

TRUST BOARD MEETING
The Boardroom, WCFT
Thursday 29 March 2018
0930 - 1230
AGENDA

Item	Time	Item	Owner	Purpose	Process	Preparation
1	9.30	Apologies	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: 22 February 2018	J Rosser	<ul style="list-style-type: none"> To review Confirm accuracy Review Action Tracker Consider matters arising 	Minutes	Enclosed
PRESENTATIONS						
PATIENT STORY / PATIENT EXPERIENCE						
4	9.40 30 mins	Patient Story	M McKenna	<ul style="list-style-type: none"> To receive feedback regarding the experiences of patients 	Presentation	(to follow)
STRATEGY						
5a	10.10 30 mins	Hackathon, Projects and Charity Priorities	M Gibney	<ul style="list-style-type: none"> To review and discuss 	Report	Doc Ref TB 18/19
5b	10.40 10 mins	Gender Pay Gap Reporting	M Gibney	<ul style="list-style-type: none"> To consider and note 	Report	Doc Ref TB 18/27
PERFORMANCE						
6	10.50 30 mins	Corporate Performance Report: February 2018	Executives	<ul style="list-style-type: none"> To review and discuss To agree actions regarding Trust performance 	Report	Doc Ref TB 18/20

The Walton Centre NHS Foundation Trust

Item	Time	Item	Owner	Purpose	Process	Preparation
11.20 - 11.35 Comfort Break						
7	11.35 20 mins	National NHS Staff Survey 2017: Executive Summary	M Gibney	<ul style="list-style-type: none"> To receive and note approach 	Report	Doc Ref TB 18/21
8	11.55 20 mins	Feedback from Staff Listening	M Gibney	<ul style="list-style-type: none"> To share feedback on staff experience events over last year and outcomes 	Report	Doc Ref TB 18/22
9	12.15 10 mins	Clinical Utilisation Review Progress Report	L Salter	<ul style="list-style-type: none"> To review and note 	Report	Doc Ref TB 18/23
GOVERNANCE						

Separate Board Pack:

10	12.25	Chair's Reports: a. Quality Committee (AM) 22/03/18 b. Audit Committee (AS) None c. Research, Dev. & Innov. Committee (PH) 21/03/18 d. Business Performance Committee (SS) 27/03/18 e. Walton Centre Charity Committee (AS) None		<ul style="list-style-type: none"> To receive and note 	Reports	Doc Ref TB 18/24 None Doc Ref TB 18/25 Doc Ref TB 18/26 None
11	12.25	Confirmed Minutes: a. Quality Committee (AM) 18/01/18 b. Audit Committee (AS) None c. Research, Dev. & Innov. Committee (PH) 10/01/18 d. Business Performance Committee (SS) 20/02/18 e. Walton Centre Charity Committee (AS) None		<ul style="list-style-type: none"> To receive and note for information 	Minutes	Enclosed Enclosed Enclosed

12	12.30	Meeting Review	J Rosser	<ul style="list-style-type: none"> To review the meeting and consider key 	NA	NA
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The Walton Centre NHS Foundation Trust

Item	Time	Item	Owner	Purpose	Process	Preparation
				actions		

Date of Next Meeting: 26 April 2018

CONFIRMED

**Minutes of the Trust Board Meeting
Held on Thursday 29 March 2018**

Present:

Ms J Rosser	Chair
Mr M Burns	Director of Finance
Ms H Citrine	Chief Executive
Mr M Gibney	Director of Workforce
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:

Dr G Bavikatte	Consultant and Clinical Lead for Neurorehabilitation Medicine (Item 5a only)
Mr A Cahill	Public Governor
Ms M Fletcher	Head of Fundraising (Item 5a only)
Ms A Highton	Deputy Director of Governance
Mr A Lynch	Equality and Inclusion Lead (Item 5b only)
Dr S Mahendran	Consultant in Neurorehabilitation Medicine (Item 5a only)
Mr M McKenna	Head of Patient Experience (Item 4 only)
Ms B Strong	Public Governor
Mr J Somerset	Physiotherapist – Neurorehabilitation (Item 5a only)
Ms A Whitfield	Assistant Corporate Secretary
Mr & Mrs Wells	Patient Story (Item 4 only)

Apologies:

Mr S Crofts	Non-Executive Director
Dr P Humphrey	Non-Executive Director

TB Apologies

37/18 None.

TB Declaration of Interest

38/18 None.

TB Minutes of the previous meeting held on 22 February 2018

39/18 The minutes of the previous Board meeting were agreed.

TB Action Log

40/18 See TB55/18.

TB Patient Story (Presentation)

41/18 The Head of Patient Experience was in attendance for this item. He was pleased to introduce Mr and Mrs Wells to present their story; Mr Wells as a patient at the Trust supported by Mrs Wells who is the Trust's Deputy Director of Finance.

Mr Wells shared his experience on:

- Referral to the Trust: received the correct diagnosis after years of being told it was something else. Also he felt that he was listened to;
- Making the decision to have deep brain stimulation for the dystonic tremors;
- Coming into the hospital and feeling welcomed by all the staff that he encountered during the stay;
- The operation and the post op care received;
- Discharge and post-discharge issues.

Mr Wells explained that his experience before, during and immediately after his operation had exceeded all expectations and it was clear why The Walton Centre was rated as 'Outstanding'. However, he felt that this high level of service reduced during the weekend due to lower staffing numbers and also how his discharge was managed, noting delays in medication before he was able to leave the hospital. Mr Wells also felt there was a breakdown in communication in respect of his post-operative care.

Following the presentation, the Board acknowledged there were several learning points, which included a review of relevant patient information leaflets to depict how implanted devices would look in-situ, medication on discharge and miscommunication regarding post-operative community care.

The Acting Director of Nursing informed that learnings should be included in action plans through the relevant divisional governance committee and the highlights presented through the Quality Committee.

On behalf of the Board, the Chief Executive conveyed sincere thanks to Mr and Mrs Wells for sharing their story with the Board.

The Head of Patient Experience and Mr and Mrs Wells left the meeting.

**TB
42/18**

Hackathon, Projects and Charity Priorities (Doc Ref TB18/19)

Ms Fletcher, Dr Mahendran, Dr Bavikatte and Mr Somerset entered the meeting to co-present a presentation to the Board.

The Director of Workforce introduced the presentation which explored the focus for fundraising and included many ideas of various sizes that were in the pipeline. It also outlined the recent and successful hackathon that significantly shaped the Trust's thinking on the next potential big priority for fundraising, which was a radical version of movement analysis (gait) which supported virtually every aspect of the Trust's services, creates a platform for augmented reality/robotics and had credible commercial possibilities.

The non-executives commended all involved in the innovative approach being taken. In response to questions from the Board, the presenters in attendance informed that there was much enthusiasm from the clinicians and there was good collaboration within the sub specialties which helped to drive this process.

It was anticipated that the hackathon would hopefully convert ideas into something tangible in order to further improve patient care. The Head of Fundraising informed that a gait lab

would form the basis for a fundraising campaign but there was still a lot of work to be done before the Trust could go out to fundraise for this.

Mr Sharples, in his capacity as chair of the Walton Centre Charity Committee, was pleased that a pipeline of ideas had commenced and asked that the Board consider and endorse the process and, where necessary, provide the appropriate resources to ensure that the process could continue. He also informed that a number of ideas should be chosen alongside a main appeal, noting that the gait lab appeared to be a good proposition for a main appeal but acknowledging that there would be lots of issues still to consider.

The Board considered and endorsed the process. Work would continue to co-ordinate various groups and engage with key stakeholders and champions in order to investigate emerging delivery models and develop a potential business model. A paper on the gait lab would be presented to the Board in June 2018, with a general progress update to the Board in September 2018.

Prior to leaving the meeting, the Board thanked those in attendance for this item.

**TB
43/18**

Gender Pay Gap Reporting (Doc Ref TB18/27)

Mr Lynch, the Trust's Equality and Inclusion Lead was in attendance for this item.

The Trust's workforce had three and a half times more females than males (based on the average hourly rate of 1054 female staff compared to 293 male staff). However, despite the majority of the workforce being female, a high proportion of the Trust's medical and senior management roles were filled by males and this was consequently leading to a high pay gap. The percentage variance for the average hourly rate of pay was 33.19%.

The non-executives made reference to the upper quartile data in the table titled *Quartile Analysis of Hourly Pay Rates* and questioned the reality for recruiting female staff in this quartile given the Trust's specialist nature and that neurosurgery in particular, and neurology, tended to be male dominated specialties (consultants). The Medical Director reported that, despite this, the Trust employed the highest number of female neurosurgeons in the country.

The Chief Executive requested that Mr Lynch update the report to include the comments raised in relation to the predominance of males in neurosurgery and neurology in order to provide some context. In addition, it was also noted that a number of the female consultants were part time and that there was an opportunity for a further female on the Executive Team with the Director of Nursing and Governance post soon to be advertised, as this was a predominantly female profession.

The non-executives informed that this was a good opportunity to work with the wider community to encourage and promote neurosciences.

Mr Lynch referred to the next steps which were to:

- Review reasons why application for CEA awards is low for females;
- Investigate ways to increase the number of females in senior management and medical roles, including consideration of mentoring schemes, coaching opportunities and availability of flexible working arrangements at these levels.

The Board thanked Mr Lynch before he left the meeting.

**TB
44/18**

Corporate Performance Report: February 2018 (Doc Ref TB18/20)

The Chief Executive introduced the monthly performance report, summarising that it had been a positive month for the Trust; performance across all five domains remained strong, with a rating of amber/green. The Business Performance Committee (BPC) and the Quality Committee (QC) had discussed the integrated performance in detail at their meetings in March 2018.

The Chairs of BPC and QC provided a summary of the key discussions at their respective meetings, noting that:

- Business Performance Committee:
 - The Divisional Directors for Neurology and Neurosurgery gave an operational deep dive presentation looking at the increase in open pathways over 2017-18, the drivers for this, the impact on performance and actions to improve. Assurance had been provided that measures were being taken to improve the situation;
 - CIP - the need for greater assurance on the robustness of plans and delivery, and its secondary importance to the control total pending the shift to block contracts which would then force attention on to costs by removing income growth as a mitigation;
 - An increase in sickness and vacancy rates;
 - A continued fall in staff turnover and rise in appraisals.
- Quality Committee
 - There had been five pressure ulcers within month, one of these being a grade 4; a deep dive report would be reported back to the Committee;
 - As previously discussed by the Board, the figures for overall incidents per 100 admissions did not give an accurate representation and this would be reviewed to explore how the presentation of data could be improved;
 - There had been 12 VTE against a trajectory of 7 and concern had been raised by Dr Humphrey, Non Executive Director, that VTE was the most common cause of avoidable mortality. Although RCAs had been undertaken for each, a thematic review by Governance was underway which would be presented to the Committee. A presentation would be provided to the Committee.

In response to a question from the Chair regarding the recording of deaths, the Medical Director explained the process in the event of an unknown death. Of the root cause analysis (RCAs) that had been recently reviewed, there were some where death had occurred in a high risk individual who had been on the correct treatment with no lapses in care. There had been no themes or lapses identified. The Acting Director of Nursing provided an explanation of how the stretch trajectory was set.

**TB
49/18**

National NHS Staff Survey 2017 (Doc Ref TB18/21)

The Director of Workforce introduced his report, informing of a response rate of 42% which was below average for acute specialist trusts in England (53%).

Of the 32 key findings in the survey:

- The Trust had the best score for acute specialist trusts in England for two findings;
- In 25 of the findings the Trust was better or the same as the national average;
- In seven of the key findings, the Trust's score was worse than the national average. In three of the seven, the Trust had improved its score from the 2016 survey.

Top five ranking scores:

1. Organisation and management have an interest in, and act on, health and wellbeing;
2. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months;
3. Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse;
4. Effective team working;
5. Percentage of staff satisfied with opportunities for flexible working patterns.

Bottom five ranking scores:

1. Percentage of staff experiencing physical violence from staff in the last 12 months;
2. Percentage of staff appraised in the last 12 months;
3. Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months;
4. Percentage of staff agreeing that their role makes a difference to patients/service;
5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

Reference was made to the draft staff survey action plan which had been developed; this would focus upon the less positive findings and the Trust would co-produce a set of actions that would be incorporated into the Trust's staff engagement plan.

In response to questions and comments from the non-executives, the Board discussed:

- The action plans needed to be robust to ensure that improvements were made;
- In relation to physical violence experienced by staff from staff, it was reported that incidents were addressed individually and that targeted support was provided to staff rather than a blanket approach;
- In terms of working to improve the scores, areas for prompt focus would be Radiology in terms of the patient care and experience indicator and violence towards staff by staff;
- Staff engagement was a key aspect in shaping the Trust's new vision and strategy; it was hoped that this engagement would help staff to feel part of a team.

**TB
50/18**

Feedback from Staff Listening (Doc Ref TB18/22)

The Director of Workforce presented his report, which was a follow up to the paper presented to the Board in February 2018. The report described the key elements of staff engagement activity that had been facilitated across the Trust and provided an update on the Board of Directors walkabouts between September 2017 and January 2018.

Themes identified as particular issues related to staffing pressures and also that staff felt that the change of visiting times had impacted on various duties on wards. It was noted that the introduction of the daily Safety Huddles had made a significant impact as this provided

the opportunity for all staff to raise any concerns or issues that might be impacting on the delivery of high quality and safe care for our patients. The Director of Workforce reported that porters and security (ISS employees) were also represented at the daily Safety Huddle.

Ms McCracken raised concern that issues previously raised by staff had either not been progressed or had not been provided with feedback. The Acting Director of Nursing stressed the importance of engagement and communication with staff and providing the opportunity to work together. Ms Samuels felt that the Trust listened and engaged well but acknowledged that a significant improvement was required in relation to feedback as a result of actions considered or taken.

The Chief Executive informed that a number of actions had been progressed but acknowledged this might not have been clearly communicated to staff. She referred to the work that had been undertaken in order to significantly reduce turnover and noted a change in process for recruitment and retention. In addition, recruitment had increased, despite a national shortage. It was hoped that the action plan would visibly demonstrate progress. In terms of staff feeling pressured, the Trust would explore the facilitation of resilience training with an external company, with a view to training 10% of the organisation, with the potential for a software App in order to include those harder to reach groups.

The Chair made a suggestion to group a number of actions into areas for priority.

**TB
51/18**

Clinical Utilisation Review Progress Report (Doc Ref TB18/23)

The Acting Director of Nursing presented her paper which provided an update regarding the implementation of clinical utilisation review (CUR) and the findings that had been reported by the ward staff to highlight whether patients were being cared for in the correct place.

All wards had CUR in place and compliance with completion is excellent. The Board noted that in Q3 the percentage of patients reviewed was significantly above target (85%) at 94.88%. The Board acknowledged this achievement, noting this would help with patient flow.

**TB
52/18**

Chair's Reports:

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

- a. Quality Committee: 22/03/18
- b. Audit Committee: No meeting
- c. Research, Development and Innovation Committee: 21/03/18
- d. Business Performance Committee: 27/03/18
- e. Walton Centre Charity Committee: No meeting

**TB
53/18**

Confirmed Committee Minutes:

The Board received and noted the following confirmed minutes:

- a. Quality Committee: 18/01/18
- b. Audit Committee: No meeting
- c. Research, Development and Innovation Committee: 10/01/18
- d. Business Performance Committee: 20/02/18
- e. Walton Centre Charity Committee: No meeting

**TB
54/18**

Any Other Business

None.

Meeting Review

The Chair reviewed the meeting and confirmed actions as detailed in the action tracker (minute ref. TB55/18).

Next meeting: Thursday 26 April 2018

TB Action Log:

55/18

Closed Actions:

Actions : Trust Board meeting: March 2018			
Item	Action	Update	Reported by
TB26/18: Performance Report (Nursing & Quality)	<p>Provide detailed information via Quality Committee in relation to the increased falls on Chavasse ward and background to increased incidents in critical care.</p> <p>For consideration: Future performance report to include actual number of incidents, along with overall incidents per 100 admissions.</p>	<p>The Acting Director of Nursing informed that: Chavasse: there had been 20 incidents in January 2018; this related to 24.92 incidents per 100 admissions. It was noted that not all incidents were patient related.</p> <p>ITU: There were 15 incidents in January 2018; this related to 31.25 incidents per 100 admissions. Again, these were not all patient related.</p> <p>The Deputy Director of Governance informed that this had been discussed at the Quality Committee and suggestions had been made. It was still to be determined what information might be added to the report without duplication.</p>	<p>L Salter</p> <p>A Highton</p>
TB28/18: Performance Report (Workforce)	For those staff who had not undertaken an appraisal in the last year, provide information regarding duration since last appraisal directly to Ann McCracken.	Ms McCracken acknowledged that she had received this information.	M Gibney
TB30/18: Mortality and Morbidity Quarterly Report	Detail of cases to remain in the report to Quality Committee, but replace with a summary in future board reports due to confidentiality.	This would be actioned for the next quarterly report.	A Nicolson
TB31/18: Integrated Staff Experience Report	The NEDs asked for feedback from the various staff experience events they attended in 2017/18. Paper for March 2018 Trust Board.	On the agenda (see minute ref. TB50/18)	M Gibney

Ongoing Actions:

Actions : Trust Board meeting: March 2018				
Item	Action	Update	Lead	Timescale
TB41/18: Patient Story	The Acting Director of Nursing informed that learnings should be included in action plans through the relevant divisional governance committee and the highlights presented through the Quality Committee.		L Salter	April 2018
TB42/18: Hackathon, Projects and Charity Priorities	A paper on the gait lab would be presented to the Board in June 2018 for consideration. A general progress update would be provided to the Board in September 2018.		M Gibney M Gibney	June 2018 Sept 2018
TB43/18: Gender Pay Gap Reporting	Update the report/return with the suggested amendments.		M Gibney / A Lynch	April 2018