



OPEN TRUST BOARD MEETING
The Boardroom, WCFT Friday 24 May 2019
1045–1425
AGENDA

Item	Time	Item	Owner	Purpose	Process	Preparation
1	10.45	Apologies	J Rosser	<ul style="list-style-type: none"> To note apologies for absence 	Verbal	NA
2	10.45	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	10.45	Unconfirmed Minutes of the meeting held on 25 th April 2019	J Rosser	<ul style="list-style-type: none"> To review Confirm accuracy Review Action Tracker Consider matters arising 	Minutes	Enclosed
PATIENT STORY						
4	10.55 30 mins	Patient Story	M McKenna	<ul style="list-style-type: none"> To receive a patient story 	Video to be shown	N/A
GOVERNANCE						
5	11.25 20 mins	Annual Governance Report (Inc. Q4)	L Salter	<ul style="list-style-type: none"> To receive 	Report	Doc Ref TB 19/26
QUALITY						
6	11.45 15 mins	Annual Revalidation Report (Nursing)	L Salter	<ul style="list-style-type: none"> To receive 	Report	Doc Ref TB 19/27
12pm 30 min LUNCH BREAK						
7	12.30 20 mins	Annual report Infection Control and annual work plan	H Oulton	<ul style="list-style-type: none"> To receive 	Report	Doc Ref TB 19/28
8	12.50 5 mins	CQC Inspection- initial feedback Well Led Review	H Citrine	<ul style="list-style-type: none"> Discuss findings 	Letter	Doc Ref TB 19/29

Item	Time	Item	Owner	Purpose	Process	Preparation
PERFORMANCE						
9	12.55 30 mins	Integrated Performance Report: April 2019	Executives	<ul style="list-style-type: none"> To review and discuss To agree actions regarding Trust performance 	Report (to follow)	Doc Ref TB 19/30
13.25 10 min COMFORT BREAK						
STRATEGY						
10	13.35 30 mins	Bi-annual Nurse Staffing Acuity Review	L Salter L Vlasman	<ul style="list-style-type: none"> To receive 	Report	Doc Ref TB 19/31
Chair's Reports and Committee Minutes						
11	14.05 10 mins	Chair's Reports – verbal a. Quality Committee (AM) Date 23 rd May 2019 b. Research, Dev. & Innov. Committee (SC) Date 22 nd May 2019		<ul style="list-style-type: none"> To highlight key points 	Verbal Verbal	None
		Confirmed Minutes: None this month				
12	14.15 10 mins	Any Other Business	All	<ul style="list-style-type: none"> To raise any other matters not on the agenda 	Verbal	None
13	14.25	Meeting Review	J Rosser	<ul style="list-style-type: none"> To review the meeting 	NA	NA

Date and Time of Next Meeting: Thursday 27th June 2019 at 09.30 in the Boardroom

CONFIRMED

Minutes of the Open Trust Board Meeting held on Friday 24th May 2019

Present:

Ms J Rosser	Chair
Mr M Burns	Director of Finance and Information Technology
Ms H Citrine	Chief Executive
Mr S Crofts	Non-Executive Director
Ms A McCracken	Non-Executive Director
Dr A Nicolson	Medical Director
Ms J Ross	Director of Operations and Strategy
Ms L Salter	Director of Nursing and Governance
Ms S Samuels	Non-Executive Director
Mr A Sharples	Non-Executive Director
Prof. N Thakkar	Non-Executive Director

In attendance:

Ms R Austin-Vincent	Governor, Cheshire & Merseyside Neurological Alliance
Ms W Gillespie	Executive Assistant (for minutes)
Mr M McKenna	Head of Patient Experience (minute ref TB 59/19)
Ms J Mullin	Deputy Director of HR
Ms L Vlasman	Deputy Director of Nursing and Governance (minute ref TB 65/19)

Apologies:

Mr M Gibney	Director of Workforce and Innovation
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Welcome and Introductions

Chair introduced and welcomed Ms Austin-Vincent to the meeting.

TB Apologies

55/19 Noted.

TB Declaration of Interest

56/19 None.

TB Minutes of the previous meeting held on 25th April 2019

57/19 The minutes were agreed subject to an amendment to minute 50/19 b (Audit Committee); concerning benchmarking of the annual report; the following will be added to the minute:

Mr Sharples advised that Auditors offered to attend a future board development session to share details of their assessment process of the Trust's annual report with the Board and/or Governors. Mr Sharples clarified that Auditors offered to facilitate two sessions if this was helpful.

TB Action Log

58/19 See TB 54/19

TB Patient Story (video)

59/19 Mr McKenna shared the background to the video in which the patient (Nicole) and her mother (Pat) shared their experience of Nicole's inpatient stay. Nicole is in her

twenties and has been under the care of the Walton Centre for over ten years for management of epilepsy.

Nicole suffered a stroke at birth and experienced up to 15 seizures per day; she was admitted for surgery which was successful in stopping the seizures.

Unfortunately, following discharge home, Nicole acquired an infection and needed further surgery to remove an infected bone flap.

The benefits of Home from Home for long distance relatives and the support in critical care were noted. Nicole was also supported by Martin, Trust volunteer, who regularly visited and has inspired her to become a volunteer in the future.

Their story was an example of personalised patient and family centred care and demonstrates how embedding this culture in the organisation makes a real difference.

The non-executives sought some clarification on a number of points which were addressed.

It was noted that information on discharge needed to be strengthened. The non-executives were informed that work was underway to improve information on advising what to do in the event of any problems.

Mr McKenna will liaise with Pat and Nicole to discuss sharing the video with staff.

The Board thanked Mr McKenna for sharing the patient story and he left the meeting.

**TB
60/19**

Q4/ Annual Governance Report (Doc Ref TB 19/26)

The Director of Nursing and Governance presented the report which was discussed in detail at Quality Committee. It was acknowledged this had been a particularly busy year noting the ground floor fire, ram raid, CQC inspection and incidences of violence and aggression. It was noted that a number of improvements had been made in addition to work undertaken to reduce risks to patients, staff and the organisation.

The increase in number of incident reports was noted and was viewed positively by the Director of Nursing and Governance as testament to the culture within the Trust. It was acknowledged that not all incidents result in harm and that near misses were also included.

The Board was informed about a multi-disciplinary approach taken to manage a violence and aggressive incident on the wards; this was recognised as best practice and will be shared with clinicians at a future clinical senate.

The Chief Executive commented on the significant increase seen in the number of violence and aggression incidents; this was one of the most challenging areas for the Trust and seen as a contributory factor to the high nursing turnover.

The Deputy Director of HR described some work being undertaken with the Personal Safety Officer as part of the staff survey action plan. The details of the 'LAST LAP' (Looking after staff to look after patients) campaign which was being explored with ward managers was shared. It has also been proposed that safety huddles be extended so staff can share

concerns and ensure swifter intervention if needed.

Further discussion took place around near misses, patient access centre appointments and pathology sample incidents; a report was requested by Quality Committee.

The Director of Finance and IT confirmed that information governance incidents were discussed at the Information Governance and Security Forum and going forward, those reported to the Information Commissioner would be included in future reports and presented to Board.

The report was **received** and **approved** by the Board.

**TB
61/19**

Annual Revalidation Report (Nursing) (Doc Ref TB 19/27)

The Director of Nursing and Governance presented the report which in recent years had attained a positive assurance by Mersey Internal Audit Agency. The Trust recognises the importance of having a robust process in place. It was confirmed that a number of staff within the organisation have been further audited by the NMC post revalidating.

The report was **received** and **noted** by the Board.

**TB
62/19**

Annual Report: Infection Prevention and Control Annual Work Plan (Doc Ref TB 19/28)

The Director of Nursing and Governance presented the report which was reviewed at Quality Committee. Overall, the report was positive and the following key points were noted:

- A reduction in the number of healthcare acquired infections and compliance against trajectories
- Achievement of 80.2% compliance rate with flu vaccinations; it was acknowledged that meeting next year's target would be difficult
- Further work was being undertaken in relation to a recent CJD case; this was not as a consequence of any action by the Trust
- Work was in progress to investigate a number of infections reported in ITU
- A 25% improvement was seen with theatre ventilation; options were still being explored to identify the action to be taken.
- Relaunch of the Infection Prevention Ambassadors

It was acknowledged that the hand hygiene audit results demonstrated a need for improvement and training issues will be addressed; the aseptic non-touch technique would be introduced in the next 12 months.

Mr Sharples drew attention to section 11 of the report and sought clarification on some wording. He asked about plans to resolve the air flow problem in theatres. The Director of Finance and IT advised that an external expert was assisting the Trust to help understand the level of risk. It was clarified that meeting HTM regulations was a recommendation for hospitals already built and in use but was mandatory for new builds.

Whilst noting the Trust's low surgical site infection rate, the non-executives suggested it would be useful to have sight of benchmarking data. The national neurosurgical audit programme data would be sourced and included in future annual reports.

Two areas were highlighted from last year's work plan which remain outstanding; these

relate to informatics support, which has been discussed previously and ISS not meeting the walk around standards. It was noted that a priority for the Trust's new Facilities Manager was to strengthen engagement with ISS and to monitor KPIs which is a key part of the contract.

The Board acknowledged this was a strong report and formally recorded its thanks to the Infection Prevention and Control team.

The Board **received** and **approved** the annual report and **ratified** the annual work plan.

**TB
63/19**

CQC Inspection: Initial Feedback from Well Led Review (Doc Ref TB 19/29)

The Chief Executive shared highlights from the initial feedback letter following the CQC well led inspection.

A concern was raised regarding the Fit and Proper Persons review. Some gaps were identified with documentation as two non-executive appointee's references were not available at the time of inspection; these have now been sourced and included in the files.

Areas of good practice were noted and included:

- The vision and strategy and how the Trust was working together with stakeholders across the system
- The patient centred culture
- Innovative ways of support and engagement with the workforce including the Shiny Minds App, the approach to succession planning and to equality and diversity
- Learning and continuous improvement and innovation, research and staff ideas for the benefit of patients.

The CQC indicated they would endeavour to share the draft report before end of May to enable factual accuracy checks to be made.

The findings were **noted** by the Board.

**TB
64/19**

Integrated Performance Report: April 2019 (Doc Ref TB 19/30)

Chair introduced the report, noting that two styles had been produced to enable a comparison of both versions. It was acknowledged that the new draft report would be scrutinised and discussed in detail at Business Performance Committee. The Chair and Chief Executive acknowledged the efforts in producing both versions and thanked the Director of Operations and Strategy and her team.

The report gave a positive overview of activity and performance in month 1 and demonstrated that the Trust was in a much better position than previous years. The following areas were highlighted.

- The plan to achieve 92% RTT was met however; achievement at speciality level within 'other' (pain) and neurosurgery fell below the threshold
- Focus on non-admitted backlog and delayed discharges
- A reduction in the Trust's threshold for infection rates, it was noted criteria has tightened meaning that more cases were likely to be attributed to acute trusts
- Friends and Family test remains strong

- Financial position was marginally better than expected for month 1

The issue around a reduced appetite for waiting list initiative work as a result of pension issues was discussed at length; this was affecting consultants nationally and was beginning to impact on the Trust's waiting lists and RTT in May.

The Board noted that some national and regional options were being explored.

The Deputy Director of HR advised that NHS Employers were undertaking some work with a number of Trusts and the findings will be presented to the Pensions Actuary Board. The potential impact on patient care was a concern for the Trust and some work has been undertaken to map the reduction in activity and the effect on the waiting list. Chair requested that this be discussed formally at a future Business Performance meeting.

Some inaccuracies had been noted with some of the data in the report which was being reviewed. Work was underway with the Business Intelligence (BI) team to ensure that data quality improves and a new Head of Informatics, Business Intelligence and Performance Reporting has been appointed.

Quality

Ms McCracken, in capacity as Chair of Quality Committee gave an overview of discussion at the meeting. There was some debate on the format of the new report and discussion around RTT; the committee was informed that surgery would meet the RTT target but 'other' pain would not.

Although some inaccuracies were noted with data; some positive comments were made about informatics and the changes being made. The Board was informed that work was in progress to ensure confidence and assurance with data with the BI team.

Ms Samuels assured the Board that these concerns would be discussed in detail at BPC. Work was in progress especially to focus on trajectory and the growing outpatient waiting list, it was noted that a series of validation work was in progress.

There was discussion around increasingly high nursing turnover rates and the reasons for this; it was noted that nurse turnover outside of the wards was lower. A benchmarking exercise with another neurosciences unit would enable a more realistic comparison to be made to understand whether this was related to the neuroscience speciality.

The Board **reviewed** and **agreed** the integrated performance report.

**TB
65/19**

Bi-annual Nurse Staffing Acuity Review (Doc Ref TB 19/31)

The Deputy Director of Nursing and Governance attended to present the report.

The Board was assured that nurse staffing was safe and the rationale used to measure this was explained; some benchmarking data was used to demonstrate that the Trust was comparable with other neuroscience services; this was fully explained to the Board.

It was noted that recruitment and retention remains a challenge and a number of initiatives were in place to manage this.

The situation on Complex Rehabilitation Unit (CRU) had significantly improved and was

monitored at Quality Committee. Vacancies had been filled and a new ward manager was in post.

Work was underway with NHSI around developing workforce safeguards; a task and finish group has been established to look at how this can be facilitated. This will be opened up to other staff groups in the future and a decision will then be made to agree how this will be reported.

Chair commented on the staffing model on CRU; the Deputy Director of Nursing explained the rationale advising that there is a MDT approach and HCAs were able to deliver the care required by that patient group.

Mr Sharples questioned whether the staffing ratio was right. The Deputy Director of Nursing and Governance clarified the rationale and would include HCA numbers in reports going forward.

Some work has been undertaken on exit interviews to determine any themes. A common theme was that staff tended to leave once they reach senior band 5 level and were looking for band 6 posts; this was not unique to the Trust. The workforce strategy was under review and some work was underway to identify whether there were any incentives to retain staff. It was noted that the band 6 staffing establishment was also being reviewed.

The Board thanked the Deputy Director of Nursing and Governance and asked for its appreciation to be passed to Divisional Nurse Director Sarah Flynn. Ms Vlasman then left the meeting.

The Board **received** the report and updated action plan.

**TB
66/19**

Board Committee Chair's Reports

The Chair of each board committee gave verbal reports and noted the key highlights:

a. Quality Committee 23/05/19

Ms McCracken drew attention to the following key points:

- It was acknowledged that Mrs Lee, Safeguarding Matron was making a huge difference to compliance with safeguarding training and supporting staff. The committee's view was that more support should be provided when staff were working with patients who are subject to DoLS and risks of violence and aggression
- Nurse Associates delivered a presentation and were very complementary about the support given by the Trust
- The issue around data quality and order comms for pathology would be an area of focus for the committee.

b. Research, Development and Innovation Committee 22/05/19

Mr Crofts drew attention to the following key points:

- Mr Jenkinson delivered a presentation detailing the portfolio of research work into shunts and brain tumours; he is also a co-applicant in other studies and involved in a number of national projects
- Clinical trials recruitment targets were exceeded
- The allocation of research capacity funding was discussed with some members of the committee. Due to national changes, there is less income this year, however; funding was allocated in a way that met requirements. New streams of research in nursing and AHPs were being introduced across the Trust
- The Chief Executive informed about performance measures for the research office

which has been funded as part of the LHP initiative.

c. Audit Committee

None this month

d. Business Performance Committee

None due to timing of May meetings

e. Walton Centre Charity Committee

None this month

Confirmed Committee Minutes

None this month due to timings of the Board and committee meetings.

**TB
67/19**

Any Other Business:

Chair shared that she had attended the clinical launch of the Liverpool Head and Neck Centre with the Medical Director. This was a collaborative between the Trust, Liverpool University, Aintree University Hospital and Clatterbridge Cancer Centre.

Chair had represented the Trust at the Cheshire and Merseyside Partnership Steering Group for the 5 year plan; she will also attend future meetings.

The Chief Executive shared highlights from meetings she had attended including:

- The 'One Liverpool'
- Liverpool Health Partners

The Chief Executive would attend future meetings of the Health and Science Committee going forward.

The Director of Finance and IT advised that the Trust had received written agreement from the Welsh Commissioners that they will pay HRG4 tariffs, less the CQUIN element (1.5%) that is for material amounts to be covered by DHSC on a non-recurrent basis, for 2019/20.

The Board recorded its thanks for the significant work undertaken to complete the Trust's Annual Report to Ms Vlasman, Ms Wells and Ms Kane.

Meeting Review

**TB
68/19**

The Chair reviewed the meeting and confirmed actions as detailed in the action tracker (minute ref. TB 54/19). The Board agreed there was good discussion at the meeting.

Ms McCracken, non-executive director's term of office was due to end on 31 May 2019 and on behalf of the Board, Chair gave thanks for her contribution to the role. It was acknowledged she had made a huge difference to the Quality Committee and the Freedom to Speak Up Agenda and will be greatly missed across the organisation.

The meeting closed.

Date of the next meeting: Thursday 27th June 2019

The Walton Centre NHS Foundation Trust

TB Action Log:
54/19

Open Actions

Actions : Trust Board meeting: March 2019				
Item	Action	Update	Lead	Timescale
TB27/19: Review of patient stories	Consider suggestions from Trust Board for future years patient stories	No feedback had been received to date but was still welcome. Mrs Salter is taking this forward with Mr McKenna.	L Salter	June 2019
TB28/19: Learning from Staff Feedback; National Staff Survey Results 2018	Updated staff engagement plan will be presented to a future Board meeting		M Gibney	June 2019
TB29/19: Integrated Performance Report: February 2019	Nursing Turnover; data to be sourced from NHSI to enable the Trust to compare with other organisations.	Breakdown of nursing turnover is included in the staffing report presented today. Further work was being undertaken with Salford Royal NHSFT to ascertain if there are any benchmarking comparisons that can be undertaken. The outcome will be presented by Ms Salter. It was noted this has been discussed previously at Quality and Business Performance Committees.	L Salter	July 2019

Actions : Trust Board meeting: April 2019				
Item	Action	Update	Lead	Timescale
TB47/19	Any comments on format/ content of the IPR to be sent to Director of Operations & Strategy	Chair clarified that comments on the format of the new IPR were to be sent to Mrs Ross; it was noted this was an ongoing process.	All	ASAP
TB49/19: Gender Pay Gap	Data around the gender pay gap to be run for 2018/19 and published with an action plan formulated to address issues.		M Gibney	June 2019

The Walton Centre NHS Foundation Trust

Closed Actions

Actions : Trust Board meeting: April 2019				
Item	Action	Update	Lead	Timescale
TB35/19: Any other business	Flu vaccine uptake to be added to the Trust Board work plan	Trust compliance figures were confirmed at the April 2019 Trust Board meeting	L Salter	April 2019
TB45/19: Terms of Reference: Research, Development and Innovation Committee	Clarity around appointments of Chairs for sub-committees to be sought from the Trust constitution.	All sub-committee Terms of Reference (ToR) were reviewed and some changes to wording were suggested to reflect that sub-committee chairs are appointed by the Trust Chair and approved by the Board. This will apply to Quality and Business Performance Committees. The ToR for RD&I committee have been updated and approved at the May committee meeting. Chair clarified that the constitution did not contain any guidance around this.	J Rosser	May 2019
TB47/19	Bi-annual nurse staffing report to include information on the work to be undertaken to reduce nursing turnover	This was referenced under item 29/19	L Salter	ASAP