

## TRUST BOARD MEETING

The Boardroom, WCFT

Thursday 31 May 2018

09.30 - 12.20

### 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: 26 April 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
<b>PRESENTATIONS</b>						
<b>PATIENT STORY</b>						
4	9.40 30 mins	Patient Story	A Crofton	<ul style="list-style-type: none"> <li>To receive a patient story</li> </ul>	Presentation	Doc Ref TB 18/39
<b>STRATEGY</b>						
5	10.10 20 mins	Final Position for the Trust's 2015 Strategy	S Moore	<ul style="list-style-type: none"> <li>To receive</li> </ul>	Report	Doc Ref TB 18/40
6	10.30 20 mins	Nurse Staffing Acuity Biannual Review	L Salter	<ul style="list-style-type: none"> <li>To receive</li> </ul>	Report	Doc Ref TB 18/41
<b>PERFORMANCE</b>						
<b>10.50-11.05 Comfort Break</b>						

The Walton Centre NHS Foundation Trust

Item	Time	Item	Owner	Purpose	Process	Preparation
7	11.05 30 mins	Corporate Performance Report: April 2018	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 18/42
<b>GOVERNANCE</b>						
8	11.35 10 mins	Guardian of Safe Working Report	A Nicolson	<ul style="list-style-type: none"> <li>To receive</li> </ul>	Report	Doc Ref TB 18/43
9	11.45 10 mins	Mortality and Morbidity Report	A Nicolson	<ul style="list-style-type: none"> <li>To receive</li> </ul>	Report	Doc Ref TB 18/44
10	11.55 10 mins	Revalidation Reports: 10.1 Nursing 10.2 Medical	L Salter A Nicolson	<ul style="list-style-type: none"> <li>To receive</li> </ul>	Report Report	Doc Ref TB 18/45 Doc Ref TB 18/46
11	12.05 5 mins	Declaration of Interests 2017/18: Board of Directors	L Salter	<ul style="list-style-type: none"> <li>To receive</li> </ul>	Report	Doc Ref TB 18/47

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

12	12.10 5 mins	<b>Chair's Reports:</b> a. Quality Committee (AM) 24/05/18 b. Audit Committee (AS) 25/05/18 c. Research, Dev. & Innov. Committee (PH) 23/05/18 d. Business Performance Committee (SS) 29/05/18 e. Walton Centre Charity Committee (AS) None		<ul style="list-style-type: none"> <li>To receive and note</li> </ul>	Reports	a. Doc Ref TB 18/48 b. Doc Ref TB 18/49 c. Doc Ref TB 18/50 d. Doc Ref TB 18/51 e. None
13	12.15	<b>Confirmed Minutes:</b> a. Quality Committee (AM) 19/04/18 b. Audit Committee (AS) 17/04/18 c. Research, Dev. & Innov. Committee (PH) 21/03/18 d. Business Performance Committee (SS) 24/04/18 e. Walton Centre Charity Committee (AS) None		<ul style="list-style-type: none"> <li>To receive and note for information</li> </ul>	Minutes	Enclosed
14	12.20 5 mins	Any Other Business	All	<ul style="list-style-type: none"> <li>To raise any other matters not on the agenda</li> </ul>		
15		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 28 June 2018 at 9.30am in the Boardroom**

**CONFIRMED**  
**Minutes of the**  
**Extraordinary Trust Board Meeting**  
**Held on 25<sup>th</sup> May 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
Dr P Humphrey	Non-Executive Director (via telephone)
Ms A McCracken	Non-Executive Director
Mr S Moore	Director of Strategy and Operations
Dr A Nicolson	Medical Director
Ms S Samuels	Non-Executive Director (via telephone)
Mr A Sharples	Non-Executive Director

**In Attendance:**

Mr R Baker	Grant Thornton, External Auditors
Ms A Highton	Deputy Director of Governance
Mr T Rooney	Grant Thornton, External Auditors
Ms A Whitfield	Assistant Corporate Secretary

**Apologies:**

Ms L Salter	Director of Nursing and Governance
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**EXT TB      Apologies**

**01/18**      As above.

**EXT TB      Declaration of Interest**

**02/18**      None.

**EXT TB      Self-Certification 2017/18**

**03/18**      All NHS foundation trusts are required to self-certify whether or not they had complied with the conditions of the NHS provider licence, had the required resources available if providing commissioner requested services, and, had complied with governance requirements.

Recent guidance issued by NHSI in April 2017 requires NHS Providers to self-certify the following three Licence Conditions after the financial year-end:

Condition G6:    The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution;

Condition FT4:    The provider has complied with required governance arrangements;

Condition CoS7:    If providing commissioner requested services, the provider has a reasonable expectation that required resources will be available to deliver the designated service.

In addition, although training of governors was not a licence condition, the Board should be satisfied that during the financial year the Licensee had provided the necessary training to its Governors as set out in the HSCA 2012 to ensure they were equipped with the skills and knowledge they need to undertake their role.

The Audit Committee had considered the report presented on 25<sup>th</sup> May 2018 and was recommended for Board approval.

The Board **approved** the NHSI (Monitor) FT Self-Certifications for Condition G6 and Condition CoS7 and noted progress with Condition FT4.

**EXT TB**            **Code of Governance 2017/18**

**04/18**            The purpose of this report was to provide assurance that the Trust was compliant with those provisions in the code where:

There was a mandatory requirement to include in the annual report supporting information which describes how the Trust complied with the Code.

The Trust confirmed compliance with all of the provisions set out in the Code of Governance. The Audit Committee, at its meeting on 25<sup>th</sup> May 2018, considered and recommended the report for Board approval.

The Board **approved** the Trust's compliance with the Code of Governance 2017/18.

**EXT TB**            **Draft Annual Accounts, Annual Report, and Quality Account 2017/18**

**05/18**            The Board received the annual accounts, annual report and quality account 2017/18 for consideration and approval. The Audit Committee recommended each element for approval as follows:

**EXT TB**            **Draft Annual Accounts 2017/18**

**06/18**            Mr Sharples, in his capacity as Chair of the Audit Committee, informed that the auditor's report had been positive in terms of achieving the financial targets. There had been some issues (not material) identified relating to some balances with three local NHS organisations. However, the Auditors were happy that the assumptions made were reasonable and was backed up by the evidence submitted, and that the Trust's version of the accounts was satisfactory.

The Board **approved** the Annual Accounts 2017/18.

**EXT TB**            **Draft Annual Report 2017/18**

**07/18**            The Board had previously seen various iterations of the report and were presented with the final draft version for approval.

The Board **approved** the Annual Report 2017/18.

**EXT TB**            **Draft Quality Account 2017/18**

**08/18**            The Trust had awaited a collected signed statement from NHS England, NHS Liverpool CCG, South Sefton and Southport and Formby CCG to conform that the Quality Account accurately reflected the performance for the organisation. The signed statement was presented to the external auditors during the course of this meeting.

**The Board approved the Quality Account 2017/18.**

**EXT TB  
09/18**

**Letters of Representation**

The Audit Committee recommended the Letters of Representation (quality and financial statements) for Board approval.

The Letters of Representation were **approved** and would be duly signed by the Chair and Chief Executive on behalf of the Board following the meeting.

**EXT TB  
10/18**

**Acknowledgements**

For the purpose of governance arrangements, the Chair noted that the two non-executives who had joined by phone and the Director of Nursing and Governors who had sent apologies had been given the opportunity to review and consider the papers and ask questions.

Special thanks was extended to the external auditors, the finance and governance teams and Mr Sharples, in his capacity as Chair of the Audit Committee.

**Meeting close.**

**CONFIRMED**

**Minutes of the Trust Board Meeting  
Held on Thursday 31 May 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
Dr P Humphrey	Non-Executive Director
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
Mr A Sharples	Non-Executive Director

**In attendance:**

Ms A Crofton	Advanced Nurse Practitioner/Lead Cancer Nurse (Item 4 only)
Ms E Gerrans	Senior Physiotherapist (Item 4 only)
Ms C Kelly	Ward Manager, Cairns Ward (Item 4 only)
Ms A Rodway	Clinical Nurse Specialist Neuro Oncology (Item 4 only)
Ms A Whitfield	Assistant Corporate Secretary

**Apologies:**

Ms S Samuels	Non-Executive Director
Ms A Highton	Deputy Director of Governance

Miss S (patient) was in attendance for part of Item 4.

**TB Apologies**

**76/18** None.

**TB Declaration of Interest**

**77/18** None.

**TB Minutes of the previous meeting held on 26 April 2018**

**78/18** The minutes of the previous Board meeting were agreed.

**TB Action Log**

**79/18** See TB93/18.

**TB Patient Story**

**80/18** Members of the nursing and physiotherapy teams presented the patient story this month which featured a female patient (Miss S) with a brain tumour who had suffered a subsequent infection which required further surgery. Miss S had looked forward to being a bridesmaid at her brother's wedding, which unfortunately was planned whilst recovering at the Trust from her invasive surgery. The Board heard from the teams how they had made it possible for Miss S to attend the wedding, noting the significant consideration and planning

involved so that Miss S would manage physically, the logistics to and from the venue and the difficulties in walking, particularly in a bridesmaid dress and shoes. The Board heard how staff had used their personal skills in respect of tailoring, hairdressing and make up. Miss S was present whilst a video clip was shown of her on the occasion; she gratefully acknowledged all the staff involved for making it possible to attend the special family event and enabling her to look and feel like a bridesmaid and not a patient.

The Board proudly acknowledged the tremendous efforts of the staff for the dedication and compassion shown for their patients.

**TB  
81/18**

### **Final Position for the Trust's 2015 Strategy (Doc Ref TB18/40)**

The Director of Strategy and Operations introduced his report which provided the Board with a summary of the achievements against the Trust's previous strategy as described in Appendix 2. This highlighted:

- The consistent high performance across the period, against operational targets, quality standards notably the CQC rating, patient and staff surveys, Investors in People and PLACE;
- The clinical and service developments that had taken place, including successful adoption of new clinical technologies, and expansion of the Trust's service networks and reach;
- Significant investment in capacity and in ensuring the Trust had safe and up-to-date buildings, engineering and medical equipment;
- Initial work on service/quality improvement, with the need to step this up substantially over the coming year;
- Progress on staff development and engagement, notably equality diversity and inclusion and role/team development; and
- Return to strong financial surpluses in 2016-17 and 2017-18, but a need to close the gap on future Quality Improvement Plan (QIP) delivery. It was acknowledged that financial challenges would remain.

A non-executive asked how the Board could be assured of progress in order to achieve the QIP targets at an acceptable pace and asked about potential timescales. In response, the Director of Strategy and Planning explained there would be a balance between cost, service and quality improvements, moving from the CIP to QIP approach. This would ensure that all service improvements and changes would use the same supporting methodology and reporting for consistency.

The Director of Finance added that discussions had been recently held at the Business Performance Committee and the Executive Team meeting in terms of the approach for the QIP. Recent discussions around the service improvement agenda had suggested that it would be more productive to place an emphasis on only two or three areas and there was a potential opportunity to support the divisions with some further infrastructure in order to achieve this. In terms of timescales, the Director of Finance assured the non-executives that the Executive Team had already commenced with setting timescales for targets and escalating progress, and the Executive Team would continue to drive forward to promote the message across the Trust.

The Director of Workforce confirmed that two service improvement posts had recently been approved by the Executive Team which would shortly go through HR processes. Further

assurance was provided in respect of the work that continued in the corporate division.

It was agreed that the Board should receive future improvement updates through the Business Performance Committee via the chair's report.

The non-executives acknowledged the significant progress made on the strategy to date. However, reference was made to the digital intelligence function in respect of the ability to obtain more detailed information via links in the integrated performance report, which had not come to fruition. The Director of Finance acknowledged that further work was required in terms of business intelligence and noted that, whilst some progress had been made, the Digital Intelligence team would be expanded to develop new skillsets in order to ensure a fast delivery of future services through dashboard technology. The Chair asked whether the Executive Team had discussed if this level of investment was adequate; the Director of Finance explained the historic issues in respect of establishment in that particular function and acknowledged that further reinvestment might be required to ensure that the function was fit for purpose in the future.

The Board discussed the apprentices, noting that the Trust had taken on placements in partnership with Edge Hill University and there might be some potential to undertake something similar at a North Mersey level for finance. Challenges in respect of the apprenticeship levy were noted.

In conclusion, the Chief Executive reported that the all the learnings would be taken forward into the new strategy in order to develop a stronger strategy going forward.

The Board received and noted the report.

**TB  
82/18**

#### **Nurse Staffing Acuity Biannual Review (Doc Ref TB18/41)**

The Director of Nursing and Governance introduced her paper to provide assurance regarding nurse staffing at The Walton Centre, confirming that staffing was safe within the Trust. Reference was made to section two of the report which described the staffing situation since the last six month review in terms of the changes and recruitment of key posts.

It was reported that in the last eleven months there had been a reduction in registered nurse turnover from 22.9% to 12.9% as a result of significant efforts by nursing and HR teams. The Director of Nursing and Governance explained the background in respect of trainee nurse associates (TNA), informing that the Trust had four TNAs who would complete their training course in April 2019, with a further four places with Edge Hill University commencing in September 2018.

In response to a question from a non-executive who referred to the ratio of 1:7 on the complex rehabilitation unit (CRU) and how this might feel for staff, the Director of Nursing and Governance provided assurance that health care assistants (HCAs) were increased in line with acuity and specialising as required, and that leadership had a significant part to play, noting that the Interim Deputy Director of Nursing was working with staff in respect of this. The Chief Executive pointed out that ratios between trusts should generally be used as a guideline, given the different nuances of hospitals and patients, and provided further assurance that the nurse sensitive indicators in that area were good (green).

The Chair acknowledged the Deputy Director of Nursing as the author of this well-written report.

The Board would receive a further report in November 2018.

**TB  
83/18**

**Corporate Performance Report: April 2018 (Doc Ref TB18/42)**

The Chief Executive informed of a positive position at the end of month one (M1), reporting three green indicators for safe, caring and effective, amber/green for responsive and amber for well led.

In the absence of the chair of the Business Performance Committee, Mr Sharples informed of a positive position overall for M1, noting that this was the first time the Trust had met its M1 plan in the last three years.

One exception was that the Trust had under-performed against the Quality Improvement Programme (QIP) plan in month; 56% of the QIP target remained unidentified. It was acknowledged that a systematic approach was required, with further focus around divisional and departmental delivery. The Director of Strategy and Operations confirmed that the finance team had identified the risks in the Trust's 2018/19 Operational Plan and these risks would be routinely monitored.

Ms McCracken, in her capacity as Chair of the Quality Committee, informed that the Committee had received the integrated performance report in good time this month. It was a positive report in terms of quality, with improvements seen in DNA rates, nursing staff turnover and number of complaints.

In response to a question from the Chair in relation to DNA rates, the Director of Strategy and Operations confirmed that appointment letters were sent to patients and were followed up with text reminders.

The Director of Finance provided an update on the full year position for Cheshire and Merseyside trusts and CCGs, informing of a £95.8m deficit compared to a planned deficit of £52.9m. In North Mersey, the CCGs had underperformed by £2.6m compared to plan. Providers had overperformed by £15.1m, which had been driven by STF funding. All providers in the North Mersey region, with the exception of one, had overperformed in respect of their control totals.

With regard to research recruitment, Dr Humphrey reported that The Neuroscience Research Centre target for recruiting patients into National Institute of Health Research (NIHR) had been set at 900 by the Clinical Research Network (CRN), which he felt was a more realistic target than had been previously set.

The Board discussed and noted the report.

**TB  
84/18**

**Guardian of Safe Working Report (Doc Ref TB18/43)**

The Board received this routine report from Dr Nicolson who informed that there were 25 doctors at the Trust on the new 2016 terms and conditions and that, during this quarter, there had been no exception reports.

It was noted that there had been several informal concerns raised about breaches to the contract, particularly concerning Neurology ST trainees out of hours work whilst on call often relating to thrombectomy cases. A monitoring exercise was underway in respect of this in order to gain objective evidence of this problem. In response to a question from a non-executive, it was anticipated this might require rota changes to resolve any issues and that this was currently being reviewed.

There had been no reported training issues to note and the induction processes for the junior doctors covering the daycase unit would be revised in order to provide more support and familiarity with the common procedures and treatments.

The Board received and noted the report.

**TB  
85/18**

#### **Mortality and Morbidity Report (Doc Ref TB18/44)**

The Board received a paper from the Medical Director who explained that this board report had been reformatted following a discussion held at a previous Board meeting and noted that the report included a *Learning from Deaths* dashboard, which must be published on the Trust's website and submitted to NHS England. The Board noted that there had been some initial system issues with the dashboard and the graph was not displaying all of the data as it should.

A non-executive referred to a learning disabilities event that he had recently attended and asked whether the right number of people were reaching the Trust. The Medical Director acknowledged this was a valid point and explained that part of the *Learning from Deaths* report was to also look at the Trust's patients (both inpatient and outpatient) whose death had occurred outside of the Trust. Trusts were encouraged to develop mechanisms in order to pass on learning information to other organisations where a patient had been treated as part of their stay. The Board noted that the safeguarding process was led by the Matron and that the Trust had good links with the community and learning disability nurses due to the Trust's significant association with learning disability and epilepsy for example.

Ms McCracken, in her role as Chair of the Quality Committee, explained that part of learning from deaths was the importance of involving families; this had been discussed at a recent Quality Committee meeting therefore she was pleased to report that this was happening at the Trust. The Board acknowledged they had previously been updated on one of the patient's death and coroner's case.

The Chief Executive concluded that the death of any patient with a learning disability was reported to the CQC as per the requirement that the report built on the good practice of reviewing every patient that died in the Trust.

**TB  
86/18**

#### **Revalidation Report: Nursing (Doc Ref TB18/45)**

The Director of Nursing and Governance presented her paper, informing that during 2017/18 a total number of 128 staff members had successfully revalidated in accordance with the NMC Guidelines. No issues had been identified during this period. The Nurse Revalidation Administration Assistant had either completed the NMC submission with the nurse or had obtained confirmation that the process had been undertaken.

The Trust had maintained a 100% success rate for staff undergoing revalidation during 2017/18.

In response to a question with regard to benchmarking, the Director of Nursing and Governance informed that she was not aware of any nursing staff at other trusts who had not successfully revalidated. Mr Sharples, in his capacity as Chair of the Audit Committee, commended those involved in the process, as the last audit undertaken by MIAA on nurse revalidation had been provided with 'high assurance'.

The Board noted the report.

**TB**                    **Revalidation Report: Medical (Doc Ref TB18/46)**

**87/18**

The Medical Director informed the Board that the Trust had 131 doctors whose prescribed connection was with the Trust; this had risen by ten from the previous year. 127 of the 131 doctors had undertaken an appraisal. The remaining four doctors each had a reasonable explanation why their appraisal had not taken place during the period; one on long term sickness, two on maternity leave and one who was new to the UK and had commenced at the Trust in February 2018.

The Board approved the report for sign off by the Trust for submission to NHS England.

**TB**                    **Declaration of Interests: Board of Directors (Doc Ref TB18/47)**

**88/18**

The Board received the report for information.

**TB**                    **Chair's Reports:**

**89/18**

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

- a.        Quality Committee (AM) 24/05/18
- b.        Audit Committee (AS) None
- c.        Research, Dev. & Innov. Committee (PH) 23/05/18
- d.        Business Performance Committee (SS) 29/05/18
- e.        Walton Centre Charity Committee (AS) None

**TB**                    **Confirmed Committee Minutes:**

**90/18**

The Board received and noted the following confirmed minutes:

- a.        Quality Committee (AM) 19/04/18
- b.        Audit Committee (AS) None
- c.        Research, Dev. & Innov. Committee (PH) 21/03/18
- d.        Business Performance Committee (SS) 24/04/18
- e.        Walton Centre Charity Committee (AS) None

**TB**                    **Any Other Business**

**91/18**

None.

**TB**                    **Meeting Review**

**92/18**

The Chair reviewed the meeting and confirmed actions as detailed in the action tracker (minute ref. TB93/18).

**Date of the next meeting: Thursday 28 June 2018**

The Walton Centre NHS Foundation Trust

TB Action Log:  
93/18

**Closed Actions:**

<b>Actions : Trust Board meeting: May 2018</b>			
<b>Item</b>	<b>Action</b>	<b>Update</b>	<b>Reported by</b>
<b>TB60/18: Patient Stories Review</b>	Add six month review of patient stories to the Board work plan.	Completed.	A Whitfield
	Board members to assist the patient with their story during the process.	Agreed and noted.	M McKenna
<b>TB63/18: Workforce Race Equality Standard</b>	Mr Lynch agreed to confirm which level of staff Indicator 5 referred to, which related to the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	The information had been forwarded to Ms Samuels as requested.	A Lynch

**Ongoing Actions:**

<b>Actions : Trust Board meeting: May 2018</b>				
<b>Item</b>	<b>Action</b>	<b>Update</b>	<b>Lead</b>	<b>Timescale</b>
<b>TB42/18: Hackathon, Projects and Charity Priorities</b>	A paper on the gait lab would be presented to the Board in June 2018 for consideration.		M Gibney	<b>June 2018</b>
	A general progress update on innovation would be provided to the Board in September 2018.		M Gibney	<b>Sept 2018</b>