

# **TRUST BOARD MEETING**

**The Boardroom, WCFT**

**Thursday 26 July 2018**

**09.30 - 11.45**

## **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: • 28 June 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
PRESENTATIONS						
PATIENT STORY						
4	9.40	Patient Story	D Fyles	<ul style="list-style-type: none"> <li>To receive a patient story</li> </ul>	Presentation	N/a
STRATEGY						
PERFORMANCE						
5	10.10	Corporate Performance Report: June 2018 • Financial Narrative Submission Q1	Executives	<ul style="list-style-type: none"> <li>To review and discuss</li> <li>To agree actions regarding Trust performance</li> </ul>	Report Report	Doc Ref TB 18/63 Doc Ref TB 18/63b
GOVERNANCE						
6	10.40	Governance Report Q1 2018/19 Report	A Highton	<ul style="list-style-type: none"> <li>To receive</li> </ul>	Report	Doc Ref TB 18/64

The Walton Centre NHS Foundation Trust

<b>Item</b>	<b>Time</b>	<b>Item</b>	<b>Owner</b>	<b>Purpose</b>	<b>Process</b>	<b>Preparation</b>
7	11.10	Infection, Prevention and Control Q1 2018/19 Report	H Oulton	<ul style="list-style-type: none"> <li>• To receive</li> </ul>	Report	Doc Ref TB 18/65
8	11.25	Senior Information Risk Owner (SIRO) Annual Report	M Burns	<ul style="list-style-type: none"> <li>• To receive</li> </ul>	Report	Doc Ref TB 18/66

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

9	11.35	<b>Chair's Reports:</b> <ol style="list-style-type: none"> <li>a. Quality Committee (AM) 19/07/18</li> <li>b. Audit Committee (AS) 17/07/18</li> <li>c. Research, Dev. &amp; Innov. Committee (PH) 18/07/18</li> <li>d. Business Performance Committee (SS) 24/07/18</li> <li>e. Walton Centre Charity Committee (AS) 20/07/18</li> </ol>	<ul style="list-style-type: none"> <li>• To receive and note</li> </ul>	Reports	<ol style="list-style-type: none"> <li>a. Doc Ref TB 18/67</li> <li>b. Doc Ref TB 18/68</li> <li>c. Doc Ref TB 18/69</li> <li>d. Doc Ref TB 18/70</li> <li>e. Doc Ref TB 18/71</li> </ol>
10	11.40	<b>Confirmed Minutes:</b> <ol style="list-style-type: none"> <li>a. Quality Committee (AM) 24/05/18</li> <li>b. Audit Committee (AS) 17/04/18 and 25/05/18</li> <li>c. Research, Dev. &amp; Innov. Committee (PH) 23/05/18</li> <li>d. Business Performance Committee (SS) 26/06/18</li> <li>e. Walton Centre Charity Committee (AS) 20/04/18</li> </ol>	<ul style="list-style-type: none"> <li>• To receive and note for information</li> </ul>	Minutes	Enclosed

11	11.40	Any Other Business	All	<ul style="list-style-type: none"> <li>• To raise any other matters not on the agenda</li> </ul>		
12	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: Thursday 27<sup>th</sup> September 2018 at 9.30am in the Boardroom**

**CONFIRMED**  
**Minutes of the Trust Board Meeting**  
**Held on Thursday 26 July 2018**

**Present:**

Ms A McCracken (Chair)	Non-Executive Director
Mr M Burns	Director of Finance
Ms H Citrine	Chief Executive
Mr S Crofts	Non-Executive Director
Mr M Gibney	Director of Workforce and Innovation
Dr P Humphrey	Non-Executive Director
Mr S Moore	Director of Strategy and Operations
Dr A Nicolson	Medical Director
Ms L Salter	Director of Nursing and Governance
Ms S Samuels	Non-Executive Director
Mr A Sharples	Non-Executive Director

**In attendance:**

Mr A Burgen	Governor (public)
Ms D Fyles	Patient Experience Manager (Item 4 only)
Ms S Griffiths	Matron for Neurosurgery
Ms A Highton	Deputy Director of Governance
Ms H Oulton	Lead Nurse Infection Prevention & Control/Tissue Viability (Item 7 only)
Ms A Whitfield	Assistant Corporate Secretary

**Apologies:**

Ms J Rosser	Chair
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**TB                  Apologies**

**112/18**                  None.

**TB                  Declaration of Interest**

**113/18**                  None.

**TB                  Minutes of the previous meeting held on 28 June 2018**

**114/18**                  The minutes of the previous Board meeting were agreed.

**TB                  Action Log**

**115/18**                  See TB125/18.

**TB                  Patient Story**

**116/18**                  The Patient Experience Manager was in attendance to present this item. The Board received a story of a patient who had been admitted for an elective neurosurgical procedure but unfortunately had suffered a perforation of the bowel during the procedure, a rare but potential complication.

Following the presentation, the Board discussed the Duty of Candour process and the importance of involving patients and their families in the process as early as possible.

The potential complication was discussed; root cause analysis had concluded that no errors had been identified. The Chief Executive informed that the Trust had previously received significant external recognition in respect of the thorough, robust and honest root cause analysis undertaken at the Trust. Following a recent meeting with The Brain Charity, there was an opportunity for their legal sponsors to visit to the Trust to give appropriate advice to patients, for example, to trauma patients who had suffered life-changing injuries. The Deputy Director of Governance briefly explained the legal framework for the benefit of the non-executives.

The Board conveyed sincere thanks to the patient experience team.

The Patient Experience Manager left the meeting.

TB  
117/18

**Integrated Performance Report (IPR): June 2018 (Doc Ref TB18/63)**

The Chief Executive informed of a positive position at the end of June 2018, reporting that performance overall remained strong. Based on an overall assessment of the metrics across each domain, Safe, Caring and Effective were rated Green and Responsive rated Amber/Green. Well Led was rated Amber, driven by the workforce indicators.

Areas of note were:

- The Trust had achieved infection control targets at the end of June. There had been one patient with Clostridium Difficile for Q1 2018/19.
- The non-admitted backlog had continued to increase, as had the waiting list overall.
- Agency spend was above the NHSI monthly agency cap.

Ms Samuels, in her capacity as Chair of the Business Performance Committee (BPC), informed that the topics of discussion included:

- Activity: The outpatient activity underperformance and increase in open pathways and the waiting list.
- Agency cap: discussion had covered the need to model the impact of actions to reduce agency spend against the cap in order to assess recovery of the Trust's use of resources risk rating, and the relationship between the over spend on agency and the Limited Assurance Report.
- Quality Improvement Programme: the BPC would receive a report in September 2018 on transformation.
- Appraisals: the rate had decreased further by 0.5% to 76.51% and remained below the Trust target of 85%.
- Pay award: A funding shortfall which could result in a pressure of c£1.3m.

The Director of Strategy and Performance informed that there had been recent media coverage regarding RTT; NHS Improvement had contacted all trusts to provide RTT figures by 27<sup>th</sup> July 2018. He also noted that Risk Adjusted Length of Stay Index information had been included in the report from this month.

The Director of Workforce informed that agency, training spend and occupational health were potential areas being looked at by the STP in terms of more collaborative work.

The Director of Finance drew attention to contract reporting expectations; the Trust had

received communication from NHS England, outlining expectations around contract reporting. There was a risk that commissioners might refuse to pay for activity that was not in line with these expectations. Therefore, work was being undertaken to understand the level of risk and actions that can be taken to reduce the risk.

The Trust had made contact with the regional Director of Finance in respect of the ongoing HRG4+ issue.

Ms McCracken, in her capacity as Chair of the Quality Committee, informed that:

- There had been one red flag for ward staffing on Sherrington in respect of a member of staff who was unable to take a break on a late shift. The Director of Nursing and Governance informed that this issue had been discussed at the safety huddles to determine escalation processes.
- The red flag noted for Lipton ward was incorrect, as there had been no red flag events for the month of June for Lipton.
- Medical vacancies had increased to 10.9%; it was noted that there were potential issues around SHO grades however the block on overseas appointments had been relaxed and three SHOs had been recruited and had work permits approved.
- The reduction in appraisal rates caused concern in respect of any negative impact this might have on staff and patients.
- A large number of patients had required specialising and additional staff were booked for these patients. There had previously been investment into a specialising pool and the Director of Nursing and Governance would review how this pool had worked and submit a report to the September 2018 Quality Committee meeting. The Director of Nursing and Governance confirmed that, following each safety huddle meeting, there is an opportunity to discuss specialising requirements.

The Board discussed and noted the report.

**TB  
118/18**

#### **Governance Report Q1 2018/19 (Doc Ref TB18/64)**

The Deputy Director of Governance provided they key highlights of the report:

- Violence and aggression: A decrease had been seen in incidents during the quarter.
- There had been a risk in relation to fire safety panels. An issue with fire detectors had been identified; this was in the process of being corrected and monitored.
- Appointment cancellations/delays: there had been an improvement from the last quarter but would remain on the log until Q2, with a view to removing if this improved further.
- Patient case notes: the Datix system had identified decrease in incidents but further discussion had identified this was due to incidents not being reported due to time pressures. This issue would be raised through Team Brief, the daily safety huddle and with medical secretaries.
- Patient falls: there had been a decrease from the previous quarter but would remain on the log until Q2, with a view to removing if this improved further.
- Delayed clinic letters: in-depth discussions had taken place on this issue, which was as a consequence of a decrease in secretarial staff and a reduced turnaround timeframe for letters; potential solutions would be pursued.
- A workshop had been facilitated to look at the results of this year's National Inpatient Survey and how the Trust could make improvements for our patients.
- Lack of Neuropsychological inpatient service: the number of incidents had increased

since the last quarter and had therefore been added to the risk register. The Quality Committee had asked the neurology operational manager to review the situation and a business case was in progress.

- Carbon steel heating pipework: business case to the Board in July 2018.
- Specialised commissioners had approached the Trust to share the governance bulletin, as a good example, with other organisations.

The Board received and noted the report, which was commended by the Chair.

**TB  
119/18**

**Infection, Prevention and Control Report Q1 2018/19 (Doc Ref TB18/65)**

Ms Oulton, the Lead Nurse Infection Prevention & Control/Tissue Viability, was attendance for this item.

In summary, the Trust 2018-2019 infection prevention and control annual work programme was approved. Challenges in infection prevention and control e.g. Carbapenamase Producing Enterobacteraceae (CPE), Meticillin Sensitive Staphylococcus Aureus (MSSA) Bacteraemia and emerging multi-drug resistant organisms (MDRO) had continued to present significant challenges to the Trust. Therefore, effective leadership and engagement of staff throughout the Trust was required to drive continuous quality improvement and reduce the risks associated with MDRO.

In response to a question from the non-executives regarding CPE, Ms Oulton explained the difficulty in benchmarking with other trusts as there was a difference between trusts in terms of patient throughput. The Chief Executive referred to an annual national report on health care acquired infections (HCAs) which was yet to be published; it was expected that the report would demonstrate a rise nationally. She also updated on the difficulties experienced by a number of local trusts.

One patient had acquired Clostridium Difficile (CDT) during the quarter. However, there had been a further two cases in July 2018; results of the typing for these two cases were awaited, in order to confirm whether they were different strains. The Board discussed the time challenges around the 30 day screening process.

In terms of antimicrobial stewardship, the Chief Executive clarified that the Executive Team had received some information regarding this, rather than a business case as noted in the report, but that greater detail had been requested before the executives could fully consider a proposal.

It was acknowledged that some of the data within the quarterly reports was not in line with standard quarterly reporting periods i.e. Jan-Mar, Apr-Jun etc. Therefore, this would be looked at for future reports.

Ms Oulton left the meeting.

**TB  
120/18**

**Senior Information Risk Owner (SIRO) Annual Report 2017/18 (Doc Ref TB18/66)**

The Director of Finance introduced his report, noting it had been a positive year for information governance (IG) especially as there had been a number of staff changes within the IG department, including the appointment of a new Freedom of Information Officer, a new IG Officer and a new IG Manager.

The IG Toolkit Annual Review undertaken by MIAA had gained Significant Assurance for the 8<sup>th</sup> year in succession. In addition, the final toolkit submission to NHS Digital on the 31<sup>st</sup> March 2018 resulted in a score of 85% with a green satisfactory rating. The Trust was joint 1<sup>st</sup> in the North West and remained in the top 20 of 136 Acute Trusts who submitted nationally.

Whilst there had been a 5.4% decrease in Freedom of Information requests from the previous year, requestors asked for greater detail and the subjects were more diverse in nature.

The Board acknowledged this positive report and thanked the information governance team for their significant efforts.

**TB Chair's Reports:**

**121/18** The Board received the following chair's report, noting the key highlights of the following meeting:

- a. Quality Committee (AM) 19/07/18
- b. Audit Committee (AS) 17/07/18
- c. Research, Dev. & Innov. Committee (PH) 18/07/18
- d. Business Performance Committee (SS) 24/07/18
- e. Walton Centre Charity Committee (AS) 20/07/18

**TB Confirmed Committee Minutes:**

**122/18** The Board received and noted the following confirmed minutes:

- a. Quality Committee (AM) 21/06/18
- b. Audit Committee (AS) 17/04/18 and 25/05/18
- c. Research, Dev. & Innov. Committee (PH) 23/05/18
- d. Business Performance Committee (SS) 26/06/18
- e. Walton Centre Charity Committee (AS) 20/04/18

**TB Any Other Business**

**123/18**

**iMRI Scanner Update**

The Medical Director informed that, in the 13 months since the iMRI scanner had come into operation, it had been used on 54 patients; of these patients, around two thirds were found to have had some residual tumour which had resulted in further surgery for 80% of these patients. This group of patients might have required a second procedure had standard techniques been used.

The Medical Director agreed to speak to the Head of Fundraising in respect of providing an update to the Dalglish family, who had made a significant donation towards the purchase of the iMRI scanner.

**TB Meeting Review**

**124/18**

The Chair reviewed the meeting and confirmed actions as detailed in the action tracker (minute ref. TB125/18).

**Date of the next meeting: Thursday 26 July 2018**

TB Action Log:

125/18

**Closed Actions:**

Actions : Trust Board meeting: July 2018				
Item	Action	Update	Reported by	
<b>TB105/18: Equality Duty Annual Report</b>	Check the narrative and the bar chart titled Staff Group by Age, as it was identified that some data for 'nurses above the age of 51' might be incomplete.	The Director of Workforce confirmed that the data had been included in the report but unfortunately had not been displayed correctly due to its size. Action complete.	M Gibney	

**Ongoing Actions:**

Actions : Trust Board meeting: July 2018				
Item	Action	Update	Lead	Timescale
<b>TB42/18: Hackathon, Projects and Charity Priorities</b>	A general progress update on innovation would be provided to the Board in September 2018.		M Gibney	<b>Sept 2018</b>
<b>TB100/18: Integrated Performance Report</b>	Include financial performance against CQUIN in future Integrated Performance Reports		M Burns	<b>Sept 2018</b>
<b>TB109/18: Any Other Business</b>	Review the matters reserved for the Board, as three reports presented on the agenda had already been through a recent board committee meeting.		J Rosser	<b>Sept 2018</b>
<b>TB119/18: Infection, Prevention and Control Report Q1 2018/19</b>	Bring data/information in line with standard quarterly reporting periods.		L Salter / H Oulton	<b>Oct 2018</b>