

**TRUST BOARD MEETING**  
**The Boardroom, WCFT**  
**Thursday 22 February 2018**  
**0930 - 1145**  
**AGENDA**

Item	Time	Item	Owner	Purpose	Process	Preparation
1	9.30	Apologies	J Rosser	<ul style="list-style-type: none"> <li>To note apologies for absence</li> </ul>	Verbal	NA
2	9.30	Declaration of Interests	J Rosser	<ul style="list-style-type: none"> <li>For the Board to declare commercial and material interests relevant to the agenda</li> </ul>	Verbal	NA
3	9.30	Minutes of the meeting held on: 25 January 2018	J Rosser	<ul style="list-style-type: none"> <li>To review</li> <li>Confirm accuracy</li> <li>Review Action Tracker</li> <li>Consider matters arising</li> </ul>	Minutes	Enclosed
<b>PRESENTATIONS</b>						
<b>PATIENT STORY / PATIENT EXPERIENCE</b>						
4	9.40	Patient Story	M McKenna	<ul style="list-style-type: none"> <li>To receive feedback regarding the experiences of patients</li> </ul>	Presentation	N/a
<b>STRATEGY</b>						
5	10.05	Quality Account Priorities	L Salter	<ul style="list-style-type: none"> <li>To approve</li> </ul>	Presentation	N/a
<b>PERFORMANCE</b>						
6	10.15	Corporate Performance Report: January 2018	Executives	<ul style="list-style-type: none"> <li>To review and discuss</li> <li>To agree actions regarding Trust performance</li> </ul>	Report	Doc Ref TB 18/12

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Item	Time	Item	Owner	Purpose	Process	Preparation
7	10.45	Reference Costs Results	M Burns	<ul style="list-style-type: none"> <li>To receive</li> </ul>	Report	Doc Ref TB 18/13
<b>10.45-11.00 Comfort Break</b>						
<b>GOVERNANCE</b>						
8	11.00	Guardian of Safe Working Exception Report	A Nicolson	<ul style="list-style-type: none"> <li>To receive</li> </ul>	Report (to follow)	Doc Ref TB 18/14
9	11.10	Mortality and Morbidity Report Q1 and Q2 2017/18	A Nicolson	<ul style="list-style-type: none"> <li>To receive</li> </ul>	Report	Doc Ref TB 18/15
10	11.20	Integrated Staff Experience: Management Response	M Gibney	<ul style="list-style-type: none"> <li>To receive</li> </ul>	Report	Doc Ref TB 18/16
11	11.30	Trust Constitution	A Highton	<ul style="list-style-type: none"> <li>To approve</li> </ul>	Report	Doc Ref TB 18/17

**Separate Board Pack (to follow, due to timing of meetings):**

12	11.40	<b>Chair's Reports:</b> a. Quality Committee (AM) None b. Audit Committee (AS) None c. Research, Dev. & Innov. Committee (PH) None d. Business Performance Committee (SS) 20/02/18 e. Walton Centre Charity Committee (AS) None		<ul style="list-style-type: none"> <li>To receive and note</li> </ul>	Reports	a. None b. None c. None d. Doc Ref TB 18/18 e. None
13	11.45	<b>Confirmed Minutes:</b> a. Quality Committee (AM) None b. Audit Committee (AS) None c. Research, Dev. & Innov. Committee (PH) None d. Business Performance Committee (SS) 23/01/18 e. Walton Centre Charity Committee (AS) None		<ul style="list-style-type: none"> <li>To receive and note for information</li> </ul>	Minutes	
14	11.45	Meeting Review	J Rosser	<ul style="list-style-type: none"> <li>To review the meeting and consider key actions</li> </ul>	NA	NA

**Date of Next Meeting: 29 March 2018**

**CONFIRMED**

**Minutes of the Trust Board Meeting  
Held on Thursday 22 February 2018**

**Present:**

Ms J Rosser	Chair
Mr M Burns	Director of Finance
Ms H Citrine	Chief Executive
Mr S Crofts	Non-Executive Director
Mr M Gibney	Director of Workforce
Dr P Humphrey	Non-Executive Director
Ms A McCracken	Non-Executive Director
Mr S Moore	Director of Strategy and Planning
Dr A Nicolson	Medical Director
Ms S Samuels	Non-Executive Director
Ms L Salter	Acting Director of Nursing and Quality
Mr A Sharples	Non-Executive Director

**In attendance:**

Mr C Cheesman	Public Governor
Ms A Highton	Deputy Director of Governance
Mr M McKenna	Head of Patient Experience (Item 4 only)
Dr M Sharma	Pain Management Consultant (Item 4 only)
Ms P Uwamaliya	Patient and Senior Lecturer, Liverpool John Moores University (Item 4 only)
Ms A Whitfield	Assistant Corporate Secretary

**Apologies:**

None

**TB Apologies**

**18/18** None.

**TB Declaration of Interest**

**19/18** None.

**TB Minutes of the previous meeting held on 25 January 2018**

**20/18** The minutes of the previous Board meeting were agreed.

**TB Action Log**

**21/18** See TB36/18.

**TB Patient Story (Presentation)**

**22/18** The Head of Patient Experience was in attendance for this item. He was pleased to introduce Philoméne, a patient at the Trust, to present her story. Philoméne provided a moving account of her experience as a refugee and described the excellent care that she had subsequently received at the Trust for chronic pain, for which she highly commended Dr Sharma and the pain team.

On behalf of the Board, the Chief Executive conveyed sincere thanks to Philoméne for

sharing her powerful story with the Board, especially in the light of the traumatic events that she had experienced throughout her difficult journey.

The Head of Patient Experience, Philoméne and Dr Sharma left the meeting.

**TB**  
**23/18**      **Quality Account Priorities (Presentation)**

The Acting Director of Nursing and Quality presented this item, informing the Board of the proposed Quality Objectives 2018/19 which were:

**Patient Safety:**

- Reduction in falls;
- Invest in staff training for patients with challenging behaviour;
- Reduce missed doses of critical medications year on year.

**Patient Experience:**

- Improve how we provide information to patients;
- Initiate enhanced training on oral hygiene;
- Improve the way we listen and act on patient, family and carer feedback.

**Clinically Effective:**

- Extend Health & Wellbeing Programme to improve staff resilience & mindfulness;
- Reduce non-clinical cancelled operations year on year;
- Quarterly reviews of Trust Safety Huddle.

A progress update was provided for the Quality Account Priorities 2017/18, all of which had been completed or were on track.

As part of the Quality Account review, The Council of Governors had been asked to vote for an indicator to be audited this year and had voted for discharge processes.

Further to questions from the Chair and non-executives regarding the development of an in-house nurse bank, the Acting Director of Nursing and Quality informed that good progress had been made to date and reported that its development would be completed over the coming weeks. She further informed that the nurse bank would aim to significantly reduce agency and overtime costs and also explained how the Trust would improve upon communication in terms of information provided to patients, utilising the Trust's own staff rather than agency only.

**TB**  
**24/18**      **Corporate Performance Report: January 2018 (Doc Ref TB18/12)**

The Chief Executive introduced the monthly performance report, summarising that it had been a good month financially. Activity was lower than planned however patient case mix had increased. The Trust remained on track with full year external trajectory targets for quality, operational and financial areas. Infection control remained a challenge in relation to Clostridium Difficile.

Performance across all five domains remained strong, with a rating of amber/green.

**TB**  
**25/18**      **Director of Strategy and Planning Update (for Operations & Performance)**

The Director of Strategy and Planning provided an overview of the key points:

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- January 2018 was a busy period for the Trust, with high bed occupancy. The Trust was providing additional support to local acute hospitals, including lowering admission thresholds and delaying repatriations to ease the pressure on their beds;
- Critical care and rehabilitation activity was above plan for the month but inpatients were below plan, partly due to a rise in non-clinical cancelled operations to 12;
- With the exception of the two patients transferred from a local Acute Trust who had breached the 52 week wait target, the Trust achieved the remaining mandated standards and targets (RTT, cancer and diagnostic waiting times);
- Inpatient activity was behind plan for the month; work would continue in order to gain a better understand of this position;
- Outpatient activity was marginally below plan; it was noted that there had been a greater number of follow up appointments than new patient appointments;
- The Trust had now appointed an in-house violence and aggression (V&A) trainer;
- The Board was informed of the themes that would be examined more closely; the dynamics of the outpatient waiting list and also productivity;
- Emma Burraston had been appointed to the role of Divisional Director of Operations for Neurosurgery, following an acting role that she had assumed over the past 18 months.

Ms Samuels, in her capacity as Chair of the Business Performance Committee, acknowledged the positive messages in respect of performance but advised of the further work required to understand how the Trust could control its plans in order to be in the best position to deliver them.

The Board discussed the activity levels which were below plan, noting that growth had not increased in line with previous years. There was a notable difference between specialties, with some seeing an increase in growth whilst others had not. In relation to outpatients, it was anticipated that the Trust would achieve the year-end target. With regard to inpatients, it was acknowledged that there was a combination of factors attributable, for example, the complex spinal patients accepted from a local trust, delays with some consultant appointments, delayed discharges and delayed transfers of care, and higher complexity of patients.

The Medical Director referred to the over performance of follow up appointments which had notably increased over the past few months. He advised that the relevant teams were working on this as it was acknowledged that the issue might be raised by the commissioners at some point in the future.

**TB  
26/18**

### **Director of Nursing and Quality Update**

The Acting Director of Nursing, and Quality informed of the headlines:

- The Board recognised the registered nurses who had helped to staff an additional ward at Southport and Ormskirk Hospital NHS Trust;
- Clostridium Difficile: no cases of in month; the year to date total was 7 cases against a trajectory of 10, which was an improvement but remained challenging;
- MSSA: one case in month; 9 cases year to date against an internal threshold of 9; there were no external thresholds;
- E Coli bacteraemia: no cases of reported in month; the year to date total was 9 against the trajectory of 16;

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- Carbapenemase Producing Enterbacteriaceae (CPE): there was a single case of a patient colonised with CPE in month; the year to date total was 12 cases;
- Nursing staff turnover (12 months rolling figure) had decreased further this month to 15.69% for the seventh consecutive month;
- There was a single serious untoward incident (SUI) reported in month, relating to a delay in treatment for a patient with an aneurysm;
- A single case of VTE was reported in month; the year to date total of 11 exceeded the trajectory of 7 cases;
- Three breaches of mixed sex accommodation were reported in month;
- There had been a further increase in compliance in month for adult and children level 1 Safeguarding training.

The non-executives referred to the increase in overall Incidents per one hundred admissions on ITU/HDU and Chavasse ward. It was agreed that detailed information would be provided through the Quality Committee in relation to the increased falls. The Deputy Director of Governance provided assurance that no themes had been identified in respect of the increase in falls.

It was also suggested for consideration that future performance report include the actual number of incidents to accompany the overall incidents per hundred admissions.

**TB  
27/18**

### **Director of Finance Update**

The Director of Finance provided an overview of the Trust's financial position at January 2018:

- The financial position at month 10 was in line with the planned surplus; the Trust was £17k ahead of plan year to date;
- The Trust was forecasting that it would deliver the control total of £3.5m by the end of the year, meaning that the Trust would be eligible for STF incentive funding of £0.2m;
- Both pay and non-pay expenditure were showing an in month overspend against plan. Agency spend was at its highest year to date at £156k in January 2018, which was £10k above the NHSI monthly agency cap of £146k; this was attributed to sickness and vacancies, but also due to some areas needing increased levels of specialising for patients;
- Capital expenditure in January was £87k, which was £281k underspent against plan. It was anticipated that capital would under spend against plan by £336k due to the re-profiling of schemes;
- CIP was cumulatively £0.9m behind plan at month 10, with a forecast gap of £1m remaining for the year. Of the identified schemes, £2.7m (95%) were rated as 'green', and £0.2m (5%) rated as 'amber';
- The Trust cash balance at the end of January 2018 was £16m; this was £3.4m ahead of the plan submitted to NHS Improvement. The over performance against plan was due to the receipt of the 2016/17 STF cash bonus and incentive funding that had not been assumed in the initial plan, the donation for the robotic arm and reduced PDC spend against plan;
- The Trust achieved a L1 Use of Resource Risk Rating (UoR) at month 10, which was in line with the planned risk rating;
- Risks highlighted related to the contract proposal for 2017/18 sent to the Welsh

Health Specialised Services Committee (WHSSC) (based on HRG4+ tariffs); it was noted that a response was awaited. The Trust had submitted a contract dispute notice to NHS Improvement in relation to this matter. A further risk was contract affordability.

The non-executives referred to the 2018/19 capital programme, asking whether there was any flexibility of schemes given that the programme was oversubscribed. In response, the Director of Strategy and Planning informed that the Director of Finance had contacted NHS Improvement to ascertain whether there was any flexibility at that level. In terms of bringing schemes forward, it was confirmed that a number of business cases had recently been presented at the Business Performance Committee (BPC) or the Executive Team in relation to capital replacements, which had been originally been deferred to 2018/19 but brought back into 2017/18.

**TB  
28/17**

### **Director of Workforce Update**

The Director of Workforce informed of the key highlights:

- Vacancies: the overall vacancy rate had increased in month to 5.52%, but remained within the threshold of 10%. It was noted that detailed discussions had taken place on this subject at a recent Business Performance Committee. In terms of data:
  - Medical vacancies had decreased by 0.5% in month to 2.81% which remained within the 6.0% target;
  - Nursing vacancies had increased by 0.34% to 6.08% which was marginally above the 6.0% target.
- Turnover: the rolling 12 month position as at January 2018 reported a decrease for the eighth consecutive month. Turnover for nursing staff had decreased by 1.33% to 14.36%, which was an overall reduction of 6.75% since April 2017;
- Sickness: the 12 month rolling position for sickness absence this month had continued to rise, to 5.14%; this was above the new Trust sickness absence target of 4.2%. The breakdown of long term and short term sickness was 54.5% and 45.5% respectively;
- Appraisals: there was a marginal increase in the in-month figure for appraisals this month, with an actual figure of 75.63% against the Trust target of 85%. Further to a question from the non-executives, it was agreed that information would be provided directly to Ms McCracken regarding duration since last appraisal dates.

In respect of e-learning training, some of the Board members reported that they had recently undertaken their training online which had taken some considerable time to complete. It was suggested that it might be beneficial to include an indication of time required to complete each module, in order for users to allocate sufficient time to successfully complete the training.

**TB  
29/18**

### **Guardian of Safe Working Quarterly Report: November 2017-Jan 2018 (Doc Ref TB18/14)**

The Medical Director informed of the purpose of these exception reports and work schedule reviews, informing that there were 26 doctors at the Walton Centre on the new 2016 terms and conditions and that, to date, there had been one exception report.

Several informal concerns had been raised about breaches to the contract in respect of one particular issue; a monitoring exercise was planned in order to gain objective evidence of

this problem and potential rota changes would be reviewed in anticipation in order to resolve any potential issues. There had been no reported training issues.

The Medical Director concluded that locum and agency costs were likely to increase over the coming months due to difficulties with recruitment.

The Board noted the report.

**TB** **Mortality and Morbidity Report Q1 and Q2 2017/18 (Doc Ref TB18/15)**

**30/18** The Medical Director informed that this report had recently been presented to the Quality Committee, which comprised of Q1 and Q2 data due to the recent reporting time lapse.

The Medical Director provided a response to a question from the non-executives in respect of one of the cases noted in the report.

In order to comply with confidentiality, it was agreed that the Quality Committee would continue to receive the detail of individual cases in the report but, for the purpose of the Board meetings, this section would be replaced with a summary of cases; it was noted that this would also comply with the requirements in the *Learning from Deaths* national guidance.

The Board received and noted the Q1 and Q2 2017/18 Mortality and Morbidity Report.

**TB** **Integrated Staff Experience Report (Doc Ref TB18/16)**

**31/18** The Director of HR introduced his report which informed the Board of the Trust's staff engagement programme for the year ahead. It was acknowledged that the agenda would need to be continually refreshed and needed to assimilate the emerging role and work of the Freedom to Speak up Guardian (FTSUG).

The non-executives asked whether Julie Kane, in her role as the Trust's FTSUG, would be responsible for such events, as it was felt that she should not be compromised in this important role. In response, it was confirmed that the HR team would be responsible, with participation from FTSUG.

Following a comment from the non-executives, feedback from the various engagement events during 2017/18 would be detailed in a paper for the next Trust Board in March 2018.

The Deputy Director of Governance informed that she had discussed a system solution with the IT team, which would enable the input of information to provide an overarching view and identify any themes.

**TB** **Trust Constitution (Doc Ref TB18/17)**

**32/18** The Trust's Constitution was last reviewed in 2014. Following a recent review, the constitution had been updated; a summary of changes was provided in the cover sheet.

Hill Dickinson had undertaken a legal review of the amended draft constitution and had agreed it. The Council of Governors would be asked to approve the amended Constitution at its meeting on 13<sup>th</sup> March 2018.

The Board approved the amended constitution, which would take effect upon approval by

the Council of Governors.

**TB  
33/18**

**Chair's Reports:**

The Board received the following chair's report, noting the key highlights of the following meeting:

- a. Quality Committee: No meeting
- b. Audit Committee: No meeting
- c. Research, Development and Innovation Committee: No meeting
- d. Business Performance Committee: 20/02/18
- e. Walton Centre Charity Committee: No meeting

**TB  
34/18**

**Confirmed Committee Minutes:**

The Board received and noted the following confirmed minutes:

- a. Quality Committee: No meeting
- b. Audit Committee: No meeting
- c. Research, Development and Innovation Committee: No meeting
- d. Business Performance Committee: 23/01/18
- e. Walton Centre Charity Committee: No meeting

**TB  
35/18**

**Any Other Business**

**AOB1: Patient Stories**

The Chief Executive requested an extended timeslot on future Board agenda where stories would be presented by the patient themselves, to give the time that it deserved.

The Board also acknowledged the importance of clinic appointment timeslots, in order to ensure there was sufficient time for clinicians to listen to the patient's journey; an example given was the pain management clinic, where 45 minutes was allocated for each patient. Upon listening to the patient story on this agenda, the Board acknowledged the importance of extended appointment times for such patients.

**AOB3: Clinical Senate: dates for the diary**

The Medical Director promoted the dates of the clinical senates scheduled for 21<sup>st</sup> and 23<sup>rd</sup> March 2018.

**Meeting Review**

The Chair reviewed the meeting and confirmed actions as detailed in the action tracker (minute ref. TB36/18).

**Next meeting: Thursday 29 March 2018**

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TB Action Log:

36/18

**Closed Actions:**

<b>Actions : Trust Board meeting: February 2018</b>			
<b>Item</b>	<b>Action</b>	<b>Update</b>	<b>Reported by</b>
<b>TB184/17: Staff Engagement Programme</b>	The Executive Team agreed to collate/overview the Trust's response to this issue including a single integrated engagement programme for future reports, the next being scheduled for the March 2018 Board meeting.	On the agenda. See minute ref. TB31/18.	<b>M Gibney</b>
<b>TB11/18: Governance Report Q3 2017/18</b>	The Deputy Director of Governance agreed to speak with the divisional teams regarding any potential IT solutions in respect of delayed clinic letters.	The Board was informed there were no IT solutions; other options would be sought and this would be included in the next quarterly report.	<b>A Highton</b>
<b>TB05/18: Patient Story</b>	The Vanguard Communications Manager agreed to clarify whether the use of text messaging could be used more effectively.	The Director of Strategy and Planning agreed to take this forward with the operational team.	<b>S Moore</b>
<b>TB06/18: Draft Health and Care Workforce Strategy for England to 2027</b>	The non-executives suggested that the Trust might wish to facilitate a focus group.	The Director of Workforce informed that he was meeting with individuals; perspectives from the divisions would also be sought.	<b>M Gibney</b>

**Ongoing Actions:**

<b>Actions : Trust Board meeting: February 2018</b>				
<b>Item</b>	<b>Action</b>	<b>Update</b>	<b>Lead</b>	<b>Timescale</b>
<b>TB26/18: Performance Report (Nursing &amp; Quality)</b>	Provide detailed information via Quality Committee in relation to the increased falls on Chavasse ward and background to increased incidents in critical care.		L Salter	<b>March 2018</b>
	For consideration: Future performance report to include, with overall incidents per 100 admissions,		A Highton	<b>March 2018</b>

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	actual number of incidents in future reports.			
<b>TB28/18: Performance Report (Workforce)</b>	For those staff who had not undertaken an appraisal in the last year, provide information regarding duration since last appraisal directly to Ann McCracken.		M Gibney	<b>March 2018</b>
<b>TB30/18: Mortality and Morbidity Quarterly Report</b>	Detail of cases to remain in the report to Quality Committee, but replace with a summary in future board reports due to confidentiality.		A Nicolson	<b>April 2018</b>
<b>TB31/18: Integrated Staff Experience Report</b>	The NEDs asked for feedback from the various staff experience events they attended in 2017/18. Paper for March 2018 Trust Board.		M Gibney	<b>March 2018</b>