

TRUST BOARD MEETING
The Boardroom, WCFT
Thursday 28 June 2018
09.30 - 12.30
AGENDA

Item	Time	Item	Owner	Purpose	Process	Preparation
1	9.30	Apologies: Dr Peter Humphrey	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: <ul style="list-style-type: none"> 25 May 2018 (extraordinary) 31 May 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 30 mins	Patient Story	M Duffy	<ul style="list-style-type: none"> To receive a patient story 	Presentation	N/a
STRATEGY						
5	10.10 20 mins	Movement Analysis Update/Fundraising Priorities	M Gibney Dr Mahendran Mr Wilby	<ul style="list-style-type: none"> To receive 	Presentation	Doc Ref TB 18/53
PERFORMANCE						
6	10.30 30 mins	Corporate Performance Report: May 2018	Executives	<ul style="list-style-type: none"> To review and discuss To agree actions regarding Trust performance 	Report	Doc Ref TB 18/54 (to follow)
7	11.00 20 mins	National Inpatients Survey	L Salter	<ul style="list-style-type: none"> To receive 	Report	Doc Ref TB 18/55

The Walton Centre NHS Foundation Trust

Item	Time	Item	Owner	Purpose	Process	Preparation
Comfort Break 11.20-11.30						
8	11.30 10-15 mins	Organ Donation Annual Report 2017/18 <i>(detailed report in VB document library for info)</i>	H Butterfield	• To receive	Report	Doc Ref TB 18/56
GOVERNANCE						
9	11.45 10 mins	Governance Annual Report 2017/18	A Highton	• To receive	Report	Doc Ref TB 18/57
10	11.55 10 mins	Safeguarding Annual Report 2017/18	C James	• To receive	Report	Doc Ref TB 18/58
11	12.05 10-15 mins	Equality Duty Annual Report 2017/18	M Gibney	• To receive	Report	Doc Ref TB 18/59
12	12.20 5 mins	Council of Governors Elections 2018	A Highton	• To receive	Report	Doc Ref TB 18/60

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

13	12.25 5 mins	Chair's Reports: a. Quality Committee (AM) 21/06/18 b. Audit Committee (AS) None c. Research, Dev. & Innov. Committee (PH) None d. Business Performance Committee (SS) 26/06/18 e. Walton Centre Charity Committee (AS) None		• To receive and note	Reports	a. Doc Ref TB 18/61 b. None c. None d. Doc Ref TB 18/62 e. None
14	12.30	Confirmed Minutes: a. Quality Committee (AM) 24/05/18 b. Audit Committee (AS) None c. Research, Dev. & Innov. Committee (PH) None d. Business Performance Committee (SS) 29/05/18 e. Walton Centre Charity Committee (AS) None		• To receive and note for information	Minutes	Enclosed
15	12.30	Any Other Business	All	• To raise any other matters not on the agenda		
16	12.30	Meeting Review	J Rosser	• To review the meeting and consider key actions	NA	NA

Date of Next Meeting: Thursday 26 July 2018 at 9.30am in the Boardroom

CONFIRMED

**Minutes of the Trust Board Meeting
Held on Thursday 28 June 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
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:

Ms H Butterfield	Clinical Lead for Organ Donation (Item 8 only)
Mr J Desmond	Governor (Public)
Mr M Duffy	LSMS & Risk Management Lead (Item 4 only)
Mr T Fitzpatrick	Head of Risk (Item 9 only)
Ms C James	Matron for Safeguarding (Item 10 only)
Ms C Kelly	Ward Manager, Cairns Ward (Item 4 only)
Dr S Mahendran	Consultant Neurologist (Item 5 only)
Ms A Whitfield	Assistant Corporate Secretary
Mr M Wilby	Consultant Neurosurgeon (Item 5 only)
Ms J Vaughan	Governor (Partnership)

Apologies:

Dr P Humphrey	Non-Executive Director
Ms A Highton	Deputy Director of Governance

TB **Apologies**
94/18 None.

TB **Declaration of Interest**
95/18 None.

TB **Minutes of the previous meeting held on 31 May 2018**
96/18 The minutes of the previous Board meeting were agreed.

TB **Action Log**
97/18 See TB111/18.

TB **Patient Story**
98/18 Mr Duffy and Ms Kelly were in attendance to present the patient story. The story featured a patient who had been verbally abusive and had made threats towards staff on a ward. The patient did not have capacity and had been under a Deprivation of Liberty Safeguards

(DoLS). The Board heard examples of the patient's behaviour and how this affected staff and other patients, noting that the patient had absconded from the ward on a number of occasions.

Following the presentation, discussion included the Trust's responsibility in respect of DoLS patients; whether wards might benefit from mental health nurses or potentially psychology students to be given the opportunity to learn in this field and work as health care assistants (HCAs) on the HCA bank; the daily safety huddles had been a good mechanism in which to raise or escalate any issues; wards had benefitted from an in-house violence and aggression trainer and the Trust would arrange additional training sessions at Mersey Care NHS Foundation Trust; and it was evident that there was collaborative team working and good relationships across wards and departments.

The Board conveyed sincere thanks to all staff who worked tirelessly to provide the best possible care to all of the Trust's patients.

Mr Duffy and Ms Kelly left the meeting.

**TB
99/18**

Movement Analysis Update/Fundraising Priorities (Doc Ref TB18/53)

Dr Mahendran and Mr Wilby were in attendance to co-present this item with the Director of Workforce and Innovation. The Board received an update on potential fundraising projects, including the evolution of technology to monitor all forms of movement including monitoring of posture (EOS) to physical activity levels. Dr Mahendran and Mr Wilby provided the Board with more in-depth detail.

In his capacity as Chair of the Walton Centre Charity Committee (WCCC), Mr Sharples clarified that the WCCC had invested in the posts within the fundraising team (three staff members) therefore emphasised the timing pressures in respect of agreeing fundraising priorities, as it was important that the team had a major fundraising project to promote from a charitable funds perspective in order to achieve the expected return in investment. He noted that the Trust could only have one major fundraising priority, but could have a number of other smaller priorities alongside this.

It was agreed that the Board required external assistance for such a commercial project.

Further discussion included the important steps that needed to be taken with the divisions and subsequently through the relevant groups such as Clinical Services and Effectiveness Group and Capital Monitoring Group and also consider how the project(s) fit with the Trust's overall strategy. The Director of Finance established that the project would require early dialogue with Commissioners in order to obtain their support.

A general progress update on innovation would be provided to the Board in September 2018.

Prior to leaving the meeting, the Board thanked Dr Mahendran and Mr Wilby for their continued support and attendance at the meeting.

TB

Integrated Performance Report (IPR): May 2018 (Doc Ref TB18/42)

100/18

The Chief Executive informed of a positive position at the end of May 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.

Ms Samuels, in her capacity as Chair of the Business Performance Committee, informed of three key areas discussed in detail at the recent meeting for assurance purposes. These related to issues regarding the agency cap, the quality improvement programme (QIP) and HRG4+. In addition, it was highlighted that financial performance against CQUIN should be monitored therefore would be included routinely in future integrated performance reports. Also, inpatient and outpatient activity overall were above plan and the number of open pathways were rising, with work being undertaken to understand this. The in-month figure for appraisals had seen a decrease of 3.28% to 77.01% and remained below the Trust target of 85%.

Sickness absence of 3.93% was below the Trust target in month but the rolling year to date figure remained above target.

Ms McCracken, in her capacity as Chair of the Quality Committee, informed that mortality rates had spiked during May 2018 with 14 deaths in month. However, there were no cases for concern and the Trust remained as average within the expected range. The Committee had also discussed the impact of delayed transfer of care on patients, family and staff from a quality experience point of view, with the majority of delays on the complex rehabilitation unit; this would be looked at in greater detail.

Ms Cracken informed of continued timing issues and data errors in respect of the IPR. In response, the executives apologised and informed of some new system issues alongside a key change in staff within the information team. An escalation process had been implemented and it had been agreed that the teams would focus on providing the quality information only in sufficient time for future Quality Committee meetings.

The Board discussed and noted the report.

TB

101/18

National Inpatients Survey (Doc Ref TB18/55)

The Director of Nursing and Governance introduced her report informing that, whilst the national inpatient survey showed that Trust had maintained its position in the top 12 organisations of 148 trusts for patient experience, the results highlighted a deterioration in responses on a year-by-year and national comparison basis.

The Board acknowledged that the Trust remained a high performing Trust but agreed that improvement work should be undertaken to further understand the reasons for the results, which would be developed into an action plan. The Quality Committee would receive an update on this in September 2018.

The non-executives referred to Appendix 1 titled *CQC National Inpatient Survey Benchmarking* and questioned the score for overall care and services when none of the trusts scored above 5.6 out of 10. Ms McCracken informed that one of the questions was not clear therefore this had been fed back to the originator.

The Board received and noted the report.

**TB
102/18**

Organ Donation Annual Report 2017/18 (Doc Ref TB18/56)

Ms Butterfield was in attendance to present this report, informing that in 2017/18, from 27 consented donors the Trust facilitated 22 actual solid organ donors resulting in 58 patients receiving a life-saving or life-changing transplant. When compared with UK performance, the Trust was classed as exceptional (gold) for referral of potential organ donors to NHS Blood and Transplant.

Mr Crofts, in his capacity as Chair of the Organ Donation Committee, confirmed that the Trust was well regarded for organ donation, having the involvement of three excellent Trust clinicians. There was a seamless connection with all those involved and Mr Crofts congratulated the team for their achievements. The Chair, who had formerly chaired the Organ Donation Committee, emphasised how organ donation helped those families that had lost love ones and that it was part of the Trust's outstanding care.

The Clinical Lead for Organ Donation left the meeting.

**TB
103/18**

Governance and Risk Management Annual Report 2017/18 (Doc Ref TB18/57)

Mr Fitzpatrick, Head of Risk, was in attendance to present the Governance and Risk Management Annual Report. An overview of key points was provided and it was highlighted that a new EBME provider was in place which had improved the service provided to the Trust and increased support for staff handling violence and aggression was available including the appointment of a trainer. The development of a competence based programme for moving and handling was recognised along with the development and implementation of the Governance Assessment Framework (GAF). A serious incident review panel had been established which meets bi-weekly to review all serious incidents and RCAs and it was noted this work had been praised by the ombudsman. The aims for the coming year were highlighted and discussed and each of the themes recorded in the governance log were reviewed individually. It was noted that thematic review reports would be analysed in depth at the governance away day and it was recognised that big improvements in governance and control systems had been recorded in the last year.

Ms McCracken reported that it had been agreed that all themes would require sustained improvement across two quarters before being removed from the governance log.

The Chief Executive drew attention to section 3 of the report which provided an overview of serious incidents. She informed that the descriptions could potentially be patient identifiable therefore asked for this level of detail to be omitted from the open board papers in future. The Quality Committee would continue to receive the detailed description.

The Board provided positive comments on the format and content of this report and commended the team in relation to the GAF process which provided robust assurance. It was evident that the governance team was visible across the Trust, including areas such as the divisions and ward areas. Prior to the Head of Risk leaving the meeting, the Chair asked him to convey thanks to the team on behalf of the Board.

The Board noted the report.

**TB
104/18**

Safeguarding Annual Report (Doc Ref TB18/58)

Clare James, the Trust's Matron for Safeguarding, was in attendance to present this report which highlighted the work undertaken during the year and the new challenges which had informed the safeguarding work plans for 2018/19. It was reported that there had been continued progress made during the year to embed the safeguarding structure and processes within the Trust, and it was recognised that the safeguarding agenda had continued to grow, particularly in view of the Trust's specialist nature.

In terms of providing the Board with an overview, the Board was informed that there had been a number of changes in terms of staff in safeguarding roles. The training compliance target of 90% was achieved for safeguarding children levels 1,3 and 4; this was recognised as a significant achievement and efforts would continue to reach the target for level 2.

The low number of incidents reported would be an area of focus for the coming months, as this was not indicative of the safeguarding work that had been undertaken.

Further areas of note included:

- MIAA had undertaken an audit review of DoLS and the outcome was expected in July 2018.
- The Trust had signed up to two campaigns: 'Treat me Well' in transforming how the NHS treats people with a learning disability, and stopping over medication of people with a learning disability, autism or both (STOMP).
- The team had managed well through periods of sickness absence.

In response to questions from the Chair, Ms James confirmed that the team escalated for support when required and, in respect of accreditation, valid certificates of training undertaken at other organisations would be accepted in order to avoid duplication.

On behalf of the Board, the Director of Nursing and Governance commended Ms James and the safeguarding team for their continued efforts over the last twelve months.

The Matron for Safeguarding left the meeting.

**TB
105/18**

Equality Duty Annual Report 2017/18 (Doc Ref TB18/59)

The Director of Workforce and Innovation introduce this report, which brought together the range of drivers and reporting requirements that underpinned the equality, diversity and inclusion (ED&I) agenda across the Trust. It was noted that the Trust had seen some particularly challenging findings during 2017/18 in relation to the Workforce Race Equality Standard (WRES) which had previously been presented to the Board along with an action plan.

The profile of ED&I had been increased under the leadership of both the current (and previous) Director of Nursing and had seen the publication of the Trust's ED&I Five Year Vision. Although the Trust was at an early stage of implementation, 40 staff were ED&I Champions. In addition, the Trust was a pilot site for the Royal College of Nursing's Cultural Ambassador Programme.

The non-executives commended the format of the report. The Board briefly discussed the ethnicity of the workforce classed as white British (86%), noting the potential factors as to

why this was a higher percentage compared to the community that the Trust served. The Director of Workforce and Innovation agreed to check 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 Board received and noted the report.

TB Council of Governors Elections 2018

106/18

This paper informed the Board of the eligible seats and timetable for the 2018 governor elections which commenced on 25th June 2018 for nominations, closing on 31st August 2018. Eleven Governor seats are eligible in the 2018 elections in total; nine public governors and two staff governors.

The elections would continue to be publicised throughout the Trust and on social media.

The Board received and noted the report.

TB Chair's Reports:

107/18

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

- a. Quality Committee (AM) 21/06/18
- b. Audit Committee (AS) None
- c. Research, Dev. & Innov. Committee (PH) None
- d. Business Performance Committee (SS) 26/06/18
- e. Walton Centre Charity Committee (AS) None

TB Confirmed Committee Minutes:

108/18

The Board received and noted the following confirmed minutes:

- a. Quality Committee (AM) 24/05/18
- b. Audit Committee (AS) None
- c. Research, Dev. & Innov. Committee (PH) None
- d. Business Performance Committee (SS) 29/05/18
- e. Walton Centre Charity Committee (AS) None

TB Any Other Business

109/18

The Chair agreed to review the matters reserved for the Board, as Ms McCracken had identified that three reports presented on the agenda had already been through a recent board committee meeting.

TB Meeting Review

110/18

The Chair reviewed the meeting and confirmed actions as detailed in the action tracker (minute ref. TB111/18).

Date of the next meeting: Thursday 26 July 2018

The Walton Centre NHS Foundation Trust

TB Action Log:

111/18

Closed Actions:

Actions : Trust Board meeting: June 2018			
Item	Action	Update	Reported by
TB42/18: Hackathon, Projects and Charity Priorities	A paper on the gait lab would be presented to the Board in June 2018 for consideration.	On the agenda. See minute ref.TB 99/18	M Gibney

Ongoing Actions:

Actions : Trust Board meeting: June 2018				
Item	Action	Update	Lead	Timescale
TB42/18: Hackathon, Projects and Charity Priorities	A general progress update on innovation would be provided to the Board in September 2018.		M Gibney	Sept 2018
TB100/18: Integrated Performance Report	Include financial performance against CQUIN in future Integrated Performance Reports		M Burns	Sept 2018
TB105/18: Equality Duty Annual Report	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.		M Gibney	July 2018
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.		J Rosser	July 2018