

**TRUST BOARD MEETING**  
**The Boardroom, WCFT**  
**Thursday 25 January 2018**  
**0930 - 1200**  
**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: 30 November 2017	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	NA
<b>STRATEGY</b>						
5	10.00	Facing the Facts, Shaping the Future: Draft Health and Care Workforce Strategy for England to 2027	M Gibney	<ul style="list-style-type: none"> <li>To overview the new and draft workforce strategy and to inform consultation feedback.</li> </ul>	Presentation	Doc Ref TB 18/02
<b>PERFORMANCE</b>						

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Item	Time	Item	Owner	Purpose	Process	Preparation
6	10.20	Corporate Performance Report: December 2017	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 18/03
<b>11.00-11.15 Comfort Break</b>						
<b>GOVERNANCE</b>						
7	11.15	Governance Report Q3 2017/18	A Highton	<ul style="list-style-type: none"> <li>To receive</li> </ul>	Report	Doc Ref TB 18/04
8	11.25	Infection, Prevention and Control Report Q3 2017/18	H Citrine	<ul style="list-style-type: none"> <li>To receive</li> </ul>	Report	Doc Ref TB 18/05
9	11.40	Terms of Reference: Business Performance Committee	S Moore	<ul style="list-style-type: none"> <li>To approve</li> </ul>	Report	Doc Ref TB 18/06

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

10	11.45	<b>Chair's Reports:</b> a. Quality Committee (AM) 18/01/18 b. Audit Committee (AS) 16/01/18 c. Research, Dev. & Innov. Committee (PH) 10/01/18 d. Business Performance Committee (SS) 23/01/18 e. Walton Centre Charity Committee (AS) 19/01/18		<ul style="list-style-type: none"> <li>To receive and note</li> </ul>	Reports	a. Doc Ref TB 18/07 b. Doc Ref TB 18/08 c. Doc Ref TB 18/09 d. Doc Ref TB 18/10 e. Doc Ref TB 18/11
11	11.55	<b>Confirmed Minutes:</b> a. Quality Committee (AM) 23/11/17 b. Audit Committee (AS) 17/10/17 c. Research, Dev. & Innov. Committee (PH) 15/11/17 d. Business Performance Committee (SS) 28/11/17 e. Walton Centre Charity Committee (AS) 17/11/17		<ul style="list-style-type: none"> <li>To receive and note for information</li> </ul>	Minutes	
12	12.00	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: 22 February 2018**

**CONFIRMED**

**Minutes of the Trust Board Meeting  
Held on Thursday 25 January 2018**

**Present:**

Ms J Rosser	Chair
Mr M Burns	Director of Finance
Ms H Citrine	Director of Nursing, Operations and Quality
Mr S Crofts	Non-Executive Director
Mr M Gibney	Director of Workforce
Mr C Harrop	Chief Executive
Ms A McCracken	Non-Executive Director
Mr S Moore	Deputy Chief Executive/Director of Strategy and Planning
Dr A Nicolson	Medical Director
Ms S Samuels	Non-Executive Director
Mr A Sharples	Non-Executive Director

**In attendance:**

Ms R Austen-Vincent	Partnership Governor
Ms L Ferguson	Public Governor
Ms A Highton	Deputy Director of Governance
Mr M McKenna	Head of Patient Experience
Ms H Hunt	Vanguard (the Neuro Network) Communications Manager
Ms L Salter	Deputy Director of Nursing (Acting Director of Nursing - elect)
Ms A Whitfield	Assistant Corporate Secretary

**Apologies:**

Dr P Humphrey	Non-Executive Director
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**TB Apologies**

**01/18** As noted above.

**TB Declaration of Interest**

**02/18** None.

**TB Minutes of the previous meeting held on 30 November 2017**

**03/18** The minutes of the previous Board meeting were agreed.

**TB Action Log**

**04/18** See TB17/18.

**TB Patient Story (Doc Ref N/A)**

**05/18** The Head of Patient Experience and the Vanguard Communications Manager were in attendance to give this presentation which described the issues experienced by a patient suffering from epilepsy, with regard to Trust telephone advice lines and coordination of care. The key lessons related to communication to patients in respect of Neuro Network projects, such as access to Integrated Neurology Nurse Specialist (INNS), the Consultant Advice Line and the Nurse Advice Line.

In response to questions from the non-executives, the Board was assured that the correct messages would be recorded on answer machines and that any changes to contact numbers would be communicated appropriately. The Board noted that there had been an increased demand for this service and that there had been a general improvement in the Trust's telephone advice service.

The Vanguard Communications Manager agreed to clarify whether the use of text messaging could be used more effectively.

The Head of Patient Experience and the Vanguard Communications Manager left the meeting.

**TB  
06/18**

**Facing the Facts, Shaping the Future: Draft Health and Care Workforce Strategy for England to 2027 (Doc Ref TB18/02)**

The Director of Workforce gave a presentation, informing that the national health and care workforce strategy described the challenges for the service in order to meet demand pressures over the next decade. The strategy was a draft for consultation led by Health Education England; NHS Employers would gather views to submit a collective response on behalf of employers in the NHS. The consultation would close on 23<sup>rd</sup> March 2018 and a final agreed strategy would be published in July 2018, with an annual refresh.

In response to questions:

- The Board was informed that the issue of pay would be addressed in current negotiations;
- Reference was made to the six core principles and how the Trust could fit into these; an example was the supply of staff, how healthcare assistants could be placed on a journey to become nursing associates or registered nurses and the development required in order for this to happen;
- Trusts no longer submitted long term plans therefore the difficulty of implementing a workforce strategy was acknowledged;
- This did not feel like a strategy, for example there was no mention of the community. The non-executives suggested that the Trust might wish to facilitate a focus group.
- This strategy did not make any reference to back office staff; it was noted that the NHS was a major employer of accountants therefore it was important that this cohort of staff were included.

The Board received and noted the Draft Health and Care Workforce Strategy for England to 2027.

**TB  
07/18**

**Corporate Performance Report: December 2018 (Doc Ref TB18/03)**

The Chief Executive introduced the monthly performance report, informing that the overall report was largely positive. There were some operational pressures, such as Neurophysiology, but the Board was assured of the work being undertaken to improve the position.

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

**TB  
08/18**

**Director of Nursing, Operations and Quality Update**

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

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- An update was provided in respect of the spinal patients from a local trust; of the 170 patients referred in 2017, for three it had not been possible to see them within this timeframe; two related to patient choice, and one related to further investigations required. This had been reported to the CQC and commissioners in December 2017 and was reported in the Trust's performance report.
- In relation to delayed transfers of care (DTOC), a small positive impact on the performance in December 2017 had been seen following internal changes and a review of the national definition of DTOC. However, it was noted this would remain a challenge for the Trust.
- There had been an increase in both the non-admitted backlog and outpatient waiting times; this was largely as a result of the additional spinal patients and a reduction in neurology waiting list initiative activity. The Board was informed that plans were in place to reduce the backlog and waiting times over the coming months.
- There had been one 28 day breach.
- There had been seven patients with Clostridium Difficile since April 2017 against a threshold of 10.
- There were no cases of E Coli bacteraemia reported in month; the year to date total remained at nine against the trajectory of 16.
- Two patients had acquired MSSA; the total year to date was nine against the trajectory of nine.
- Safeguarding training remained below the 90% target; Trust managers would continue to facilitate staff to complete training in a timely manner.
- Nursing staff turnover (12 months rolling figure) had decreased again this month to 15.69% for the second consecutive month.

In response to questions from the non-executives, the Director of Finance informed that a meeting was scheduled at the end of January 2018 with the appropriate trust to discuss payment for the additional spinal patients seen by the Trust. He also advised that there had been no update from NHS England to date in terms of settlement.

The non-executives asked if there were any particular issues in respect of the 'red' indicator for staffing on Cairns ward. The Director of Nursing, Operations and Quality reported that staffing had been tight and explained that staff were moved between wards in response to the dependency of patients. Ms Citrine further explained the safe staffing escalation process and also confirmed that there had been no red flags in December 2017. Assurance was provided that there were nine sensitive indicators in relation staffing, all of which were positive.

The Director of Nursing, Operations and Quality reminded the Board that High Assurance had previously been provided for the '*Nurse Staffing Levels: Bi-Annual Reviews*' undertaken by MIAA.

**TB**  
**09/18**

### **Director of Finance Update**

The Director of Finance provided an overview of the Trust's financial position at December 2017:

- The Trust's financial position was in line with planned surplus;
- STF income and the assumption of receipt of income at HRG4+ tariff from WHSSC was included in the position (previously highlighted as a risk and on BAF). HRG4+

income was being accrued and accounted for as advised by the NHSI Regional Finance Director. Isle of Man income remained a potential risk due to commissioner affordability;

- CIP was cumulatively £0.8m behind plan at month 9, with a forecast gap of c£0.8m remaining for the year;
- Capital expenditure in month was £21k, which was £463k underspent against plan;
- The Trust cash balance at the end of December was £16.0m, which was £3.8m ahead of the plan submitted to NHS Improvement. The over performance against plan was due to payables being higher than plan, 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 9, which was in line with the planned risk rating;
- The Trust had sent a contract proposal for 2017/18 to WHSSC (based on HRG4+ tariffs); a response was awaited.

The Director of Finance clarified points raised by Mr Sharples in respect of exclusion income and expenditure, and the sustainability and transformation funding bonus.

The Board received an update on the financial position in the local health economy; North Mersey trusts had seen an improvement but all other regions had deteriorated.

Ms Samuels noted that the paper reflected an optimistic message compared to the start of the financial year and, in her capacity as Chair of the Business Performance Committee (BPC), reported that the BPC would continue to closely monitor areas of importance for the Trust, such as the agency cap.

**TB  
10/17**

#### **Director of Workforce Update**

The Director of Workforce referred to the sickness absence table in the report, informing that:

- Sickness absence remained above the threshold at 5.08%;
- Overall vacancy levels increased in month to 5.10%, but remained below the threshold.
- Nursing staff turnover (12 months rolling figure) had decreased again this month to 15.69% but continued to remain above the 10% threshold. A piece of focused work in this area had commenced.
- Staff appraisal rates had fallen by 0.28% in month to 75.56%, which remained below the 85% target. This was an area of focus for Trust managers.

In response to comments and questions from the non-executives regarding appraisal rates, the Board was informed that there had been an improvement in the appraisal process and it was hoped that the appraisal rate would increase once training commenced in February 2018. The non-executives highlighted the importance of investing the time with staff, to ensure that appraisal dates were arranged in a timely manner, and that effective processes and monitoring was in place.

**TB  
11/18**

#### **Governance Report Q3 2017/18 (Doc Ref TB18/04)**

The Deputy Director of Governance introduced her report which provided a quarterly summary of governance activity across the Trust in Q3 2017/18, comparing results of data

over the past three months. The report provided assurance that issues were being managed affectively, that robust actions were taken to mitigate risk and reduce harm and that the Trust learned lessons from incidents, complaints, concerns and claims.

The key themes were reported for Q3:

- Violence and aggression (V&A):
  - there had been a reduction in incidents;
  - the position for a V&A in-house trainer had been re-advertised;
- Failure to complete Order Comms: an increase in incidents and previous actions were still being implemented;
- Fire Safety;
- Major incident management;
- Appointments – cancellations/delays: a review was in progress;
- Incomplete medical records;
- Patient case notes: misfiling of records;
- Patient falls: an increase in Q3;
- Delayed clinic letters: backlog due to staff shortages in medical secretariat.

The Chief Executive referred to an increase in neurology follow up appointments, placing a pressure on areas such as secretariat and the patient access centre as a consequence. It was suggested that this increase might continue and therefore this pressure should be recognised. In response to a question from the Chair regarding delayed clinic letters, the Deputy Director of Governance agreed to speak with the divisional teams regarding any potential IT solutions which might be available to assist with clinic letters.

The Board discussed the frequency of missing case notes, noting that a piece of work had commenced to review this.

**TB  
12/18**

### **Infection, Prevention and Control Report Q3 2017/18 (Doc Ref TB18/05)**

The Director of Nursing, Operations and Quality reported on the key themes of the report, informing that:

- Zero tolerance remained for MRSA bacteraemia. One patient acquired an MRSA bacteraemia. The last patient who developed a bacteraemia was in August 2016;
- Two patients had acquired Clostridium Difficile during Q3. One patient developed symptoms within 72 hours of admission and therefore was allocated to the transferring Trust. A root cause analysis (RCA) had been completed for the second patient and reviewed by our Clinical Commissioners who agreed there were no lapses care and commended the Trust for the quality of the RCA;
- The increasing incidence of Multi-Drug Resistant Organisms including CPE remained a challenge. Four patients were found to be colonised with CPE during Q3. A RCA had been completed for all cases and results of environmental screening were estimated to be available early in February 2018;
- Mandatory reporting commenced April 2017 for Klebsiella and Pseudomonas and there remained no external threshold. One patient acquired Klebsiella during Q3;
- Compliance to the hand hygiene policy including hand decontamination and “Bare Below Elbow” continued to be monitored. Repeated non-compliance was escalated to the senior management team;

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- Implementation of the Patient Safety Alert for Antimicrobial Resistance had continued with Quarterly meetings of the antimicrobial stewardship group chaired by a Consultant Neurosurgeon;
- Education for all grades of staff continued to ensure infection prevention and control was embedded across the Trust. This included spoke placements for student placements and sessions with newly appointed staff;
- The Water Safety Group continued to meet monthly to provide assurance regarding Pseudomonas aeruginosa in critical care;
- The Trust had met the requirements of the CQUIN related to the staff seasonal flu campaign. The Flu vaccine would continue to be promoted to all staff.

The non-executives referred to a recent media report on North Wales hospitals in respect of unacceptably high infection rates therefore it was asked whether this might have any impact on the Trust in respect of transferred patients. The Director of Nursing, Operations and Quality informed that Wales did not have the same reduction threshold for Clostridium Difficile or MRSA therefore infection rates in Wales had generally been higher as a result. Due to this potentially higher risk of infection, it was reported that additional screening was undertaken, where possible, for patients transferred from Welsh hospitals.

The non-executives drew attention to the hand hygiene result for Horsley ITU, which was low in comparison with the rest of the Trust. The Director of Nursing, Operations and Quality advised that this was monitored by the Infection Control Committee; assurance was provided that staff who failed to comply with policy were approached at the time of the audit and that appropriate action was taken in respect of any repeat offenders.

The Board received a brief update on structure changes to the infection, prevention and control team following the departure of the Associate Director of Infection Prevention and Control and Tissue Viability in 2017, due to retirement.

**TB  
13/18**

### **Terms of Reference: Business Performance Committee (Doc Ref TB18/06)**

The Board noted that these Terms of Reference had been amended in the light of discussion at the last meeting of the report by MIAA on the Committee's self-assessment.

The Board approved the Terms of Reference for the Business Performance Committee.

**TB  
14/18**

### **Chair's Reports:**

The Board received the following chair's reports, each chair noting the key highlights of the following meetings:

- a. Quality Committee: 18/01/18
- b. Audit Committee: 16/01/18
- c. Research, Development and Innovation Committee: 10/01/18
- d. Business Performance Committee: 23/01/18
- e. Walton Centre Charity Committee: 19/01/18

**TB  
15/18**

### **Confirmed Committee Minutes:**

The Board received and noted the following confirmed minutes:

- a. Quality Committee: 23/11/17
- b. Audit Committee: 17/10/17
- c. Research, Development and Innovation Committee: 15/11/17

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- d. Business Performance Committee: 28/11/17
- e. Walton Centre Charity Committee: 17/11/17

**TB  
16/18**

**Any Other Business**

None

**Meeting Review**

The Chair reviewed the meeting and confirmed actions as detailed in the action tracker (minute ref. TB17/18).

**Next meeting: Thursday 22 February 2018**

TB Action Log:  
17/18

**Closed Actions:**

Actions : Trust Board meeting: January 2018			
Item	Action	Update	Reported by
<b>TB152/17: Mortality and Morbidity Report: October - December 2016</b>	Clarify the timings of this report.	<i>It was reported that the HSMR data was out of date therefore Dr Foster would be approached to determine the reason for this.</i> It was reported that the Trust no longer subscribed to Dr Foster. Action closed.	<b>A Nicolson</b>
<b>TB183/17: Patient Story</b>	The Director of Finance invited the Head of Patient Experience to attend a forthcoming IGSF meeting in terms of any potential changes to information systems e.g. name titles etc.	The Head of Patient Experience had been invited to the Information Governance and Security Forum meeting in February 2018.	<b>M Burns</b>

**Ongoing Actions:**

Actions : Trust Board meeting: January 2018				
Item	Action	Update	Lead	Timescale
<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.		<b>M Gibney</b>	<b>February 2018</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.		<b>A Highton</b>	<b>February 2018</b>
<b>TB05/18: Patient Story</b>	The Vanguard Communications Manager agreed to clarify whether the use of text messaging could be		<b>H Hunt</b>	<b>February 2018</b>

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	used more effectively.			
<b>06 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.		<b>M Gibney</b>	<b>February 2018</b>