

TRUST BOARD MEETING
The Boardroom, WCFT
Thursday 27 September 2018
09.30 - 12.00
AGENDA

| Item | Time | Item | Owner | Purpose | Process | Preparation |
|----------------------------------|-------|--|--|--|----------------------|--|
| 1 | 9.30 | Apologies: A Highton | J Rosser | <ul style="list-style-type: none"> To note apologies for absence | Verbal | NA |
| 2 | 9.30 | Declaration of Interests | J Rosser | <ul style="list-style-type: none"> For the Board to declare commercial and material interests relevant to the agenda | Verbal | NA |
| 3 | 9.30 | Minutes of the meeting held on 26 July 2018 | J Rosser | <ul style="list-style-type: none"> To review Confirm accuracy Review Action Tracker Consider matters arising | Minutes | Enclosed |
| PRESENTATIONS | | | | | | |
| PATIENT STORY | | | | | | |
| 4 | 9.40 | Patient Story | M McKenna | <ul style="list-style-type: none"> To receive a patient story | Presentation | N/a |
| STRATEGY | | | | | | |
| 5 | 10.10 | Innovation Progress Update: Movement Analysis and Posture Programme | M Gibney M Wilby J Somerset S Mahendran | <ul style="list-style-type: none"> To receive | Presentation | Enclosed |
| Comfort Break 10.45-11.00 | | | | | | |
| PERFORMANCE | | | | | | |
| 6 | 11.00 | Corporate Performance Report: August 2018 <ul style="list-style-type: none"> Financial Narrative Submission | Executives | <ul style="list-style-type: none"> To review and discuss To agree actions regarding Trust performance | Report Report | Doc Ref TB 18/72 Doc Ref TB 18/73 |

The Walton Centre NHS Foundation Trust

| Item | Time | Item | Owner | Purpose | Process | Preparation |
|------------|-------|---|------------|---|------------------------------|------------------|
| GOVERNANCE | | | | | | |
| 7 | 11.30 | Guardian of Safe Working Report | A Nicolson | <ul style="list-style-type: none"> To receive | Report (to follow) | Doc Ref TB 18/74 |
| 8 | 11.40 | Workforce Race Equality Standard (WRES) | A Lynch | <ul style="list-style-type: none"> To receive | Report | Doc Ref TB 18/75 |
| 9 | 11.50 | Council of Governors Annual Elections: Results Report | L Salter | <ul style="list-style-type: none"> For information, as reported at the CoG/AMM | Report | Doc Ref TB 18/76 |
| 10 | 11.50 | CQC Update | L Salter | <ul style="list-style-type: none"> To receive | Verbal | None |

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

| | | | | | | |
|----|-------|--|----------|--|---------|---|
| 11 | 11.55 | Chair's Reports: a. Quality Committee (AM) 20/09/18 b. Audit Committee (AS) None c. Research, Dev. & Innov. Committee (PH) 19/09/18 d. Business Performance Committee (SS) 25/09/18 e. Walton Centre Charity Committee (AS) None | | <ul style="list-style-type: none"> To receive and note | Reports | a. Doc Ref TB 18/77 b. None c. Doc Ref TB 18/78 d. Doc Ref TB 18/79 e. None |
| 12 | 12.00 | Confirmed Minutes: a. Quality Committee (AM) 19/07/18 b. Audit Committee (AS) None c. Research, Dev. & Innov. Committee (PH) 18/07/18 d. Business Performance Committee (SS) 24/07/18 e. Walton Centre Charity Committee (AS) None | | <ul style="list-style-type: none"> To receive and note for information | Minutes | Enclosed |
| 13 | 12.00 | Any Other Business | All | <ul style="list-style-type: none"> To raise any other matters not on the agenda | | |
| 14 | 12.00 | Meeting Review | J Rosser | <ul style="list-style-type: none"> To review the meeting and consider key actions | NA | NA |

Date of Next Meeting: Thursday 29th November 2018 at 9.30am in the Boardroom

CONFIRMED

**Minutes of the Trust Board Meeting
Held on Thursday 27 September 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 and Innovation |
| Ms A McCracken | Non-Executive Director |
| Dr A Nicolson | Medical Director |
| Ms L Salter | Director of Nursing and Governance |

In attendance:

| | |
|-----------------|--|
| Dr C Burness | Consultant Neurologist/Guardian of Safe Working |
| Ms A Chesterton | Governor (Staff) |
| Mr S Clark | Consultant Neurosurgeon (Item 131/18 only) |
| Ms E Denby | Neurosurgery Divisional Coordinator (Item 131/18 only) |
| Mr A Lynch | Equality and Inclusion Lead (Item 134/18 only) |
| Mr J Somerset | Physiotherapist (Item 131/18 only) |
| Dr S Mahendran | Consultant in Neurorehabilitation Medicine (Item 131/18 only) |
| Ms E Rodwell | Assistant Planning Manager |
| Ms A Whitfield | Assistant Corporate Secretary |
| Mr M Wilby | Consultant Neurosurgeon / Divisional Clinical Director for Research, Development and Innovation (Item 131/18 only) |

Apologies:

| | |
|---------------|---|
| Dr P Humphrey | |
| Mr S Moore | Non-Executive Director |
| Ms S Samuels | Director of Strategy and Operations |
| Mr A Sharples | Non-Executive Director |
| Ms A Highton | Non-Executive Director Deputy Director of Governance |

TB Apologies

126/18 None.

TB Declaration of Interest

127/18 None.

TB Minutes of the previous meeting held on 26 July 2018

128/18 The minutes of the previous Board meeting were agreed.

TB Action Log

129/18 See TB141/18.

TB Patient Story

130/18 The head of Patient Experience was in attendance to present this item on behalf of a patient's mother, whose son had been admitted following a car accident early in 2018. The

patient had sustained life threatening head injuries and, following urgent surgery, had spent a prolonged time in Critical Care before undergoing rehabilitation on Lipton Ward and the complex rehabilitation unit (CRU) before he returned home. The patient's mother had expressed her sincere gratitude to the Trust for the life-saving care that her son had received and also the compassion shown towards both her son and the family.

In response to comments and questions from the Board, discussion included:

- Patients have the opportunity to revisit ITU, as it was acknowledged that seriously ill patients would remember little of their time on the unit;
- As well as providing excellent care to patients, staff show compassion to families. Reference was made to the home from home facility where families had reported that staff had gone 'above and beyond';
- Feedback on patient stories were shared at the patient experience group and Professional Nurse Forum, as well as board; it was recognised that staff have tough days but they appreciate hearing these stories;
- It was recognised that the 'little things' made a significant difference to families, such as their loved ones smelling nice and seeing their hair done. It was also anticipated that the new outdoor space adjoining ITU would make a significant difference to patients;
- In terms of diversity, the Trust has trained Equality and Diversity Champions and Cultural Ambassadors. It was also important to understand the patient prior to their admission and how they would leave the Trust.

The Board thanked the Head of Patient Experience for sharing this story on behalf of the patient and relative.

**TB
131/18**

Innovation Progress Update: Movement Analysis and Posture Programme

The Board received a presentation from Mr Wilby, Dr Mahendran and Mr Somerset. Mr Clark and Ms Denby were also in attendance. The presentation included:

- An overview of progress to date;
- An update on the movement analysis workshop held on 19th September 2018 with the aim to share information about the principles underpinning clinical movement analysis; describe methods of movement analysis with illustrations and simple demos; Virtual rehabilitation as a clinical service; discuss applications of movement analysis at The Walton Centre and Aintree Hospital;
- Collaborative Working;
- An example of a patient where QTUG (mobility and falls risk assessment technology) had been utilised;
- An explanation of how the EOS 3D Imaging System worked and potential location of this equipment within the Trust;

In relation to EOS, the Chief Executive explained that the Trust sends patients to Alder Hey Children's NHS Foundation Trust for imaging on this system. Mr Clark further explained the difficulties experienced by wheelchair users in the machine's current form therefore he informed that The Walton Centre would be the first in the world if the manufacturer could adapt the system.

In response to questions from the Non-Executives, it was confirmed that the radiology

teams would be able to use the system without any further specialist training. With regard to result times, the Chief Executive reported that a business case would ensure that the appropriate infrastructure would support this.

The Board agreed with the proposal to progress with a business case for the EOS 3D Imaging System. The Chief Executive was sharing the ambition and potential use for the system at the Acute Sustainability Programme Board.

Prior to leaving the meeting, the Board thanked all those in attendance for the update on the movement analysis and posture programme and options for our charity focus.

**TB
132/18**

Integrated Performance Report (IPR): August 2018 (Doc Ref TB18/72)

The Chief Executive informed of a positive position at the end of August 2018, reporting that performance overall remained strong. Based on an overall assessment of the metrics across each domain:

Green: Safe, Caring and Effective
Amber/Green Responsive
Amber: Well Led (mainly driven by the workforce indicators)

In summary, the Trust had successfully maintained all mandated standards and targets (RTT, cancer and diagnostic waiting times) and the Trust had also achieved targets for infection control at the end of August 2018.

There were some areas of concern which required further focus; these included a growth in the neurosurgery waiting list and QIP (formerly CIP) underperformance.

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

- safeguarding training remained below 90% and that further work would be undertaken to address this. Safeguarding children applied to young people up to their 19th birthday therefore it was imperative that the Trust was up to date with training. The Trust had recently appointed a Matron for Safeguarding, as the current postholder would be leaving the Trust at the end of October 2018;
- there had been one serious untoward incident (SUI) grade 3 pressure ulcer on HITU; this had been as a consequence of a collar medical device. A full RCA was being undertaken. The Director of Nursing and Governance reported that she was the Chair of the Cheshire and Merseyside Pressure Ulcer Group and therefore would share any learnings from this group;
- the IPR had been published late, which left little time to review the information.

With regard to the late publication of the IPR to the Quality Committee, the Chief Executive acknowledged that this was not acceptable but assured the Board that an external review of the informatics department would be undertaken. The Director of Finance explained that a revised process had been put in place to improve the current situation. In order to provide further assurance, the Trust Board would receive an update in November 2018.

Further areas of discussion included:

- Safe staffing: Correction - registered nurse to bed ratio: the report should state a ratio of 1:6 for Sherrington ward (not 1:16);
- Agency: the Trust was in a better position in terms of the agency cap, being at its lowest for nursing since April 2017. The Business Performance Committee would

receive an update around processes. Whilst it was acknowledged that medical agency remained a challenge, the Medical Director informed that the Medical Education Manager continued to work hard on this aspect and expected improvements from October 2018 following the government's decision to relax immigration rules to allow more doctors and nurses from outside the EU into the UK;

- Neurology referrals: in Ms Samuels' absence, the Chair asked about the increase in neurology referrals. The Chief Executive reported that position had improved in month 5 therefore she considered that it might be a temporary deviation;
- Cheshire and Merseyside financial position: the Director of Finance briefly provided the Board with a regional financial position update.

The Board discussed and noted the integrated performance report and the financial narrative submitted to NHS Improvement earlier in the month.

**TB
133/18**

Guardian of Safe Working Annual Report 2017/18 (Doc Ref TB18/74)

Dr Burness was in attendance in her capacity as the Trust's Guardian of Safe Working.

There were 29 doctors at the Walton Centre on the 2016 terms and conditions. During 2017/18, there had been one exception report. Several informal concerns had been raised about breaches to the contract, particularly concerning Neurology ST trainees out of hours work whilst on call, often relating to thrombectomy cases.

In relation to a question from the Non-Executives regarding how the thrombectomy issue would be managed, Dr Burness assured that these numbers were small but that any future issues would be reviewed in anticipation and that regular hours monitoring exercises were planned. The Medical Director informed there had been difficulties repatriating patients after thrombectomy but added that issues could be dealt with in a prompt manner via the Guardian.

The Board agreed that it would be helpful for Dr Burness, in her capacity as Guardian for Safe Working, to attend the Board meetings in person to present her report if her diary permitted.

The Board received and noted the report.

**TB
134/18**

Workforce Race Equality Standard (WRES) Report 2017/18 (Doc Ref TB18/75)

Mr Lynch was in attendance and reported that the findings for 2017/18 were stable compared with 2016 data. At 31 March 2018, there were a total of 1398 members of staff recorded as white or BME employed within the organisation. Of this, the proportion of BME staff employed is 12.95%; this compared to 9% as at 31 March 2017. Mr Lynch provided a brief update on each of the indicators.

Mr Lynch agreed with a comment raised by the Chief Executive that the report did not reflect all the work that had been done, but he noted that all efforts would be fully captured for the 2018/19 report. In response to questions from the Board, Mr Lynch agreed to clarify which staff were included in the senior clinical manager category and whether any incidents around bullying and harassment had happened since the ambassadors had been established and whether there is a potential to include cultural ambassadors in supporting staff with these types of incidents.

In relation to the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months, the Non-Executives raised the importance of escalating this as BME staff were more likely to experience this. The Board noted there was further work to do and this was a key area of focus.

Prior to leaving the meeting, the Board thanked Mr Lynch for the progress made to date.

TB Council of Governors Annual Elections: Results Report (Doc Ref TB18/76)

135/18

The Board noted the results of the annual Governor elections 2018, as reported at the Council of Governors and the Annual Members' Meeting in September 2018.

TB CQC Update

136/18

The Director of Nursing and Governance gave a brief presentation which included a benchmark review of CQC Inspection results across Cheshire and Merseyside, an update on Relationship Managers and key leads at the CQC, the work in progress across the Trust and next steps.

The Chair felt assured that a significant amount of work was in progress across the Trust.

TB Chair's Reports:

137/18

The Board received the following Chair's reports, noting the key highlights of the following meeting:

- a. Quality Committee 20/09/18
- b. Audit Committee None
- c. Research, Dev. & Innovation Committee 19/09/18
- d. Business Performance Committee 25/09/18
- e. Walton Centre Charity Committee None

TB Confirmed Committee Minutes:

138/18

The Board received and noted the following confirmed minutes:

- a. Quality Committee 19/07/18
- b. Audit Committee None
- c. Research, Dev. & Innovation Committee 18/07/18
- d. Business Performance Committee 24/07/18
- e. Walton Centre Charity Committee None

TB Any Other Business

139/18

None.

TB Meeting Review

140/18

The Chair reviewed the meeting and confirmed actions as detailed in the action tracker (minute ref. TB141/18).

Date of the next meeting: Thursday 29 November 2018

TB Action Log:
141/18

Closed Actions:

| Actions : Trust Board meeting: September 2018 | | | |
|--|---|---|------------------------|
| Item | Action | Update | Reported by |
| TB42/18: Hackathon, Projects and Charity Priorities | A general progress update on innovation would be provided to the Board in September 2018. | On the agenda under minute ref. 131/18. Action complete. | M Gibney |
| TB100/18: Integrated Performance Report | Include financial performance against CQUIN in future Integrated Performance Reports | Included in the report. Action complete. | M Burns |
| TB119/18: Infection, Prevention and Control Report Q1 2018/19 | Bring data/information in line with standard quarterly reporting periods. | This format had been agreed and would commence from the next IPC report. Action complete. | L Salter / H Oulton |

Ongoing Actions:

| Actions : Trust Board meeting: September 2018 | | | | |
|---|---|--------------------------|---------------------|------------------|
| Item | Action | Update | Lead | Timescale |
| TB109/18: Any Other Business | Review the matters reserved for the Board, as three reports presented on the agenda had already been through a recent board committee meeting. | This review was ongoing. | J Rosser | Nov 2018 |
| TB132/18: Integrated Performance Report | In response to the IPR being published late to the Quality Committee, the Board would receive an update in November 2018 to provide some assurances. | | M Burns | Nov 2018 |
| TB134/18: Workforce Race Equality Standard | Clarify which staff were included in the Senior Clinical Manager category and whether any bullying or harassment incidents had happened since the ED&I Ambassadors had been put in place. | | A Lynch M Gibney | Nov 2018 |