarations.co.uk/home

Register of Interests pre 2016 - 17 can be obtained by contacting the Trust:

By telephone : 0151 556 3423 or by post:

Executive Offices

The Walton Centre NHS Foundation Trust

Lower Lane

Fazakerley

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 12 below to the nearest £100.

Table 12

Name	2018/19 (Nearest £100)	2017/18 (Nearest £100)
M Burns	1	1
H Citrine	0	0
M Gibney	13	12
C Harrop (to 31/01/18)	N/A	3
S Moore (to 05/10/18)	3	6
A Nicolson	8	0
L Salter (from 01/02/18)	3	0
S Crofts	0	0
P Humphrey (to 31/12/18)	0	0
A McCracken	1	2
J Ross (from 26/11/18)	0	N/A
J Rosser	3	1
S Samuels	0	0
A Sharples	1	0
N Thakkar (from 07/01/19)	0	N/A

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 (0.13% of total income) and research and medical development income which are utilised to enhance the provision of the Trust's clinical services and the patient experience.

Better Payment Practice Code

The Better 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 13 below summarises the Trust's performance in 2018/19:

Table 13

Better Payment Practice Code - Measure of Compliance	2018/19	
	Number	£'000
Non-NHS Creditors		
Total Non-NHS trade invoices paid in the year	24,377	50,253
Total Non-NHS trade invoices paid within target	22,478	47,429
Percentage of Non-NHS invoices paid within target	92.2%	94.4%
NHS Creditors		
Total NHS invoices paid in the year	1,677	24,192
Total NHS invoices paid within target	1,139	20,671
Percentage of NHS invoices paid within target	67.9%	85.4%

In 2018/19 no interest has been paid by virtue of failing to pay within the 30 day period and no liability to pay interest has been accrued.

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 2018/19.

Enhanced Quality Governance Reporting

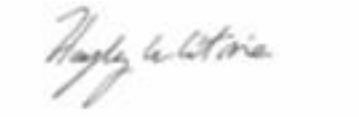
Quality governance and quality are discussed in more detail in sections 3vii and 4 of this document.
There are no material inconsistencies between the Annual Governance Statement, the board statements required by the Risk Assessment Framework and any Care Quality Commission reviews.

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.
- 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.



Hayley Citrine, Chief Executive

24 May 2019

3ii Accountability Report – remuneration report

Annual Statement on Remuneration

There was an independent pay review of directors salaries in June 2018 for the financial year 1 April 2018 to 31 March 2019.

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.
Table 14 represents the Senior Manager * breakdown by male and female as at 31 March 2019:

Table 14

MALE	13
FEMALE	33
TOTAL	46

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

Annual Report on Remuneration
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 set pay in comparison to 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 all staff with the exception of very senior managers 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. An independent external review of Executive Director salaries/roles was undertaken in 2018.

Where senior managers were paid in excess of £150,000[1] 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. Subject to audit

The Trust is required to disclose the relationship between the remuneration of the highest paid director and the median remuneration of the Trust's workforce.

The median remuneration of the employees paid by The Walton Centre is £29,608 (2017/18: £30,135). The highest paid director is the Medical Director who received £176,498 remuneration (2017/18: £173,868). This is 6.0 times the median remuneration (2016/17: 5.7 times).

In 2018/19, 6 employees, all doctors, received remuneration in excess of the highest paid director (2017/18: 5 employees, all doctors). Remuneration ranged from £17,460 (2017/18: £13,792) to £190,969 (2017/18: £194,529). The lowest paid employee in 2018/19 was an apprentice.

Total remuneration (found in tables 15 and 16 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.

[1] £150,000 is the threshold used in the Civil Service for approval by the Chief Secretary to the Treasury, as set out in guidance issued by the Cabinet Office. The Cabinet Office approvals process does not apply to NHS foundation trusts but is considered a suitable benchmark above which NHS foundation trusts should make this disclosure.

Table 15

Remuneration and Pension Entitlements of Senior Managers (subject to audit)

		1 April 2018 - 31 March 2019									1 April 2017 - 31 March 2018								
Name	**Position**	**Salary** **£000** **(Bands of £5,000)**			**Expense Payments (taxable)** **£** **(Nearest £100)**	**All Pension Related Benefits** **£000** **(Bands of £2,500)**			**Total** **£000** **(Bands of £5,000)**			**Salary** **£000** **(Bands of £5,000)**			**Expense Payments (taxable)** **£** **(Nearest £100)**	**All Pension Related Benefits** **£000** **(Bands of £2,500)**			**Total** **£000** **(Bands of £5,000)**		
Burns M	Director of Finance	115	-	120	0	40	-	42.5	160	-	165	110	-	115	0	35.0	-	37.5	145	-	150
Citrine H	Director of Nursing, Operations and Quality (from 01/09/16); Chief Executive (from 01/02/18)	145	-	150	0	N/A	-	N/A	145	-	150	120	-	125	0	62.5	-	65.0	185	-	190
Crofts S	Non-Executive Director	10	-	15	0	N/A	-	N/A	10	-	15	10	-	15	0	N/A	-	N/A	10	-	15
Gibney M	Director of Workforce	95	-	100	0	N/A	-	N/A	95	-	100	90	-	95	0	15.0	-	17.5	105	-	110
Harrop C	Chief Executive (to 31/01/18)	N/A	-	N/A	N/A	N/A	-	N/A	N/A	-	N/A	130	-	135	0	32.5	-	35.0	165	-	170
Humphrey P	Non-Executive Director (to 31/12/18)	5	-	10	0	N/A	-	N/A	5	-	10	10	-	15	0	N/A	-	N/A	10	-	15
McCracken A	Non-Executive Director	15	-	20	500	N/A	-	N/A	15	-	20	15	-	20	400	N/A	-	N/A	15	-	20
Moore S	Director of Strategy and Planning; Director of Strategy and Planning/Deputy Chief Executive and Director reponsible for Operations and Performance (from 01/02/18; to 05/10/18)	55	-	60	0	15	-	17.5	70	-	75	105	-	110	0	25.0	-	27.5	130	-	135
Nicolson A	Medical Director	175	-	180	0	0	-	2.5	175	-	180	170	-	175	0	325.0	-	327.5	495		500
Ross J	Acting Director of Operations and Strategy (from 26/11/18); Director of Operations and Strategy (from 01/01/19)	35	-	40	0	17.50	-	20	50	-	55	N/A	-	N/A	N/A	N/A	-	N/A	N/A	-	N/A
Rosser J	Chair	40	-	45	3,000	N/A	-	N/A	45	-	50	40	-	45	2,600	N/A	-	N/A	45	-	50
Salter L	Acting Director of Nursing (from 01/02/18); Director of Nursing and Governance (from 24/05/18)	95	-	100	0	30.0	-	32.5	130	-	135	15	-	20	0	12.5	-	15.0	25	-	30
Samuels S	Non-Executive Director	10	-	15	400	N/A	-	N/A	10	-	15	10	-	15	500	N/A	-	N/A	10	-	15
Sharples A	Non-Executive Director	15	-	20	1,200	N/A	-	N/A	15	-	20	15	-	20	700	N/A	-	N/A	15	-	20
Thakkar N	Non-Executive Director (from 07/01/19)	0	-	5	0	N/A	-	N/A	0	-	5	N/A	-	N/A	N/A	N/A	-	N/A	N/A	-	N/A

The salaries and fees for A Nicolson include remuneration for his clinical responsibilities:
A Nicolson £148,698 (2017/18: £147,255).

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

A contractual payment for payment in lieu of notice in 2018/19 was made for one Director:
S Moore (£55,000), who left the Trust on 5 October 2018.

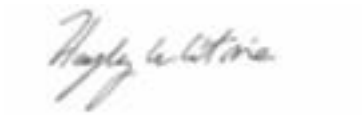
A further £6k paid to a former Director in 2018/19 due to a calculation error in relation to the original payment for loss of office made in 2016/17.
Both amounts have been included in the Exit Packages Information.
No payments have been made to people who have previously been Directors in the Trust in either period.

Table 16

Pension Benefits (subject to audit)

Name	Position	Real Increase in Pension at Pension Age (Bands of £2,500)			Real Increase in Pension Lump Sum at Pension Age (Bands of £2,500)			Total Accrued Pension at Pension Age at 31 March 2019 (Bands of £5,000)			Lump Sum at Pension Age Related to Accrued Pension at 31 March 2019 (Bands of £5,000)			Cash Equivalent Transfer Value at 31 March 2019 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2018 £'000	Employer's Contribution to Stakeholder Pension £'000
Burns M	Director of Finance	2.5	-	5.0	0.0	-	2.5	20.0	-	25.0	0.0	-	5.0	261	65	190	0
Citrine H	Director of Nursing and Modernisation (to 31/08/16); Director of Nursing, Operations and Quality (from 01/09/16); Chief Executive (from 01/02/18)	0.0	-	2.5	0.0	-	2.5	45.0	-	50.0	140.0	-	145.0	854	0	854	0
Gibney M	Director of Workforce	0.0	-	2.5	0.0	-	2.5	45.0	-	50.0	0.0	-	5.0	612	0	612	0
Moore S*	Director of Strategy and Planning; Director of Strategy and Planning/Deputy Chief Executive and Director reponsible for Operations and Performance (from 01/02/18; to 05/10/18)	0.0	-	2.5	0.0	-	2.5	45.0	-	50.0	110.0	-	115.0	921	60	778	0
Nicolson A	Medical Director	0.0	-	2.5	0.0	-	2.5	35.0	-	40.0	85.0	-	90.0	640	67	556	0
Ross J*	Acting Director of Operations and Strategy (from 26/11/18); Director of Operations and Strategy (from 01/01/19)	0.0	-	2.5	0.0	-	2.5	30.0	-	35.0	70.0	-	75.0	508	33	397	0
Salter L*	Acting Director of Nursing (from 01/02/18); Director of Nursing and Governance (from	0.0	-	2.5	2.5	-	5	35.0	-	40.0	85.0	-	90.0	606	36	381	0

H Citrine and M Gibney opted out of the NHS Pension Scheme on the 31 January 2018.
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*).



Hayley Citrine, Chief Executive
Date: 24 May 2019

3iii Accountability Report – staff report

Our People Matter – Walton Centre Staff

The Trust is developing a People strategy that will encompass its current key workforce strategies that set out the Trust's 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. The Trust was reaccredited with IIP Gold status in 2017 and the standard was maintained during an interim review in 2018 where the Trust's commitment to developing its staff continued to be recognised. Education and organisational development initiatives from the last 12 months include:

- Cohorts 13 & 14 completed the PRIDE leadership programme, which forms part of the Trust collective leadership portfolio. The programme, which has been revised based on user feedback and organisational requirements, includes resilience, mindfulness, handling conflict, developing effective relationships, coaching skills and performance & motivation. Feedback for the programme remains excellent and Cohorts 15 & 16 commenced the programme in January 2019.
- An internal group of coach practitioners from a range of disciplines across the Trust gained accreditation in 2017 and the coaching provision was officially launched to the organisation in March 2018. The group maintain their accreditation via regular CPD and external supervision sessions and continue to support staff across the organisation. To further support the Trust's coaching strategy and as part of the journey to embed a coaching culture within the organisation, a two-day "Coaching Conversations" is included in the PRIDE collective leadership programme. Staff have also been able to access external coaching when appropriate to support them with specific development. As detailed in the coaching action plan presented to Business Performance Committee in February 2018, the coaching group are making connections with neighbouring Trusts within the region to explore the possibility of a reciprocal coaching arrangement to reduce reliance on external coaching.
- Access to leadership development programmes and various other opportunities provided by the North West Leadership Academy continue to be available to all staff. Leadership development programmes accessed by staff include Elizabeth Garrett Anderson and Nye Bevan.

- The Rehabilitation Network, supported by education leads within The Walton Centre, designed a standalone 30 credits masters module in conjunction with Liverpool John Moores University. Complex Rehab in a Multidisciplinary Context accepted its first cohort in September 2017, with the 3 cohorts now completed. Attendees on the module come from across and also outside of the region, with attendees on the 2nd cohort travelling from Wales. Attendees who have completed the module come from a range of professions, including medical staff, psychiatry, AHP's and psychology. The module is designed by clinicians and delivered by clinicians who work for the Rehab Network and is generating interest nationally, with enquires from the London Rehab Network regarding how their members could access the course.
- Organisational development support continues to be available to the Trust, including team away days, team development and objective and priority setting.
- The Walton Centre continues to provide quality undergraduate medical student placements for 3rd and 5th year students, in partnership with Liverpool School of Medicine. Every 3rd year student attends the highly evaluated Neurology placement at the Trust and the innovative implementation of the formative assessment at the end of each student's placement has been acknowledged as good practice by Liverpool University and adopted by other Trusts within the region.
- The recommendations provided by Health Education North West following the Quality Monitoring visit in January 2017 continue to be embedded and anecdotal feedback from trainees supports the general positive theme of the report regarding the experience of the junior doctors' whilst training at The Walton Centre. A formal update of progress was submitted to HEE in May 2018.
- The revised appraisal paperwork, process, policy and training was launched in January 2019, following an extensive consultation with staff. The main focus of the revised paperwork is "Having a Conversation" and the training and support guidance has been completely refreshed to encourage this approach. Initial feedback on the new appraisal process is positive and a more in-depth review will be conducted 6 months following rollout.
- Following the deep dive review of mandatory training, all changes have been implemented to ensure statutory/mandatory training requirements are supported and the Trust continues to deliver safe and effective care to its patients. The Trusts has engaged with regional streamlining recommendations and additional topics have been made available via e-learning to further improve compliance and reduce repetition of learning when joining from another Trust. The Trust has maintained good attendance for statutory and mandatory training with a revised 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.

- Following the introduction of the apprenticeship levy in 2017, the Trust has incorporated apprenticeship requirements into the annual training needs analysis collection to understand organisational demand. In 2018/19 the Trust had 9 apprenticeship starts:
    - 4 x Trainee Nurse Associates
    - 1 Neurophysiology apprenticeship
    - 1 Finance apprenticeship
    - 3 x Service Improvement apprenticeships
- 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 58 placements in 2018/19. The Trust is working in partnership with 2 other specialist Trusts in the region and in conjunction with Merseyside Youth Association in the employment of NHS Employment Mentors, who are supporting organisations specifically in developing Entry Level Vocational Learning Developments for young people as well as the following groups: people with disabilities; young carers; looked after children; assessed as not being in education, employment or training (NEETS); veterans and their families. In the 2018/19 financial year, 20 participants from the aforementioned groups have successfully completed placements at The Walton Centre. Following completion of the placements, 12 of the 20 have successfully found employment.

Staff Survey

The 2018 survey was distributed to all Trust staff between September and November 2018.

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

- Established staff communications and engagement methods including a daily safety huddle, 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.
- Quarterly staff listening weeks/ health and wellbeing days.
- Participation in Staff Friends and Family Test
- Regular staff engagement events i.e. Berwick sessions and Schwartz rounds

The Walton Centre NHS Foundation Trust had 758 staff take part in this survey with a response rate of 53% of all staff against a national average of 53% for specialist trusts in England. This was an 11% increase on last year's response rate of 42%

A comparison of results year on year can be seen in the following table:

	2018/19		2017/18		2016/17	
	Trust	**Benchmark Group**	**Trust**	**Benchmark Group**	**Trust**	**Benchmark Group**
Equality, diversity and inclusion	9.4%	9.3%	9.3%	9.3%	9.4%	9.3%
Health and Wellbeing	6.5%	6.3%	6.6%	6.3%	6.5%	6.3%
Immediate managers	7.0%	7.0%	7.0%	6.9%	7.0%	6.9%
Morale	6.4%	6.3%	-	-	-	-
Quality of appraisals	5.4%	5.7%	5.5%	5.5%	5.4%	5.5%
Quality of Care	7.8%	7.8%	7.8%	7.7%	8.0%	7.8%
Safe environment – bullying and harassment	8.3%	8.2%	8.4%	8.4%	8.3%	8.3%
Safe environment – violence	9.2%	9.7%	9.3%	9.7%	9.2%	9.7%
Safety Culture	6.8%	6.9%	6.9%	6.9%	6.9%	6.9%
Staff Engagement	7.4%	7.4%	7.5%	7.4%	7.5%	7.5%

The findings for the 2018 survey are arranged under ten themes:

- Equality, diversity and inclusion
- Health & wellbeing
- Immediate managers
- Morale
- Quality of appraisals
- Quality of care
- Safe environment- Bullying and harassment
- Safe environment- violence
- Safety culture
- Staff engagement

There has been no statistically significant change in any of the ten themes for the Trust this year.

Out of the 10 themes:

In the following 7 themes the Trust were either better or the same as the national average:

- Equality, diversity and inclusion- better than national average
- Health & wellbeing- better than national average
- Immediate managers- same as the national average

- Morale- better than national average
- Quality of care- same as national average
- Safe environment- Bullying and harassment- better than national average
- Staff engagement- same as the national average

In the following 3 themes the Trust's score was worse than the national average.

- Quality of appraisals
- Safe environment- violence
- Safety culture

Areas of improvement from the previous year are as follows:

- Staff recommending the organisation as a place to work
- Organisations actions on errors, near misses or incidents
- Staff said they are satisfied with the quality of care they give to patients
- Percentage of staff unwell as a result of work related stress
- Organisation acting fairly with regards to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation disability or age

An action plan has been developed to address issues relating to the following areas;

- Appraisals and support for development
- Violence, harassment and bullying
- Support/Development for Immediate Managers

Whilst the results of the staff survey are variable it is important to recognise that they are mainly positive in nature.

Future Priorities and Actions

The key priority areas to address inevitably need to be those identified in the areas where the Trust has scored below the national average scores. These can be explicitly profiled in existing staff engagement techniques and this will allow more prescriptive engagement exercises. 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.

Staff Profile

On 31st March 2019 the Trust employed 1290.8 whole time equivalents made up of the following groups in table 18 below:

Table 18

Staff Group	Headcount	FTE
Add Prof Scientific and Technic	55	49.4
Additional Clinical Services	233	206.5
Administrative and Clerical	360	327.9
Allied Health Professionals	167	149.5
Estates and Ancillary	10	5.8
Healthcare Scientists	30	27.0
Medical and Dental	132	126.7
Nursing and Midwifery Registered	429	398.0
Grand Total	**1,416**	**1,290.8**

- Female staff = 1100
- Male staff = 316

Trade Union Facility Time

Relevant union officials

The total number of Trust employees who were relevant union officials during the relevant period are noted in table 19

Table 19

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
9.00	**9.00**

Percentage of time spent on facility time

The number of employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time is noted in table 20.

Table 20

Percentage of time	*Number of employees*
0%	
1-50%	**9.00**
51%-99%	
100%	

Percentage of pay bill spent on facility time

The percentage of the Trust's total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period is noted in table 21.

Table 21

Total cost of facility time	**£27,092**
Total pay bill	**£69.9 million**
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	**0.039%**

Paid trade union activities

The number of hours spent by employees who were relevant union officials during the relevant period on paid trade union activities are noted in table 22.

Table 22

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	19.7**%**

Staff Engagement

Regular staff listening weeks have continued across the Trust on a quarterly basis throughout the year, with themed events including, digital systems, datix reporting, tackling bullying and harassment and speaking up in confidence. Surveys and discussions are held with individuals and teams throughout the Trust to help strengthen existing surveys and feedback methods. In 2018/19, 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.

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 participation in a research project around resilience, this has seen over 10% of the workforce trained in resilience techniques. A resilience app has been co-produced with staff as part of this project and will be available for all staff to use at no charge as there is a strong focus on ensuring activities are available for difficult to reach groups including front line ward based staff.

There has been a focus during 2018 on financial wellbeing and the Trust will be launching a programme of support via Neyber in March 2019

The Trust's Health and Well Being programme is supported by a core group of staff 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 and yoga, Health and wellbeing days were held during 2018 and staff were able to take advantage of general health checks and flu vaccinations.

Human Rights, Equality Diversity and Inclusion (ED&I)

The Walton Centre has always recognised and valued the fact that its workforce is made up of individuals with a large diversity of backgrounds, perspectives and characteristics. During 2018/19 the Trust has maintained its focus on fostering an inclusive culture, where staff and patients have a good experience and feel comfortable "bringing their whole self" to The Walton Centre. During 2018/19, there have been a number of improvements, changes and initiatives that demonstrate the high energy levels at the Trust regarding ED&I.

Equality and Diversity Objectives

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

The Trust has also worked with local Clinical Commissioning Groups (CCGs) and NHS Trusts from across Merseyside to gather evidence on health inequalities relating to Protected Characteristics under the Equality Act 2010. This work will inform the refresh of the Trusts ED&I Objectives in 2019.

ED&I 5 Year Vision.

This vision sets out the way forward for The Walton Centre to improve ED&I for both patients and staff. This is an example of the Trust going beyond statutory duties and compliance in its commitment to ED&I. The vision has come from both staff and patients, sharing what good practice looks like and how we will know when we have achieved it. Supported by a detailed strategic action plan, the vision is now being delivered by the Operational ED&I Group, who are held to account by the ED&I Steering Group. The work is monitored through the Quality Committee with an annual review of the vision and action plan progress, in

the same manner that the Quality & Patient Strategy is currently monitored. This vision is guiding the Trust towards making systematic improvements around ED&I this year and in coming years:

- The Trust has participated in the NHS Employers Partners Programme.
- The Trust has renewed our charter mark and participation in the Department for Work and Pensions, Disability Confident employer scheme.
- The Trust has successfully completed reassessment for the LGBT competent Navajo Chartermark.
- The Trust has become a member of the Navajo Health Sub Group to tackle health inequalities for LGBT patients, and now has staff trained and approved as Navajo assessors to share good practice in terms of LGBT accessibility.
- The Trust has also continued to work with our ED&I Champions, who are staff volunteers, committed to making ED&I a priority. We want to be a workplace that inspires leadership at all levels, with all staff, where everyone's voice is heard.

Workforce Diversity

On 31 March 2019 the Board of Directors comprised:

- Three male and three female non-executive directors (including the Chair);
- Three male and three female executive and corporate directors

Table 23 (a-f) represents the diversity of the Trust's workforce as a whole as of 31st March 2019. Total percentages have been rounded to the nearest whole number.

Table 23a Gender

Gender	Headcount	Percentage
Female	1,100	77.7%
Male	316	22.3%
Grand total	**1,416**	**100%**

Table 23b 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	5	77	167	142	127	123	137	131	121	70	1,100
Male	3	21	38	43	34	44	51	38	30	14	316
Grand total	8	98	205	185	161	167	188	169	151	84	1,416

Table 23c Ethnicity

Ethnicity	Headcount	Percentage
A White - British	1209	85.38%
B White - Irish	19	1.34%
C White - Any other White background	37	2.61%
CP White Polish	2	0.14%
CY White Other European	2	0.14%
D Mixed - White & Black Caribbean	2	0.14%
E Mixed - White & Black African	7	0.49%
F Mixed - White & Asian	4	0.28%
G Mixed - Any other mixed background	66	4.66%
H Asian or Asian British - Indian	2	0.14%
J Asian or Asian British - Pakistani	1	0.07%
K Asian or Asian British - Bangladeshi	11	0.78%
L Asian or Asian British - Any other Asian background	1	0.07%
LH Asian British	1	0.07%
LK Asian Unspecified	1	0.07%
M Black or Black British - Caribbean	16	1.13%
N Black or Black British - African	2	0.14%
P Black or Black British - Any other Black background	2	0.14%
PC Black Nigerian	0	0.00%
R Chinese	2	0.14%
S Any Other Ethnic Group	17	1.20%
Z Not Stated	14	0.99%
Grand Total	**1416**	**100.00%**

Table 23d Religion

Religion	Headcount	Percentage
Atheism	157	11.09%
Buddhism	4	0.28%
Christianity	866	61.16%
Hinduism	28	1.98%
Not disclosed	139	9.82%
Islam	19	1.34%
Judaism	3	0.21%
Other	97	6.85%
Sikhism	1	0.07%
Undefined	102	7.20%
Grand total	**1,416**	**100.00%**

Table 23e Disability

Disability	Headcount	Percentage
Not disabled	1,036	73.16%
Not declared	51	3.60%
Unknown	286	20.20%
Disabled	43	3.04%
Grand total	**1,416**	**100.00%**

Table 23f Sexuality

Sexual Orientation	Headcount	Percentage
Bisexual	10	0.71%
Gay or Lesbian	30	2.12%
Heterosexual	1,150	81.21%
Not disclosed	107	7.56%
Undefined	119	8.40%
Grand total	1,416	**100.00%**

Table 23g Marriage & Civil Partnership

Marital Status	Headcount	Percentage
Civil partnership	14	0.99%
Divorced	85	6.00%
Legally separated	8	0.56%
Married	624	44.07%
Single	616	43.50%
Unknown	60	4.24%
Widowed	9	0.64%
Grand total	**1,416**	**100.00%**

Table 23f Staff Groups

Staff Group	Headcount	Percentage
Staff - registered medical practitioners	132	9.32%
Staff- non clinical	370	26.13%
Staff - registered nurses	429	30.30%
Staff - other staff	485	34.25%
Grand total	**1,416**	**100.00%**

ED&I Training for Staff

The Trust has continued to implement its ED&I related training initiatives such as the mandatory three yearly Equality, Diversity and Human Rights Training, ensuring that all Trust staff are maintaining awareness of equality and remain up to date with changes in legislation.

Cultural Ambassadors Programme

The Walton Centre is continuing to support a pilot programme with the RCN around Cultural Ambassadors. The Trust has recruited some of our Black and Minority Ethnic (BME) staff to receive training to be able to support colleagues through various Human Resources (HR) Processes to ensure fairness e.g. Disciplinary, Grievance and Capability processes. There is also potential to widen their programme out into supporting fairness in recruitment processes. The Trust is in Talks with unions and colleagues from the Cheshire and Merseyside STP to progress this measure.

Navajo Chartermark and Disability Confident Employer

After successfully renewing the Trusts Navajo Chartermark, which 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. The Trust has continued to engage with Navajo and is now a member of the Navajo Health Sub-group, which specifically addresses health inequalities for the LGBT community. The Trust is also now supporting the spreading of good practice by freeing a staff member to train and become a Navajo Assessor. The Trust has also continued to participate in the Department for Work and Pensions, Disability Confident Employer Scheme, which commits the Trust to take positive actions to ensure that we have equitable and accessible recruitment processes relating to disability.

Gender Pay Gap

The Trust has met its Gender Pay Gap reporting obligations and the results are published on the Trust's website.

Despite the majority of the workforce being female a high proportion of the Trust's medical and senior management roles are filled by men. This is consequently leading to a high pay gap. In addition to this, the high value of Clinical Excellence Awards is causing a huge variation of bonus pay as these are primarily awarded to males, whereas local awards, which are much lower in value, are more likely to be awarded to females as the majority of the workforce. These findings reflect pay by gender for the previous financial year (findings as at 31 March 2017).

The Trust has taken note of the results and has made use of the data to inform action planning aimed at closing the gender pay gap.

Workforce Race Equality Standard (WRES)

The WRES report covering the period 01 April 2017 to 31 March 2018 showed patchy progress across most of the measures. The Trust recognises that we are still near the start of our journey towards excellence in respect of the experience of BME staff. One of the actions the Trust has been taking in 2018/2019 is to boost the numbers of BME staff responding to the Annual Staff Survey, as a way of increasing our understanding of the issues that BME staff face and to identify better ways to support them

towards more equitable outcomes in terms of their career progression within the organisation. The Trust has seen an improvement across some of the questions within the Equality, Diversity and Inclusion theme within the 2018 staff survey. The Trust is also looking forward to producing and publishing the Workforce Disability Equality Standard (WDES) in 2019.

Reciprocal Mentoring

The Trust has embarked on the second round of the Reciprocal Mentoring programme. The Reciprocal Mentoring scheme has been established in conjunction with two other local Trusts. The aim of the programme is to tackle the disproportionately low numbers of BME staff in non-medical senior leadership roles by supporting BME staff to further their development, whilst also improving the senior leaders understanding of what it means to be a BME employee within the Trust. 2018/19 participation is now at 10 BME staff and 5 senior leaders.

Equality Delivery System

The Trust's Equality Delivery System (EDS 2) review for 2018 has been undertaken and published on the Trusts website within the Public Sector Equality Duty, Diversity and Inclusion Annual Report 2018. The Trust did not seek to increase its grades on any of the sub-goals in 2018, as the emphasis for the 2018 EDS 2 has been the work that the Trust has been doing 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. 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.

Equality Impact Analysis

The improved Equality Impact Assessments/Analysis (EIA) has been updated by the addition of detailed guidance. Also the Trust's Equality and Inclusion Lead now offers advice and support to managers on the completion of EIAs. The Trust Board has also taken account of the Brown Principles and taken steps to ensure that it considers ED&I in its decision making e.g. by including the Equality and Inclusion Lead in the sign off process for all Cost Improvement Plans.

Engagement

Relationships with local Healthwatch groups have been further strengthened, with The Trust securing Healthwatch Participation in the Cheshire and Merseyside STP, ED&I Steering Group.

Further details relating to ED&I and the relevant documents mentioned above are available on the Trust's website: https://www.thewaltoncentre.nhs.uk/175/equality-and-diversity.html

Reputation and Fundraising

The Communications Team has continued to support the Trust's new strategy, introduced in 2018. Broadcast, print and social media (Facebook, Twitter and Instagram) were used effectively and proactively throughout the year. This includes utilising the Trust's quarterly magazine and website.

The team was instrumental in creating and promoting the Trust's new strategy and ambitions for the next five years. The team was also incredibly responsive to two major incidents during the Autumn of 2018: the attempted theft of the main entrance's cash machine and the small fire in Outpatients. Work to update the annual staff awards and staff party was also carried out, which was well received by staff from across the hospital.

Earlier this year, The Walton Centre featured in the hugely successful BBC Two series 'Hospital'. Viewers were able to get a unique insight into the daily decision making staff go through to ensure patients get the best care possible when they visit the Trust. The overall series filmed in six Trusts across Merseyside to gather a living picture of the health system working across a city region. Over two million people watched the episode featuring Walton patients and staff the week the episode aired and #Hospital trended on Twitter throughout the series.

The predominant media coverage we had in 2018 was the initial and ongoing coverage of the Liverpool Football attack. It dominated the headlines for a number of weeks, and the subsequent developments in the patient's condition and transfer closer to home in Ireland always spiked in our monitoring of media coverage. The major incidents also featured highly on all channels. In all instances the team worked well with external partners (police etc.) to get the messages out to patients and visitors. A highlight to the coverage was our celebration of NHS70, which also resulted in a special edition of the Trust's quarterly magazine.

The Communications Team created the Trust's first Instagram account, which to date has nearly 1,200 followers. The Facebook and Twitter pages continue to grow – Facebook has nearly 6,000 followers and the Twitter page has over 8,500. They proved their worth this year during the major incidents, becoming trusted sources for important updates on access to the hospital.

The current website has a sizeable audience – it was visited by almost 150,000 users last year, of which 60% used mobile devices or tablets. Plans are in place for a new website to be implemented in the near future.

Fundraising

During the year under review, awareness of and support for The Walton Centre Charity continued to grow. The income for the year was £698,000, which is an increase of £232,000 on the previous year despite not having a focus of a specific appeal to help drive fundraising. There were some particular elements which

contributed to this increase, including a number of legacies totalling over £140,000, as well as two gala dinner events organised by supporters which totalled over £50,000 for the charity.

There was yet again an 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. This year also saw the Charity benefit from 'Charity of the Year' support from two companies, where staff voted to dedicate fundraising support to benefit The Walton Centre for 12 months.

In addition to raising awareness and unrestricted funds, the Charity also continued to raise funds for specific purposes such as the Home from Home Fund and the Sid Watkins Innovation Fund. Donations to the Home from Home Fund ensure that the Trust can provide the facility free of charge to relatives whose loved ones are receiving critical care at the hospital; and The Sid Watkins Innovation Fund supports innovation and research in the field of neurological health care. The Golf Day and the Jan Fairclough Ball which are organised by the Charity, both raised money for The Sid Watkins Fund during the year - £20,000 and £50,000 respectively - whereas £25,000 from the Hope Mountain Hike benefitted the Home from Home Fund.

Work has also continued on implementing the process through which ideas/requests can be identified and considered as potential future fundraising projects. The process links in with the Trust's Medical Innovation Group, which was established to help create an organisational culture where all members of staff are encouraged to think creatively to enable practical innovations to improve patient care. Specific emphasis has been on developments in complex rehabilitation, specifically movement and posture analysis, and it is anticipated that this will become the focus of a fundraising appeal to be launched in 2019/2020.

During the year under review, the charity has also developed a dedicated website which will provide the functionality necessary to provide a fully integrated and fundraising focused digital platform to help the charity raise awareness and funds. The website was launched in March 2019.

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. This is typically when a team or service is being reviewed and expert support can be particularly helpful in understanding complex requirements and enabling the smooth running of new governance, team arrangements and individual responsibilities. There are also occasions during the normal running of services that individual staff members will benefit from additional support and a good example of this would be performance coaching which sometimes needs to be drawn from outside the Trust and occasionally from beyond the NHS.

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 Trust 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 24, 25 and 26:

Table 24

All off-payroll engagements as at 31 March 2019 (where the worker is paid more than £245 per day and has been in post for more than six months)	
Number of existing arrangements as at 31 March 2019	1
Of which:	
Number that have existed for less than one year at the time of reporting	0
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 25

All new off-payroll engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019 (where the worker is paid more than £245 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 2018 and 31 March 2019;	0
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to trust) and are on the Trust's payroll	0
Number of engagements reassessed for consistency/ assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

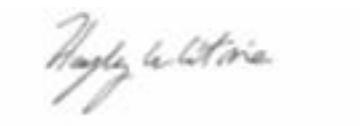
Table 26

All new off-payroll engagements of board members, and/ or senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019	
Number of off-payroll engagements of board members, and/ or senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/ or senior officials with significant financial responsibility' during the financial year. This figure includes both off-payroll and on-payroll engagements	0

There have been no off-payroll engagements of Board members, or senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019.

Enhanced Quality Governance

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



Hayley Citrine, Chief Executive

24 May 2019

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 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 Audit Committee meeting who considered this report at its meeting on 16th April 2019 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 27 below:

Table 27

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

*Provision C1.4 requires the Board of Directors to notify NHSI and the Council of Governors and consider whether it is in the public's best interest to bring to the public's attention, any new major developments which are not public knowledge; the Trust is compliant with the requirement of this provision. All significant financial and performance challenges are included on the Board Assurance Framework which reports through Audit Committee, Business Performance Committee and Trust Board.

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 (check latest updated guidance March 2019)

The Council of Governors

As detailed in the Trust's constitution, the Council of Governors consists of 17 elected governors, 4 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. Mrs Janet Rosser 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, meeting agendas and minutes, email correspondence, attendance of directors at the Council of Governors meetings and attendance by governors at the Board of Directors meetings.

The Council of Governors meet with the Trust's non-executive directors on a quarterly basis, which provides 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 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.

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 Board of Directors provides updates to the Council of Governors when preparing the Trust's forward plans.

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 partnership 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.

Mr Colin Cheesman has held the role of Lead Governor from January 2018.

Table 28 gives details of each seat on the Council of Governors and its occupant(s) during the period 1 April 2018 – 31 March 2019:

Table 28

Seat	Name of Governor		Constituency	Date Appointed	End of Tenure
1C	Austin	Jonathan	Cheshire	2018	2021
2C	Cheesman	Colin	Cheshire	2018	2021
3C	Ferguson	Louise	Cheshire	2015	2018
3C	Gibbins	Phil	Cheshire	2018	2021
4C	Hubbard	Melissa	Cheshire	2018	2021
1EW	Clarke-Day	Katie	E & W	2014	Resigned 2018
1EW	Vacant	-	E & W	-	-
2EW	Lewis	Michael	E & W	2017	2020
1M	Comerford	Ged	Merseyside	2016	2019
2M	Brown	Doreen	Merseyside	2018	2021
3M	Cahill	Tony	Merseyside	2013	2019
4M	Griffiths	Alan	Merseyside	2017	Resigned 2019
4M	Vacant	-	Merseyside	-	-
5M	Desmond	Jonathan	Merseyside	2017	2020

Seat	Name of Governor		Constituency	Date Appointed	End of Tenure
6M	Owens	Bobby	Merseyside	2015	Resigned 2018
6M	Cottier	Rich	Merseyside	2018	2021
7M	Paton	Joe	Merseyside	2015	2018
7M	Wells	Adrian	Merseyside	2018	2021
8M	Strong	Barbara	Merseyside	2017	2019
1W	Holmes	Mark	North Wales	2017	Resigned 2018
1W	Winstanley	Stan	North Wales	2018	2021
2W	Burgen	Andy	North Wales	2016	2019
3W	Kitchen	John	North Wales	2018	2021
1S	Gerrans	Emily	Staff	2015	2018
1S	Chesterton	Amanda	Staff	2018	2021
2S	Lowe	Amanda	Staff	2015	2018
2S	McLoughlin	Sharon	Staff	2018	2021
3S	Davies	Rhys	Staff	2016	2019
4S	Moreno	Isabel	Staff	2016	2019
1P	Austen-Vincent	Ruth	Partnership	2015	2021
2P	Clegg	Peter	Partnership	2017	2020
3P	Brant	Paul	Partnership	2017	Resigned 2018
3P	Nicholas	Nathalie	Partnership	2018	2021
4P	Mellor	Nanette	Partnership	2017	2020
5P	Pereira	Ella	Partnership	2017	2020
6P	Foulston	Diane	Partnership	2018	2021
7P	Howard	Stella	Partnership	2018	2021
8P	Felda	Urtha	Partnership	2017	Resigned 2018
8P	Vacant				
9P	Vaughan	Jan	Partnership	2017	2020
10P	Howard	Stella	Partnership	2018	2021
11P	Rothwell	Derek	Partnership	2017	2020
12P	Vacant	-	Partnership	-	-

The Trust's current Governors are noted below in table 29:

Table 29

Constituency	Name of Governor
Public - Cheshire	Phil Gibbons
Public – Cheshire	Colin Cheesman
Public – Cheshire	Jonathan Austin
Public – Cheshire	Melissa Hubbard
Public – Merseyside	Tony Cahill
Public – Merseyside	Doreen Brown
Public – Merseyside	Jonathan Desmond
Public – Merseyside	Vacant
Public – Merseyside	Adrian Wells

Constituency	Name of Governor
Public – Merseyside	Ged Comerford
Public – Merseyside	Barbara Strong
Public – Merseyside	Rich Cottier
Public – North Wales	Malcolm Winstanley
Public – North Wales	Andy Bergan
Public – North Wales	John Kitchen
Public – Rest of England and Wales	Michael Lewis
Public – Rest of England and Wales	Vacant
Staff – Nursing	Sharon McLoughlin
Staff – Medical	Rhys Davies
Staff – Clinical	Amanda Chesterton
Staff – Non Clinical	Isabel Moreno
Local Authority Governor (Sefton Metropolitan Council)	Vacant
Local Authority Governor (Liverpool City Council)	Nathalie Nicholas
Partnership Governor (Cheshire & Merseyside Neurological Alliance)	Ruth Austen-Vincent
Partnership Governor (Liverpool University)	Professor Peter Clegg
Partnership Governor (MS Society, Isle of Man)	Lesley Collins
Partnership Governor (The Brain Charity)	Nanette Mellor
Partnership Governor (North Wales CHC Joint Committee)	Stella Howard
Partnership Governor (Merseyside & Cheshire Clinical Network)	Jan Vaughan
Partnership Governor (Healthwatch)	Diane Foulston
Partnership Governor (North Wales Neurological Conditions Partnership)	Vacant
Partnership Governor (Liverpool CCG)	Derek Rothwell
Partnership Governor (Edge Hill University)	Ella Pereira

There are dedicated correspondence methods which makes it simpler for members and prospective members to contact Governors:

- By email : governors@thewaltoncentre.nhs.uk
- By telephone : 0151 556 3477
- 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. Partnership governors are nominated by their respective organisations. Their term of office is also three years. In the summer of 2018, elections to the Council of Governors were held according to the Trust's constitution. Results were as reported in table 30 below:

Table 30

Seat	Turnout	Governor Elected
Public : Merseyside	3.5%	Doreen Brown
		Adrian Wells
		Rich Cottier
Public: Cheshire	3.4%	Colin Cheesman
		Melissa Hubbard
		Jonathan Austin
		Phil Gibbons
Public : North Wales	Uncontested	John Kitchen Stan Winstanley
Public: Rest of England	-	No nominations received
Staff: Nursing	5.0%	Sharon McLoughlin
Staff: Clinical	5.1%	Amanda Chesterton

Governors Register of Interests

A register is kept of governors' interests. Access to the 2018 register is available online at https://wcft.mydeclarations.co.uk/home

Register of Interests pre 2016 - 17 can be obtained by contacting the Trust:

By telephone: 0151 556 3423 or by post:

Executive Offices
The Walton Centre NHS Foundation Trust
Lower Lane
Fazakerley

Council of Governors meetings

Table 31: represents the Chair & Governors attendance 01/04/18 – 31/03/19

Table 31

Name of Governor	**14/06/18*** no meeting	**11/09/18**	**11/12/18**	**07/03/19**
Janet Rosser Chair		✓	✓	✓
Adrian Wells		-	A	✓
Alan Griffiths		✓	✓	-
Amanda Chesterton		A	✓	A
Amanda Lowe		-	-	-
Andy Burgen		✓	✓	A
Barbara Strong		✓	✓	✓
Colin Cheesman		✓	✓	✓
Derek Rothwell		A	A	A
Diane Foulston		✓	✓	✓
Doreen Brown		✓	✓	A
Ella Pereira		✓	A	✓
Emily Gerrans		✓	-	-
Ged Comerford		A	A	A
Isabel Moreno		✓	✓	✓
Jan Vaughan		✓	A	✓
John Kitchen		A	✓	✓
Jonathan Austin		A	A	A
Jonathan Desmond		✓	✓	✓
Lesley Collins		✓	A	✓
Louise Ferguson		✓	-	-
Melissa Hubbard		A	✓	A
Michael Lewis		A	A	A
Nathalie Nicholas		-	✓	A
Sharon McLoughlin		-	✓	✓
Stan Winstanley		-	A	A
Nanette Mellor		✓	A	✓
Paul Brant		A	-	-
Peter Clegg		✓	A	✓
Phil Gibbons		A	✓	✓
Rich Cottier		-	✓	✓
Rhys Davies		A	A	A
Ruth Austin-Vincent		✓	✓	✓
Stella Howard		✓	✓	A
Tina Wilkins		-	-	-
Tony Cahill		✓	✓	A
Urtha Felda		A	-	-

*There was no meeting held in June 2018 due to the number of governor apologies received.

36 individuals acted as governors between 01 April 2018 and 31 March 2019.

Table 32 shows the number of additional days/or events attended by the Governors:

Table 32

Trust Assurance Meeting	26
Audits/Inspections	15
Engagement - Governors	18
Engagement - Membership	6
Engagement - Stakeholders	35
Engagement - Trust	14
Sub Committee Membership	69
Training	15
Total	**175**

Governor Training

Governors have attended training events including New Governor Induction Training; North West Governors Forum; NHS Providers Governors Focus Conference 2018; MIAA 'The Model Hospital' and 'Understanding Strategic Finance for Boards'

The Lead Governor has also undertaken considerable work to enhance the engagement of the Council of Governors including the reinstatement of Governor discussion time before the Council of Governors meetings where Governor set their priorities and engagement plans. Further engagement and strategy work is being taken forward by the Council of Governors Steering Group.

Governor Expenses

In accordance with the Trust's constitution, Governors may claim expenses for attendance at Council of Governor meetings and whilst representing members or the Trust at other events and meetings. In 2018/19 the total amount claimed was £1,916.87 as seen in table 33:

Table 33

Name of Governor	**Expenses Claimed (£) 2018/19**
Andy Burgen	£531.30
Colin Cheesman	£55.75
Lesley Collins	£600.92
Louise Ferguson	£97.20
Phil Gibbons	£108.20
Stella Howard	£471.25
Isabel Moreno	£17.50
Barbara Strong	£34.75
Stan Winstanley	£226.85

Council of Governors meetings: table 34 represents Directors and Non-Executive Directors attendance.

Table 34 - 1st April 2018 to 31st March 2019

Name of Director or NED	14/06/18*	11/09/18	11/12/18	07/03/19
M Burns		✓	✓	✓
H Citrine		✓	✓	✓
A Nicolson		A	A	A
L Salter		✓	✓	✓
Alan Sharples		✓	✓	A
Seth Crofts		A	A	✓
Ann McCracken		✓	✓	A
Sheila Samuels		✓	A	A
Dr Peter Humphrey		✓	A	
Nalin Thakkar				A

✓ = Attended A = Apologies
*There was no meeting held in June 2018 due to the number of governor apologies received.

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. Ms Janet Rosser chairs both the Board of Directors and the Council of Governors, with the support of the Deputy Director of Governance (until January 2019) and the Assistant Corporate Secretary, who act as 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. To fulfil their role in holding the non-executive Directors to account and scrutiny of the Trust Auditors, the Governors attend meetings of the Board of Directors and the Audit Committee.

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. Members can contact governors:

- Email
  Governors@thewaltoncentre.nhs.uk
  membership@thewaltoncentre.nhs.uk

- Telephone : 0151 556 3484

- By post:
  Membership Manager
  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 listening weeks and visits to satellite clinics, where they meet and receive feedback from patients, staff, Trust members and members of the public. Governors are also part of the membership of the Trusts Patient Experience Group, which enables them to represent the interests of members, members of the public and stakeholders. Governors communicate feedback from members at the Council of Governor meetings and meetings held with non-executive directors.

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

Membership

At the end of March 2019, the Trust's membership stood at 7,674 compared to 7,426 in March 2018. The Trust's membership is available to employees of the Trust 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 35 provides a breakdown of the Trust's membership by constituency:

Table 35

Numbers by Constituency and Catchments	
Public Cheshire	1,172
Public Merseyside	2,515
Public North Wales	1,414
Public Rest of England and Wales	792
Public Out of Trust Area	10
Public Totals	**5,903**
Staff - Registered Nurse	406

Numbers by Constituency and Catchments	
Staff Registered Medical Practitioners	137
Staff Other Clinical Professional	438
Staff - Non-Clinical	346
Staff Total	**1,327**
TOTAL MEMBERSHIP	**7,674**

The Trust's Membership Strategy can be found at: http://www.thewaltoncentre.nhs.uk/uploadedfiles/Trust%20Board/Membership%20Strategy%20Final.pdf
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.

During 2018/19 to ensure effective member engagement, members have continued to receive the quarterly membership newsletter Neuromatters, which contains a membership section and regular articles from Governors. These editions are sent by mail and email and are prominently displayed around the Trust to encourage membership. The newsletter is also available on the intranet, website and via social media.

During 2018/19 the Trust and Governors undertook the following membership engagement activities:

- Annual Members Meeting
- Governor take-over day on the Trusts' Twitter and Facebook social media platforms
- Articles in Neuromatters, membership magazine
- Patient engagement and listening events at Satellite Clinics
- Patient Listening Weeks
- Participation in PLACE Assessments

There is a dedicated email account which makes it simpler for members and prospective members to contact the Membership Manager: membership@thewaltoncentre.nhs.uk

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.

1. Audit Committee
2. Walton Centre Charity Committee
3. Nominations and Remuneration Committee
4. Business Performance Committee
5. Quality Committee
6. Research Development and Innovation Committee
7. Neurosciences Programme Board (from December 2018)

1. Audit Committee

The Audit Committee is a committee of the Non-Executive Directors (excluding the Chairman) and is chaired by Alan Sharples.

The Committee met on five occasions during 2018/19.

Meetings of the Trust's Audit Committee and attendance have been represented in table 36 as follows during the reporting period 01 April 2018 to 31 March 2019:

Table 36

	April 2018	May 2018	July 2018	Oct 2018	Jan 2019
Alan Sharples	✓	✓	✓	✓	✓
Ann McCracken	✓	✓	A	✓	✓
Seth Crofts	✓	✓	✓	✓	✓

✓=Present A=Apologies

The Role of the Audit Committee:

The Audit Committee critically reviews the governance and assurance processes upon which the Board of Directors places reliance. Three Non-Executive Directors are members of the Audit Committee, reflecting the importance that the Board places on the Audit Committee to enable effective Non Executive challenge, including triangulation of the work of the Board's Assurance Committees (Business Performance Committee and Quality Committee) across all aspects of the Trust's business.

Principal Review Areas in 2018/19

The narrative below sets out the principal areas of review and significant issues considered by the Audit Committee during 2018/19 reflecting the key objectives of the committee as set out in its terms of reference.

- ***Internal Control and Risk Management***

The Committee has reviewed relevant disclosure statements for 2018/19 and other appropriate independent assurance together with the Head of Internal Audit Opinion, external audit opinion and considers that the 2018/19 Annual Governance Statement is consistent with the Committee's view on the Trust's system of internal control.

Reviews undertaken in 2018/19 included:

Review Title	Assurance Level
Activity Data	High
Accounts Receivable	High
General Ledger	High
Treasury Management	High
Budgetary Control	High
Data Security and Protection Toolkit	Substantial
ESR	Substantial
Accounts Payable	Substantial
Financial Reporting and Integrity	Substantial
Deprivation of Liberty Safeguards	Limited
Management of Controlled Drugs	Limited
Sickness Absence	Limited
Agency Cap	Limited
Overseas Patients	Advisory

Where limited assurance was received, the committee deliberated the report with follow up audits/review of action plans and invited the relevant management lead to attend the next Committee meeting to provide a progress update on recommendations.

Governance, Risk Management and Internal Control

The work of the Audit Committee in 2018/19 has been to review the effectiveness of the organisation and its systems of governance, risk management and internal control through a programme of work involving the scrutiny of assurances provided by internal audit, external audit, local anti-fraud officer, Trust managers, finance staff and the clinical audit team along with reports and reviews from other external bodies.
An annual work programme is set at the start of the year along with agreement of the internal audit and anti-fraud work plans, with provision to meet contingency requirements.

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 2018 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

Throughout the year, the Audit Committee has worked effectively with Mersey Internal Audit Agency (MIAA), the Trust's appointed internal auditors, to ensure that the design and operation of the Trust's internal control processes are sufficiently robust.

The Audit Committee has continued to give considerable attention to the importance of follow up in respect of internal audit work in order to gain assurance that appropriate management action has been implemented. The latest follow up report received by the Committee in January 2019, noted that good progress had been made to action a number of the recommendations but that some recommendations still needed to be implemented. The Chair of the Audit Committee had asked for concerted efforts to be made to action the outstanding recommendations by April 2019.

The Audit Committee has considered the major findings of internal audit and, where appropriate, has sought management assurance that remedial action has been taken. 'Limited assurance' was assigned to the 4 reviews in 2018/19. The Committee requested sight of the full reports including management response and attendance at the meeting by the relevant Trust lead. This has continued to strengthen the Committee's response to major audit findings and has ensured that any control weaknesses are understood by the Audit committee and are quickly addressed.

The Committee reviewed and approved the internal audit plan and detailed programme of work for 2018/19 at its April 2018 meeting. This included a range of key risks identified through discussion with Management and Executives and review of the Trust's Board Assurance Framework. Reviews were identified across a range of areas, including BAF Risks

Mersey Internal Audit Agency (MIAA) has supported the non-executive directors over the year through the provision of networking events, policy advice, and Insight updates.

MIAA routinely reviews the papers received by the Board of Directors and minutes of Board meetings to pick up on areas of potential risk for inclusion in the audit programme.

Anti- Fraud

The Committee reviewed and approved the anti-fraud work plan for 2018/19 at its April 2018 meeting noting coverage across all mandated areas of strategic governance, inform and involve, prevent and deter and hold to account. During the course of the year the Committee regularly reviewed updates on proactive anti-fraud work.

External Audit

The Committee routinely received progress reports from the external auditor, including an update on the annual accounts audit timetable and programme of work, updates on key emerging national issues and developments which may be of interest to Committee members alongside a number of challenge questions in respect of these emerging issues, to which the Committee provided a management response.

The value of external audit services for the year was £47,000 (including VAT), the limited assurance report on the Quality Account was £7,000 (including VAT) and the independent examination of the Charity was £1,000.

During 2018/19, the auditor has not been engaged in any non-audit activity.

The Trust's external auditors, Grant Thornton UK LLP, were appointed by the Council of Governors in April 2017 following a formal procurement exercise for a contract period of three accounting years, with an option to extend for a further accounting year.

The Audit Committee included a number of significant accounting issues and treatments in its consideration of the Trust's financial statements for the year ended 31 March 2019. During the year the committee critically addressed the issues around the appropriateness of the Accounting Policies that have been adopted and was satisfied that the policies were reasonable and appropriate. As part of the full year reporting process the external auditors, Grant Thornton, consider the key areas of accounting judgement and disclosure. For each of these areas, the audit committee critically review and assess the policies and judgements that have been applied, the consistency of policy application from year to year and the appropriateness of the relevant disclosures made, together with the compliance with applicable accounting

standards. The key areas of accounting judgement and disclosure are shown in the Trust's final accounts. The committee has been able to place reliance upon work undertaken by the External auditors as part of the work that they undertook to enable them to develop their Audit Opinion.

The following additional significant issues have been discussed by the Audit Committee during 2018/19: the accuracy of income recorded in relation to patient care activities, in particular income related to additional NHS contract activity;

- the risk of management over-ride of controls (which includes an understanding of accounting judgements applied);
- Risk around payment of HRG4+ tariff by Welsh commissioners;
- Valuation of property, plant and equipment.

Other Assurance Functions

The Audit Committee has routinely received reports on Losses and Special Payments, Gifts and Hospitality, Bad Debts and Tender Waivers.

The Audit Committee has reviewed and agreed the updated Standing Financial Instructions and Scheme of Reservation and Delegation for Board approval.

Members of the Audit Committee have met privately with the internal and external auditors, without the presence of any Trust officer.

Financial Reporting

The Audit Committee has reviewed the accounting policies and annual financial statements prior to submission to the Board and considered these to be accurate. It has ensured that all external audit recommendations have been addressed.

Review of Audit Committee Effectiveness

During 2018, the Audit Committee undertook its annual self-assessment, including a review of its Terms of Reference, via a survey sent to Audit Committee members. A report and action plan was developed and presented to the Audit Committee in October 2018.

Walton Centre Charity Committee (WCCC)

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

The Committee also ensures that items of expenditure are approved in line with the objectives of the fund, and are charitable in nature, and that the Charity can demonstrate public benefit for its expenditure. Through delegated authority from the Trust Board, it establishes the strategy, policies, budget, spending priorities and criteria for spending decisions for each fund. The strategy and policies must comply with charity law and the specific objectives of each fund.
In addition, the WCCC oversees all fundraising activities relating to the Charity, ensuring that they are in line and in accordance with 'The Code of Fundraising Practice' as overseen by the Fundraising Regulator. It develops and recommends fundraising appeals for approval by the Trust Board, in line with and support of the Trust's strategic vision, and monitors subsequent fundraising targets.

In July 2018 the Charity's investments from Investec Fund Management were transferred to the CCLA Ethical Investment Fund (50%) and the Ruffer LLP Charity Assets Trust (50%) as per Trust Board approval in 2017/2018. The WCCC were authorised to act on the Trust's behalf in transferring the investments.

Nominations and Remuneration Committees

The Trust has in place two Nominations and Remuneration Committees – one for nominations and remuneration for Non-Executive appointments (including the Chair) and the other with nominations and remuneration for Executive appointments.

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 reviews 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 skills and expertise needed. 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 2018/19 were:

- Janet Rosser (Chair)
- Alan Sharples
- Ann McCracken
- Seth Crofts
- Dr Peter Humphrey
- Sheila Samuels

The Remuneration Committee convened twice during the reporting period as detailed in table 37.

Table 37

	06/2018	10/2018
J Rosser	✓	✓
A Sharples	✓	✓
A McCracken	✓	✓
S Crofts	✓	✓
P Humphrey	A	A
S Samuels	✓	✓

KEY: ✓ = Present A = Apologies

The Director of Workforce and the Chief Executive provide advice to the Remuneration Committee, as and when required.

Governors' Nominations Committee

There is also a Governors' Nominations Committee which is responsible for considering nominations and remuneration for non-executive directors.

Members of the Committee during 2018/19 were:

- Janet Rosser, Trust Chair
- Louise Ferguson, Committee Chair and Public Constituency Governor (until September 2018)
- Colin Cheesman, Public Constituency Governor
- Ella Pereira, Stakeholder Governor (Committee Chair from October 2019)
- John Kitchen, Public Governor (from October 2018)

The Governors' Nominations Committee convened three times during the reporting period in relation to the recruitment process for three Non-Executive Director posts.

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 2018/19 was 10 compared to 16 in 2017/18.

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 small multi-disciplinary health and wellbeing group has continued to meet.

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 introduced in 2016 to support staff with MSK conditions has continued to expand and develop.

The Trust's Health and Wellbeing Occupational Health Service continues to be provided by a service level agreement with Aintree University Hospital 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. Following a tendering process the Trust's onsite counselling service is provided by the Network of Staff Supporters (NOSS). Staff can access the service themselves or via their manager.

Sickness Absence to be updated at the end of the financial year

Table 38

Staff sickness absence	2017/18	2018/19
Days Lost (Long Term)	19,634	18,628
Days Lost (Short Term)	8,443	7,714
Total Days Lost	28,077	26,342
Average Staff Service Years	6.9	7.1
Average Calendar Days Lost	15.3	15.2
Total Staff Employed in Period (Headcount)	1425	1424
Total Staff Employed in Period with No Absence (Headcount)	551	607
Percentage Staff with No Sick Leave	38.67%	42.63%

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

During the period 1 April 2018 to 31 March 2019 there was 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.

During the financial year 2018/19 the Trust's Anti-Fraud Specialist (AFS) completed a wide range of work across the main key areas of activity as outlined by the NHS Counter Fraud Authority (NHS CFA) and agreed within the work plan approved by the Audit Committee. The plan was substantially delivered, with one piece of work carried over to 2019/20.

The Trust has a Standards of Business and Personal Conduct Policy. During 2018/19 the Trust has implemented a new Managing Conflicts Policy in line with national guidance, which has superseded the Hospitality, Gifts and Sponsorship Policy.

An anti-fraud work plan is agreed with the Director of Finance and approved by the Audit Committee and the anti-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 and standards issued by NHS Improvement in 2018. 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.

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 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.

- The EBME service has undergone a full tender exercise in year and the contract has been awarded to Royal Liverpool and Broadgreen University Hospitals NHS Trust until March 2021 (the contract was previously held with Aintree University Hospital until March 2018).

- St Helens & Knowsley NHS Trust provide the Trust with Payroll services; this is covered under contract until September 2020.

- The Trust's Patient Information System is provided by Silver Link and is under contract until April 2020.

- The Radiology Picture Archive and Communication System (PACS) and information system has been awarded as part of a consortium of local NHS bodies. The information element has been awarded to HSS (until June 2020) and the PACS element to Care Stream (until June 2023).

- 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.

- The laundry services are provided by our neighbouring Trust, Aintree University Hospitals NHS Foundation Trust. The current contract expires in November 2019 and the Facilities and Procurement teams are currently underway with the tender process to secure a new service from November 2019.

- Decontamination services are provided by Steris and are under contract until 2023, with a potential break clause in the contract in 2019.

- Our on-site Neuroscience Laboratories provide Neurobiochemistry, Neuroimmunology and Neuropathology services during the hours of 09:00 to 17:00, Monday to Friday. Other laboratory services – Haematology, Blood Transfusion, Microbiology, Virology, out of hours Biochemistry are provided by Liverpool Clinical Laboratories (LCL)

Policies applied to contracts for goods and services: Procurement and Tendering Policy, Sustainability Policy and Supplier Representative Policy.

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 Jobs 2 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

2018/19: 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 overleaf. 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 placed in a segmentation rating from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

Following a review of the Trust's financial position The Walton Centre Foundation Trust was placed in segment 1. This is the lowest level of oversight with no potential support needs having been identified resulting in maximum autonomy within the Single Oversight Framework.

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 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 39

Area	Metric	2018/19 Scores				2017/18 Scores			
		Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
Financial Sustainability	Capital Service Capacity	1	1	1	2	1	1	1	2
	Liquidity	1	1	1	1	1	1	1	1
Financial Efficiency	I&E Margin	1	1	1	1	1	1	1	2
Financial Controls	Distance from plan	1	1	1	1	1	2	2	1
	Agency Spend	1	2	3	3	1	1	1	1
Use of Resource Risk Rating		**1**	**1**	**1**	**2**	**1**	**1**	**1**	**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 40 reflects trust performance during the year.

2018/19 Performance

Table 40

	Annual Plan 2018/19	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
Finance Use of Resource Rating	1	2	1	1	1
Governance Rating	Green	Green	Green	Green	Green

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

Table 41

Performance indicator	2018/19 Target	2018/19 Performance	2017/18 Performance
Incidence of MRSA	0	**0**	**1**
Screening in-patients for MRSA	95%	**95%**	95.26%
Incidence of Clostridium difficile	9	**7**	7
All Cancers: Maximum wait time of 31 days for second or subsequent treatment: surgery	94%	**99%**	100%
All Cancers: 62 days wait for 1st treatment from urgent GP referral to treatment	85%	**100%**	100%
All Cancers: Maximum waiting time of 31 days from diagnosis to first treatment	96%	**99%**	100%
All Cancers: 2 week wait from referral date to date first seen	93%	**100%**	99.62%

3vi Accountability Report - statement of 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 NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require The Walton Centre NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of The Walton Centre NHS foundation trust and of its income and expenditure, 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 Department of Health Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; 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 the *NHS Foundation Trust Accounting Officer Memorandum*.

Signed

Hayley Citrine, Chief Executive

Date: 24 May 2019

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 and 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 'fully compliant" with the registered requirements. On March 5th, 2019 the Trust was subject to a routine unannounced inspection by the CQC. The inspection started on 5th March 2019 and ended on the 8th March 2019 and was attended by six inspectors. The high level feedback was positive and reflected the caring nature of the Trust. The CQC have planned an inspection against the Well Led Key Lines of Enquiry, this will take place between the 16th to the 18th of April.

Engagement meetings between the CQC and the Trust have continued to be held throughout the year, although due to challenges within the CQC workforce have not been held quarterly. The meetings which have been held have been attended by the CQC Engagement Manager, the Director of Nursing and Governance and the Deputy Director of Governance and where there had been a specific topic for discussion the relevant specialist was invited.

Within the year Lisa Salter was appointed as the Director of Nursing and Governance having Executive responsibility for engagement with the CQC.

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

Processes are in place which assure the Board that workforce strategies and staffing systems are in place which ensure the board that staffing processes are safe, sustainable

and effective. The workforce strategy is being reviewed in line with the revised Trust Strategy and will be published in quarter 2, 2019. The Trust has in place an annual workforce plan which is assured and monitored through the performance reporting process. Para 4.4 in the Quality Report details how safer staffing for the nursing workforce is monitored. During 2019/20 the safer staffing report will include all clinical staff in line with workforce safeguards recommendations.

The Trust published all relevant equality progress in its Public Sector Equality Duty Equality, Diversity and Inclusion Annual Report 2018.

http://www.thewaltoncentre.nhs.uk/uploadedfiles/HR/Equality%20Duty%20Annual%20Report%202018.pdf

Equality and Inclusion activity is monitored by the Trust Board and Quality Committee. Equality and Inclusion work is progressed via the Equality Diversity and Inclusion (ED&I) Steering Group and the ED&I Operational Group.

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, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in The Walton Centre NHS Foundation Trust for the year ended 31 March 2019 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 objectives in table 42:

Table 42

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 of the strategy is monitored by the Quality Committee and was last presented in November 2018.

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

The Quality Committee is chaired by a Non-Executive Director and in order to ensure appropriate challenge, part of its constitution includes attendance by two other Non-Executive Directors. 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 Quality Committee is also responsible for the review of the Trust Risk Register which is formed by those risks which are held on the operational risk registers and are rated as 12 and above. Also included in the Quality Committee Terms of Reference is the quarterly review of those risks on the Board Assurance Framework for which it has designated responsibility.

The Business Performance Committee is chaired by a Non-Executive Director; and in order to ensure appropriate challenge, part of its constitution includes attendance by two other Non-Executive Directors. 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 2018/19, the Business Performance Committee has requested detailed reports on specific risks included on the Board Assurance Framework; this has enabled the committee to provide assurance to the Trust Board that those 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 Council of 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. The Register of Interests is a fixed item on the Audit Committee agenda and the Trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the "Managing Conflicts of Interest in the NHS'22 guidance.

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 new risks and those which have been archived. 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 which include the review of risk registers, complaints, incidents and health and safety issues. The Chair's reports from these groups report 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.

A serious incident meeting is also held on a two-weekly basis where cases of concern are discussed and managed. This may be an incident, complaint, concern or risk related issue. The meeting is attended by the Medical Director, Director of Nursing and Governance, Clinical Director for Anaesthesia and the Divisional risk leads. Information flows through to the Quality Assurance Committee and to the specialised commissioners.

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. Development of the Council of Governors is referenced in section 3iv.

The Trust-wide safety huddle which was introduced in 2017 has further improved internal communications relating to the management of risk. Attendance at the meeting has increased and it now has representation from all specialties within the organisation. Meetings are held each weekday morning for approximately 20 minutes to support excellent communication and champion safety.

The Board Assurance Framework is reviewed and monitored each quarter by the Executive Team, the board committees and 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 Performance Committee 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 managed by the training and development function and is monitored through the performance management process. This 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. Line managers quality check 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 and the Trust and ward safety huddle.

The Trust has continued to develop the root cause analysis action and assurance tracker. This records proposed actions from investigations and holds the evidence to demonstrate that any recommended action has been taken. The tracker 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, and 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 of apology also includes an offer for the relative/family/carer to contribute to the subsequent investigation and enquires whether the recipient would like to receive a copy of the final root cause analysis investigation.

During the year the Trust significantly improved its policy development and management processes through the development of a folder which is held on “SharePoint”. This enables access from the authors directly, provides alerts and also provides an audit trail to demonstrate assurance. All policies 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

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.

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. 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'.

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 Incident Feedback, Team Brief, Trust Safety Huddle, Walton Weekly and through email bulletins to all staff.

As at 31 March 2019, the Board Assurance Framework identified twelve 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 UK Corporate Governance Code is explained in section 3iv of this document, compliance with the single oversight framework found in section 3v.

Development of the Council of Governors is referenced in section 3iv.

Major Risks: The major risks both in year and future are listed in table 43. These will be continually monitored through the year and updated as necessary.

Table 43

Trust Ambition	Risk Description and Rating	Mitigating Actions
3	Failure to achieve the recurrent QIP financial plans in accordance with the Strategic Plan due to conflicting pressures/challenges without adequate mitigations	• Mitigating Plans e.g Finance savings programme, financial awareness training. • Improved governance arrangements: - Divisional / corporate meetings ,operational meetings, update of CIP governance arrangements, introduction of budget reviews. • Improved coding process. • Improved QIP process • Review of short-term affordability (capital programme). • Increased delivery of focused training • Reviewed and implemented opportunities to strengthen the governance process in line with other organisations

3	Failure of Welsh Health Specialist Services Committee (WHSSC) to pay tariffs at HRG4+ levels.	• Reviewed payment process • Improved communication with stakeholders. • Improved collaboration between NHS Trusts and FT's • Regular meetings with NHSI/ NHSE
1	Failure to meet Neurosurgery and Pain RTT targets required by NHS Improvement and NHS England	• Reviewed and improved waiting time. • Increased waiting list initiatives and overtime offered weekly to increase capacity and mitigate staff shortage to meet the demand of RTT target • Demand management across all specialities and all activity gaps at point of delivery • Reviewed workforce issues e.g. job planning, recruitment. • Continuous validation and if required amend patient pathways to ensure accuracy - Consistent triage of all spinal referrals by consultant (demand management) • Increased performance • Expand bed capacity • Established specific processes for the management of relevant patients
1	Compromising patient safety due to failure to prevent and breaching annual NHS Improvement threshold for C-Difficile	• Quality and Patient Safety Strategy, all infection prevention and control policies and Antimicrobial Guidelines, monitored through Infection Prevention and Control Work Plan, reviewed to ensure compliance with national guidance. • Increased ward rounds • Further improved training & awareness • Incident reporting and monitoring • Detailed surveillance processes • Electronic C-Difficile Pathway in place • "Implement "Infection Control Work Plan" agreed at Trust Board in April 2018 to reduce and sustain the reduction in Health Care Associated Infection.

5	Failure to deliver the Trust Digital Strategy and business given the level of work required within the current resources and loss of experienced members of staff	• Developed operational digital groups regarding prioritisation of digital developments by area. This is then overseen by a Digital Programme Board for which the MD is currently SRO • Digital developments are all 'wiki'd' so that system developments are recorded and we are not reliant on key individuals which would leave the Trust vulnerable to staff turnover. Care Cert Dashboard gives SIRO transparency of where up to progressing recommendations from NHS Digital regarding Cyber attack etc. • Independent review of previous digital strategy • Improved governance processes • System development not overly complex so that new staff is able to understand and build on current infrastructure.
3	Risk of breaching the NHSI Agency Cap because of increase in Medical Locum usage and HCA Agency usage for specialing. Breach of Agency cap may contribute to worsening of Trusts overall financial risk rating.	• Daily Safety Huddle • Closed ward, to better utilise bed and staffing resources • NHSP -located on site Monday to Friday to enable better ways of working • Proactive recruitment to medical and nursing vacancies. Monitor agency usage • Introduced a revised staff bank with competitive rates
1	Risk of increased waiting times and operational performance including over performance in NHSE contract following the suspension of Spinal Surgery at a local Trust.	• Increased staffing • Triaged follow-up referrals with an ESP to signpost patients to correct clinician • Established specific processes for the management of patients. • Improved communications with external stakeholders. • Use of Inter provider transfer forms to ensure clear patient pathways (clock/start stops) • Participation in C&M wide spinal service review, including leadership of emergency pathway group and agreed representatives in other groups (Commissioning and elective)
5	Lack of assurance on quality of data provided by the Informatics Department and, at times, difficulty in meeting deadlines. There is also a risk around the level of experience of senior	• Independent, external review of the department commissioned. • The management of the Informatics department has been moved to the Deputy Director of Finance to ensure that it aligns with the finance timetable. • Improved governance and performance management arrangements. • New PLICs system being implemented to ensure the Trust is compliant with standards going

	managers within the department which further impacts on the ability to provide high quality and timely information.	forward. The system will also help as a driver for the development of digital intelligence.
1	A risk of not having the required staffing resource to deliver the services the Trust is commissioned to provide	• Developed annual business and workforce plan • Improved escalation process • Improved workforce recruitment, monitoring and management • Partnership working with universities to recruit newly qualified staff • Regional collaboration • Increased support to staff through the Health and well Being programme.
3	Potential impact on business continuity due to an ageing estate	• Strategic document guidance e.g Estates Strategy Backlog Maintenance Register, Electrical Safety Policy, Water Management Policy, Control and Management of Contractors, Fire Safety Policy, Continuous maintenance of equipment • Regional collaboration
6	Risk of physical harm to staff due to the complex clinical nature of the patient population	• Violence and Aggression Policy and Lone Worker Policy • Improved security measures e.g. use of video camera usage on jackets, provision of Walkie Talkies • ED&I Lead attending ward areas to support staff where racist comments are made by patients • Personal Safety Trainer in post • Safeguarding Matron in place working with Personal Safety Trainer and LSMS to agree plan. • Improved staff support

The Trust submitted the annual business plan (including operational plan) to NHS Improvement by the required deadline, following Board approval.

The Trust declared a position of compliance to the following three licence conditions; this is evidenced through the Audit Committee and Trust Board in April 2019.

Condition G6: The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution;

Condition FT4: The provider has complied with required governance arrangements;

Condition CoS7: If providing commissioner requested services, the provider has a reasonable expectation that required resources will be available to deliver the designated service.

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 receives an annual assurance statement and associated evidence. The Board of Directors approve quarterly reports for submission to the sector regulator NHSI, regarding its principal risks to compliance with its Governance and Continuity of Service ratings

Mersey Internal Audit Agency completed 13 reviews of the systems of internal control during the year. 5 achieved high assurance, 4 achieved substantial assurance and 4 of the reviews received limited assurance. The review that achieved limited assurance had been supported by robust action plans in order to address the recommendations.

The Trust was subject to a full "Well Led" self-assessment as required by NHSI in 2015 and completed a subsequent initial self-assessment against the NHSI Well Led framework in 2018; this review was facilitated by an external reviewer. The Trust will undergo a second full self-assessment in December of 2019.

Emergency Preparedness Resilience and Response (EPRR)

As a Specialist Trust, we are classified as a Category 1 (primary responder) under the Civil Contingencies Act (CCA) 2004. As a part of the Major Trauma Centre, we are at the core of emergency response and are subject to the full set of civil protection duties:

- assess the risk of emergencies occurring and use this to inform contingency planning
- put in place emergency plans
- put in place business continuity management arrangements
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- share information with other local responders to enhance co-ordination
- cooperate with other local responders to enhance co-ordination and efficiency

The NHS England Core Standards for Emergency Preparedness Resilience and Response (EPRR) are the minimum standards which NHS organisations and providers of NHS funded

care must meet. The Trust is required to follow the EPRR framework and delivery of the NHS England Core Standards. These are the minimum standards which NHS Organisations and providers of NHS funded care must meet and provide assurance around EPRR to the Commissioning Board. In 2018/19 the Trust has continued to invest both time and resources in its emergency preparedness, resilience and response. The 2018/19 self-assessment against the NHS England Core Standards shows that, of the 51 applicable standards, the Trust is fully compliant.

In 2018/19, the Trusts EPRR arrangements were revised taking into account the learning from the Trusts annual major incident exercise as well as a number of internal incidents. This learning has resulted in a clear improvement of the Trust's emergency preparedness, as demonstrated by:

1. The Trust achieving full compliance against all of NHS England's core standards for EPRR.
2. The activation of the Trusts Major Incident Plan and fire evacuation plans following a small fire, which resulted in the successful evacuation of two wards and swift recovery of the hospital to business as normal.
3. Regular post incident debriefing.
4. Utilising the learning from internal and external incidents to improve incident plans and inform the resilience training programme.
5. Participation in Public Health England (PHE) clinically led Major Incident Exercise Golden Eagle.
6. The Trust Major Incident Plan and associated action cards were revised with input from Consultant Surgeons/Anaesthetists.
7. Training for incident loggists.
8. Investment in incident control room equipment including handheld radios (with a dedicated emergency channel), telephones and bespoke high visibilty clothing for major incident staff.
9. Having two senior managers successfully attain accreditation to deliver the internationally accredited Emergo Emergency Train System (a simulation educational tool for training and testing the preparedness and management of emergencies, major incidents and disasters).
10. Continued review and testing of Business Continuity Plans.

A new EPRR work programme for 2019/20 will be overseen by the Trust's Resilience Planning Group and, if completed in full, will enable the Trust in 2019/20 to achieve full compliance against all of NHS England's core standards for EPRR.

Carbon Reduction Plans are in place and the Trust has undertaken risk assessments in accordance with the emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects. The Trusts is compliant with its obligations under the Climate Change Act and the Adaptation Reporting requirements.

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 Data Protection Officer (DPO), overseas Data Protection compliance throughout the Trust and provides independent advice to the Trust.
The Information Governance Toolkit was replaced in April 2018 by the Data Security and Protection Toolkit (DSPT). The new toolkit was designed by NHS Digital to encompass the National Data Guardian reviews and the 10 data security standards and supports the key requirements under the General Data Protection Regulation (GDPR) and new Data Protection laws. The DSPT does not include levels in the same way as it did in previous years; instead it requires compliance with 40 assertions and the entire mandatory evidence items. The Trust has provided 100% of the mandatory evidence items in addition to completing and meeting 40 of the 40 assertions.

Information Governance training is provided as part of induction for all new staff and refresher training forms part of the Trust's mandatory training program. The Trust continues to maintain its accreditation against the ISO27001 (2013) standard in relation to Information Security. The Trust once again received 'Substantial Assurance' from Mersey Internal Audit following a review of the new Data Security and Protection Toolkit (DSPT) evidence, making this the ninth year in succession. During the period of reporting, there have been 5 serious incidents which were reported externally to the Information Commissioner Office (ICO) using the new incident reporting tool on the (DPST). The Trust has received notification from the ICO that 3 of the 5 incidents have been closed with no further action required by them due to the remedial action taken by the Trust. The remaining 2 are in a backlog with the ICO, however it should be noted that there are no outstanding actions required 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. NHS Improvement (in exercise of the powers conferred on 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.

Preparation of the Annual Report

The Trust is the corporate trustee to The Walton Centre Charity and has assessed its relationship to the Charity as a subsidiary. The annual report has been prepared on a 'group basis' in line with the treatment of the final accounts. During the year, community support grew steadily and in addition to raising awareness, the Charity 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 which enabled the Trust to purchase a Robotic Arm – a state-of-the-art piece of equipment to support a number of neurosurgical procedures. The Walton Centre Charity is overseen by the Walton Centre Charity Committee which is chaired by a Non-Executive Director. Details of the Walton Centre Charity Committee can be found in section 2 of the Accountability Report.

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 directors, senior managers and clinical leads within the 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 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.

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.

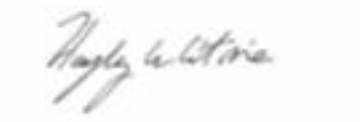
The Audit Committee acts independently from the executive ensuring that stakeholders are properly protected in relation to financial reporting and internal control.

The Quality Committee has continued to improve the process of internal control through the introduction of two initiatives; “what quality means to you” which requires divisional representatives to present to the committee on issues within their areas and 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 Committee’s compliance with its terms of reference and noted good compliance.

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.



Signed

Hayley Citrine, Chief Executive

24 May 2019

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 had an overarching aim to ensure Excellence in Neurosciences. It built 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'.

This year the Trust launched a five year strategy which was developed with staff, patients and partner organisations and is underpinned by the Walton Way Values that remain core to everything we do. The Trust's 6 ambitions are to:

- Deliver - best practice care
- Provide -more services closer to home
- Invest - be financially strong
- Lead – Research, education and innovation
- Adopt – advanced technology and treatments
- Recognise – be recognised as excellent in all we do

In addition to this the Trust is drafting a Quality Strategy which will include both nursing and patient experience ambitions.

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. The CARES (communicate, assess, respect, experience and safety) Quality Review is an example of this. The review is designed around 15 standards with each standard subdivided into four categories including patient experience, observations, documentation and staff experience.

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 is committed to delivering outstanding care for patients and monitors quality and safety on a daily basis. Safety is reviewed each morning at the Trust safety huddle, which allows staff to escalate any concerns relating to patient, visitor or staff safety. Themes are shared with Trust Board quarterly.

Quality and safety is discussed at various committees, which then provide chairs reports to the appropriate committee following each meeting. Key performance indicators are provided to committees so that improvements and key risks can be viewed and risk mitigated. Where improvements have been observed, lessons to be shared are also managed trust wide.

The Quality Accounts for 2018/19 were all achieved with the exception of 1 which was partially achieved. The Quality Accounts have been presented to the specialised commissioners and Healthwatch in May 2019, with positive feedback.

The Patient Experience Team have been recognised by Healthwatch for their engagement with patients and this is noted within the Quality Account feedback. Engagement information is shared with the Patient Experience Group and is also escalated to Trust Board with key themes of improvement work.

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 2018/19. 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.

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 earlier in this report. Further information can also be found within the Quality Accounts section of this document.

Membership

At the end of March 2019, the Trust's membership stood at 7,674 compared to 7,426 in March 2018. 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 44 provides a breakdown of the Trust's membership by constituency:

Table 44

Numbers by Constituency and Catchments	
Public Cheshire	1,172
Public Merseyside	2,515
Public North Wales	1,414
Public Rest of England and Wales	792
Public Out of Trust Area	10
Public Totals	**5,903**
Staff - Registered Nurse	406
Staff Registered Medical Practitioners	137
Staff Other Clinical Professional	438

Numbers by Constituency and Catchments	
Staff - Non-Clinical	346
Staff Total	**1,327**
TOTAL MEMBERSHIP	**7,674**

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.

During 2018/19 to ensure effective member engagement, members have continued to receive the quarterly membership newsletter Neuromatters, which contains a membership section and regular articles from Governors. These editions are sent by mail and email and are prominently displayed around the Trust to encourage membership. The newsletter is also available on the intranet, website and via social media.

During 2018/19 the Trust and Governors undertook the following membership engagement activities:

- Annual Members Meeting;
- Governor take-over day on the Trusts' Twitter and Facebook social media platforms;
- Articles in Neuromatters, membership magazine;
- Patient engagement and listening events at Satellite Clinics;
- Patient Listening Weeks;
- Participation in PLACE Assessments.

There is a dedicated email address which makes it simpler for members and prospective members to contact the Membership Manager: membership@thewaltoncentre.nhs.uk

4.2 Patient Experience

To demonstrate our commitment to continually improving the patient experience, we have had a Patient Experience Strategy to focus on ensuring our patients remain at the centre of everything we do. This strategy has ensured 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 strategy has been used to underpin the Trust strategic aims around the Walton Way values, encompassing excellent patient experience and design actions to help the Trust achieve its strategic objective of:

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

This has encompassed the areas of improvement that patients have informed the Trust about, as well as being based on “what does excellent patient experience look like?” The purpose of this Strategy has been 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.

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

As part of the Trust’s 5 year strategy (2018-2023), the Patient Experience Strategy will be merged with the Trust Quality Strategy. Engagement events are going to form this new strategy.

4.3 Patient and Family Centred Care

The trust has a strong focus on patient and family centred care, placing this at the heart of everything that we do, ensuring that we have the correct staffing levels to ensure our patients have the best possible experience.

4.4 Nursing Workforce

The nursing workforce is reviewed on a 6-monthly basis in line with national guidance using various tools and data is triangulated with nurse sensitive indicators to ensure that staffing is appropriate and safe. The reports are presented to Quality Committee on a monthly basis

and to Board bi annually. The senior nursing team provide leadership across clinical areas and ensure that there is a continued focus on nursing standards, the environment, patient safety and enhanced patient and family experience. As part of their work, the team review staffing on a shift by shift basis to ensure that changes in acuity and occupancy are considered and managed accordingly, in line with The Walton Centre outstanding status. The last staffing report was presented to the Trust Board in November 2018. As part of the staffing paper a full acuity and dependency study is undertaken on all wards and benchmarking against other trusts is also undertaken.

Where staff have requested to do long days instead of single shifts, this has allowed greater flexibility with staffing numbers to support enhanced levels of care and enable staff to have an improved work-life balance. Flexible working is promoted throughout all areas in the trust.

The nursing establishment planned versus actual results are reviewed by the Director of Nursing and Governance and are presented to various Committees prior to their monthly submission to NHS England and the Trust website. The unify return is cross referenced with friends and family data, registered nurse to patient ratio, nurse sensitive indicators and occupancy rates.

There has been a significant focus on effective recruitment and retention of registered nurses to ensure that staffing is to its optimum. Work has been conducted alongside NHS Improvement and focussed on recruitment, support of staff in the workplace, equality, diversity and inclusion and retention. All new registered nurses are supported with a full preceptorship programme and staff who want to retire and return are supported with this process.

The trust has also taken part in the Trainee Nurse Associate programme and 4 Nursing Associates have qualified in April 2019 and are working in the numbers on the wards.

4.5 Infection Prevention

The Trust has worked hard in 2018/19 to support the reduction of healthcare acquired infections and has seen considerable reductions. The annual trajectory of Clostridium Difficile was 9 cases for Public Health England (PHE), with the Trust reporting 8 cases this year. Clostridium difficile continues to remain a challenge for the Trust going forward however work continues to support this reduction.

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 introduced

a more timely and accurate screening medium, 'PCR', to allow the reduction in disruption of activity and to provide a better patient experience for patients who need to be screened following contact with an infected patient or on admission. This has allowed patients to be managed more effectively throughout the hospital.

The Walton Centre observed a reduction in catheter associated urinary tract infections (CAUTI) by introducing catheter diaries to support the clear communication of catheter management.

Quality indicators are monitored via the Quality Committee which is chaired by a Non-Executive Director.

4.6 Commissioning for Quality and Innovation Payment Framework (CQUIN)

Commissioning for Quality and Innovation (CQUIN) was introduced in 2009. A proportion of The Walton Centre's income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between The Walton Centre and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.
A proportion of the Trust's income in 2018/19 was conditional upon achieving quality improvement and innovation goals. The total payment received against the CQUINS in 2018/19 equalled £1,629,069.
For the first time CQUIN schemes were for two years with the following goals agreed for both 2017/18 and 2018/19:

- Clinical Utilisation Review
- Critical Care Timely Discharge (4 hr Target)
- Spinal Networks
- Medicines Optimisation
- Digital Maturity
- Health and Wellbeing
- Advice and Guidance

Further details of the agreed goals for 2018/19 and for the following 12 month period are available electronically at 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 various Committees and 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 Overview and Scrutiny Committee, specialist commissioners and Healthwatch have had the opportunity to review the Quality Account.

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 their behalf. This can be prior to, during or after their visit to the Trust. The Patient Experience Team can be contacted in various ways including telephone, email or in person whilst in the Trust.

Where concerns cannot be easily resolved or are of a more serious nature, the Patient Experience Team are responsible for supporting the patients and their families in managing the complaint. We pride ourselves in working with patients, families and staff throughout the Trust to resolve complaints in a timely way, explaining our actions and evidencing how services will be improved as a result of a complaint. This was reflected in the MIAA audit complaints management conducted during 2018/19. MIAA audited the processes in line with national guidelines and established practice and rated the Trust's complaints management as 'High Assurance'.

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 lessons learned. Outcomes from complaints are reported monthly to various committees and meetings within the Trust and to the Executive Team. Any 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, the monthly divisional governance and risk group meetings and Quality Committee.

Examples of lessons learned from complaints during 2018/19 include improvements to IT systems for patients with individual needs, staff training on use of IV medication, revision of use of cannulas, improvements to the patient referral system, and personal reflection for teams and individual staff members.

Complaints Activity

We use feedback from people who have used the complaints process to help us improve our responsiveness and service. 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 2018 – 31 March 2019

	Quarter 1 April–June 18	**Quarter 2** July–Sept 18	**Quarter 3** Oct– Dec 18	**Quarter 4** Jan–Mar 19
Number of complaints received	21	23	24	27

The Trust received 95 complaints during 2018/19 which was 28% less than the 132 complaints received during 2017/18.

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 family member once a complaint is received to agree the best way of addressing their concerns. This individualised approach has led to many patients or family members wishing to resolve their concerns informally rather than pursuing the formal complaints procedure. In addition to resolving complaints, where improvements can be made that are irrelevant to the complaint but noted in the investigation, these too are taken forward.

Patient Experience Strategy and Patient and Public Engagement

There has been significant engagement during 2018/19 with patients, families, staff and external stakeholders reviewing how we can enhance, capture and act upon feedback. This work has been monitored through the Trust's Patient Experience Group.

Building on previous engagement work at the Trust, including the Neuro Network Vanguard programme, we have improved how we listen and act upon patient, family and carer feedback through:

- Developing the Neuro Buddy volunteer service to capture feedback from patients while providing support
- Holding engagement events at the Brain Charity
- Holding Healthwatch Listening events in outpatient departments and on inpatient wards

- Working with universities to analyse best practice in patient and family engagement and involvement
- Engagement events led by clinicians
- Triangulating patient and family feedback with other quality indicators (such as incidents, complaints, claims, compliments) in Trust governance reports and governance assurance framework.

This has informed the Trust's forward plans for engaging and involving patients and families during 2019/20. Engagement events are planned at various locations as part of the implementation of Patient and Family Centred Care, which will also include use of social media during engagement events for patients and families who cannot attend can participate real time during the event.

Volunteers

During 2018/19, the volunteer service has continued to grow at the Trust. At the end of Quarter 4, we had 78 volunteers contributing over 750 hours per month on average. All volunteers have attended induction and required mandatory training. In addition to the Neuro Buddy role providing support to patients on wards, volunteers have been providing a valuable service in roles relating to research, Meet and Greet, trolley service, befriending, infection prevention and control, administrative duties and assisting the Pain Management Programme.

There has been a focus during 2018/19 on recruiting younger volunteers (aged 16-18). Our volunteer coordinator has held education and recruitment sessions at local colleges, with extremely positive feedback. Due to the nature of volunteering, there is a high turnover of volunteers (eg students ending term) with 58 volunteers leaving during 2018. Close management of this turnover helps us to ensure that we have a high level of volunteers who are appropriately supported.

National Inpatient Survey

In 2018 due to an informatics error by the Trusts survey provider (Picker) this led to a reduction in the return rate and the statistical significance of the rate to not meet CQC requirements, therefore the inpatient survey results can only be compared with other picker hospitals surveyed and not published as part of the wider CQC national inpatient survey results.

The results still included feedback from 29% of our inpatients and highlighted that significant improvements had been made across the hospital resulting in:

- We were the most improved Trust out of the 77 Picker organisations compared to last year
- Our scores were significantly better than last year in 16 questions (there were no questions last year where we were significantly better than the previous year)
- There were no questions where we were significantly worse than last year (we were significantly worse on 11 questions in the last survey compared to the previous year)
- We were significantly better than the Picker average on 37 questions (this was only 26 last year)
- There were no questions where we were significantly worse than the Picker average (there were 4 questions last year where we were significantly worse than the Picker average)

The Walton Centre undertakes regular patient and family engagement through several methods and this will be continued over the next twelve months to ensure that we act on relevant, current feedback

National Inpatient Survey Question	**2014 Result**	**2015 Result**	**2016 Result**	**2017 Result**	**2017 National Comparison**
1. Were you involved as much as you wanted to be in decisions about your care?	8.3	8.3	8.0	7.8	About the same
2. Did you find a member of hospital staff to talk to about your worries or fears?	7.0	6.9	7.0	6.0	About the same
3. Were you given enough privacy when discussing your condition or treatment?	8.9	8.8	9.1	8.6	About the same
4. Did a member of staff tell you about the medication side effects to watch for? (following discharge)	5.8	5.6	5.6	5.1	About the same
5. Did hospital staff tell you who to contact if you were worried about your condition? (following discharge)	8.7	8.9	8.5	8.7	Better

To note: National Inpatient scores are out of a maximum score of ten

Research and Innovation

The Trust continues to recognise the importance of Research and Innovation during 2018/19. The Neuroscience Research Centre (NRC) aims to:

- Work collaboratively to facilitate high quality clinical and healthcare research;
- Support the development and adoption of innovation;
- Reduce the timeline for study set up;
- Ensure its quality management systems and processes are fit for purpose and compliant with statutory regulations;
- Align its functions 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 has recruited 1,039 patients in 2017/2018. There are currently 85 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 continues to recruit patients and relatives to the Genome Medicine Centre in Liverpool, which is part of the Government's flagship 100,000 Genome Project.

During 2018/19, the Trust has worked in partnership with the following networks and organisations to attract NIHR funding to deliver clinical research and share research outputs and innovations 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)

The Trust was shortlisted in four categories in the North West Research & Innovation Awards for 2018 and won the Clinical Research Rising Star of the Year award.

Clinical Audit

During 2018/19, nine national audits and one confidential enquiry 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 ICNARC Review Group Meetings and aim to assist with decision-making, resource allocation and local quality improvement. An audit of unplanned re-admissions within 48 hours is currently being undertaken with the aim to present findings in May 2019.

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 quarterly internal trauma services meeting and the monthly Aintree University Hospital / 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 injury. PROMs performance reports are published quarterly and are fed back in the quarterly internal trauma services meeting**,** any patients experiencing severe-extreme problems 6 months from injury are discussed in the trauma-rehab MDT to see what further care can be provided. The provision of this accurate and relevant information is vital to help doctors, nurses and managers improve their services. The Trust will continue to submit data to TARN and will review individual cases as appropriate. The current TARN website indicates that the Walton Centre NHS Foundation Trust is one of the five Major Trauma Centres in England that has a statistically significant number of excess survivors compared to the average.

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

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 to deliver the 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 plan is for this to become an on-going audit with continuous data collection from 2019. WCFT did not submit data for the 2018 data collection period as there were no cases that met the criteria.

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 Trust submitted 100% of the applicable cases in the data collection period. NHS England has published documents indicating plans for an Emergency Laparotomy Best Practice Tariff in 2019/20. Commissioners are likely to consider the case ascertainment rates as reported by NELA before approving payment of the BPT. For instance, even if NELA data shows 80% of patients received the correct care, commissioners may not pay the enhanced BPT if only 30% of cases have been submitted to NELA.

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. Walton Centre NHS Foundation Trust submitted data securely via the TARN database. Findings are discussed at regional and local trauma group meetings. This project closed in June 2018.

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 published quarterly. An audit of WCFT thrombectomy data is currently being undertaken.

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.

Schedule of audits 2018:-

1. Audit of FFP cryoprecipitate in children and neonates – not applicable to WCFT
2. Audit of massive haemorrhage – WCFT did not have the minimum number of cases needed to be eligible to participate
3. Audit of O negative – not applicable to WCFT
4. Vein to Vein audit – voluntary audit, not applicable to WCFT

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.

National Audit of Care at the End of Life (NACEL)

NACEL is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcome Programme (NCAPOP). It focuses on the quality and outcomes of care experienced by those in their last admission in acute, community and mental health hospitals throughout England and Wales. NACEL will also focus on progress against achieving the five Priorities for Care as outlined in 'One Chance to Get it Right', on progress against the NICE Quality Standards, and CQC domains.

The scope of the NACEL includes the following elements:

- A case note review of inpatients in hospital in the last few days and hours of life
- An organisational level audit covering service models, activity, workforce, finance quality and outcomes
- The development and administration of an innovative Carer Reported Experience Measure

- The development and administration of a Staff Reported Measure
- Topics for periodic, time-limited 'spotlight' audits

The Walton Centre submitted data to the National Audit; however it was agreed not to submit the carer audit for bereaved relatives this year. The published report is being reviewed collaboratively with the palliative care team at Aintree Hospital who provide our specialist palliative care service. This is being monitored by the EOLC Committee.

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 was one study The Walton Centre was eligible to participate in during 2018/19.

Pulmonary embolism (PE)

The aim of this study is to examine organisational structures, processes, protocols and care pathways in hospitals from pre-admission through to discharge or death and identify avoidable and remediable factors in the management of patients diagnosed with pulmonary embolism focusing on the following areas of care:

- Risk assessment and prevention of venous thrombo-embolism
- Gap between those risk assessed to need anticoagulation, and those who actually receive it
- Availability and quality of diagnostic assessment, particularly CT scan of lungs (CTPA) 24/7
- Risk stratification and treatment of PE with the appropriate selection for, and application of, ambulatory and in hospital care
- Management, follow up and care, including information sharing on future complications
- Identification and management of patients at high risk of death, complications and late morbidity (eg. secondary pulmonary hypertension) and recurrence.
- Assessment of possible unnecessary interventions, including temporary IVC filters

Progress update – The patient identifier spreadsheet has been completed and submitted to NCEPOD within the set timeframe. One Walton Centre case was selected for the study however this was later excluded as the procedure date did not meet the criteria. The Trust

will complete the organisational questionnaire when this is distributed. The report is scheduled for publication in summer 2019.

Local Audits

During 2018/19, the Trust also participated in 102 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 2018/19 the Trust reported 2 Never Events. The requirements of the Duty of Candour regulations were followed in all instances ensuring openness and transparency. The first incident was subject to a thorough investigation with root cause analysis being completed; lessons learnt were shared within the divisions. The second never event is currently being investigated.

Conclusion

The Trust had made continuous improvements during 2018/19, meeting all of its financial and operational targets. This was a significant achievement, given the ongoing challenges faced by the NHS. The Chair and Chief Executive paid tribute to the hard work, dedication and achievements of staff and the many supporters of the Trust, including volunteers, support groups, charitable groups, fundraisers, members, governors and current and previous patients.

The Walton Centre NHS
NHS Foundation Trust

Quality Account

2018 – 2019

Part 1 Statement on Quality from the Chief Executive

We are delighted to share the Quality Account 2018/2019 for The Walton Centre NHS Foundation Trust which demonstrates our continual drive and commitment to delivering excellent standards of quality care to our patients and their families, enabling, “Excellence in Neuroscience”. This report details our performance over the last year whilst also highlighting our key priorities for 2019 / 2020.

2018/2019 has been an exciting time for the Trust and we have undertaken significant engagement to identify a new Trust strategy and objectives. We continued to engage with our partners and stakeholders in 2018 / 2019 and to identify our priorities for the fore-coming year with the Council of Governors, patient representatives, specialist commissioning and members of Healthwatch. The Quality Account incorporates information relating to compliance with national audits, complaints and information relating to research governance and data quality.

The Trust continues to deliver on quality care in relation to patient safety, clinical effectiveness and patient experience and our vision encapsulates this with our drive to achieve patient and family centred care. The Executive Team are committed to leading change to ensure patients have outstanding care both within the Walton Centre and in the other hospitals and centres across Cheshire and Mersey where we deliver care.

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 and regular contract quality performance meetings have taken place.

The Walton Centre NHS FT achieved a CQC rating of Outstanding in April 2016. The Trust has continued to deliver quality care and are currently finalising their well led inspection by the CQC. The quality priorities for 2018 /2019 have been achieved and are detailed within this Quality Account. In addition, this year we have achieved:

- Introduction of Hayley’s Huddle and the Safety Huddle
- Introduced the Cultural Ambassadors Programme –Andrew Lynch
- The Anaesthesia Clinical Services Accreditation
- Introduced Animal Therapy
- Patient Ambassador shortlisted for BBC The One Show’s NHS Unsung hero award
- Taken part in the BBC Two Hospital episode

- Designated a Hyper Acute Stroke Research Centre Accreditation
- Infection Prevention and Control Team member named NHS Procurement Champion NHS in the North Excellence in Supply Awards
- Specialist Spinal Surgeon became Eurospine president
- Creation of the Walton Surgical Assistant
- Shortlisted for the Nursing Times Workforce 'Best Place to Work for Employee Satisfaction' Award
- Navajo accreditation
- Consultant Neurologist wins Outstanding Health Professional - Brain Charity Awards
- Achieved IIP Gold Award for a second time

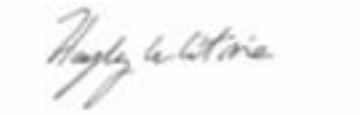
Such quality initiatives are discussed and debated through various Committees, including, the Audit Committee, the Quality Committee, Business and Performance Committee in order to ensure that quality assurance is achieved. These Committees report to Trust Board to ensure that patient safety is a priority and is progressed.

The sub groups to the Quality Committee include the Patient Safety Group, Clinical Effectiveness and Service Group, Infection Prevention and Control Committee and Patient Experience Group and items are discussed in detail to gain assurance and enable lessons to be identified and shared Trust-wide.

The Professional Nurses Forum, Quality Committee and Trust Board all receive information related to the quality agenda and progress of each indicator is assessed and rated as Red, Amber or Green against expected performance levels. A Trust safety huddle was in place for 2018 and this supported the discussions between various staff groups each day to share learning and prevent harm to patients, visitors and staff.

Staff within The Walton Centre NHS FT have continued to deliver year on year improvements in care and this is recognised by their achievements of 2018 / 2019 whilst working in partnership with our patients and their families to meet and exceed their expectations. The commitment to patient safety, clinical effectiveness and patient experience is appreciated and has enabled our successes.

In detailing our achievements and forthcoming priorities, I confirm that the information provided in this quality account is accurate and to the best of my knowledge.



Hayley Citrine, Chief Executive
24 May 2019

Part 2 Priorities for Improvement and Statements of Assurance from the Board

Towards the end of each financial year, the Trust works closely with various stakeholders to identify 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, with sub groups focussing on the 3 domains of quality: patient safety, clinical effectiveness and patient experience. The Director of Nursing and Governance is the Executive Lead responsible for delivering the plan and designates duties to operational leads for each of the priorities.

All of the priorities were identified following a review by Trust Board on the domains of quality reported in 2017/18. Consultation with patients, governors, commissioners, Healthwatch and other external agencies also informed the Board when focusing our priorities for 2018/19.

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 2018/19.

2.1 Update for Improvement Priorities for 2018–2019

In February 2019, the Board of Directors undertook a full review of quality priorities used by the Trust for the previous financial year and acknowledged the work implemented to ensure each priority was on target. At this review, quality priorities were identified and agreed for 2019/20. 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 engaged in the Trust during 2018/19, providing regular reviews and assurance via the Audit Committee and this process will continue into 2019/20. 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: Reduce Falls

There is a genuine desire to reduce falls and introduce a post-falls questionnaire to measure the psychological effect on patients. Whilst falls can have a physical harm, psychological elements can also be affected. Falls with no harm can affect patient confidence.

Outcome: Achieved

The Trust has implemented a post fall questionnaire which enables staff to have a more informed conversation with patients about their experiences following a fall. By asking patients to discuss what caused the fall or the circumstances leading up to it; future falls may be prevented. Falls can affect the confidence of the patient and thus impact on daily activities or rehabilitation; leading to an extended hospital stay. From the questionnaire, patients have reported feeling nervous, anxious and a little shocked post fall but that it also made them realise that they need to ask for help rather than try and be independent too early. Feedback collated will be incorporated in the revised patient information leaflet for falls.

Priority 2: Invest in staff training for patients with challenging behaviour

Extensive work has been undertaken to support patients with challenging behaviour. Staff have highlighted that they frequently experience abuse, both verbally and physically from patients and their families which is also highlighted in the staff survey.

Outcome: Achieved

In April 2018 the Trust approved a business case for the appointment of a Personal Safety Trainer on a part time basis. This replaced the previous arrangements of an external training provider delivering training to all relevant staff as required. Since April 2018, the training has been reviewed and updated. To ensure staff are receiving relevant and up to date techniques. The Personal Safety Trainer has attended a National course in order to deliver practical training to staff and this is in collaboration with the moving and handing advisor for the Trust.

As well as developing and delivering the new training package, the personal safety trainer attends wards/departments following incidents of aggression, to support staff real-time and help ensure there are appropriate plans in place to manage these difficult situations.

Priority 3: Reduce missed doses of critical medication year on year

The Trust has a list of medicines that are classed as critical that must be given when prescribed to maintain safe and effective care. On occasions critical medicines are omitted for a variety of reasons and in some cases this is avoidable.

Outcome: Achieved

During 18/19 the Trust achieved an overall reduction of missed doses of critical medications. Since quarter 3 17/18 the missed doses of critical medicines have been audited which is undertaken for one week each month. During 17/18 the mean number of missed doses per quarter was 107.5. In 18/19 this reduced to 68.5 which is a 36% reduction.

Audits continue in 19/20 and now include consideration of whether appropriate action was taken when doses could not be given, for example considering an alternative or informing the medical team.

2.1.2 Clinical Effectiveness

Priority 1: Extend Health and Wellbeing Programme to improve staff resilience and mindfulness

As an organisation with Investors in People Gold we are committed to ensuring the psychological wellbeing of our staff. As the pressure within the NHS increases, it is essential that our staff are able to manage their wellbeing whilst maintaining good health.

Outcome: Achieved

Approximately 10% of the workforce have been trained in resilience techniques. Research is underway to evaluate the benefits locally so this may be shared with other organisations. The final report date is March 2020.

Priority 2: Reduce non-clinical cancelled operations year on year

It is the aim of the Trust to reduce non-clinical cancellations year on year as cancellations have a negative effect of patient experience.

Outcome: Achieved

There has been a 7.14% reduction in the number of non-clinical cancelled operations during 2018/19 (156) when compared with 2017/18 (168).

Priority 3: Safety Huddle

The safety huddle addresses issues which have occurred over the past 24 hours and gives an opportunity to raise potential safety issues for the forthcoming 24 hour period, related to patients, visitors and staff.

Outcome: Achieved

The Safety Huddle takes place daily with staff attending from all disciplines. Themes are identified and quarterly reports are presented to the Quality Committee. The Trust has a culture of continuous improvement and this has resulted in improved communication and lessons learned to be shared quickly to prevent further harm.

2.1.3 Patient Experience

Priority 1: Improve how we provide information to patients

Patients and families are increasingly using social media as a key source of information to find out about their condition and their care and providing feedback and opinion.

Outcome: Achieved

There has been a significant increase in social media followers on Twitter, Facebook and Instagram during 2018/19.

The increase in followers (16,303) has been positively affected by videos of patient stories and national TV coverage including the BBC ‘Hospital Show’ and ‘One Show’.

The significant increase in followers has enhanced our opportunities for sharing information with patients and capturing their feedback. Social media has been used to share key information with patients and families such as urgent notices about outpatient appointments and car park availability, organ donation, engagement about the Trust Strategy and Vision, and infection control precautions. A process has been implemented so that feedback on social media is recorded and acted upon by the Patient Experience Team. This has led to a significant increase in the number of compliments from patients and families, with positive feedback from staff about how this has enhanced their morale.

Priority 2: Initiate enhanced training on oral hygiene

As a specialised centre for neurology and neurosurgery, we care for patients who have various complex conditions. As a result of some of these conditions, many patients require ventilation (sometimes for prolonged periods of time), a tracheostomy and/or have dysphagia (difficulty in swallowing) which at times means a patient has to remain nil by mouth for a period of time.

These patients are particularly vulnerable to having poor oral hygiene due to changes in secretions, dry mouth and impaired swallow. As well as this, many of our patients have cognitive and mobility difficulties, meaning it is difficult for them to care for their mouths efficiently resulting in decreased comfort levels as well as placing such patients at increased risk of infections and malnutrition.

Outcome: Achieved

The six month audit has been completed showing that over 100 members of staff have been trained in how to assess and care for patients mouths appropriately. The audit also showed an increase in an assessment of mouth status of 21%, an increase of 15% in mouth care products being given appropriately and 93% of patients audited having documented mouth care in the past 24 hours.

Paperwork has been finalised and is being used in a paper format currently across the wards with steps taken to make this available via EP2. Training is being rolled out across the Trust with mouth care champions identified for each ward.

The champions continue targeted training to staff commencing employment at The Walton Centre as well as providing additional support where mouth care is proving especially challenging. Training has also been incorporated into the tracheostomy training, nurse preceptorship and HCA certificate programmes.

Priority 3: Improve the way we listen and act on patient, family and carer feedback

Patient, family and carer feedback is important to us and it is essential that we triangulate information received and use all information gathered.

Outcome: Achieved

There has been significant engagement during 2018/19 with patients, families, staff and external stakeholders reviewing how we can enhance, capture and act upon feedback. This work has been monitored through the Trust's Patient Experience Group.

Building on previous engagement work at the Trust, including the Neuro Network Vanguard programme, we have improved how we listen and act upon patient, family and carer feedback through:

- Developing the Neuro Buddy volunteer service to capture feedback from patients while providing support
- Holding engagement events at the Brain Charity
- Holding Healthwatch Listening events in outpatient departments and inpatient wards
- Working with universities to analyse best practice in patient and family engagement and involvement
- Engagement events led by clinicians
- Triangulating patient and family feedback with other quality indicators (such as incidents, complaints, claims, compliments) in Trust governance reports and governance assurance framework.

This has informed the Trust's forward plans for engaging and involving patients and families during 2019/20. Engagement events are planned at various locations as part of the implementation of Patient and Family Centred Care, which will also include use of social media during engagement events for patients and families who cannot attend can participate real time during the event.

2.2 What are our priorities for 2019 – 2020?

In December 2018, the Board of Governors undertook a full review of quality priorities used by the Trust for the previous financial year and acknowledged the work implemented to ensure each indicator was successfully implemented and monitored. After this review, quality priorities were identified and agreed for 2019/20 with the Quality Committee, Health watch and Specialist Commissioners identifying the final priorities from those initially identified.

How progress to achieve these priorities will be monitored and measured:

Each of the priorities has identified lead/s who has agreed milestones throughout the year. Monthly meetings are held to review progress and support given as required.

How progress to achieve these priorities will be reported:

Updates are presented to the Quality Committee and Patient Experience Group which report to Trust Board. Merseyside Internal Audit Agency (MIAA) will be fully involved providing regular reviews and assurance via the Audit Committee. Quarterly quality meetings are held with the commissioners to review quality assurance and provide external scrutiny and performance management.

2.2.1 Patient Safety

Priority 1: Support Religious beliefs and cultures within the Theatre Department

Reason for Prioritising:
Whilst a lot of work has been undertaken for Equality, Diversity and Inclusion it has become apparent further work is required regarding cultural and religious beliefs.

The aim is to provide patients with an information leaflet regarding the products used within the theatre environment, for specific cultures, such as Jehovah Witnesses, to support patient religion / choice.

Outcome Required:
Training will be provided to staff within the Theatre and Outpatient Departments and will be audited. All patients who are Jehovah Witnesses will receive a leaflet, will have a pre-operative discussion and checklist completed regarding blood components.

Priority 2: Implement Aseptic Non Touch Technique

Reason for Prioritising:
An aseptic technique is used to deliver a wide range of care interventions to patient's e.g. intravenous medicines/fluids and wound care. Ineffective standards of aseptic technique are a significant cause of healthcare associated infection. Aseptic Non Touch Technique (ANTT) is a recognised national standard that has been shown to support the reduction of healthcare associated infections.

Whilst there has been lots of work undertaken in respect of infection control, the introduction of ANTT will enhance infection prevention practice; improve safety and quality of care for patients.

Outcome Required:
To reduce variability in clinical practice and increase compliance with infection and reduce the risk of healthcare associated infection.

Priority 3: Pre and post-operative discussions with the Theatre Team

Reason for Prioritising:
Whilst conversations take place during pre-operative assessments, patients often have further questions/anxieties regarding their forthcoming admission that may not necessarily be a clinical related question and may be related to the 'experience' of the day itself and the expectations of being in theatre. This priority is following feedback from the inpatient questionnaire in conjunction with the Head of Patient Experience.

The conversation will take place on the day of surgery, before the patient's procedure, and is separate to pre-operative assessments (which will take place prior to the admission). This will be part of a bespoke theatre patient experience proforma. This conversation will enable recovery staff to gain an understanding of the emotions, expectations and wellbeing of patients at that point, as we do not currently capture this additional information. The patient's journey will be followed to ensure we gather feedback regarding their experience to ensure we get a better understanding of the patient journey.

With the introduction of a pre and post-operative discussion with a member of the theatre team, we aim to ensure future patients have a positive and safe experience and an opportunity to ask questions they may not feel there is a place for in other appointments they may attend.

Outcome Required:

This initiative will address the normal anxieties that a lot of patients feel in relation to being admitted to theatre and hope to improve the patients experience by doing so. In doing this we have purposefully avoided issues surrounding consent and clinical outcomes as they are addressed in other pre-established conversations and documents that will not be included in this initiative. We will signpost the patient to the relevant persons should these questions arise.

The outcome sought is to address the emotional and welfare needs around a patient's admission to theatre and therefore be a more holistic approach to our communication and care planning.

2.2.2 Clinical Effectiveness

Priority 1: Introduce In-house Masters Neurosciences Training Module

Reason for Prioritising:

This is a level 7 Masters module that will provide an overview of the neuroscience speciality. It will be available to the multi-disciplinary team (MDT) to enhance staff knowledge of care and management of patients within the neuroscience specialty.

Outcome Required:

To gain accreditation for the module by an academic provider and to deliver a Neurosciences module to a range of MDT staff across the Trust

Priority 2: Contacting patients who require telemetry tests prior to admission to reduce the rate of DNAs (appointments where patients do not attend)

Reason for Prioritising:

EEG Telemetry is a type of long term EEG monitoring to aid the diagnosis of epilepsy. Telemetry tests require a hospital admission and during this time the patients is confined to bed (whilst their brain activity is monitored together with a video recording of the patient). Demand for this test is significantly high and waiting times can be long.
Patients referred for telemetry will be contacted to obtain a detailed clinical history. This will ensure the telemetry test is still warranted and the patient understands what the admission involves.

Patients can be on the waiting list for many months. Two weeks prior to admission the patient will be contacted again to ensure their seizure frequency has not changed/or seizure type changed. If it has changed then tests may no longer be required and the appointment can be re-allocated.

Outcome Required:
Reduction in patients admitted for telemetry who are no longer having frequent seizures
Reduction in DNAs

Priority 3: Introduce the A3 methodology for Quality Improvement

Reason for Prioritising:
Whilst the Trust undertakes numerous projects to enhance patient care, the A3 Methodology supports a 'plan on a page' concept which will provide staff with a project plan to deliver clear defined outcomes
Staff will have a streamlined approach to project delivery, saving valuable time and enabling success

Outcome Required:

- Training will be delivered to 75 leaders Trust wide.
- Quality Improvement Walls will be in place in order for learning to be displayed and shared
- A3 posters will be discussed with the Executive Team to provide support and challenge in progressing change

2.2.3 Patient Experience

Priority 1: Introduce Patient and Family Centred Champions

Reason for Prioritising:
A scoping exercise will be undertaken to identify staff who would like to become a champion for patient and family centred care

The role will involve supporting patients throughout their journey by way of undertaking shadowing, walkabout exercises and obtaining patient and family stories

This will enable the Trust to ensure patients and families have the best possible experience

Outcome Required:

- For patients and families to receive the best possible care at The Walton Centre
- Staff satisfaction

- A wider allocation of resources
- Better Health Outcomes

Priority 2: Offer neurovascular follow up patients the opportunity to receive scan results via post

Reason for Prioritising:
These patients routinely have scans at 6 months, 18 months and 60 months post treatment. They often attend clinic simply to be told things are fine. At a patient's 6 month clinic appointment they will be offered the opportunity to receive the results of their scan via letter. If there is an issue with the scan they will be given a clinic appointment.

This will result in improved patient experience as no travel will be required and no expenses (as per previous feedback) whilst releasing further car spaces for others.

It should also free up some capacity within the outpatient department and reduce waiting times for appointments within the neurovascular service.

Outcome Required:
Patients who attend the neurovascular follow-up clinic will be offered the opportunity to receive their follow-up scan results via post if clinically appropriate. Letters will be sent with imaging results which will decrease the waiting list for follow-up appointments within the neurovascular service.

Priority 3: Refurbishing of Patient and Family Day Rooms within the ward areas

Reason for Prioritising:
The day rooms within the surgical wards will be refurbished into a patient and family centred environment which will support the healing process for patients and enable families to spend quality time with their loved ones

The rooms will be equipped with a small kitchenette, dining area and comfortable seating

Outcome Required:
For patients and families to have a more patient and family centred environment and spend more time with their loved ones. The day rooms will be refurbished and redecorated with facilities to enable patients and families to enjoy a meal together, watch TV together and also be able to make beverages whilst sitting in comfortable supported chairs.

2.3 Statements of Assurance from the Board

During 2018/19, The Walton Centre provided and/or sub-contracted four relevant health services:

- neurology
- neurosurgery
- pain management
- rehabilitation

The Walton Centre has reviewed all the data available to them on the quality of care in four of these relevant health services. We have interpreted this as services covered by our Quality Committee that are monitored by internal and external indicators and not necessarily a formal review.

The income generated by the relevant health services reviewed in 2018/19 represents 91.1% of the total income generated from the provision of the relevant health services by The Walton Centre for 2018/19.

2.3.1 Data Quality

The data reviewed covers three dimensions of quality – patient safety, clinical effectiveness and patient experience which are all encompassed within the Quality Committee Terms of Reference and Trust Board.

The Walton Centre takes the following actions to improve data quality:

- The Trust continues to develop internal data collection systems to provide assurance to the Quality Committee in relation to the accuracy of data quality.
- The Trust continuously reviews its internal processes in relation to the measurement and reporting of the quality indicators reported both to the Board and reported externally. This includes reviewing the quality indicators outlined within the Quality Accounts ensuring that there are standard operating procedures and data quality checks within each quality indicator process.

Ward to Board nursing quality indicator data has been collated over the last eight years which includes data collection of not only information to support progress against the Quality Accounts but additional nursing metrics to provide internal assurance and allow a clear focus for improving patient experience and delivery of quality care.

This information supports the Trust in building year on year metrics to show progress against important aspects of the patient journey.

2.3.2 Participation in Clinical Audit and National Confidential Enquiries

During 2018/2019, 10 national clinical audits and 2 national confidential enquires covered relevant health services that The Walton Centre provides.
During that period The Walton Centre participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Walton Centre was eligible to participate in during 2018/2019 are as follows:

2.3.3 National Audits

- Adult Critical Care (ICNARC / case mix programme)
- Severe Trauma - Trauma Audit & Research Network (TARN)
- National Emergency Laparotomy Audit (NELA)
- 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 of Care at the End of Life (NACEL)
- Getting It Right First Time Audit (GIRFT)

2.3.4 National Confidential Enquiries

- Pulmonary embolism
- Perioperative diabetes

The national clinical audits and national confidential enquiries that The Walton Centre participated in, and for which data collection was completed during 2018/2019 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

National Audit	Participation	% Cases submitted
Acute care		
Adult Critical Care (ICNARC / Case Mix Programme)	Yes	100%
Severe Trauma (Trauma Audit & Research Network)	Yes	99%
National Emergency Laparotomy audit (NELA)	Yes	100%
The Sentinel Stroke National Audit Programme	Yes	100%
National Audit of Care at the End of Life (NACEL)	Yes	100%
Getting It Right First Time Audit (GIRFT)	Yes	100%
Neurosurgery		
National Neurosurgery Audit Programme (NNAP)	Yes	100%
National Comparative of Blood Transfusion (NCABT) – Management of massive haemorrhage	N/A	N/A – WCFT did not have the minimum number of cases required to participate
Older people		
Falls and Fragility Fractures Audit programme – National Audit of Inpatient Falls	N/A	N/A – No WCFT cases met the inclusion criteria
Rehabilitation		
Specialist Rehabilitation for Patients with Complex Needs Following Major Injury	Yes	100% – Project closed in June 2018
National Confidential Enquiry into Patient Outcome and Death		
Pulmonary embolism	Yes	N/A – one case was identified, however, it was excluded as it did not meet the criteria
Perioperative diabetes	Yes	100%

The reports of 5 national clinical audits were reviewed by the provider in 2018/19 and The Walton Centre intends to take the following actions to improve the quality of healthcare provided:-

National Audit	Actions
Adult Critical Care (ICNARC / Case Mix Programme)	• Findings are discussed quarterly • The Trust will continue participating in the ICNARC/Case Mix Programme by submitting data for all patients admitted to Critical Care • An audit of unplanned re-admissions within 48 hours has been in progress over the last two years and the data collected is currently being analysed. The plan is to present findings at NACCS in May 2019 and also to

	present at the ICU Operational Group and the Clinical Effectiveness Services Group
Severe Trauma - Trauma Audit & Research Network (TARN)	• The Trust will continue to submit data to TARN and will review individual cases as appropriate
National Emergency Laparotomy Audit (NELA)	• The Trust will continue to submit data to NELA and review published reports / recommendations – No further actions are needed
The Sentinel Stroke National Audit programme (SSNAP)	• An audit of WCFT thrombectomy data is currently being undertaken
National Audit of Care at the End of Life (NACEL)	• This is being reviewed collaboratively with the palliative care team at Aintree Hospital who provide our specialist palliative care service. This is being monitored by the EOLC Committee

2.3.5 Participation in Local Clinical Audits

The reports of 102 local clinical audits were reviewed by the Trust in 2018/19 and The Walton Centre intends to take the following actions to improve the quality of healthcare provided:-

Neurology Clinical Audits & Service Evaluations

Audit title	Actions
Re-audit of departmental carpal tunnel screening in compliance with British Society of Clinical Neurophysiology guidelines (N 143)	• Hand temperature to be taken from the palm of the hand using a thermometer and maintained above 32°C throughout the investigation. The hand can be warmed using departmental heating limbs SOP if necessary. The hand temperature is to be documented on the report. • Re-evaluating referral form to include more focussed questions in order to attain more clinical information from referring consultants prior to investigation
A mixed method analysis of the psychology-led 'Talk easy' group for inpatients on the CRU (N 159)	• Psychologists to meet when appropriate to discuss structure and content of future 'Talk Easy' group • Currently no immediate plan to re-run the group due to low staffing levels and the nature of patients at present. Possibility of restarting the group as and when new patients are admitted. • Talk Easy flyer and information now available in rehab folders • Attendance is completely optional and consent is always sought from patients. However, allocated psychologists to continue to ensure patients attended to future groups are given verbal and / or written information about what to expect to reduce any anxieties
Audit of standards for reporting and interpretation of imaging in line with BMU and RCR guidelines (N 172)	• Radiology registrars advised to insert labels as required • Advanced practitioners in Radiology to be reminded to include clinical information if referrer has forgotten
Volume based feeding supplemented with protein on Horsley ITU in TBI patients (N 126)	• Findings presented at department professional update meeting June 2018

Telemetry audit (N 141)	• Guidelines for completing LTM books – Distribution of revised department guidelines for completing LTM books • Layout for LTM books – Discussion and distribution of revised template for the layout of LTM books
Review of neuropsychology patient satisfaction in line with department of health (N 156)	• The neuropsychology outpatient service model be considered to further reduce the number of separate visits required to complete a neuropsychology assessment – Increase number of all-day appointments to reduce number of times patient needs to visit department • Resourcing for outpatient neuropsychology to be considered in order to reduce waiting times – Evaluate whether there is a business case to increase resourcing and reduce waiting times
Audit of compliance with documentation regarding best interest decisions surrounding nutrition and hydration on Horsley ITU (N 189)	• Simplify documentation – update ICU ONS pathway guidelines to default to normal diet and fluids (unless otherwise stated) when oral route required for SLT swallow assessment
An evaluation of outcomes and compliance with report writing standards following video fluoroscopy – re-audit (N 184)	• Results to be fed back at SLT team meeting with reminder of standards • Crib sheet to be produced and used for all VFS referrals • Continue to monitor via repeat audit SLT staff to be aware to escalate to lead SLT if any issues for individual patients to allow resolution
A re-audit of the protocol for intermittent photic stimulation, including when a photoparoxoysmal response is provoked, and if the department complies with current published European guidelines (N 139)	• Feedback findings at the departmental risk meeting • All physiologists must tell 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 a 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 stimulus is switched on • All physiologists must ensure they measure a distance of 30cm from the nasion of the lamp • All physiologists record cumulative 2.5 minutes with eyes open and 2.5 minutes with eyes closed prior to IPS

The diagnostic utility of EEG activation clinics in the diagnosis of non-epileptic attack disorder (N 174)	• Activation clinics to continue- due to the demand and increase number of referrals triaged into this clinic more slots are required / NG to liaise with DT to arrange further clinic slots in the week
	• Expansion of service due to demand of referrals triaged into Activation clinic / Educate team of physiologists on suggestion and protocol Clinic observation
	• Review test protocol / Amendments made to protocol:
	  • In addition to NEAD inclusion criteria to referral triaging includes ‘Epilepsy with triggers/reflex epilepsy’ and ‘frequent daily events’
	  • Exclusion criteria ‘Patient does not consent to the test or trigger a typical event’

	• Further guideline added to protocol- when possible- Consultant Neurophysiologist invited into the clinic and uses suggestion techniques
Audit of exam time to report availability (N 201)	• Appointment of 11th consultant radiologist
Supporting patients with concerns regarding their sexual health and wellbeing during rehabilitation (N 157)	• Unmet need identified in patient population – Start next phase of project to develop patient and family information, staff training package • Raise awareness of aims, scope and plan for project with key stake holders within the Trust – Arrange meeting with medical director, patient experience lead, equality lead, safeguarding lead
Audit of CT protocol adherence (N 203)	• Check of discrepancies & review to make more concise • Education of booking staff
Re-audit of pre-conceptual counselling for women with epilepsy (N 118)	• Signed consent forms to be used for all female patients taking sodium valproate • Re-audit with inclusion of signed consent form
Audit of the standards of communication of radiological reports and fail safe notifications in line with Royal College of Radiologists (N 202)	• Office staff to all follow the agreed procedure – Office manager to send reminders • Radiologists to follow the same agreed procedure for instructing office staff of urgent reports
Audit of CT pulmonary angiograms service evaluation (N 204)	• Further training for radiographers as how to avoid suboptimal imaging
Evaluation of epilepsy surgery MDT and outcomes of patients undergoing epilepsy surgery (N 129)	• Recording of seizure outcomes / recording of additional secondary outcomes
Components of the initial rehabilitation prescription on IRMA ORION completed within 4 calendar days / TARN minimum dataset completed in 48hrs for all trauma patients (N 160)	• To continue to promote the use of the rehabilitation prescription by all members within the WCFT. • To liaise with all members of the trauma team to promote use of rehabilitation prescription within Trauma Services Meeting • To continue using the rehabilitation prescription document in its entirety. Including all sections reviewed in this audit. • Addressed at Trauma services meeting, Aintree/Walton assurance meeting, Major trauma network
Retrospective audit of long term monitoring referrals – referrals – re-audit (N 138)	• All consultant neurophysiologists to document and discussions held the week before planned admission regarding AED regime and alterations. Document on the referral
Audit of the multidisciplinary tracheostomy ward round in hyper acute rehabilitation (N 155)	• Presentation of audit at CMRN hub in service training and SLT staff meeting • Arrange training for team from ENT colleague with special interest in airways/tracheostomy management. • Involvement of dietetics – Discuss with principle dietitian and lead for rehabilitation • Update SOP for tracheostomy ward rounds on Lipton • Ensure documentation of communication strategies
Audit of radiology imaging under mandatory IRMER	• Results circulated to staff • Findings presented

guidelines (N 85)	
Audit of contrast CT protocols adherence (N 203)	• Check discrepancies and review to make more concise • Booking staff educated that EFGR should be checked in the "at risk" group of outpatients
Audit of compliance in Radiology of the WHO surgical safety checklist (N 185)	• Radiographers to scan WHO checklist onto CRIS for all cases
Audit of patients with multiple radiological examinations (N 212)	• Agreement of radiology consultants to proof read reports to ensure all areas reported • Radiologists to load an error log if one scanning area has been missed
Review of patient satisfaction survey in radiology - CT (N 210)	• Rating – very good / good – 100% • Seen within 15 minutes 100% • Happy to return – 100% • Comments regarding lack of car parking, particularly for disabled patients – unable to increase car parking capacity • Office staff not available when patients arrive early for CT/MR appointments – Radiology manager and office manager have discussed this issue
Management of orthostatic hypotension in Parkinson's Disease (N 195)	• Findings presented at Neurology consultant meeting
CRU service evaluation of upper limb pathway (N 183)	• No actions identified to be implemented other than to continue with informal IST discussion with new starters and to continue with outcome measures month and board in MDT
An audit of electro-encephalogram reports, assessing the accuracy of utilised neurophysiology nomenclature used by clinical physiologists and consultant neurophysiologists (N 181)	• Revised glossary of terms circulated for further comment, possible alterations and additions. • Glossary of terms to be used for reference
Audit of non-medical referrers in radiology under IRMER guidelines (N 224)	• Findings reported to Radiology manager, clinical director for radiology, PACS manager, Clinical systems manager, Director of nursing and all referrers • Added to Quality, Risk and Governance update for staff and directorate management meeting
Review of patient satisfaction survey in radiology – general (N 211)	• New signage ordered
Audit to assess NG tube position in line with NPSA safety alert: reducing harm caused by misplaced NG tube (N 215)	• Staff advised that if asked to show whole CXR then to document on CRIS • Staff reminded of correct centring
Audit of the recording of CT radiation doses and missing images (N 221)	• Results disseminated to all CT staff, principal radiographer/core trainers for CT to monitor
Audit of Venous sinus intervention for IIH service	• No issues to address – no further audit required

outcomes (N 115)	
Volume assessment of prescribed enteral feed given in the rehab setting following pump training for therapists (N 229)	• Pump training for therapists continues to be effective • On-going training as required for new starters / rotational staff • Share results – submit to book of best practice
Discover whether the current neurophysiology sleep service conforms to standard AASM guidelines (N 114)	• Research market for possible additional features that may be compatible with the TREX headbox to record patient position for PSG • Devise an updated PSG / MSLT physiologist report template that includes polygraphy parameters recorded • Discuss the addition of sleep efficiency index field into the PSG report with Optima
Standards for reporting and interpretation of ultrasound imaging in line with British medical ultrasound and royal college of radiologists guidelines (N 226)	• Results to be discussed with all reporters. • Learning points to be raised and RCR discrepancy report completed • Meeting with radiologists and reporting practitioners
Evaluation of the usability of an MS Self-reported assessment tool for people with Multiple Sclerosis (N 200)	• TiMS to review results and consider further audit or refinement – TiMS theatre group decision • WCFT to have further discussion on use of tool within MS service – MS team discussion • WCFT MS to consider a further review which would include asking reasons for not completing the form to allow these results to inform future development of the tool
Volume assessment of prescribed enteral feed given in the acute setting (N 206)	• Dieticians to emphasise thorough documentation for fluid balance charts during nurse preceptorship training • Feed start time to be given protected status across the trust similar to protected meal time
Current care of patient with Tuberous Sclerosis at WCFT (N 207)	• Setting up joint neurology / renal TSC clinic in Royal • Funding / administrative of the joint clinic – there are on-going discussions between respective department of Royal Liverpool Hospital and Neurology Division at WCFT
Audit of extravasation in neuroradiology (N 242)	• Use of cannula in opposite arm if no visualisation of contrast on first scan and no evidence of extravasation • Trial of new cannula • Review of CT pump injector • Review of contrast policy by consultant neuro radiologist • 3 year trend analysis of extravasation • Re-audit 12 months
Documentation of personalised care plans in patients prescribed buccal midazolam (N 151)	• Discuss possible actions within epilepsy team:- • To re-emphasise to colleagues the importance of providing a personalised care plan to patients newly prescribed buccal midazolam • To consider creating a midazolam proforma on Ep2 (aims of midazolam therapy, seizure type(s) and duration(s), when to use midazolam, how much to use, whether to repeat, when to call 999). Such a proforma might improve compliance
Monitoring osteoporosis risk	• Proper documentation in clinic letters of alcohol /

in patients on enzyme inducing antiepileptic drugs (N 175)	smoking / menopause / previous fractures / LD and risk of immobility • Provide patients with link or information about the association • Check vitamin D and any other required investigations every 2 – 5 years. NICE recommended maintenance dose of Vitamin D for all patients and treatment dose for those who suffer from severe Vitamin D deficiency, with follow up in 3-6 months
Review of neuropsychology patient satisfaction (N 209)	• The neuropsychology outpatient service model to be reconsidered to further reduce the number of separate visits required to complete a neuropsychology assessment – increase number of all-day appointments to reduce number of times patient needs to visit • Resourcing for outpatient neuropsychology to be considered in order to reduce waiting times – Evaluate whether there is a business case to increase resourcing and reduce waiting times
Evaluation of a neuropsychological group for patients with persistent post-concussion symptoms (N 163)	• Development of the intervention is recommended, particularly to include additional 1:1 support to help facilitate behavioural change and to address issues at an individual level i.e. manualised group programme on its own is limited in effectiveness particularly as this is a highly specialised intervention area due to complex interactions between head injury and psychological factors
Audit of goal setting meeting processes in the Hyper Acute and Complex Rehabilitation Unit (N 237)	• Escalate room availability issues for Lipton through risk registers, Hub Operational meeting and evaluation of room use • Speech Therapy and Psychology to work on flowchart for supporting patient attendance at meetings • Meet with nursing and medical staff groups to highlight issues around attendance and discuss support measures • Dieticians awareness of GAS processes and attendance at meetings • Dissemination of findings at appropriate staff groups – present findings to Hub Operational meeting
Re-audit of compliance with documentation regarding best interest decisions surrounding nutrition and hydration on Horsley ICU (N 220)	• Discussed at ICU operational group – no further specific actions identified
Audit of radiology multiple examinations (N 222)	• Disseminated to all radiological staff • Radiologists to double check that all elements are reported
Audit of accuracy of voice recognition software in radiology (N 223)	• Radiologists reminded to correctly place microphone and proof read reports
Audit to assess NG tube position in line with the NPSA safety alert: using edge enhancement	• All radiographers have been informed to produce one image with edge enhancement and one normal image to identify the NG tube – This is processed for original so no need for further radiation dose

technique for better visualisation (N 234)	• 6 NG tube size 210 images reviewed to see if adequately visualised and possible use
MS Nurse patient survey (N 206)	• Newly diagnosed information days – the frequency of these have increased from 1-2 a year to 4-6 a year • Consider whether we can offer group symptom management days – to discuss with the MDT team • Telephone calls reported as rushed – discussed as a team to reflect upon
Patients who have had an inpatient fall: has an adequate visual assessment been undertaken (N 194)	• Discuss results on WCFT falls steering group meeting • Introduce impact of vision on falls – highlight in education session • Seek consensus of ways to implement visual assessment in patients with falls
Protected meal times and red tray policy (N 225)	• The audit findings to be highlighted and discussed at the nutrition steering group – action plan to address issues to be agreed at the nutrition steering group
Audit of the number of patients recalled for further MR imaging (N 244)	• Set up case review meeting • Radiologists and radiographers advised to carefully check all sequences scanned • Review of MR recalls
Audit of double reporting of Radiology reports (N 245)	• Results disseminated to all radiologists • Learning points to be discussed

Neurosurgery Clinical Audits & Service Evaluations

Audit title	Actions
Evaluation of discharge prescription process pre- and post- implementation of pharmacist independent prescribers (NS 86)	Disseminate audit findings to divisional leads for consideration of business case for additional staffing
Efficacy of the Epidural Blood Patch for the Treatment of Low Pressure Headache (NS 144)	• Standardized recording template of headache description. • Standardized recording template for diagnostic LPs with precisely documented level of injection, patient position, needle size and type and measured CSF pressure • More careful recording of targeted levels, given blood volume and immediate response on a patient discharge letter • Actions to be discussed and agreed with the Neurology department • To be discussed at Health records group
Cauda Equina Referral Audit 2017 (NS 118)	On publication of the ENTICE Project Report later this year, review the recommendations and implement actions appropriate to the Walton Centre
Hypothermia: Prevention & Management in adult surgical patients (NS 151)	Present audit findings at the monthly audit meeting to remind staff of:- Temperature monitoring for all patients every 30 mins Improve documentation:_ • Temperature record on anaesthetic chart pre and intraoperatively • Use of warming devices / method Consider initiation of active warming in the preoperative

	period. Re-audit annually
HTA 54 - Coroner's & Hospital PM's Horizontal Audit (NS 172)	No non-conformances were raised – No actions required
GBM: 2 week referral rule (NS 148)	Consideration for further audit looking at GP referrals under 2 week rule to identify whether these are done based on the guidelines. No other actions required
An audit of discussions with relatives of patients admitted as an emergency to the Walton Centre (NS 67)	• Audit results were discussed with the Medical Director (MD) and the neurosurgical consultant group • The MD considered that, despite the time constraints, provision should be made to discuss matters with relatives as appropriate. Re-audit
Accountable Items, Swabs Instruments and needle count (NS 162)	• Theatre leads to develop document that can be put directly into patient notes with record of final count • Development of TIMS (Theatre Information System) to incorporate an electronic Theatre record
Electrosurgery in theatres (NS 135)	• Obtain the user manual for the Electrosurgery equipment • Develop SOP for the use of Electrosurgery equipment • Update and educate all Theatre staff • Check for the availability of smoke evacuators
Specimen Management in Theatres (NS 133)	Raise awareness with theatre staff via Education at June Audit: • Importance of PPE • Ensuring Labels are attached securely with clear sticky tape.
Managing Perioperative Normothermia (NS 131)	Signs are to be positioned on the doors of the fluid cabinet to remind staff of the importance of monitoring the length of time the fluid is kept in the cabinet and maintaining a temperature of 40°C Raise awareness with staff at Theatre Audit meeting
Use and Handling of Surgical Instruments (NS 134)	Update policy and SOP to include the risk assessment and guide in opening surgical instruments in exceptional circumstances
Clinical Management: Perioperative patient care Post-anaesthetic Care (NS 132)	• Estates aware of Temp' issues, electric heaters have been made available within Recovery Department • Look into the purchase of padded cot-sides for department' • 5 staff identified for ALS training, funding and places secured. • Recovery handover document to incorporate ward signature for accepting care of patient.
Clinical outcome in Adult deformity treated with anterior and posterior spinal reconstruction Oblique Lumbar Interbody Fusion (OLIF) (NS 154)	• Intra operative bleeding – monitoring of clotting factors • Implant malpositioning – intraoperative CT scan
Anaesthesia in theatres (NS 128)	• New maintenance contract with Royal Liverpool Hospital • Anaesthetic practitioners booked onto rolling programme to attend IV administration course. – Anaesthetist

	available at night if required to meet policy requirements • Rolling programme for ILS training / 5 practitioners booked onto ALS intensive course • Source single use Large Laryngoscope blades via procurement
Audit on Anaesthetic management of intra-arterial Thrombectomy of stroke patients (NS 129)	• Limited information available to anaesthetists concerning actual co-morbidities of stroke patients and current physiological status – to be discussed in Thrombectomy group meeting with Neurologists • Produce local guidance for the peri-operative management of IAT patients • All IAT patients must have a clearly defined post-operative destination capable of delivering appropriate stroke care and rehabilitation - To be discussed in Thrombectomy group meeting with neurologists Presented at Clinical Audit Half Day June 2018
Investigation to assess the efficacy of the pre-operative assessment clinic (POAC) (NS 171)	• Teaching sessions for specialist nurses regarding medication histories • Communication to junior doctors to refer to POAC medication histories on eP2 - Include in medicines management session on junior doctor induction. • Once evaluation of pharmacist prescribing service complete (data collected, currently being written up), consider business case for further funding for pharmacist prescribers
The use of the new dual action opioid drug Tapentadol in the treatment of chronic non-malignant pain? (NS 25)	• Better documentation of medication in clinic letters generated from the opioid clinic by consultant and nurses – discuss at nurse supervision meeting and consultant M&M meeting • Prospective audit for 6 months in patients cross tapered to tapentadol and patients newly started on it. Long term follow up - The possibility of using EMIS web to check for long term efficacy would be helpful but need consent from the patient.
Management and outcomes for patients diagnosed and treated for glioblastoma (GBM) at WCFT in 2016 (NS 107)	Present a proposal to the oncology group for the implementation of an 11 point standard of care for our oncology patients. This would limit who does the oncology work to try and address this issue
28 Day Faster Diagnosis Patient Pathway (NS 175)	• 2ww referrals are not current triaged, leading to inappropriate referrals being tracked on a cancer pathway, increasing the risk of breach to FDS & other relevant cancer pathways - Discuss with Dr Wilson about the need for clinical triage of 2ww referrals • The vast majority of 2WW referrals are seen by Neurology; as it is consistently not documented in the case notes, Consultant Neurologists may not be aware that these patients are on a suspected cancer pathway - Meet with records and PAC to discuss a mode for easy identification of referral status • For some tumour diagnoses (meningioma, low grade glioma), it was not clear what the patient had been

	informed i.e. cancer or not cancer - Discuss in cancer services with Neuro-oncology Surgeons Clarity of clinical documentation in clinic letters to be discussed in Neurology Consultants meeting and cancer services
Post op analgesia provision in patients on PCA audit (NS 177)	• Review of pain protocols • Designated Anaesthetist from the department of Anaesthesia with a remit to improve-Acute Pain treatments • comprehensive guidance for improved-Acute Pain treatments • On-going Education/training for ward nurses
Headway Acute Trauma Support Service Evaluation (HATS) (NS 125)	• Through exploring different models of service delivery, Headway is now well positioned to develop the service further in existing areas of operation and extend to new areas. • No actions to be addressed by the Walton Centre
HIST 267 Surgical Vertical Audit 2018 (NS 194)	No actions required
Comparison of Critical Care Daily Reviews quality out of hours when Advanced Critical Care Practitioners (ACCPs) on and off duty (NS 184)	• ACCP team in period of expansion to continue to provide medical cover • ACCP now on medical rota of a weekend
Fasting times / Preoperative fluid restriction in surgical patients (NS 163)	• Re-evaluate and re-address communication and education methods regarding safety and benefits of hydration to nurses • develop a poster for the wards to remind staff and patients of fasting times • Amend admissions letter to include policy details regarding fasting Audit interventions / emergencies
Interval monitoring of incidental meningioma: are we following best practice? (NS 108)	• External validation of our findings - Prospective/retrospective study involving another cohort of patients. (Clinical Trials Unit) • No other actions required
Consent to Treatment 2017 (NS 165)	• Snapshot audit to assess if the patient has been given a copy of the consent form. • Patient satisfaction survey to look into the quality of the information disclosed to the patient and whether the patient could understand the information and was it given to them in a manner in which they could understand. • Staff survey to assess understanding of consent procedure • Include Neurology interventions that require consent in future audits. • Disseminate findings to relevant staff groups highlighting relevant issues
An Audit of informed Consent in Chronic Pain Patients for Pain Interventions at the Walton Centre (NS 143)	• Set up consent clinics e.g. root block • Availability of leaflets in OPD to be checked regularly by OPD and HCAs, and document in notes when patient is given leaflet or link to leaflets • Reminder to Consultants to:

	➢ offer copy of Consent form to patient ➢ Ensure thorough discussion regarding the procedure and document in notes
HTA 57 - Research Request Forms (R1,R2,R3) Horizontal Audit 2017 (NS 173)	• No usage of R1 forms to be reviewed and discussed in WRTB Committee meetings - This was discussed and it was decided that the R1 forms should be kept in use. No further action required
IMMU/58 - Neuroimmunology vertical audit 2018 - anti-LGI1 & anti-CASPR2 (NS 193)	• Change request to be made to include reference to measurement of uncertainty in SOP. • Request to be made to Communications to update minimum CSF volume to 30uL on internet page • Fluorescence microscope to be added to QPulse asset list. Change request made to update table of neuroimmunology tests in BSG22 to include LGI1, CASPR2 or IgLON5 assays.
Extent of resection predicts risk of progression in adult Pilocytic astrocytoma (NS 54)	• Reduce the follow up to 5 years if a complete resection is performed • It has also affected what is suggested through the MDT, as maximal resection at presentation including 2nd look surgery is to be recommended
HIST 259 - Intra Operative v's Final Diagnosis 2017 (NS 168)	Although no issues were identified from the results of this audit, some actions have taken place which will improve intraoperative reporting accuracy • Appointment of a second Consultant Neuropathologist. Dr Pal commenced in post July 2018. This will negate the need for intraoperative Telepathology reporting except on rare occasions. • Coolscope system over 10 years old. Replaced in September 2018 with new Nanozoomer technology providing improved digital imaging. This will allow for easier remote reporting
BIOC/141 Neurobiochemistry Vertical Audit 2018 – Serum IgG (NS 192)	• Differing TAT on intranet and internet - Correct TAT identified and amended • The purpose of the examination not stated in the SOP - Update SOP accordingly
HTA 55 Research Consent Forms Audit 2017 (NS 199)	• KS met with Specialist nurses and reiterated the consenting protocol and patient identifiers • KS met with theatre staff to remind them of the colour of the consent forms and that reminder that white copy of completed consent forms are for the Walton Research Tissue Bank Meeting • The 5 consent forms have been retrospectively completed by checking the patient notes and requesting the person taking consent to complete the section
HTA 58 Research Ethics Committee (REC) & Regional Governance Committee (RGC) Approval forms Audit 2017 (NS 208)	No actions required
Percutaneous cervical cordotomy for the management of cancer related pain (NS 79)	• Continue to collect data • Publish – a team has been agreed and a preliminary draft in process
2017 National Comparative of Blood transfusion –	• Before prescribing a blood transfusion, the patient should be risk assessed against the TACO checklist. Checklist

Transfusion of Associated Circulatory overload (NS 114)	to be incorporated into the transfusion document • To document risks and benefits of the transfusion in the patient notes. Re-inforce this practice through teaching. (annual update) • Weight needs to be added to transfusion document – if unable to obtain weight, reason should be documented • To develop transfusion document to be used across all areas
Indwelling Surgical Device Removal (EVD, ICP Bolt) time of decision time removed / Waiting time for intrathecal antibiotics administration (NS 130/136)	• Train ACCP's to remove ICP to allow Neurosurgical team members to focus on other work pressures
Audit of Anaesthetic Record Keeping Practice (NS 159)	• Findings disseminated to raise awareness of the issue. All members of anaesthesia dept made aware of the findings & reminded to be meticulous with record keeping • Anaesthetic trainees and fellows reminded to document the responsible consultant
An evaluation on the compliance of prescribing of medications post operatively in neurosurgical patients (NS 188)	• Audit findings to be discussed at neurosurgical consultant meeting by SMG chair
Intra-operative Diagnosis versus Final Diagnosis 2018 (NS 198)	• N/A – no actions necessary
Lead Migration in Percutaneous High Frequency SCS trials – retrospective review (NS 215)	• Given HF-SCS leads migrate 'silently', we plan to update our protocol and advise thoracic trial patients to switch off if stimulation effects are felt above the diaphragm • To prevent unnecessary X-rays to track lead location after implant, programmers will routinely paraesthesia map at implant and at each follow up
Central line insertion documentation audit (NS 185)	• Continued adherence to the LOCSIP form while performing CVC insertion on the ITU • As a department we strive to minimize the duration of lie for central access. To re-audit annually
Spinal MDT audit at the walton Centre (NS 127)	• Allot time within MDT to discuss if outcomes from previous meetings have been actioned appropriately • Regular audits to take place to monitor that all complex cases are discussed at MDT
HTA 56 - Traceability Audit of Blocks / Slides in file v's Material Logged into Laboratory Information Management System for 2018 (NS 200)	• Importance of use to be highlighted at the next laboratory meeting • Importance to be highlighted at the next laboratory meeting • Missing / unaccountable slides to trace within the laboratory
Alert for high dose fentanyl prescription (NS 111)	• Greater communication between tertiary and primary care, to produce a prescribing information leaflet for patients to be distributed amongst local GP's *update, action abandoned, however a 100 day challenge completed in the community and formalised opioid management guidelines for primary care

	• Information for GP's on the opioid section in the Pan Mersey Guidelines

Trust wide Clinical Audits & Service Evaluations

Audit title	Actions
Inpatient Health Records Documentation Audit	• Disseminate results and highlight problem areas to focus improvements to be made • Include in risk bulletin • Clinical audit team continue quarterly audit
Outpatient Health Records Documentation Audit	• Feedback results to Health Records Group and Information Governance and Security Forum • Disseminate results to all medical staff and emphasise the importance of documenting within the case notes in accordance to the trust policy • Continue to audit quarterly

NB. If implementation is not deemed appropriate then outstanding actions are placed on the divisional risk registers.

Recommended actions resulting from clinical audit projects are reviewed and monitored monthly by the Clinical Audit Group.

The divisional clinical audit teams produce a monthly clinical audit activity progress report which includes registered audits, recommended actions from all completed projects for each division and the progress made towards implementation, these reports are discussed at the relevant Divisional Governance & Risk Group monthly meetings.

2.3.6 Participation in Clinical Research and Development

The number of patients receiving relevant health services provided or sub-contracted by The Walton Centre in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee and Health Research Authority was 2037 set against and yearly target of 900.

Please note uploading recruitment data is the responsibility of the Sponsor so the recruitment figures provided in this report represent the latest recruitment data available and changes may be made to recruitment figures at the end of the financial year.

The Trust has completed recruiting patients and relatives to the Genome Medicine Centre in December; this project is part of the Government's flagship 100,000 Genome project of which national recruitment has been achieved.

In total there are currently 84 clinical studies on-going at The Walton Centre and the Trust has confirmed its capability and capacity to deliver 33 new clinical research studies during 2018/19 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 actively maintain their involvement in the latest possible treatments and as a Trust recognise that active participation in research leads to successful patient outcomes.

During 2018/19 the Trust has worked collaboratively with the following networks and organisations to attract NIHR funding to deliver and disseminate clinical research and innovation to inform service transformation and improvement:

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

2.3.7 CQUIN Framework & Performance

Commissioning for Quality and Innovation (CQUIN) was introduced in 2009. A proportion of The Walton Centre's income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between The Walton Centre and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2018/19 and for the following 12 month period are available electronically at enquiries@thewaltoncentre.nhs.uk

A proportion of the Trust's income in 2018/19 was conditional upon achieving quality improvement and innovation goals. The total payment received against the CQUINS in 2018/19 equalled £1 620 000. The total payment received in 2017/18 was £1 507 281. We didn't achieve the 5% improvement required from 2016 to 2018 in the three designated questions. We knew all along this would be a really tough ask for us as we started from a good position so the 5% improvement was always going to be a challenge.

For the first time CQUIN schemes were for two years with the following goals agreed for both 2017/18 and 2018/19.

- Clinical Utilisation Review
- Critical Care Timely Discharge (4 hr Target)
- Spinal Networks
- Medicines Optimisation
- Health and Wellbeing
- Advice and Guidance

2.3.8 Care Quality Commission (CQC) Registration

The Walton Centre is required to register with the Care Quality Commission and its current registration status is registered without conditions. The CQC has not taken enforcement action against The Walton Centre during 2018/19. The CQC have undertaken an unannounced inspection during March 2019 and a well led inspection during April 2019. There have been no further reviews or investigations undertaken during the reporting period. During the year 2018/19 the Trust continues to self-assess against the CQC regulations.

The Trust is currently awaiting the CQC report following the above inspections.
The self-assessment is supported by a governance process which enables oversight of findings and identification of areas for further review and includes a process to escalation exceptions to the Quality Committee.

	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

2.3.9 Trust Data Quality

The Walton Centre submitted records during 2018/19 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS Number was:

99.8% for admitted patient care

99.9% for outpatient care

The percentage of records in the published data which included the patient's valid General Practitioner Registration Code was:

99.9% for outpatient care

99.9% 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 01/04/2018 to 28/02/2019 (SUS data quality dashboard).

The Walton Centre's Information Governance Assessment report overall score for 2017/18 was 85% and was graded green in accordance with the Information Governance Toolkit Grading Scheme.

The Information Governance Toolkit was replaced in April 2018 by the Data Security and Protection Toolkit (DSPT). The new toolkit was designed by NHS Digital to encompass the National Data Guardian reviews and the 10 data security standards and supports the key requirements under the General Data Protection Regulation (GDPR) and new Data Protection laws. The DSPT does not include levels in the same way as it did in previous years; instead it requires compliance with 40 assertions and the entire mandatory evidence items. The Trust has provided 100% of the mandatory evidence items in addition to completing and meeting 40 of the 40 assertions. The Trust has implemented additional action plans to achieve a high score on the new Data Security and Protection Toolkit and to further evidence the Trust's commitment to the Information Governance (IG) agenda. A review of the evidence and self-assessments undertaken as part of the mandated 2018-19 DS&P audit requirements has provided the Trust with a level of Substantial assurance for the ninth 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) was as follows:

The Walton Centre Internal Clinical Coding Audit 2018/19

Coding Field	Percentage
Primary diagnosis	99%
Secondary diagnosis	86%
Primary procedure	97%
Secondary procedure	98%

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.

The Walton Centre will be taking the following actions to improve data quality by continuing the monthly Data Quality and Systems Assurance Group meetings and overseeing Data Quality improvement. The group includes leads from all stakeholders within the organisation and reporting/monitoring feedback is provided via KPIs with full trend analysis.
The group reports to the Information Governance and Security Forum each month which is chaired by the Trust's SIRO. The KPIs, from the group, are shared within the monthly digital update and with the Executive Team each quarter and is presented by the Head of IM&T to the Business and Performance Committee.

2.3.10 Learning from Deaths

The Department of Health and Social Care published the NHS (Quality Accounts) Amendments Regulations 2017 in July 2017. These add new mandatory disclosure requirements relating to 'Learning from Deaths' to quality accounts from 2017/18 onwards.

2.3.10.1 During 2018/19 77 of The Walton Centre patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

24 in the first quarter

19 in the second quarter

21 in the third quarter

13 in the fourth quarter

By 31st March 2019 77 case record reviews and 77 investigations have been carried out in relation to 77 of the deaths included in item 2.3.10.1

In 2 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 1 in the first quarter
- 1 in the second quarter
- 0 in the third quarter
- 0 in the fourth quarter

2.3.10.2 0 representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

- 0 representing 0% for the first quarter
- 0 representing 0% for the second quarter
- 0 representing 0% for the third quarter
- 0 representing 0% for the fourth quarter

These numbers have been estimated using the structured judgement review (SJR) methodology. Prior to the National Quality Board report on Learning from Deaths, The Walton Centre had a robust mechanism of mortality review where all deaths were reviewed in detail and reviewed in the mortality review group.

Since the NQB report, WCFT have published an updated Mortality Review Policy, which encompasses the SJR methodology for the mortality review, but also in cases where there are potential issues highlighted a root cause analysis (RCA) is undertaken.

0 case record reviews and 0 investigations completed after 31.03.19 which related to deaths which took place before the start of the reporting period

0 representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

This number has been estimated using the process embedded within the Trust including a full health record review of each death and discussion at the respective Divisional Mortality Meetings.

0 representing 0% of the patient deaths during 2018/19 are judged to be more likely than not to have been due to problems in the care provided to the patient.

2.3.11 Progress in Implementing Clinical Standards for Seven Day Hospital Services

Patient experience surveys and reports following Healthwatch listening events (Sefton and Liverpool) confirmed the standard of medical care is excellent and no concerns were raised over quality of care / Consultant presence on weekdays/weekends. No patient complaints have arisen regarding the service.

A weekday daily MDT ward round for all neurosurgery and critical care patients occurs including medical, nursing, ANP and pharmacy staff. The SMART team join the ward round at weekends. There is no formal pharmacy ward cover at weekends, and so this issue was examined in detail in January 2019 at The Quality Committee and presented to Trust Board. The overall rate of medicine reconciliation is high and given the nature of our service the committee was assured that the current pharmacy service provides very good cover.

In neurology there is a weekday daily board round involving medical, nursing, pharmacy and therapy staff which has been developed since 2015, particularly with the involvement of pharmacy and therapies. This board round also takes place over the weekend.

Each morning there is a neurosurgical handover meeting led by the Consultant on-call where discussions take place and scans reviewed on all patients referred overnight (whether transferred or not). This MDT meeting involves medical, ANP staff, SMART team coordinator and Bed Management Team. There is a formal handover meeting at 8pm each weekday, coordinated by the SMART coordinator and involving junior medical staff. There are well defined procedures for medical handover following each shift.

Daily Consultant reviews occur to support discharge. There is complex discharge coordinator working during the week which is covered by the Bed Management Team or Bleep Holder during the weekend.

Ward based Pharmacists support the Ward Rounds and medications to take away (TTAs) are completed by the pharmacist or Advanced Nurse Practitioner. There are referral pathways for community settings and access and referral systems in place for all providers, social care and continuing health care. There is pharmacy support for TTAs at weekends.

There is a process in place for repatriation to other Trusts. There is a weekly delayed discharge meeting to discuss any patients with a long length of stay and these are escalated as appropriate

2.3.12 Speaking Up

The Trust's Freedom to Speak up Guardian (FTSUG) is proactive in ensuring staff members are given the opportunity to raise concerns. The FTSUG presents to clinical and

non-clinical staff members during their induction. Each individual staff member receives a business card with specific contact details should they wish to raise a concern, arrange a meeting on/off site. Posters are displayed across the organisation and the Trust's intranet site also provides relevant information. Drop-in sessions are scheduled throughout the year across each of the areas within the Trust. There is a dedicated email address for those wishing to raise concerns. The FTSUG will agree the frequency of contact with the individual/s and post meeting or investigation will gather feedback regarding speaking up, which has been positive to date. The FTSUG also undertakes exit interviews for those leaving the organisation in order to give staff the opportunity to raise any issues/concerns. The Trust has adopted the NHSI Raising Concerns Policy and has a Grievance Policy and Bullying and Harassment Policy which is readily available for all staff to access offering contact details such as email addresses, contact names and telephone numbers.

The Head of Internal Audit gave an overall opinion of substantial assurance for the period 1st April 2018 to 31st March 2019 which confirms there is a good system of internal control designed to meet the organisation's objectives and the controls are generally being applied consistently.

Part 3 Trust Overview of Quality 2018/19

This section of the Quality Account presents an overview of performance in areas not selected as priorities for 2018/19.

Presented are quantitative metrics, specific to aspects of safety, effectiveness and patient experience which are measured routinely to assure the Trust Board regarding the quality of care provided, having also been shared at a number of assurance committees within the hospital.

Patient Safety Indicators

Trust Acquired	2016/17	2017/18	2018/19
C Difficile	9	7	7
MRSA Bacteraemia	1	1	0
Ecoli	12	11	9
Minor and Moderate Falls	36	35	31
Never Events	3	2	2

Clinical Effectiveness Indicators

Mortality – Procedure	2016/17	2017/18	2018/19
Tumour	8	8	8
Vascular	47	37	27
Cranial Trauma	21	21	14
Spinal	3	4	11
Other	15	14	17

Patient Experience Indicators

Patient Experience Questions	2016/17	2017/18	2018/19
Were you involved as much as you wanted to be in decisions about your care and treatment?	99%	91%	91%
Overall did you feel you were you treated with respect and dignity while you were in the hospital?	100%	98%	99%
Were you given enough privacy when discussing your condition or treatment?	97%	93%	96%
Did you find someone on the hospital staff to talk to about your worries and fears?	100%	84%	89%

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 their behalf. This can be prior to, during or after their visit to the Trust. The Patient Experience Team can be contacted in various ways including telephone, email or in person whilst in the Trust.

Where concerns cannot be easily resolved or are of a more serious nature, the Patient Experience Team are responsible for supporting the patients and their families in managing the complaint. We pride ourselves in working with patients, families and staff throughout the Trust to resolve complaints in a timely way, explaining our actions and evidencing how services will be improved as a result of a complaint.

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 lessons learned. Outcomes from complaints are reported monthly to various committees and meetings within the Trust and to the Executive Team. Any 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, the monthly divisional governance and risk group meetings and Quality Committee.

Examples of lessons learned from complaints during 2018/19 include improvements to IT systems for patients with individual needs, staff training on use of IV medication, revision of use of cannulas, improvements to the patient referral system, and personal reflection for teams and individual staff members.

3.1.3 Complaints Activity

We use feedback from people who have used the complaints process to help us improve our responsiveness and service. 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 2018 – 31 March 2019

	Quarter 1 April–June 18	**Quarter 2** July–Sept 18	**Quarter 3** Oct– Dec 18	**Quarter 4** Jan–Mar 19
Number of complaints received	21	23	24	27

The Trust received 95 complaints during 2018/19 which was less than the 131 complaints received during 2017/18.

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 makes contact with the patient or family member once a complaint is received to agree the best way of addressing their concerns. This individualised approach has led to many patients or family members wishing to resolve their concerns informally rather than pursuing the formal complaints procedure. In addition to resolving complaints, where improvements can be made that are irrelevant to the complaint but noted in the investigation, these too are taken forward.

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 for this are identified through the daily scrutiny of the Datix system. Relevant incidents are identified and entered onto a tracker which manages Trust compliance against the Duty of Candour regulations. All patients, or in some circumstances family members, who fall into the duty of candour requirements are offered an apology by the relevant clinician as soon as possible and this is recorded appropriately. The patient or family member receive a letter offering an apology which is signed by the Chief Executive. The letter includes an offer to receive a copy of the root cause analysis investigation.

3.2 Local Engagement – Quality Account

The Quality Account has evolved by actively engaging with stakeholders and using external feedback and opinion combined with thoughts and visions from staff within The Walton Centre. Trust Executives have also participated in discussions with the local health economy and sought views on the services provided by the Trust. The Trust has developed strong stakeholder relationships with local Healthwatch organisations, who have conducted numerous engagement events with patients and visitors at our Trust. The Trust has further developed relationships with charities including, The Brain Charity and Headway.

The Trust has actively engaged with Governors through a forward planning event on all aspects of quality including choice of indicators for 2019/20.

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.

Following our Investors In People inspection in 2017 the Trust has been reaccredited with the Gold standard and with the IIP health and Wellbeing award. It is a prestigious award that demonstrates the Trust's commitment to every member of the workforce and its drive to continually improve.

The assessor of the inspection stated how impressed he was with how committed Trust staff are to delivering high quality care to all of our patients and that he could see how our staff showcase the Walton Way values in everything they do. He said that he could see that our staff have a sense of pride in working at our hospital and 'a desire to be the best'. He was also impressed with the Trust's commitment continuous improvement. This fantastic achievement reflects the hard work of teams across the organisation and the supportive friendly culture that they have created together.

Not only does this make The Walton Centre a great place to work but it also contributes to making a fantastic and caring environment for our patients to be treated in.

3.4 Hackathon

Following a Clinical Senate dedicated to innovation, a number of ideas and suggestions were raised by consultants of innovations that could improve services for our patient group. The single area with the largest number of suggestions was for complex rehabilitation. Working with a number of partner organisations, we organised a two day hackathon focussed upon complex rehabilitation at the Walton Centre on the 29-30 January 2018. This was the first ever dedicated complex rehabilitation hackathon in the UK and attendees included a broad range of trusts, universities, entrepreneurs, start up and established companies. It also featured a visit from 25 European consultants as part of the international HELIUM project. The outcome was 6 standalone initiatives and it shaped our long term vision for rehabilitation at the Trust.

3.5 Hayley's Huddle

The Hayley's Huddle engagement sessions have been a big success over the last year. Hayley uses the events to share with staff how the Trust has been progressing against its' strategy, to get thoughts on any significant new initiatives or changes at the Trust, and to take questions from staff about issues at work that matter to them.
Following the event a feedback sheet is shared with all staff to enable them to see what was discussed at the meeting, and to see how the plans to address any issues that were raised.

3.6 Cultural Ambassadors Programme

The Walton Centre is part of a pilot programme with the Royal Collage of Nursing around Cultural Ambassadors. The Trust has recruited some of our Black and Minority Ethnic (BME) staff to receive training to be able to support colleagues through various Human Resources (HR) processes to ensure fairness and improved cultural awareness in e.g. disciplinary, grievance and capability processes. In the future, there is also potential to widen the programme out into supporting fairness during recruitment processes. This is an initiative taken as part of the Trust's response to the Workforce Race Equality Standards (WRES). The Cultural Ambassadors initiative is designed to address inequalities that can arise, leading poorer outcomes for BME staff in the NHS related to the processes outlined above.

3.7 Anaesthesia Clinical Services Accreditation (ACSA)

Department of Anaesthesia were presented with their ACSA plaque by Dr Janice Fazakerley, Vice-President of The Royal College of Anaesthetists. The Anaesthesia Clinical Standards Accreditation (ACSA) scheme is a voluntary process that promotes quality improvement through peer review. The department of Anaesthesia along with theatre & recovery staff, SMART team and Specialist neurosurgical nurses prepared extensively for about 12 months for the ACSA review. The Walton Centre was the 17th trust in the UK to achieve ACSA accreditation. The department was commended for some of its outstanding processes including the way WHO Surgical Safety Checklist is conducted, arrangements for covering very long neurosurgical cases and succession planning within the department. ACSA accreditation is reviewed annually & we are pleased that the department of anaesthesia has recently received confirmation of compliance with ACSA standards for the 2nd year by The Royal College of Anaesthetists.

3.8 Epilepsy Action Award

The trustees of the charity Epilepsy Action chose Dr Janine Winterbottom as the recipient of the charity's most prestigious honour, The Lord Hastings Award. Dr Winterbottom is one of our Advanced Nurse Specialists in Epilepsy. She has worked at the Trust since 1995. She started as a Sapphire Nurse, as part of Epilepsy Action's campaign to improve healthcare services for people with epilepsy. The award recognises her focus on serving people with epilepsy who are planning a pregnancy. She also helped to create an animated video on the subject, which became widely shared online. She's also noted for her work for young people with epilepsy transitioning into adult services. The Lord Hastings Award was established by Epilepsy Action back in 1990, to recognise individuals who have made outstanding personal contributions to improving the lives of people with epilepsy. In its 28 year history the Award has only been given 12 times before.

3.9 Animal Therapy

A three month pilot to introduce animal assisted therapy to complex rehabilitation patients at The Walton Centre has been hailed a success by patients and staff.

Led by the therapies team, patients would take part in sessions every two weeks during the trial period. Many different animals, from rabbits to bearded dragons, would be there for patients to interact with at the specialist neurosciences Trust.

The team identified goals for patients, such as starting conversations about the animals to improve their speech or stroke an animal with a weaker hand to strengthen it, which contributed towards their rehabilitation. A number of positive outcomes, both physically and mentally, came out of the sessions, which were funded by The Walton Centre Charity.

Initially the therapies team approached Home Safari last year to provide the sessions to patients in a three month trial period. Home Safari works within the NHS and private healthcare sector to provide animal assisted therapy in a range of different settings.

With such positive results from the pilot, the therapies team is looking to make Home Safari visits a regular occurrence.

3.10 BBC Two Hospital Episode

Production company Label 1 filmed a new series of 'Hospital' for BBC Two, which spanned six Trusts in Liverpool. Episode two featured The Walton Centre with three patients who received treatment here. The show aired early January 2019 and was well received inside and outside the Trust. The programme was viewed by millions of people and raised the profile of the Trust significantly.

3.11 Consultant becomes Eurospine President

Specialist spinal surgeon Mr Tim Pigott has been appointed as President of EUROSPINE. A society which spans the globe seeking to improve treatment for spinal patients. Mr Pigott has been a consultant spinal surgeon at The Walton Centre for 24 years and will be President until October 2019. Mr Pigott said: "I'm honoured and privileged to be elected as President. It's a fantastic organisation that promotes quality assurance, education and research. We have over 8,000 full and associate members throughout the world and I'm looking forward to the challenge of being part of this."

3.12 Walton Surgical Assistant training introduced

The Walton Surgical Assistant (WSA) role was created due to an identified need for occasional assistance in the incisional phase of surgery. The traditional route to deal with this would be the Surgical First Assistant role however this was deemed unworkable after consideration and thus the Walton Surgical Assistant Project was born. After the creation of a working group consisting of PEF Olive Tierney, Mr Nicolas Carlton-Bland & Mr David Carter a teaching programme was created in conjunction with the AFPP Surgical First Assistant Toolkit.

Following this, advice was sought from professional bodies and approval was given by NHS Indemnity. This will allow our senior scrub staff to not only safely assist in the incisional/exposure phase of surgery but also gain education & development in leadership, human factors etc.

3.13 Navajo Accreditation

The Trust successfully renewed its Navajo Chartermark, demonstrating that it welcomes and is accessible to LGBTI people. This confirms good practice, commitment and knowledge of the needs, issues and barriers facing the LGBTI community in Merseyside

3.14 Consultant wins Outstanding Health Professional in The Brain Charity Awards

Dr Nick Silver has won the Outstanding Health Professional in the Brain Charity Awards. The Trust initiated the first North West service specifically for patients with severe and refractory headaches and continues to improve and enlarge the service. This offers greater access to more patients and referrals are received nationwide for the most severely disabled patients who remain refractory to many established conventional therapies.

The Trust now have the second largest unit in the UK for dedicated headache diagnosis and treatment with four consultant neurologists with interest in headache, a nurse specialist and a number of specialist nurse injectors.

Regularly positive feedback is received for our services and our management that utilises approaches far beyond standard textbooks and treatment pathways.

3.15 CPMP service in Warrington

In collaboration with NHS Warrington Clinical Commissioning Group the Trust has provided a Community Pain Management Programme (CPMP) for people with persistent back pain and/or associated leg pain which has lasted for more than three months. The service is also available for patients who may have had back pain for many years.

The programme forms part of a wider package of care in line with NHS England's National Back and Radicular Pain Pathway, designed to ensure patients get faster access to the treatment they need.

The Trust has been successfully treating people with chronic pain for over 30 years and this pilot is a new way of bringing this service to patients who may not have been able to travel to the hospital.

All Community PMP sessions are run by an experienced multidisciplinary team of physiotherapists, clinical psychologists and occupational therapists. Patients previously had to travel to The Walton Centre for treatment, but this new method brings therapy sessions closer to the patient.

3.16 The Walton Journey

The Walton Six Steps has been introduced which are six key stages of the patient and family experience at The Walton Centre. The steps are – **W**hy us, **A**rrival, **L**iaising, **T**reatment, **O**ngoing care and **N**ext steps. These steps provide guidance regarding the process for collating feedback from patients and their families in relation to their experiences. This information has been gathered through walkabouts and from the process of shadowing. These are undertaken by two staff members to encourage ownership of feedback and enhanced communication between staff groups.

3.17 Overview of Performance in 2018/19 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	2017/18 Performance	2018/19 Target	2018/19 Performance
Incidence of MRSA	1	0	0
Screening all in-patients for MRSA	95.26%	95%	95%
Incidence of Clostridium difficile	7	9	7
All Cancers : Maximum wait time of 31 days for second or subsequent treatment: surgery	100%	94%	100%
All Cancers : 62 days wait for 1st treatment from urgent GP referral to treatment	100%	85%	100%
All Cancers : Maximum waiting time of 31 days from diagnosis to first treatment	100%	96%	99%
All Cancers : 2 week wait from referral date to date first seen	99.62%	93%	100%
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	95%	92%	94.27%
Maximum 6 week wait for diagnostic procedures	0.06%	<1%	0.06%
Certification against compliance with requirements regarding access to health care for people with a learning disability	Fully Compliant		Fully Compliant

Note: RTT figures reported within the Quality Account includes revised figures resubmitted for the period Apr 2018–Aug 2018. However, revisions are published periodically (usually every six months) in line with NHS England Analytical Service.

3.18 Overview of Performance in 2018/19 against NHS Outcomes Framework

The Department of Health and NHSI identified changes to Quality Account reporting requirements for 2012/13 and subsequent rounds of Quality Accounts, following consideration by the National Quality Board of introducing mandatory reporting against a small, core set of quality indicators.

The indicators are based on recommendations by the National Quality Board, are set out overleaf. They align closely with the NHS Outcomes Framework and are all based on data that trusts already report on nationally.
If the indicators are applicable to us the intention is that we will be required to report:

- Our performance against these indicators
- The national average
- A supporting commentary, which may explain variation from the national average and any steps taken or planned to improve quality.

The data within this report is local data that has not been validated nationally.

During 2018/19, the Walton Centre provided and/or sub-contracted four relevant health services. These were neurology, neurosurgery, pain management and rehabilitation.

3.19 Indicators

The indicators are listed below and a response is provided if they are deemed applicable to the Trust. If the indicators are deemed not applicable a rationale for this status is provided.

1. **Summary Hospital-Level Mortality Indicator (SHMI):**
   NOT APPLICABLE

Rationale: This indicator is not deemed applicable to the Trust, the technical specification states that Specialist Trusts are excluded from this measurement and that this decision was made by the CQC in June 2011

2. **Percentage of Patients on Care Programme Approach:**
   NOT APPLICABLE

Rationale: The Trust does not provide mental health services

3. **Category A Ambulance response times:**
   NOT APPLICABLE

Rationale: The Trust is not an ambulance trust

4. **Care Bundles - including myocardial infarction and stroke:**
   NOT APPLICABLE

Rationale: The Trust is not an ambulance trust

5. **Percentage of Admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as gatekeeper during the reporting period:**
   NOT APPLICABLE

Rationale: The Trust does not provide mental health services

6. **Patient reported outcome scores for (i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery:**
   NOT APPLICABLE

Rationale: The Trust does not perform these procedures

7. **Emergency readmissions to hospital within 28 days of discharge:**
   APPLICABLE

Response:

	No. of readmissions	% of Inpatient Discharges Readmitted
2017/18	251	4.6%
2018/19	266	5.0%
Change	-24	-0.5%

Calculation of readmission rates is based on the national standard as defined within the Compendium of clinical and Health Indicators. (https://indicators.ic.nhs.uk/webview/). The rates are for patients 16 years and over as The Walton Centre does not treat patients under the age of 16.

Actions to be taken

The Walton Centre considers that this data is as described for the following reasons:
The Trust recognises that the main causes for readmissions are due to infection and post-operative complications

The Walton Centre has taken the following actions to improve this rate, and so the quality of its services, by:

- Consultant review of all readmissions to ensure any lessons learnt are embedded into future practice.

8. Responsiveness to inpatients' personal needs based on five questions in the CQC National Inpatient Survey:

APPLICABLE

Response:

This year our designated company did not manage to achieve sufficient responses from the IP National Survey due to an internal error on their part. This resulted in 29% of our patients completing the survey, however, it was confirmed by the CQC that we would be unable to share this data.

The data that we received did however highlight that significant improvements had been made across the hospital resulting in:

- We were the most improved Trust out of the 77 Picker organisations compared to last year
- Our scores were significantly better than last year in 16 questions (there were no questions last year where we were significantly better than the previous year)
- There were no questions where we were significantly worse than last year (we were significantly worse on 11 questions in the last survey compared to the previous year)
- We were significantly better than the Picker average on 37 questions (this was only 26 last year)
- There were no questions where we were significantly worse than the Picker average (there were 4 questions last year where we were significantly worse than the Picker average)

The Walton Centre undertakes regular patient and family engagement through several methods and this will be continued over the next twelve months to ensure that we act on relevant, current feedback.

National Inpatient Survey Question	2014 Result	2015 Result	2016 Result	2017 Result	2017 National Comparison
1. Were you involved as much as you wanted to be in decisions about your care?	8.3	8.3	8.0	7.8	About the same
2. Did you find a member of hospital staff to talk to about your worries or fears?	7.0	6.9	7.0	6.0	About the same
3. Were you given enough privacy when discussing your condition or treatment?	8.9	8.8	9.1	8.6	About the same
4. Did a member of staff tell you about the medication side effects to watch for? (following discharge)	5.8	5.6	5.6	5.1	About the same
5. Did hospital staff tell you who to contact if you were worried about your condition? (following discharge)	8.7	8.9	8.5	8.7	Better

To note: National Inpatient scores are out of a maximum score of ten

Friends and Family Test results for 2018/19 based on the question “How likely are you to recommend our service to friends and family if they needed similar care or treatment?” The recommend rate throughout 2018/19 was extremely positive with 98%-100% patients each month saying they would recommend the Trust.

Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019
98%	98%	99%	98%	99%	100%	98%	98%	98%	98%	99%	99%

9. Percentage of staff who would recommend the provider to friends or family needing care:

APPLICABLE

Response:

The Trust had a response rate of 53% for the 2018 national staff survey; an increase of 11% from 2017, the national average for acute specialist trusts in England for 2018 was 53%. Within the survey, the percentage of staff who would recommend the Trust as a place to work remained similar to 2017 at 77% and the percentage of staff who would recommend the Trust as a place to receive treatment” remained the same at around 90%.

The reporting outputs for the 2018 Staff Survey have changed; results are themed across 10 areas as follows:

- Equality Diversity & Inclusion
- Health & Wellbeing
- Immediate Managers
- Morale
- Quality of appraisals
- Quality of care
- Safe environment (Bullying and Harassment)
- Safe environment (Violence)
- Safety Culture
- Staff Engagement

The 2018 results show no statistically significant change across any of the themes, though key highlights include improved equality and diversity, the organisations interest in health and well-being and overall staff engagement.

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 approximately 400 staff using an online survey and 124 surveys were returned. The results showed that 98% of staff were 'extremely likely' or 'likely' to recommend the Walton Centre to friends and family if they needed care or treatment and 83% 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 circa 400 staff with 109 being returned. The results showed that 98% of staff were 'extremely likely' or 'likely' to recommend the Walton Centre to friends and family if they needed care or treatment and 89% of staff said they were 'extremely likely' or 'likely' to recommend the Walton Centre to friends and family as a place to work.

Quarter 4 results had 212 complete the survey, 100% of staff were 'extremely likely' or 'likely' to recommend the Walton Centre to friends and family if they needed care or treatment and 86% of staff said they were 'extremely likely' or 'likely' to recommend the Walton Centre to friends and family as a place to work

Key staff survey questions:

KF19 Organisation and management interest in and action on health and wellbeing:

The Trust score for 2018 was 49% with the national average being 34% the Trust had the best score for an acute specialist trust for the 4th year.

KF27 Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse:

The Trust score was 52% with the average score for acute specialist trusts being 49%. The trust had a score of 52% last year.

The Trust has encouraged staff over the past year through various staff engagement events to raise concerns, we work closely with staff side to address any issues raised and have highlighted the role of the "Freedom to Speak Up Guardian" across the Trust.

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 17% the average score for acute specialist trusts being 18.8%. This was a slight increase from the 2016 score of 16%.

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 91% better than the national average of 86% and an increase from last year's score of 88%.

The Walton Centre has taken the following actions to improve this rate and the quality of its services, by:

- 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.
- An action plan has been approved by Board and 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 themes had no significant changes 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:
NOT APPLICABLE

Rationale: The Trust does not provide mental health services

11. Percentage of admitted patients risk-assessed for Venous Thromboembolism:
APPLICABLE

Response: * To be updated once National data published

YEAR		Q1	Q2	Q3	Q4
2015/16	Walton Centre	97.6%	99.2%	98.5%	98.6%
	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%	95.53%
2017/18	Walton Centre	99.09%	99.69%	98.34%	97.17%
	National Average	95.20%	95.25%	95.36%	95.21%
2018/19	Walton Centre	98.52%	99.00%	98.86%	96.78%
	National Average	95.63%	95.49%	95.65%	*

The Walton Centre considers that this data is as described for the following reasons:

The risk assessments are carried out by nursing staff within 6 hours of admission, mechanical VTE prevention interventions (use of anti-thrombolytic stockings) are carried out by nursing staff with a medical review regarding pharmacological interventions (medications).

The Walton Centre has taken the following actions to improve this rate, and so the quality of its services, by:

- All VTEs are subject to a full Root Cause analysis, where any lapses in care, processes or practice are identified. In keeping with the Duty of Candour, the patients are given details of how the reports can be shared with them.

12. Rate of C. difficile per 100,000 bed days amongst patients aged two years and over: APPLICABLE

Response:

Quality Accounts use the rate of cases of C. difficile infections rather than the incidence, because it provides a more helpful measure for the purpose of making comparisons between organisations and tracking improvements over time.

WCFT Clostridium difficile infections per 100,000 bed days:

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Walton Centre	20.4	15.6	21.0	21.6	15.7	14.5	13.3	13.7

The Walton Centre considers that this data is as described for the following reasons:

In 2018/19 The Walton Centre had a total of 7 Clostridium difficile infections against the trajectory set by NHSE of 9. To achieve such a reduction is a fantastic outcome which is a consequence of the outstanding work undertaken by all of the staff Trust wide.

The Walton Centre has taken the following actions to improve this rate, and so the quality of its services, by:

- Setting clear objectives, implementation and monitoring of the Healthcare Associated Infection (HCAI) reduction plan

- Monthly audit and monitoring of the environment including the use of Clean-Trace to check the quality of environmental and equipment cleaning
- Introduction of Clean-Trace electronic reporting to identify themes, trends and areas of concern across the clinical areas
- Robust programme of infection prevention control audit
- Monitoring and reporting infection prevention outcomes to the Quality Committee
- Launch of the Infection Prevention Champions programme to enable engagement of all staff groups to promote ownership, and support effective infection prevention in the clinical areas
- Use of technology e.g. Ultra V and Hydrogen Peroxide Vapour (HPV) to enhance our cleaning programmes
- Identification of additional resources to support excellence in antibiotic prescribing and support education and training of clinical staff

The Trust will continually strive to review and improve the quality of its service and aims to reduce healthcare associated infection, including Clostridium difficile to ensure that all of our service users within the Trust, are not harmed by a preventable infection.

13. Rate of patient safety incidents and percentage resulting in severe harm or Death:
APPLICABLE

Response:

In 2018/19 1147 incidents occurred against 15,266 admissions (excluding OPD as per NLRS figures) this equals 7.86 per 100 admissions.

The Walton Centre considers that this data is as described for the following reasons:

- Increased patient acuity
- Increase in capacity and activity

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 that are reported and ensures that any lessons learned can be shared across all relevant staff groups. Where there are found to be gaps in care delivery, processes and policies are updated and put in place to support the delivery of safe and quality care to ensure these incidents do not re-occur.

The Trust will continue to:

- Discuss all root cause analysis at the relevant meetings to ensure the sharing of learning Trust wide
- Share lessons learnt via the Governance safety bulletin
- Improve the reporting of incidents through discussions at the Trust safety huddle

Annex 1

The Walton Centre Quality Account Commentary

Healthwatch Liverpool welcomes this opportunity to comment on the Quality Account of 2018-19. We base these comments on the contents of a draft Quality Account which was provided to us prior to publication, as well as our ongoing engagement with the Trust and feedback received from patients and families.

In relation to the priorities over the past year, it is reassuring to see that progress has been made against the majority of these. We are particularly pleased to see the work done around capturing patient, family and carer feedback through a variety of methods and triangulating this feedback with other quality indicators. We encourage the Trust to continue this work to ensure that patient feedback continues to be sought and, most importantly, acted upon where necessary.

Although the Trust considers that several of the priorities from the past year have been achieved, we note that improvements have been modest in some areas. For example, figures around non-clinical cancelled operations and staff resilience training appear to be low, suggesting that further work is needed in these areas.

As with all Trusts in Liverpool, we hold an annual Listening Event where a team of staff and volunteers from Healthwatch Liverpool visits the hospital to speak to patients and visitors about their experiences. These events are intended to provide a snapshot of what patients and visitors think about the service. The Trust can then use this feedback in conjunction with other patient experience measures to provide valuable insight. This year we visited the Walton Centre on 20th November 2018 and spoke to a total of 32 people.

The feedback was generally very positive, with 94% of the people we spoke to rating the Walton Centre as being 4 or 5 stars out of 5. Our Listening Event did highlight however that a minority of patients felt that communication between specialists and front line staff about their treatment could be improved so that information could then be passed on in a more timely manner. We encourage the Trust to explore whether this has been a more prevalent issue and how it might be addressed. All of our findings from the Listening Event have been shared with the Trust.

In relation to the priorities for 2019-20, it is positive to see the inclusion of a priority to support equality and diversity, specifically providing better support for patients' religious and cultural beliefs in the Theatre Department. Whilst we welcome this priority, we are aware of other areas within the Trust where equality and diversity issues have been brought to our attention. For example, we have received feedback about a lack of appropriate interpreting support within PALS leading to delays in complaints and concerns being acted upon for those whose English is limited. We therefore encourage the Trust to maintain a focus on equality and diversity issues across all departments and services.

Overall, the Trust is clearly striving to continually improve their services and we look forward to continuing to work closely with the Trust over the forthcoming year.

The Walton Centre NHS Foundation Trust

Quality Account 2018 – 2019

Healthwatch Sefton would like to thank the Trust for the opportunity to comment on the draft Quality Account 2018-19. We attended the Quality Priorities engagement event held on Friday 3rd May 2019.

Healthwatch Sefton would like to note that the Quality Account has been set out in a clear format which has been easy to follow and clearly demonstrates the achievements for 2018 – 2019 followed by the priorities for 2019 – 2020.

The Trust has continued to work in partnership with Healthwatch Sefton with monthly Healthwatch stands held at both the main hospital entrance and the Sid Watkins building. The latest Healthwatch Sefton feedback report detailing patient, visitor and staff feedback between January 2018 – December 2018 highlighted that the Trust achieved an overall average of 4.5 out of 5 stars. Themes including Quality of Treatment, Staff attitude and cleanliness scored 5 out of 5 stars.

Healthwatch Sefton in particular would like to comment on the below achievements recorded within the Quality Account:

- **Extend Health and Wellbeing Programme to improve staff resilience and mindfulness** – It is pleasing to see the Trust continues to place utmost importance on staff wellbeing and morale and it is an excellent achievement to be reaccredited with Investors in People (IIP) Gold standard.
- **Improve the way we listen and act on patient, family and carer feedback** – This priority has been achieved through various models of capturing feedback including the inclusion of external partners Healthwatch Sefton and the Brain Charity. Healthwatch Sefton will continue to work in partnership with the Trust to capture the feedback of patients, family and visitors.

Moving forward Healthwatch Sefton would like to comment on the below Quality Aims 2019 – 2020

- **Pre and Post Operative discussions with theatre teams** – This is a welcomed priority and Healthwatch feel having these conversations with patients will help to alleviate patient and family concerns and anxieties. During Healthwatch Sefton outreach patients and family members do comment on this area and this will be incorporated into the Healthwatch Sefton feedback reports.
- **Contacting patients who require telemetry tests prior to admission to reduce the rate of DNAs** – Due to the Trust covering a wide geographical area this is felt to be beneficial and efficient for both the Trust and the patient.

- **Introduce patient and family centred champions** – The Trust is demonstrating their continued dedication to listening to and following the patient journey to ensure patients and families receive the best care.

It is good to note within the Progress – Implementing Clinical Standards for Seven Day Hospital Services that both hospital discharge and pharmacy services are included in the work plan.

The Speaking Up campaign is notably present when visiting the Trust to ensure staff members have the opportunity to raise any concerns.

Both Healthwatch Sefton and the Trust will continue to work together to ensure the voices of patients, family and visitors are listened to and acted upon.

Healthwatch Warrington is pleased to be asked to review The Walton Centre's 2018-19 Quality Account (QA) and think about the current and future priorities in the document. As Warrington's consumer champion for health and social care, we recognise the impact that patient experiences have in shaping the quality and safety of services, and the importance of including experiences of patients from our area who receive care from the Walton Centre.

We look at the Trust's performance in relation to four key questions:

Does the draft Quality Account reflect people's real experiences as told to local Healthwatch by service users and their families and carers over the past year?

Healthwatch Warrington has not received feedback this year from local users of Walton Centre (either the main site or the local community pain management service). Unfortunately, there were difficulties with the National inpatient survey, so data from only a small sample (29%) of patients was recorded, which showed an improvement on last year, but examples of this could not be included. 98-100% of patients would recommend the Walton Centre based on the family and friends questionnaire monthly figures.

From what people have told local Healthwatch, is there evidence that any of the basic things are not being done well by the provider?

Healthwatch Warrington does not have evidence of system-wide failure to provide health care within the Trust. Rates of hospital acquired infections, and never events remain low and similar to the last 2 years. The trust received fewer complaints in 201819 (95) than in 2017-8 (131). The process for response to complaints is given, but not the data on response to complaints, which could be helpful to readers.

Is it clear from the draft Quality Account that there is a learning culture within the provider organisation that allows people's real experiences to be captured and used to enable the provider to get better at what it does year on year?

Looking at the priorities for 2017-18, there are examples where people's experiences have been used to improve care:

Reduce Falls. The Trust introduced a post fall questionnaire to help staff talk to people after they fall. Feedback from this will be included in a patient information leaflet for falls. Mild and moderate falls have fallen from 35 in 2017-18 to 31 in 2018-19.

Reduce non-clinical cancelled operations year on year. There has been a 7.14% reduction in the number of non-clinical cancelled operations during 2018/19 (156) when compared with 2017/18 (168).

Safety Huddle. A daily meeting of staff to discuss patient safety issues, and share lessons learned quickly throughout the organisation.

Patient Experience. There has been a significant increase in social media followers (over 16,000). Social media has been used to share urgent information, ask people to help with the trust plans, and general messages about organ donation, and infection control. Feedback is recorded acted upon by the Patient Experience Team. It is interesting that this has lead to more compliments, which have helped staff morale.

Improve the way we listen and act on patient, family and carer feedback. The trust have approached this through local Healthwatch, charity, and clinician-led engagement events, and through the Neuro Buddy volunteer service.

The patient experience indicators do show a fall in number of people who found someone on the hospital staff to talk to about their worries and fears (100% in 206-17, 84% in 2017-18 and 89% in 2018-19). It would be interesting to see if this improves with the introduction of these patient-focused priorities.

The Trust continues to encourage incident reporting and learning from incidents. In 2018/19 1147 incidents occurred against 15,266 admissions. From the Quality Account, this appears to be an increase in incidents reported, but previous data is not available. The report stated this is due to increased activity and the learning culture in place. Comparative data would be helpful for readers to interpret this information.

The Trust demonstrates a learning culture by asking academic teams the best ways to engage with patients their carers and families. We note that events are planned for 2019-20 and would be happy to work with the Trust on these.

The emphasis on clinical research, the range of national and audit projects, the education and training priorities and the processes for feedback from volunteers and social media show that the Walton Centre has a learning culture. It will be good to have examples of how some of the feedback from buddies and social media has helped improve quality over the next year.

Are the priorities for improvement as set out in the draft Quality Account challenging enough to drive improvement and it is clear how improvement has been measured in the past and how it will be measured in the future?

The priorities in the Quality Account are ambitious and cover a many aspects of care, including:

- *Encouraging staff to communicate with patients their families and carers* (pre and post-operative discussions with the theatre team, asking staff to become a champion for patient and family centred care, supporting people on their treatment journey)
- *Improving use of services and individualising care* (checking if people still need their telemetry appointments, offering scan results by letter rather than appointment)
- *Recognising cultural differences* (supporting people's religious beliefs and cultures in theatre)
- *Improving the high standard of care* (introducing aseptic non touch technique, refurbishment of day rooms)
- *Staff training* (Masters neurosciences training module, new methods for planning quality improvement projects).

Many of these priorities were agreed based on patient and staff feedback, and this, and the focus on training, emphasise the learning culture at the Walton Centre. However, It is not clear in the document how all these outcomes will be monitored and reported.

The Walton Centre Quality Account 2018/19

NHS England, Liverpool CCG (LCCG), South Sefton and Southport and Formby CCG and Knowsley CCG wishes to thank The Walton Centre for the opportunity to comment on their Quality Account for 2018/19. Commissioners are 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.

The account demonstrates a high number of priority areas year on year, clearly setting out the achievements and outcomes against priority areas for 18/19 which have been achieved as a result of staff and patient engagement and commitment. The account also demonstrates the additional quality achievements of the Trust, including a real focus on patient experience.

The work to ensure staff safety should be noted, this demonstrates that the Trust has listened to responses from the staff survey and has acted to keep staff safe and supported.

The quality account reports a reduction of 7.14% in non-clinical cancelled operations in the last year, which is commendable. Commissioners are keen to see further progress in reducing cancelled operations in the forthcoming year, maintaining this as a priority for the Trust. The increasing use of communication via social media is positive, Commissioners would like to see how this impacts on improvements in patient experience over time.

The priority areas for the coming year have been developed in collaboration with stakeholders and demonstrate a commitment to quality improvement, there is clear evidence of monitoring and measurements. The account details wide variety of priorities and a real focus on Equality and Diversity, the use of telemedicine to improve patient experience and effectiveness and active patient engagement.

There is evidence of strong governance processes through the organisation and a clear line of site from ‘floor to Board’ with an open and honest culture of reporting within the Trust. Participation in National and Local audit is clear, with visible actions leading to change in practice and improvements in care.

Over the last year it is good to see the consistently positive responses to friends and family test with between 98 – 100% of people likely to recommend the services. Again, Commissioners are happy to report that the quality account demonstrates the Trusts commitment to management of Infection prevention. There were 7 reported cases of Clostridium difficile (CDiff) against a trajectory of 9 cases set by NHSI. There is new guidance for reporting of CDiff for 19/20 and we will be keen to see further strategies for improvement and engagement with the health economy.

The trust has provided high levels of quality assurance throughout 2018/19 through regular reporting via the Integrated Performance and Quality report. Commissioners work with the Trust in reviewing quality at Clinical Quality and Performance and Contracting meetings.

CQC rated the Walton Centre as outstanding in 2016, which is a great achievement, a recent reinspection has been carried out and at the time of completing the Commissioner statement the rating has yet to be confirmed.

We look forward to continuing to work in partnership with The Walton Centre to further improve quality and experience for patients.

ANDREW BIBBY
Assistant Regional Director of Specialised Commissioning (North)

South Sefton CCG **Southport and Formby CCG**	**Liverpool CCG**	**Knowsley CCG**
		
Fiona Taylor **Chief Officer** **19th May 2019**	**Jan Ledward** **Chief Officer** **20th May 2019**	**Dianne Johnson** **Chief Executive** **22nd May 2019**

Annex 2 Statement of Directors' Responsibilities for the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement 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 NHS 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 2018/19 and supporting guidance Detailed requirements for quality report 2018/19
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period 1st April 2018 to 24th May 2019
  - Papers relating to quality reported to the Board over the period 1st April 2018 to 24th May 2019
  - Feedback from the commissioners including Liverpool, South Sefton and Southport and Formby and Knowsley Clinical Commissioning Groups dated 19th, 20th and 22nd May 2019
  - Feedback from governors dated 11th December 2018 and 7th March 2019
  - Feedback from local Healthwatch organisations – Liverpool dated 16th May 2019, Sefton dated 15th May 2019, Warrington dated 17th May 2019
  - The Trust's Complaints Report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, will be dated 23rd May 2019
  - The National Patient Survey dated 13th June 2018
  - The National Staff Survey for 2018 presented to Trust Board on 28th March 2019
  - The Head of Internal Audit's annual opinion of the Trust's control environment dated 16th April 2019
  - The Care Quality Commission's inspection report dated 21st October 2016
- 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
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

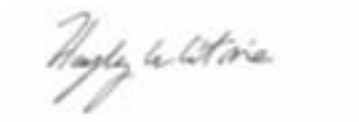
By order of the Board

Signature of Chair

Chair

Date 24th May 2019

Signature of CEO



Chief Executive

Date 24th May 2019

Glossary of Terms

CQUIN	Commissioning for Quality and Innovation
EEG	Electroencephalogram
EP2	Electronic Patient Record System
FFFAP	Falls and Fragility Fractures Audit Programme
GIRFT	Getting It Right First Time
HTA	Human Tissue Authority
ICNARC	Intensive Care National Audit & Research Centre
IRMER	Ionising Radiation Medical Exposure Regulations
MDT	Multidisciplinary Team
MIAA	Mersey Internal Audit Agency
MRSA	Meticillin-Resistant Staphylococcus Aureus Bacteraemia
NCABT	National Comparative Audit of Blood Transfusion
NELA	National Emergency Laparotomy Audit
NICE	National Institute for Clinical Excellence
NIHR	National Institute of Health Research
NNAP	National Neurosurgery Audit Programme
PACS	Picture Archiving Communication System
SMART	Surgical and Medical Acute Response Team
SSNAP	Sentinel Stroke National Audit Programme
SUS	Secondary Uses Service
TARN	Trauma Audit & Research Network
VTE	Venous Thromboembolism
WCFT	Walton Centre Foundation Trust

Grant Thornton

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

Report on the Audit of the Financial Statements

Opinion

Our opinion on the financial statements is unmodified

We have audited the financial statements of The Walton Centre NHS Foundation Trust (the 'Trust') and its subsidiary (the 'group') for the year ended 31 March 2019 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Accounts Directions issued under the National Service Act 2006, the NHS foundation trust annual reporting manual 2018/19 and the Department of Health and Social Care group accounting manual 2018/19.

In our opinion the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2019 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended;
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care group accounting manual 2018/19; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

- the Accounting Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Overview of our audit approach

Financial statements audit

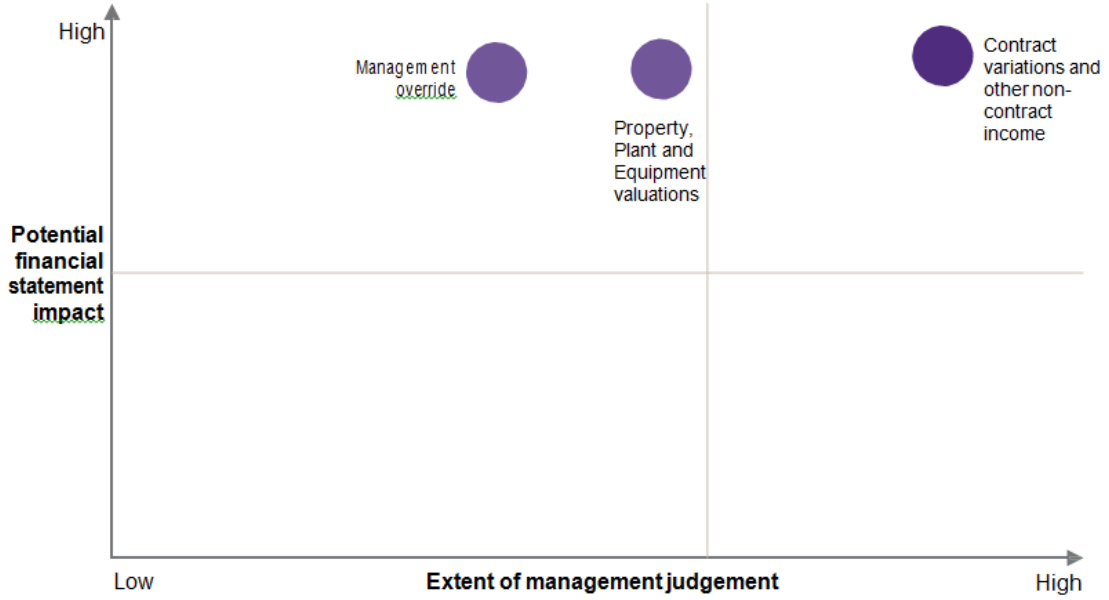
- Overall materiality: £2,409,000 which represents 2% of the group's gross operating expenses;
- The key audit matter identified was:
  – Contract variations and other non-contract revenue recognition

Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

- We identified one significant risk in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (see Report on other legal and regulatory requirements section).

Key audit matters

The graph below depicts the financial statement audit risks identified and their relative significance based on the extent of the financial statement impact and the extent of management judgement.



Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those that had the greatest effect on the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters

Key Audit Matter –Group	How the matter was addressed in the audit – Group
Contract variations and other non-contract revenue recognition Approximately 90% of the group's operating income is for income from patient care activities, which includes £12.186 million from block contracts, £102.573 million from activity based contracts and £2.729 million from non-contract activities. Block and activity based contract variations and non-contract activity income is subject to verification and agreement by the Trust's commissioners. We therefore identified the occurrence and accuracy of income from contract variations and non-contract activity as a significant risk, which was one of the most significant assessed risks of material misstatement.	Our audit work included, but was not restricted to: • evaluating the Trust's accounting policy for recognition of income from patient care activities and other operating revenue for appropriateness and compliance with the DHSC Group Accounting Manual 2018/19; • gaining an understanding of the Trust's system for accounting for income from patient care and other operating revenue, and evaluate the design of the associated controls; • agreeing, on a sample basis, income from contract variations and year-end receivables to signed contract variations, invoices or other supporting evidence such as correspondence from the Trust's commissioners; • evaluating the Trust's estimates and the judgments made by management with regard to corroborating evidence in order to arrive at the total income from contract variations recorded in the financial statements; • agreeing, on a sample basis, income and year end receivables from other operating revenue to invoices and cash payment or other supporting evidence; and • testing, on a sample basis, invoices raised in March and April to ensure revenues have been accounted for in the correct period. The Trust's accounting policy on operating 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. **Key observations** We obtained sufficient audit evidence to conclude that: • the group's accounting policy for recognition of operating income complies with the DHSC Group Accounting Manual 2018/19 and has been properly applied; and • income from NHS contract variations and non-contract activity is not materially misstated.

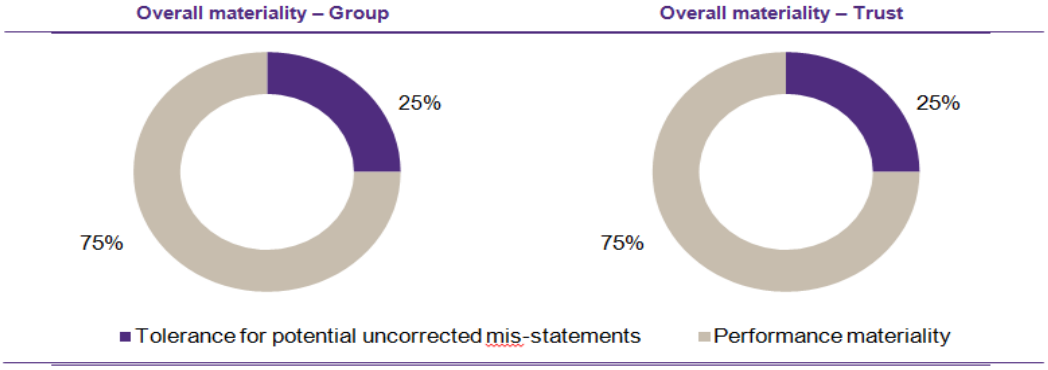
Our application of materiality

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.

Materiality was determined as follows:

Materiality Measure	Group	Trust
Financial statements as a whole	£2,409,000 which is 2% of the group's gross operating expenses. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the group has expended its revenue and other funding. Materiality for the current year is at the same percentage level of gross operating expenses as we determined for the year ended 31 March 2018 as we did not identify any significant changes in the group or the environment in which it operates.	£2,402,000 which is 2% of the Trust's gross operating expenses. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the Trust has expended its revenue and other funding. Materiality for the current year is at the same percentage level of gross operating costs as we determined for the year ended 31 March 2018 as we did not identify any significant changes in the Trust or the environment in which it operates.
Performance materiality used to drive the extent of our testing	75% of financial statement materiality	75% of financial statement materiality
Specific materiality		Disclosure of senior managers' remuneration in the Remuneration Report: £20,000, based on 2% of the total senior managers' remuneration. This is due to public interest in these disclosures and the statutory requirement for them to be made.
Communication of misstatements to the Audit Committee	£120,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.	£120,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

The graph below illustrates how performance materiality interacts with our overall materiality and the tolerance for potential uncorrected misstatements.



An overview of the scope of our audit

Our audit approach was a risk-based approach founded on a thorough understanding of the group's business, its environment and risk profile 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. For example, significance as a percentage of the group's gross costs based on qualitative factors, such as specific use or concerns over specific components;
- Gaining an understanding of and evaluating the Trust's internal controls environment including its financial and IT systems and controls;
- Full scope audit procedures on The Walton Centre NHS Foundation Trust which represents 93% of the group's income, 59% of the group's expenditure and 81% of its total assets;
- Analytical procedures on the Walton Centre Charity;

- Testing, on a sample basis of all of the Trust's material income and expenditure streams, covering 76% of the Trust's income and operating expenses, 70% of the Trust's expenditure and current and non-current assets, 78% of the Trust's total assets and current and non-current liabilities and 70% of the Trust's total liabilities.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report**,** other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

In this context, we also have nothing to report in regard to our responsibility to specifically address the following items in the other information and to report as uncorrected material misstatements of the other information where we conclude that those items meet the following conditions:

- Fair, balanced and understandable in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance - the statement given by the directors that they consider the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the group and Trust's performance, business model and strategy, is materially inconsistent with our knowledge of the Trust obtained in the audit; or
- Audit Committee reporting in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance – the section describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2018/19 or is misleading or inconsistent with the information of which we are aware from our audit.. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Our opinion on other matters required by the Code of Audit Practice is unmodified

In our opinion:

- the parts of the Remuneration Report and the 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 2018/19 and the requirements of the National Health Service Act 2006; and

- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or

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

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

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of Accounting Officer's responsibilities as the accounting officer, 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 2018/19, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of the Trust's services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception - Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

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

Significant risks

Under the Code of Audit Practice, we are required to report on how our work addressed the significant risks we identified in forming our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Significant risks are those risks that in our view had the potential to cause us to reach an inappropriate conclusion on the audited body's arrangements. The table below sets out the significant risk we identified. The significant risk was addressed in the context of our conclusion on the Trust's arrangements as a whole, and in forming our conclusion thereon, and we do not provide a separate opinion on these risks.

Significant risk	How the matter was addressed in the audit
Financial planning, reporting and delivery of financial targets Before the start of each financial year the Trust agrees to a control total set by NHS Improvement (NHSI) which determines the target financial performance for the financial year. Achievement of the control total also ensures the Trust receives additional Provider Sustainability Funding (PSF). The Trust's control total for 2018/19 was a £3 million surplus. The Trust identified a number of risks to the achievement of the control total. The biggest issue being an expected shortfall against the cost improvement programme though the Quality Improvement Programme (QIP). A higher reliance on one-off non-recurring measures were expected to achieve the financial target.	Our audit work included, but was not restricted to: • reviewing the monitoring arrangements in place at the Trust to keep Board members informed of progress against its operational plan and achievement of its control total for the financial year 2018/19; and • reviewing the arrangements in place to manage the risks to the achievement of financial targets. Key findings The Trust achieved a £5.8 million surplus in delivering its services in 2018/19. This was in excess of the £3 million control total agreed with the Department for Health and Social Care (DHSC) and NHSI. The increased surplus is largely due to additional income from the PSF received for meeting the agreed control total. PSF income received was £4.7 million, with £2.3 million of the PSF budgeted as core funding, with an additional £2.4 million incentive notified in April 2019 by NHSI. In 2018/19 the Trust delivered recurrent CIP savings of £1.13 million against a target of £3.2 million. Throughout the year the financial position has been actively monitored and clearly reported to the Board through the Integrated Performance Report (IPR) which includes the current financial position and forecasted information to the year end. There are appropriate arrangements in place to produce the 2019/20 financial plan that commenced in November 2018 with the finance team working with operational and clinical divisions. There is a total recurrent CIP requirement of £2.87 million for 2019/20. As at May 2019, £0.9 million has been identified of the 2019/20 CIP. Overall we concluded that the Trust has appropriate arrangements in place for monitoring and reporting to Board on financial performance and for managing the risks to non- delivery of financial targets.

Responsibilities of the Accounting Officer

The Accounting Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources 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.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, 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 this criterion as that necessary for us to consider under the Code of Audit Practice 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 2019, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements - 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 of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Robin Baker

Robin Baker, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Liverpool

24 May 2019

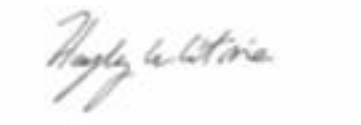
6. Foreword to the Accounts

The Walton Centre NHS Foundation Trust

Accounts for the period ending 31 March 2019

The following presents the accounts for the Walton Centre NHS Foundation Trust for the period ending 31 March 2019.

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

Hayley Citrine, Chief Executive

24 May 2019

7. Primary Financial Statements

Statement of Comprehensive Income

2017/18 Foundation Trust £000	2017/18 Group £000		Note	2018/19 Foundation Trust £000	2018/19 Group £000
115,147	115,147	Operating income from patient care activities	2.1	117,488	117,488
13,200	13,416	Other operating income	2.1	12,713	13,261
(120,129)	(120,448)	Operating expenses	3.1	(122,420)	(122,836)
8,218	**8,115**	**OPERATING SURPLUS/(DEFICIT) FROM CONTINUING OPERATIONS**		**7,781**	**7,913**
		Finance Costs			
34	59	Finance income	7.1	114	139
(696)	(696)	Finance expenses	7.2	(673)	(673)
(1,462)	(1,462)	PDC Dividends payable	26	(1,450)	(1,450)
(2,124)	**(2,099)**	**Net Finance Costs**		**(2,009)**	**(1,984)**
28	28	Other gains/(losses)	8	(3)	(3)
6,122	**6,044**	**Surplus/(deficit) for the year from continuing operations**		**5,769**	**5,926**
6,122	**6,044**	**SURPLUS/(DEFICIT) FOR THE YEAR**		**5,769**	**5,926**
		Other comprehensive income			
		Will not be reclassified to income and expenditure:			
2,058	2,058	Impairments	9, 21	(1,177)	(1,177)
1,503	1,503	Revaluations	21	0	0
0	0	Fair value gains/(losses) on equity instruments designated at fair value through OCI	12	0	17
		May be reclassified to income and expenditure when certain conditions are met:			
0	(15)	Fair value gains/(losses) on financial assets mandated at fair value through OCI	12	0	0
9,683	**9,590**	**TOTAL COMPREHENSIVE INCOME/(EXPENSE) FOR THE PERIOD**		**4,592**	**4,767**
		Surplus/(deficit) for the period attributable to:			
6,122	6,044	The Walton Centre NHS Foundation Trust		5,769	5,926
6,122	**6,044**	**TOTAL**		**5,769**	**5,926**
		Total comprehensive income/(expense) for the period attributable to:			
9,683	9,590	The Walton Centre NHS Foundation Trust		4,592	4,767
9,683	**9,590**	**TOTAL**		**4,592**	**4,767**

Reconciliation from the Statement of Comprehensive Income to the Trust trading position:

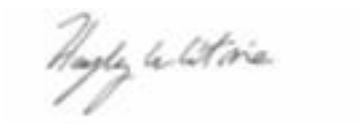
Foundation Trust £000		Foundation Trust £000
6,122	Surplus/(deficit) from continuing operations	5,769
	Normalising adjustments:	
(164)	Capital donation from the Charitable Fund	(58)
(650)	Impairment/(reversal of impairment) of land and buildings	0
5,308	**Trading (deficit)/surplus for the period**	**5,711**

The Notes on pages 214 to 250 form part of these accounts:

Statement of Financial Position

31-Mar-18 Foundation Trust £000	31-Mar-18 Group £000		Note	31-Mar-19 Foundation Trust £000	31-Mar-19 Group £000
		Non-current assets			
65	65	Intangible assets	10	34	34
83,348	83,348	Property, plant and equipment	11.3	82,084	82,084
0	812	Other investments/financial assets	12	0	971
83,413	**84,225**	**Total non-current assets**		**82,118**	**83,089**
		Current assets			
1,210	1,210	Inventories	13.1	985	985
8,651	8,633	Receivables	14.1	12,463	12,459
17,169	17,694	Cash and cash equivalents	15	21,713	22,258
27,030	**27,537**	**Total current assets**		**35,161**	**35,702**
110,443	**111,762**	**Total Assets**		**117,279**	**118,791**
		Current liabilities			
(15,570)	(15,596)	Trade and other payables	16	(18,703)	(18,748)
(1,293)	(1,293)	Borrowings	17.1	(1,636)	(1,636)
(297)	(297)	Provisions	18.1	(312)	(312)
(512)	(512)	Other liabilities	19	(541)	(541)
(17,672)	**(17,698)**	**Total current liabilities**		**(21,192)**	**(21,237)**
92,771	**94,064**	**Total assets less current liabilities**		**96,087**	**97,554**
		Non-current liabilities			
(27,887)	(27,887)	Borrowings	17.1	(26,595)	(26,595)
(267)	(267)	Provisions	18.1	(271)	(271)
(28,154)	**(28,154)**	**Total non-current liabilities**		**(26,866)**	**(26,866)**
64,617	**65,910**	**Total assets employed**		**69,221**	**70,688**
		Financed by			
		Taxpayers' equity			
26,663	26,663	Public Dividend Capital	26	26,675	26,675
4,293	4,293	Revaluation reserve	21	3,116	3,116
33,661	33,661	Income and expenditure reserve		39,430	39,430
		Others' equity			
0	1,293	Charitable fund reserves	28	0	1,467
64,617	**65,910**	**Total taxpayers' and others' equity**		**69,221**	**70,688**

The financial statements and notes on pages 208 to 250 were approved by the Board on 24 May 2019 and signed on its behalf by:



Chief Executive

24 May 2019

Statement of Changes in Taxpayers Equity

Statement of Changes in Taxpayers Equity	Group					Foundation Trust			
	Total Group equity	Charitable funds reserves	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	Total Taxpayers equity	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and Others' Equity at 1 April 2018	**65,910**	**1,293**	**26,663**	**4,293**	**33,661**	**64,617**	**26,663**	**4,293**	**33,661**
Surplus/(deficit) for the year	5,926	282	0	0	5,644	5,769	0	0	5,769
Net impairments	(1,177)	0	0	(1,177)	0	(1,177)	0	(1,177)	0
Fair value gains/(losses) on equity instruments designated at fair value through OCI	17	17	0	0	0	0	0	0	0
Public Dividend Capital received	12	0	12	0	0	12	12	0	0
Other reserve movements - charitable fund consolidation adjustment	0	(125)	0	0	125	0	0	0	0
Taxpayers' and Others' Equity at 31 March 2019	**70,688**	**1,467**	**26,675**	**3,116**	**39,430**	**69,221**	**26,675**	**3,116**	**39,430**
Taxpayers' and Others' Equity at 1 April 2017	**56,276**	**1,386**	**26,619**	**732**	**27,539**	**54,890**	**26,619**	**732**	**27,539**
Surplus/(deficit) for the year	6,044	147	0	0	5,897	6,122	0	0	6,122
Impairments	2,058	0	0	2,058	0	2,058	0	2,058	0
Revaluations	1,503	0	0	1,503	0	1,503	0	1,503	0
Fair value gains and losses on available for sale investments	(15)	(15)	0	0	0	0	0	0	0
Public Dividend Capital received	44	0	44	0	0	44	44	0	0
Other reserve movements	0	(225)	0	0	225	0	0	0	0
Taxpayers' and Others' Equity at 31 March 2018	**65,910**	**1,293**	**26,663**	**4,293**	**33,661**	**64,617**	**26,663**	**4,293**	**33,661**

Statement of Cash Flows

2017/18 Foundation Trust £000	2017/18 Group £000		Note	2018/19 Foundation Trust £000	2018/19 Group £000
		Cash flows from operating activities			
8,218	**8,115**	**Operating surplus/(deficit)**		**7,781**	**7,913**
		Non-cash income and expense:			
4,860	4,860	Depreciation and amortisation		5,083	5,083
(650)	(650)	Net impairments		0	0
(164)	0	Income recognised in respect of capital donations		(58)	0
(1,966)	(2,295)	(Increase)/decrease in trade and other receivables		(3,760)	(3,762)
776	776	(Increase)/decrease in inventories		225	225
1,668	1,668	Increase/(decrease) in trade and other payables		3,760	3,760
(38)	(38)	Increase/(decrease) in other liabilities		29	29
(5)	(5)	Increase/(decrease) in provisions		19	19
0	(18)	Movements in charitable fund working capital		0	9
0	0	Other movements in operating cash flows		4	4
12,699	**12,413**	**NET CASH GENERATED FROM/(USED IN) OPERATING ACTIVITIES**		**13,083**	**13,280**
		Cash flows from investing activities:			
34	34	Interest received		114	114
(4,334)	(4,334)	Purchase of property, plant and equipment		(5,211)	(5,211)
32	32	Sales of property, plant and equipment		8	8
164	0	Receipt of cash donations to purchase capital assets		58	0
0	25	NHS charitable funds: net cash flows from investing activities		0	(119)
(4,104)	**(4,243)**	**Net cash generated from/(used in) investing activities**		**(5,031)**	**(5,208)**
		Cash flows from financing activities:			
44	44	Public dividend capital received		12	12
(1,131)	(1,131)	Movement in loans from the Department of Health and Social Care		(1,263)	(1,263)
(34)	(34)	Capital element of finance lease rental payments		(52)	(52)
(684)	(684)	Interest on loans		(672)	(672)
(2)	(2)	Interest paid on finance lease liabilities		(10)	(10)
(1,347)	(1,347)	PDC Dividend paid		(1,523)	(1,523)
(3,154)	**(3,154)**	**Net cash generated from/(used in) financing activities**		**(3,508)**	**(3,508)**
5,441	**5,016**	**Increase/(decrease) in cash and cash equivalents**		**4,544**	**4,564**
11,728	12,678	Cash and Cash equivalents at 1 April	15	17,169	17,694
17,169	**17,694**	**Cash and Cash equivalents at 31 March**	15	**21,713**	**22,258**

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 and Social Care Group Accounting Manual (DHSC GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the DHSC GAM follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DHSC GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 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:

- As per national guidance, the Trust submitted an annual plan for 2019/20 with a forecast surplus position and is working on a five-year plan for the Trust in conjunction with the Cheshire and Merseyside area;
- The Trust has signed a contract with CCG's for 2019/20 activity plan and an agreed 2019/20 contract value with NHS England;
- 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;
- The Trust has sufficient cash reserves to be able to operate for over 60 days if all income flows were to immediately cease;
- There is no expectation for short-term loans or overdraft facilities;
- If the Trusts efficiency target is delivered and there are no national changes to tariff (which are currently not anticipated) then it is anticipated that the Trust will continue to deliver a surplus moving into 2020/21. This would be the case even if central Provider Sustainability Funding is not received in 2020/21;

- 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.

1.4 Revenue

Revenue from Contracts with Customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The DHSC GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the DHSC GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

In the adoption of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- As per paragraph 121 of the Standard the Trust will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less;
- The DHSC GAM does not require the Trust to disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date;
- The DHSC GAM has mandated the exercise of the practical expedient offered in C7 (a) of the Standard that requires the Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year-end, the Trust accrues income relating to performance obligations satisfied in

that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS Contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year-end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The Trust does not receive income where a patient is readmitted within 30 days of discharge from a previous planned stay. This is considered an additional performance obligation to be satisfied under the original transaction price.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

The main source of revenue for the Trust is from NHS England (via the North West Specialised Commissioning Hub) for specialist treatment, Liverpool Clinical Commissioning Group for non-specialist services (as contract lead for the majority of non-specialist CCG activity), Welsh Assembly for patients from Wales and from the Isle of Man, which are government funded commissioners of NHS health and patient care.

Revenue from Research Contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with

alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

NHS Injury Cost Recovery Scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Revenue Grants and other Contributions to Expenditure

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.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Other Income

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 such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that the employees are permitted to carry forward leave into the following period where it is deemed to be material.

Pension Costs

Past and present employees are covered by the provisions of the NHS Pension Scheme (the Scheme). The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. It is not possible for the Trust to identify its share of the underlying Scheme assets and liabilities. Therefore, the Scheme is accounted for as a defined

contribution scheme. The cost to the Trust of participating in the Scheme is equal to the contributions payable to the Scheme for the accounting period.

Employer's pension cost contributions are charged to the Statement of Comprehensive Income as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the Scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

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

Recognition

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 similar 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.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

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.

All assets are measured subsequently at valuation. Land and buildings used for the Trust's services or for administrative purposes are measured subsequently at current value in existing use. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the Statement of

Financial Position date. Current values in existing use are determined as depreciated replacement cost on a modern equivalent asset basis. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

The freehold properties of The Walton Centre NHS Foundation Trust were valued as at 31 March 2019 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the requirements of the RICS Valuation – Global Standard 2017 and the notional standards and guidance set out in RICS Valuation – Professional Standards UK (published November 2018), the International Valuation Standards, and IFRS as adapted and interpreted by the Financial Reporting Manual (FReM). The valuations of specialised properties were derived using the Depreciated Replacement Cost (DRC) method, with other in-use properties reported on a Current Value in Existing Use basis.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing 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 DHSC GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; 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 are 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

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Expenditure on research activities is recognised as an expense in the period in which it is incurred and is not capitalised. Intangible assets are capitalised when they have a cost of at least £5,000.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- The project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- The Trust intends to complete the intangible asset and sell or use it;
- The Trust has the ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic or service delivery benefits, e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- Adequate technical, financial and other resources are available to the Trust to complete the development and sell or use the asset;
- The Trust can measure reliably the expenditure attributable to the intangible asset during its development.

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently, intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of amortised replacement cost (modern equivalent asset basis) and the value in use where the asset is income generating. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5. Internally-developed software is held at historic cost to reflect the opposite effects of development costs and technological advances.

Intangible assets not yet available for use are tested for impairment annually.

Amortisation
Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.9 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.

1.10 Cash and Cash Equivalents
Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of any bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and any overdraft balances are recorded at current values.

1.11 Financial Instruments and Financial Liabilities

Recognition
Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The DHSC GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes 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 and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and Measurement
Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure or fair value through other comprehensive income. 'Amortised cost' and 'fair value through other comprehensive income' are the only categories relevant to the Trust.

Financial liabilities classified as subsequently measured at amortised cost or fair value through income and expenditure. All of the Trust's financial liabilities are categorised as subsequently measured at 'amortised cost.'

Financial Assets and Financial Liabilities at Amortised Cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method, less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial Assets Measured at Fair Value through other Comprehensive Income

The Trust has irrevocably elected to measure the equity investments held by the Charity at fair value through other comprehensive income.

Impairment of Financial Assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the

asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

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.

1.12 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

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. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

1.13 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.

Early retirement provisions are discounted using HM Treasury's pension discount rate of positive 0.29% (2017-18: positive 0.10%) in real terms.

Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. The contribution is charged to the Statement of Comprehensive Income. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed in Note 18 but is not recognised in the Trust's accounts. The excess on these claims payable by the Trust is included in the accounts and disclosed in Note 18 as 'other legal claims.'

Non-clinical Risk Pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to the Statement of Comprehensive Income when the liability arises.

1.14 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, being issued under statutory authority rather than under contract, PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

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:

- Donated assets (including lottery funded assets);
- Average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility;
- Any PSF incentive and PSF bonus fund receivable; and
- Any PDC dividend balance receivable or payable.

The average relevant net assets is calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.16 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. However, details of third party assets are given in Note 27 to the accounts in accordance with the requirements of HM Treasury's FReM.

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 29 on Losses and Special Payments is compiled directly from the Losses and Compensations Register which is prepared on a cash basis.

1.21 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 2019.

1.22 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.

1.23 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 2018/19. These standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2020/21 for public sector bodies, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- 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.
- IFRS 17 Insurance Contracts – application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 Uncertainty over Income Tax Treatments – application required for accounting periods beginning on or after 1 January 2019.

Note 2.1 Operating Income by Source

2017/18 Foundation Trust £000	2017/18 Group £000		2018/19 Foundation Trust £000	2018/19 Group £000
		Income from patient care activities		
79,370	79,370	NHS England	80,004	80,004
15,593	15,593	Clinical commissioning groups	16,571	16,571
0	0	Department of Health and Social Care	841	841
254	254	NHS Foundation Trusts	222	222
81	81	NHS Trusts	79	79
17,371	17,371	NHS other	17,672	17,672
139	139	Non-NHS: private patients	174	174
0	0	Non-NHS: overseas patients (chargeable to patient)	94	94
341	341	Injury cost recovery scheme	386	386
1,998	1,998	Non-NHS: other	1,445	1,445
115,147	**115,147**	**Total income from patient care activities**	**117,488**	**117,488**
		Other operating income from contracts with customers		
1,696	1,696	Research and development (contract)	1,707	1,707
3,384	3,384	Education and training (excluding notional apprenticeship levy income)	3,403	3,403
14	14	Non-patient care services to other bodies	0	0
3,322	3,322	Provider Sustainability Fund/Sustainability and Transformation Fund income (PSF/STF)	4,697	4,697
287	287	Income in respect of staff costs where accounted on gross basis	1,077	1,077
3,517	3,517	Other contract income	968	968
		Other non-contract operating income		
225	0	Charitable and other contributions to expenditure	125	0
755	755	Rental revenue from operating leases	736	736
0	441	Charitable incoming resources (excluding investment income)	0	673
13,200	**13,416**	**Total other operating income**	**12,713**	**13,261**
128,347	**128,563**	**TOTAL OPERATING INCOME**	**130,201**	**130,749**
		Of which:		
128,347	128,563	Related to continuing operations	130,201	130,749

All income from activities and the income in respect of education and training arise from the provision of mandatory services set out in the NHS Improvement terms of authorisation.

NHS other includes income for patients from Wales, Scotland and Northern Ireland. Non-NHS other includes income for patients from the Isle of Man and Overseas.

Note 2.2 Operating Income from Patient Care Activities (by Nature)

2017/18 £000	Foundation Trust and Group	2018/19 £000
	Acute services	
27,998	Elective income	28,580
15,535	Non-elective income	17,211
10,742	First outpatient income	11,091
16,467	Follow-up outpatient income	17,583
13,195	High cost drugs income from commissioners (excluding pass-through costs)	13,775
30,152	Other NHS clinical income	27,269
	Community services	
578	Income from CCGs and NHS England	578
	All trusts	
139	Private patient income	174
0	Agenda for Change pay award central funding	841
341	Other clinical income	386
115,147	**Total income from activities**	**117,488**
	Of which:	
115,147	Related to continuing operations	117,488

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.

Note 2.3 Analysis of 'Other' form Other Operating Income

2017/18			2018/19	
Foundation Trust £000	Group £000		Foundation Trust £000	Group £000
104	104	Car parking	118	118
196	196	Clinical excellence awards	154	154
20	20	Catering	21	21
1,860	1,860	Vanguard funding from NHS England	0	0
893	893	Non-recurrent residual funding	0	0
444	444	Other	675	675
3,517	**3,517**	**Total**	**968**	**968**

Note 2.4 Operating Lease Income

2017/18 £000	Foundation Trust and Group	2018/19 £000
	Operating Lease Income	
755	Lease receipts recognised as income in the period	736
755	**TOTAL**	**736**
	Future minimum lease receipts due	
364	- not later than one year;	355
1,296	- later than one year and not later than five years;	1,296
17,231	- later than five years.	17,085
18,891	**TOTAL**	**18,736**

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)

2017/18 Foundation Trust £000	2017/18 Group £000		2018/19 Foundation Trust £000	2018/19 Group £000
64,814	64,961	Employee Expenses - staff and executive directors	68,662	68,817
121	121	Employee Expenses - non-executive directors	124	124
1,231	1,231	Employee Expenses - research and development	988	988
359	359	Employee Expenses - education and training	251	251
14,761	14,761	Drugs costs	15,128	15,128
19,398	19,398	Supplies and services - clinical (excluding drug costs)	17,483	17,483
3,497	3,497	Supplies and services - general	3,820	3,820
1,185	1,185	Establishment	967	967
618	618	Research and development - non-staff	570	570
703	703	Premises - business rates payable to local authorities	720	720
3,614	3,614	Premises - other	4,320	4,320
103	103	Operating lease expenditure (net)	103	103
0	0	Movement in credit loss allowance: contract receivables / contract assets	(892)	(892)
923	923	Movement in credit loss allowance: all other receivables and investments	0	0
19	19	Change in provisions discount rate	32	32
27	27	Inventories written down (net including drugs)	0	0
4,826	4,826	Depreciation on property, plant and equipment	5,053	5,053
34	34	Amortisation on intangible assets	30	30
(650)	(650)	Net Impairments	0	0
47	47	Audit fees payable to the external auditor: - audit services - statutory audit	47	47
8	8	- other auditor remuneration (external audit only)	7	7
0	1	- charitable fund audit	0	1
61	61	Internal audit - non-staff	65	65
2,164	2,164	Clinical negligence - amounts payable to NHS Resolution (premium)	2,808	2,808
33	33	Legal fees	26	26
198	198	Consultancy costs	145	145
580	580	Education and training - non-staff	492	492
226	226	Transport (business travel only)	214	214
183	183	Transport - other (including patient travel)	169	169
370	370	Car parking and security	434	434
12	12	Hospitality	4	4
24	24	Insurance	28	28
255	255	Other services (e.g. external payroll)	117	117
32	32	Other losses and special payments - non-staff	18	18
0	171	Other NHS charitable fund resources expended	0	260
353	353	Other	487	487
120,129	**120,448**	**TOTAL OPERATING EXPENSES**	**122,420**	**122,836**
		Of which:		
120,129	120,448	Related to continuing operations	122,420	122,836

The external auditors' liability is limited to £2,000,000. Audit fees are shown inclusive of VAT.

Note 3.2 Employee Benefits

2017/18 Foundation Trust £000	2017/18 Group £000		2018/19 Foundation Trust £000	2018/19 Group £000
54,547	54,547	Salaries and wages	55,314	55,314
4,889	4,889	Social security costs	5,089	5,089
244	244	Apprenticeship levy	257	257
5,856	5,856	Employer's contributions to NHS pensions	6,040	6,040
54	54	Termination benefits	307	307
2,077	2,077	Temporary staff (including agency)	3,522	3,522
0	147	NHS charitable funds staff	0	155
67,667	**67,814**	**Total gross staff costs**	**70,529**	**70,684**
(711)	(711)	Recoveries in respect of seconded staff	0	0
(552)	(552)	Costs capitalised as part of assets	(628)	(628)
66,404	**66,551**	**Total staff costs**	**69,901**	**70,056**

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 for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that 'the period between formal valuations shall be four years, with approximate assessments in intervening years.' An outline of these follows:

a) Accounting Valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These

accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full Actuarial (Funding) Valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgement from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 5 Retirements due to Ill-health

Foundation Trust and Group

During the period 1 April 2018 to 31 March 2019 there was one early retirement from the Trust agreed on the grounds of ill-health valued at £18,879 (2017/18: one, £53,502).

Note 6.1 Operating Leases

2017/18 £000	Foundation Trust and Group	2018/19 £000
103	Minimum lease payments	103
103	**TOTAL**	**103**

Note 6.2 Arrangements Containing an Operating Lease

2017/18 £000	Foundation Trust and Group	2018/19 £000
	Future minimum lease payments due:	
103	- not later than one year;	103
103	- later than one year and not later than five years;	0
206	**TOTAL**	**103**

Note 7.1 Finance Income

Foundation Trust 2017/18 £000	Group 2017/18 £000		Foundation Trust 2018/19 £000	Group 2018/19 £000
0	25	NHS charitable fund investment income	0	25
34	34	Bank interest	114	114
34	**59**	**TOTAL**	**114**	**139**

Note 7.2 Finance Expenditure

Foundation Trust 2017/18 £000	Group 2017/18 £000		Foundation Trust 2018/19 £000	Group 2018/19 £000
		Interest expense		
693	693	Interest on capital loans from the Department of Health and Social Care	663	663
2	2	Interest on finance lease obligations	10	10
695	**695**	**Total interest expense**	**673**	**673**
1	1	Unwinding of discount on provisions	0	0
696	**696**	**TOTAL**	**673**	**673**

Note 8 Gains/(Losses) on Disposal

2017/18 £000	Foundation Trust and Group	2018/19 £000
28	Gain on disposal of property, plant and equipment	5
0	Loss on disposal of property, plant and equipment	(8)
28	**Total gains / (losses) on disposal of assets**	**(3)**

Note 9 Revaluation/Impairment of Assets

2017/18 £000	Foundation Trust and Group	2018/19 £000
(650)	Changes in market price	0
(650)	**Total net impairments charged to operating surplus / deficit**	**0**
(2,058)	Impairments charged to the revaluation reserve	1,177
(1,503)	Revaluations	0
(4,211)	**Total revaluation/net impairments**	**1,177**

During 2018/19 following a review of the Trust's assets, including a revaluation of land and buildings by the Trust's valuers, a £1,176,964 total impairment was identified:

- £49,710: related to an impairment of the Sid Watkins land and building charged against the revaluation reserve; and
- £1,127,254: related to an impairment of the main site land and building charged against the revaluation reserve.

In 2017/18, £4,210,528 impairment reversals and revaluations were identified: £650,209 related to a net reversal of a previous impairment of the Sid Watkins land and building charged against operating surplus; £2,057,528 related to a net impairment reversal of land and buildings charged against the revaluation reserve; while £1,502,791 related to a revaluation to buildings. Further details of the valuation are included in Note 1.7. There have been no impairments identified on other assets in the Trust (2017/18: none).

Note 10 Intangible Assets

Foundation Trust and Group	Software licences (purchased) 2017/18 £000	2018/19 £000
Valuation/Gross cost at 1 April	**582**	**582**
Additions - purchased	0	0
Gross cost at 31 March	**582**	**582**
Amortisation at 1 April	**484**	**518**
Provided during the year	33	30
Accumulated amortisation at 31 March	**517**	**548**
Net Book Value at 31 March	**65**	**34**

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 – 2018/19

Foundation Trust and Group	Total £000	Land £000	Buildings Excluding Dwellings £000	Assets Under Construction £000	Plant & Machinery £000	Information Technology £000	Furniture & Fittings £000
Valuation/gross cost at 1 April 2018	**101,338**	**1,880**	**65,571**	**176**	**27,649**	**5,322**	**739**
Additions - purchased	4,747	0	329	1,027	2,682	709	0
Additions - leased	172	0	0	0	0	172	0
Additions - assets purchased from cash donations/grants	58	0	47	0	11	0	0
Impairments	(2,790)	(310)	(2,480)	0	0	0	0
Reclassifications	0	0	1,036	(1,036)	0	0	0
Disposals/derecognition	(778)	0	0	0	(778)	0	0
Valuation/Gross cost at 31 March 2019	**102,747**	**1,570**	**64,503**	**167**	**29,564**	**6,203**	**739**
Accumulated depreciation at 1 April 2018	**17,990**	**0**	**0**	**0**	**14,659**	**3,005**	**326**
Provided during the year	5,053	0	1,613	0	2,355	1,039	46
Impairments	(1,613)	0	(1,613)	0	0	0	0
Disposals/derecognition	(766)	0	0	0	(766)	0	0
Accumulated depreciation at 31 March 2019	**20,664**	**0**	**0**	**0**	**16,248**	**4,044**	**372**

Note 11.2 Property, Plant and Equipment – 2017/18

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 2017	**96,552**	**2,020**	**62,538**	**270**	**26,575**	**4,410**	**739**
Additions - purchased	3,022	0	206	0	1,903	912	0
Additions - leased	**82**	0	0	0	82	0	0
Additions - donated	**164**	0	0	0	164	0	0
Impairments	(140)	(140)	0	0	0	0	0
Reversals of impairments	1,230	0	1,230	0	0	0	0
Reclassifications	0	0	94	(94)	0	0	0
Revaluations	1,503	0	1,503	0	0	0	0
Disposals	(1,075)	0	0	0	(1,075)	0	0
Valuation/Gross cost at 31 March 2018	**101,338**	**1,880**	**65,571**	**176**	**27,649**	**5,322**	**739**
Accumulated depreciation at 1 April 2017	**15,852**	**0**	**0**	**0**	**13,333**	**2,236**	**283**
Provided during the year	4,827	0	1,618	0	2,397	769	43
Reversals of impairments	(1,618)	0	(1,618)	0	0	0	0
Disposals	(1,071)	0	0	0	(1,071)	0	0
Accumulated depreciation at 31 March 2018	**17,990**	**0**	**0**	**0**	**14,659**	**3,005**	**326**

Note 11.3 Property, Plant and Equipment Financing

Foundation Trust and Group Net book value 31 March 2019	Total £000	Land £000	Buildings excluding dwellings £000	Assets Under Construction £000	Plant & Equipment £000	Information Technology £000	Furniture & Fittings £000
Owned	**80,010**	**1,570**	**64,456**	**167**	**11,462**	**2,014**	**341**
Finance lease	**210**	0	0	0	64	146	0
Owned - donated	**1,864**	0	47	0	1,791	0	26
Total net book value at 31 March 2019	**82,084**	**1,570**	**64,503**	**167**	**13,317**	**2,160**	**367**
Net book value 31 March 2018	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Owned	**81,231**	**1,880**	**65,571**	**176**	**10,901**	**2,318**	**385**
Finance lease	82	0	0	0	82	0	0
Owned - donated	2,035	0	0	0	2,007	0	28
Total net book value at 31 March 2018	**83,348**	**1,880**	**65,571**	**176**	**12,990**	**2,318**	**413**

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 2019 by Gerald Eve LLP as disclosed in Note 1.7.

Note 11.4 Economic Life of Property, Plant and Equipment

Foundation Trust and Group	Min Life Years	Max Life Years
Buildings excluding dwellings	41	54
Assets under construction & POA	0	0
Plant & machinery	5	15
Information technology	3	10
Furniture & fittings	5	25

Note 12 Other Investments

31-Mar-18 £000	Foundation Trust and Group	31-Mar-19 £000
836	**Carrying value of investments at 1 April**	**812**
136	Acquisitions in the year	1,063
(15)	Fair value movements taken to other comprehensive income for available for sale financial assets	0
0	Fair value movements taken to OCI for equity instruments designated as fair value through OCI	17
(145)	Disposals	(921)
812	**Carrying value of investments at 31 March**	**971**

Note 13.1 Inventories

31-Mar-18 £000	Foundation Trust and Group	31-Mar-19 £000
1,210	Consumables	985
1,210	**TOTAL Inventories**	**985**

Note 13.2 Inventories Recognised in Expenses

31-Mar-18 £000	Foundation Trust and Group	31-Mar-19 £000
10,922	Inventories recognised in expenses	9,655
27	Write-down of inventories recognised as an expense	0
10,949	**TOTAL Inventories recognised in expenses**	**9,655**

Note 14.1 Trade Receivables and Other Receivables

31-Mar-18			31-Mar-19	
Foundation Trust £000	Group £000	Current	Foundation Trust £000	Group £000
0	0	Contract receivables invoiced	2,573	2,573
0	0	Contract receivables not yet invoiced / non-invoiced	8,708	8,708
2,819	2,819	Trade receivables (comparative only)	0	0
0	0	Allowance for impaired contract receivables	(367)	(367)
(1,260)	(1,260)	Allowance for other impaired receivables	0	0
554	554	Prepayments (revenue)	686	686
4,930	4,930	Accrued income (comparative only)	0	0
0	0	PDC dividend receivable	52	52
162	162	VAT receivable	149	149
1,446	1,413	Other receivables	662	631
0	15	NHS charitable funds: trade and other receivables	0	27
8,651	**8,633**	**TOTAL CURRENT TRADE AND OTHER RECEIVABLES**	**12,463**	**12,459**
4,921	4,921	Of which receivables from NHS and DHSC group bodies	7,607	7,607

Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 14.2 Allowances for Credit Losses – 2018/19

Foundation Trust and Group	Contract receivables and contract assets	All other receivables
	£000	£000
Allowances as at 1 Apr 2018 - brought forward	0	1,260
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	1,260	(1,260)
New allowances arising	105	0
Reversals of allowances	(997)	0
Utilisation of allowances (write offs)	(1)	0
Allowances as at 31 Mar 2019	**367**	**0**

Note 14.3 Allowances for Credit Losses – 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result, it differs in format to the current period disclosure.

Foundation Trust and Group	
	£000
Allowances as at 1 April	**374**
Increase in provision	1,105
Amounts utilised	(37)
Unused amounts reversed	(182)
Allowances as at 31 March	**1,260**

Note 15 Cash and Cash Equivalents

31-Mar-18			31-Mar-19	
Foundation Trust	Group		Foundation Trust	Group
£000	£000		£000	£000
11,728	**12,678**	**At 1 April**	**17,169**	**17,694**
5,441	5,016	Net change in year	4,544	4,564
17,169	**17,694**	**At 31 March**	**21,713**	**22,258**
		Comprising:		
20	545	Cash at commercial banks and in hand	52	597
17,149	17,149	Cash with the Government Banking Service	21,661	21,661
17,169	**17,694**	**Cash and cash equivalents as in SoFP**	**21,713**	**22,258**
17,169	**17,694**	**Cash and cash equivalents as in SoCF**	**21,713**	**22,258**

Note 16 Trade and Other Payables

31-Mar-18			31-Mar-19	
Foundation Trust £000	Group £000		Foundation Trust £000	Group £000
		Current		
4,895	4,895	Trade payables	9,059	9,059
1,290	1,290	Capital payables (including capital accruals)	884	884
701	701	Social security costs	723	723
661	661	Other taxes payable	686	686
2,529	2,529	Other payables	2,648	2,648
5,273	5,273	Accruals (revenue costs only)	4,703	4,703
21	21	PDC dividend payable	0	0
200	200	Accrued interest on DHSC loans	0	0
0	26	NHS charitable funds: trade and other payables	0	45
15,570	**15,596**	**TOTAL CURRENT TRADE AND OTHER PAYABLES**	**18,703**	**18,748**
2,652	2,652	Of which payable to NHS and DHSC group bodies	4,151	4,151

Following the adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note 17.2. IFRS 9 is applied without restatement therefore comparatives have not been restated.

Note 17.1 Borrowings

31-Mar-18 £000	Foundation Trust and Group	31-Mar-19 £000
	Current	
1,263	Capital loans from the Department of Health	1,587
30	Obligations under finance leases	49
1,293	**TOTAL CURRENT BORROWINGS**	**1,636**
	Non-current	
27,823	Capital loans from the Department of Health	26,427
64	Obligations under finance leases	168
27,887	**TOTAL OTHER NON CURRENT LIABILITIES**	**26,595**

Note 17.2 Reconciliation of Liabilities Arising from Financing Activities

Foundation Trust and Group	Loans from DHSC	Finance leases	Total
	£000	£000	£000
Carrying value at 1 April 2018	**29,086**	**94**	**29,180**
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,263)	(52)	**(1,315)**
Financing cash flows - payments of interest	(672)	(10)	**(682)**
Non-cash movements:			
Impact of implementing IFRS 9 on 1 April 2018	200	0	**200**
Additions	0	172	**172**
Application of effective interest rate (interest charge arising in year)	663	10	**673**
Other changes	0	3	**3**
Carrying value at 31 March 2019	**28,014**	**217**	**28,231**

Note 18.1 Provisions for Liabilities and Charges

Foundation Trust and Group	Current		Non-current	
	31-Mar-19	31-Mar-18	31-Mar-19	31-Mar-18
	£000	£000	£000	£000
Pensions - early departure costs	28	28	271	267
Other legal claims	43	28	0	0
Other	241	241	0	0
Total	**312**	**297**	**271**	**267**

Note 18.2 Analysis of Provisions for Liabilities and Charges

Foundation Trust and Group	Total	Pensions - early departure costs	Legal claims	Other
	£000	£000	£000	£000
At 1 April 2018	**564**	**295**	**28**	**241**
Change in the discount rate	32	32	0	0
Arising during the year	27	0	27	0
Utilised during the year - accruals	(9)	0	(9)	0
Utilised during the year - cash	(28)	(28)	0	0
Reversed unused	(3)	0	(3)	0
At 31 March 2019	**583**	**299**	**43**	**241**
Expected timing of cash flows:				
- not later than one year	312	28	43	241
- later than one year and not later than five years	114	114	0	0
- later than five years	157	157	0	0
TOTAL	**583**	**299**	**43**	**241**

The pension provision relates to the anticipated costs for the enhanced element of ill-health pensions for former employees. These entitlements are explained in Note 4.

The provision for legal charges is in respect of legal claims accounted for as described in the accounting policies in Note 1. The figures are provided by NHS Resolution.

£48,364,688 (2017/18: £39,416,618) is included in the provisions of NHS Resolution at 31 March 2019 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 previously been reduced following confirmation that only Deanery trainees would have the right to claim.

Note 19 Other Liabilities

31-Mar-18 £000	Foundation Trust and Group	31-Mar-19 £000
512	Deferred income	541
512	**TOTAL OTHER CURRENT LIABILITIES**	**541**

Note 20 Contingencies

The Trust has £31,865 contingent liabilities relating to NHS Resolution cases as at 31 March 2019 (2017/18: £21,663). There have been no contingent assets or other contingent liabilities recognised at 31 March 2019 (2017/18: nil).

Note 21 Revaluation Reserve

Foundation Trust and Group	Total revaluation reserve £000	Property, plant and equipment £000
Revaluation Reserve at 1 April 2018	**4,293**	**4,293**
Net impairments	(1,177)	(1,177)
Revaluation reserve at 31 March 2019	**3,116**	**3,116**

Foundation Trust and Group	Total revaluation reserve £000	Property, plant and equipment £000
Revaluation Reserve at 1 April 2017	**732**	**732**
Impairments	2,058	2,058
Revaluations	1,503	1,503
Revaluation reserve at 31 March 2018	**4,293**	**4,293**

The impairments, reversals and revaluations relate to the impact of the land and building valuations on The Walton Centre NHS Foundation Trust carried out by Gerald Eve LLP as at 31 March 2018 and 31 March 2019.

Note 22 Capital Commitments

At 31 March 2019 the Trust had capital commitments of £1,103,000 (31 March 2018: £280,572) in relation to contractual commitments for capital items.

Note 23.1 Financial instruments

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with its commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply.

The Trust has considered its exposure to the following financial risks:

- **Currency Risk** – the Trust has no overseas operations and the majority of transactions are sterling based. Foreign currency transactions arise from purchases of equipment and supplies from overseas providers and a small proportion of charitable investments. However, these are not significant in value or number of transactions and the Trust therefore has low exposure to currency rate fluctuations;

- **Interest Rate Risk** – the Trust has loans for its capital expansion programme. However, these are at fixed rates with the Independent Trust Financing Facility. The Trust therefore has low exposure to interest rate fluctuations;

- **Credit Risk** – the majority of the Trust's revenue is from contracts with other public sector bodies. The Trust holds significant cash balances but these are also held through the Government Banking Service. Therefore the Trust has low exposure to credit risk. The Charity uses a commercial bank but its cash balances are not material to the Group. The Charity's investments are managed through external investment managers. Investments are held in UK multi-asset pooled charity funds. The maximum exposure on receivables at 31 March 2019 is disclosed in Note 14.1 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 2019 with a fair value of £970,933 (31 March 2018: £812,365). The book value of these assets is £999,999 (31 March 2018: £682,204).

Note 23.3 Carrying Values of Financial Assets by Category

	Foundation Trust		Group		
	Total carrying value	Held at amortised cost	Total	Held at amortised cost	Held at fair value through OCI
	£000	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2019 under IFRS 9					
Trade and other receivables (excluding non-financial assets) - with NHS and DHSC bodies	**7,555**	7,555	**7,555**	7,555	0
Trade and other receivables (excluding non-financial assets) - with other bodies	**3,389**	3,389	**3,385**	3,385	0
Cash and cash equivalents at bank and in hand	**21,713**	21,713	**21,713**	21,713	0
Consolidated NHS charitable fund financial assets	**0**	0	**1,516**	545	971
Total as at 31 March 2019	**32,657**	**32,657**	**34,169**	**33,198**	**971**

	Total carrying value	Loans and receivables	Total	Loans and receivables	Available for sale
	£000	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2018 under IAS 39					
Trade and other receivables (excluding non-financial assets) - with NHS and DHSC bodies	**5,511**	5,511	**5,511**	5,511	0
Trade and other receivables (excluding non-financial assets) - with other bodies	**2,006**	2,006	**1,988**	1,988	0
Cash and cash equivalents at bank and in hand	**17,169**	17,169	**17,169**	17,169	0
Consolidated NHS charitable fund financial assets	**0**	0	**1,337**	525	812
Total as at 31 March 2018	**24,686**	**24,686**	**26,005**	**25,193**	**812**

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Note 23.4 Carrying Values of Financial Liabilities by Category

	Foundation Trust		Group	
	Total	Held at amortised cost	Total	Held at amortised cost
	£000	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2018 under IFRS 9				
DHSC loans	**28,014**	28,014	**28,014**	28,014
Obligations under finance leases	**217**	217	**217**	217
Trade and other payables (excluding non-financial liabilities) - with NHS and DHSC bodies	**4,151**	4,151	**4,151**	4,151
Trade and other payables (excluding non-financial liabilities) - with other bodies	**10,668**	10,668	**10,712**	10,712
Total at 31 March 2019	**43,050**	**43,050**	**43,094**	**43,094**

Carrying values of financial liabilities as at 31 March 2018 under IAS 39	Total	Other financial liabilities	Total	Other financial liabilities
	£000	£000	£000	£000
DHSC loans	**29,086**	29,086	**29,086**	29,086
Obligations under finance leases	**94**	94	**94**	94
Trade and other payables (excluding non-financial liabilities) - with NHS and DHSC bodies	**4,066**	4,066	**4,066**	4,066
Trade and other payables (excluding non-financial liabilities) - with other bodies	**7,889**	7,889	**7,915**	7,915
Total at 31 March 2018	**41,135**	**41,135**	**41,161**	**41,161**

Note 24.1 Initial Application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the DHSC GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £200k, and trade payables correspondingly reduced.

The DHSC GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Receivables relating to Injury Cost Recovery are classified as a financial asset measured at amortised cost.

Note 24.2 Initial Application of IFRS 15
IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the DHSC GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018 where relevant.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the DHSC GAM, the Trust has applied the practical expedient offered in C7 (a) of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

Note 25 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 26 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 27 Third Party Balances
At 31 March 2019 the Trust held £928 on behalf of patients (31 March 2018: £916).

Note 28 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 and Social Care is a related party as the parent department of the Trust. During the period The Walton Centre NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

- NHS England;
- Health Education England;
- NHS Liverpool CCG;
- NHS South Sefton CCG;
- NHS Warrington CCG;
- NHS Wirral CCG;
- Aintree University Hospital NHS Foundation Trust;
- The Royal Liverpool and Broadgreen University Hospitals NHS Trust; and

- NHS Resolution.

In addition the Trust has had material transactions with the following central government body:

- Welsh Assembly Government including all Welsh Health bodies.

In 2012/13, Liverpool Health Partners Limited, a company limited by guarantee, was set up between the University of Liverpool, Aintree University Hospital NHS Foundation Trust, Alder Hey Children's NHS Foundation Trust, The Clatterbridge Cancer Centre NHS Foundation Trust, Royal Liverpool and Broadgreen University Hospitals NHS Trust, Liverpool Women's NHS Foundation Trust, The Walton Centre NHS Foundation Trust, Liverpool Heart and Chest NHS Foundation Trust 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 £82,000 (2017/18: £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 2018/19 and its balance sheet at 31 March 2019 are summarised as:

Summary statement of financial activities	2017/18 £'000	2018/19 £'000
Operating income (incoming resources excluding investment income)	466	698
Operating expenditure	(544)	(541)
Net (outgoing)/incoming resources before other recognised gains and losses	**(78)**	**157**
Fair value gains/(losses) on financial assets mandated at fair value through OCI	(15)	0
Fair value gains/(losses) on equity instruments designated at fair value through OCI	0	17
Net movement in funds	**(93)**	**174**

Summary balance sheet	31-Mar-18 £'000	31-Mar-19 £'000
Non-current assets		
Other investments/financial assets	812	971
Total non-current assets	**812**	**971**
Current assets		
Receivables	15	27
Cash and cash equivalents	525	545
Total current assets	**540**	**572**
Current liabilities		
Trade and other payables	(59)	(76)
Total current liabilities	**(59)**	**(76)**
Total net assets	**1,293**	**1,467**
Unrestricted funds	1,293	1,467
Total funds	**1,293**	**1,467**

Note 29 Losses and Special Payments

During the period the Trust made 7 (2017/18: 17) special payments with a total value of £6,243 (2017/18: £27,916). Of these £5,691 (2017/18: £23,057) related to payments in respect of 3 (2017/18: 5) claims by third parties which are handled by NHS Resolution. The Trust also wrote off 12 (2017/18: 5) debts with a total value of £842 (2017/18: £37,292). No items of stock were written off due to loss, damage or expiry (2017/18: £26,677).

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 2019 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and additional supporting guidance in the 'Detailed requirements for quality reports 2018/19' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers
- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period

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 2018/19' 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 2018/19' 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 2018/19'; 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 2018/19' and supporting guidance and the six dimensions of data quality set out in the ''Detailed requirements for external assurance for quality reports 2018/19'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2018/19' 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 2018 to 24 May 2019;
- papers relating to quality reported to the Board over the period 1 April 2018 to 24 May 2019;
- feedback from commissioners dated 19, 20 and 22 May 2019;
- feedback from governors dated 11 December 2018 and 7 March 2019
- feedback from local Healthwatch organisations dated 15, 16 and 17 May 2019;

- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009, dated 23 May 2019;
- the national patient survey dated 13 June 2018;
- the national staff survey dated 28 March 2019;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 16 April 2019;
- the Care Quality Commission's inspection report dated 21 October 2016.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

The firm applies International Standard on Quality Control 1 (Revised) 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 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 2019, 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 against supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2018/19' 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 that 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 2018/19' 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 results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- 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 2018/19' 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 2018/19'; and
- the indicators in the Report identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

Grant Thornton UK LLP

Grant Thornton UK LLP Chartered Accountants Liverpool

24 May 2019