



OPEN TRUST BOARD MEETING
The Boardroom, WCFT Thursday 27 June 2019
0930 – 12.50
AGENDA

Item	Time	Item	Owner	Purpose	Process	Preparation
1	09.30	Apologies	J Rosser	<ul style="list-style-type: none"> To note apologies for absence 	Verbal	NA
2	09.30	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	09.30	Minutes of meeting held on 24 th May 2019 (Extraordinary) Minutes of meeting held on 24 th May 2019	J Rosser	<ul style="list-style-type: none"> To review Confirm accuracy Review Action Tracker Consider matters arising 	Minutes	Enclosed
PATIENT STORY						
4	09.40 30 mins	Patient Story	M McKenna	<ul style="list-style-type: none"> To receive a patient story 	Presentatio n	Doc Ref TB19 / 32
GOVERNANCE						
5	10.10 10 mins	Morbidity and Mortality quarterly report	A Nicolson	<ul style="list-style-type: none"> To receive and note 	Report	Doc Ref TB 19/33
6	10.20 10 mins	Guardian of Safe Working quarterly report	A Nicolson	<ul style="list-style-type: none"> To receive and note 	Report	Doc Ref TB 19/34
7	10.30 5 mins	Appointment of Senior Independent Director	J Rosser	<ul style="list-style-type: none"> To receive 	Verbal	N/A
8	10.35 10 mins	Freedom to Speak Up Report	L Salter	<ul style="list-style-type: none"> To receive and note 	Report	Doc Ref TB 19/35
QUALITY						
9	10.45 10 mins	Annual Safeguarding Report	L Salter	<ul style="list-style-type: none"> To receive 	Report	Doc Ref TB 19/36
10	10.55 15 mins	Equality, Diversity and Inclusion Report (patients and staff)	J Mullin/ A Lynch	<ul style="list-style-type: none"> To approve 	Report	Doc Ref TB 19/37

Item	Time	Item	Owner	Purpose	Process	Preparation
COMFORT BREAK						
11	11.25 10 mins	Gender Pay Gap 2018/19	M Gibney	<ul style="list-style-type: none"> To receive and discuss 	Report	Doc Ref TB19/38
PERFORMANCE						
12	11.35 30 mins	Integrated Performance Report: May 2019	Executives	<ul style="list-style-type: none"> To review and discuss To agree actions regarding Trust performance 	Report	Doc Ref TB 19/39
STRATEGY						
13	12.05 10 mins	Investors in People Annual Review	M Gibney	<ul style="list-style-type: none"> To receive 	Report	Doc Ref TB 19/40

Chair's Reports and Committee Minutes Board Pack (to follow, due to timing of meetings)

14	12.15 10 mins	Chair's Reports: a. Quality Committee (SC) May and June 2019 b. Audit Committee (AS) None c. Research, Dev. & Innov. Committee (SC) May 2019 d. Bus. Performance Comm (SS) May and June 2019 e. Walton Centre Charity Committee (AS) None		<ul style="list-style-type: none"> To highlight key points 	Reports	Read attached (pack to follow)
15	12.25 10 mins	Confirmed Minutes: a. Quality Committee (SC) April and May 2019 b. Audit Committee (AS) None c. Research, Dev. & Innovation. Committee (SC) March 2019 d. Bus. Performance Comm (SS) April and May 2019 e. Walton Centre Charity Committee (AS) None		<ul style="list-style-type: none"> To receive and note for information 	Minutes	Read attached (pack to follow)

16	12.35 10 mins	Any Other Business	All	<ul style="list-style-type: none"> To raise any other matters not on the agenda 	Verbal	None
17	12.45	Meeting Review	J Rosser	<ul style="list-style-type: none"> To review the meeting 	NA	NA

Date and Time of Next Meeting: Thursday 25th July 2019 at 09.30 in the Boardroom

Lunch 12.50-13.20

CONFIRMED

Minutes of the Open Trust Board Meeting held on Thursday 27 June 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
Mr M Gibney	Director of Workforce and Innovation
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
Ms B Spicer	Non-Executive Director
Professor N Thakkar	Non-Executive Director

In attendance:

Ms W Gillespie	Executive Assistant (for minutes)
Ms J Kane	Quality Manager/ Freedom to Speak Up Guardian (minute ref TB 77/19)
Ms D Lee	Safeguarding Matron (minute ref TB 78/19)
Mr M McKenna	Head of Patient Experience (minute ref TB 73/19)

Apologies:

None

Welcome and Introductions

Chair welcomed members to the meeting; it was noted no governors were in attendance.

TB 69/19 Apologies
None.

TB 70/19 Declarations of Interest
None.

TB 71/19 Minutes of the Extraordinary Board meeting held 24 May 2019
The minutes of the meeting were accepted as an accurate record.

Minutes of the Open Board meeting held 24th May 2019
The minutes were accepted as an accurate record subject to recording that Professor Thakkar and Ms Ross were present at the meeting.

TB 72/19 Action Log
See TB 19/54.

TB 73/19 Patient Story (Doc Ref. TB 19/32)
Mr McKenna attended to present; he shared the background to the story of a current inpatient and shared his hospital experience and his feelings.

Paul had a craniotomy for subdural haematomas (bleeding in the space between dura and brain) and due to the number of haematomas, had four different operations. Post-surgery, Paul had a period of reduced capacity and became confused however, it was explained to him that behavioural changes were common in patients who had such procedures.

Paul shared how he felt about not being at home to support his family and felt bad that his wife had to use public transport to visit.

He is anxious about next steps and being discharged home due to his need of ongoing treatment and support.

Paul had built up a good rapport with staff and praised those looking after him; he described his surgeon as 'amazing' and feels his hospital experience has been positive.

In response to comments and questions; the Board was informed that:

- Patient photographs are displayed behind their beds so staff can see and get a sense of patient's lives prior to their hospital admission;
- Staff ask patients what is important to them each day and note this on their boards; this is also entered into patient's care plans;
- Nurses and Therapists offer support to patients who have general anxiety about their situation; neuropsychiatry referrals are usually only made for patients with extreme anxiety. A mental health liaison nurse is available to offer advice and signpost and support staff when required;
- The Brain Charity link workers and Patient Experience Team are able to signpost and provide information to patients and their families.

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

**TB
74/19**

Morbidity and Mortality Quarterly Report (Doc Ref TB 19/33)

The Medical Director presented the report which had been discussed in detail at the last Quality Committee meeting.

It was noted that mortality, readmission and surgical site infection rates were all stable and within the expected range; no concerns or trends had been identified.

In response to a question from Professor Thakkar, the Medical Director advised that the target rates were acceptable and whilst noting that the Trust performs well in comparison to others; the Trust always strives to improve.

Mr Crofts commented that this was a very thorough and comprehensive report and noted the continuous improvements being made.

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

**TB
75/19**

Guardian of Safe Working Quarterly Report (Doc Ref TB 19/34)

The Medical Director presented the report on behalf of Dr Burness, Guardian of Safe Working. It was noted that the Trust has 52 doctors in training; 32 are on the 2016 Terms and Conditions contract. No exceptions were submitted during the quarter.

The spend quoted within the report covered the period March – May **2019**; the Board was assured that locum usage was closely managed and quality of patient care was monitored.

Dr Burness and Dr Dougan continue to hold regular junior doctor forums and their proactivity was acknowledged.

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

**TB
76/19**

Appointment of Senior Independent Director

The Chair reported that due to the end of Ms McCracken's term of office; Mr Seth Crofts had been appointed as the Trust's Senior Independent Director. This appointment was formally approved by the Council of Governors at their meeting on 18 June 2019.

The appointment of Mr Crofts was **noted** by the Board.

**TB
77/19**

Freedom to Speak Up (FTSU) Guardian Report (Doc Ref TB 19/35)

Ms Kane attended and presented the report. It was noted that Mr Crofts had taken on the role as non-executive lead for raising concerns; he will meet monthly with Ms Kane to keep appraised of any concerns/ investigations.

Key highlights from the report included:

- Three staff members have taken on the role of FTSU champions to support the Guardian; a launch event is planned for July;
- Ms Kane was interviewed by CQC inspectors as part of the well led review;
- Ms Kane attends national and regional meetings and networks with peers to share learning/best practice;
- In 2018/19, twelve concerns were raised within the Trust.

Ms Kane advised that benchmarking with other acute specialist trusts revealed a variance in what Guardians record; however the Trust was not too dissimilar to other organisations. The National Guardian Office only record very specific information:

- whether the concern was raised anonymously,
- whether it related to patient safety or to bullying and harassment;
- whether the concern was raised by clinical/ non-clinical staff and their banding.

Future plans for the role include:

- further promotion of the champion role through staff engagement sessions;
- review of the current process of staff exit interviews;
- regular updates to the intranet to ensure information is readily accessible.

The non-executives reaffirmed their endorsement of the role and offered further support going forward.

The Board acknowledged Ms Kane's efforts in promoting and embedding the process within the Trust and complimented her approach to the role. Ms Kane left the meeting.

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

**TB
78/19**

Annual Safeguarding Report (Doc Ref TB 19/36)

Ms Lee, Safeguarding Matron attended and presented the report which had been discussed at the last Quality Committee. The following points were highlighted:

- The 'Working Together to Safeguard Children' statutory guidance was revised in 2018. Work was underway to raise awareness of the new process
- Recommendation 7 of the Lampard Report states that all NHS hospital trusts should undertake DBS checks on staff and volunteers every 3 years. The Trust currently undertakes DBS checks on new starters however; existing staff are required to complete an annual self-declaration
- Work was underway to improve recording of adult safeguarding activity to ensure more robust reporting. Themes will be streamlined to improve information for KPIs
- The Deprivation of Liberty Safeguards (DoLS) process is changing to 'Liberty Protection Safeguards' (LPS) and is due to come into force in spring 2020. There is a 12 month transition period and options were being explored to decide how the Trust will manage the new process. The Code of Practice is expected to be released in July. A report will be presented to Quality Committee when further details are known
- MIAA were due to assess the Mental Capacity and DoLS action plan; the final review is expected by end June 2019

- One PREVENT referral was submitted in Q4 and although appropriate and escalated nationally, the referral was closed
- Good feedback was received from CCGs and CQC on the children safeguarding referrals made; staff were commended on their professional curiosity.

It was clarified that the number of children safeguarding alerts recorded on Datix since 2017/18 has increased.

The Board was advised that the intercollegiate document published last year identified that more staff should be trained to Level 3 standard; more than 100 multi-disciplined staff were now trained to this level. It was clarified that only named professionals needed to be trained to Level 4 standard (named doctors, safeguarding matron and executive lead). In order to give more accurate reporting in future, it was agreed to use actual numbers of staff in addition to percentages.

The non-executives referred to Lampard Report Recommendation 7 noting that the Trust's policy did not enforce this and asked about liability. The Director of Workforce and Innovation advised that this was a best practice recommendation and not a statutory requirement and therefore the Trust was compliant.

The Board debated this and it was agreed that the Director of Workforce and Innovation would benchmark with other organisations in the region regarding approach and funding and report back.

Ms Lee was commended for her work; it was acknowledged she has been instrumental in improving the safeguarding service within the Trust. Ms Lee left the meeting.

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

**TB
79/19**

Equality, Diversity and Inclusion Report - Patients and Staff (Doc Ref TB 19/37)

The Director of Workforce and Innovation presented the report. The Board was assured that the Trust remains compliant with its public sector equality duty.

A number of positive actions were seen in the report which support the ED&I work across the Trust including:

- Workforce Disability Equality Scheme launched in April;
- ED&I Peer Support Network being developed across Cheshire and Merseyside Health and Social Care partnership;
- Sign up to the Rainbow Badge Initiative;
- Equality Related Staff Networks across the organisation;
- Reciprocal Mentoring scheme across the organisation.

The non-executives asked about schemes which help people, particularly BAME staff get the right exposure and were advised that the Trust engages in a number of national initiatives, e.g. The Mary Seacole Award and Nuffield Student Week but recognised that further initiatives should be explored.

Chair would follow up the Trust's offer to support the Insight Programme which gives people the opportunity to experience exposure at board level. The executives commented that improvements had been seen in the staff survey report which demonstrated that the Trust was beginning to improve and progress its ED & I vision.

An outline of the professional interpretation and translation service was given noting the focus across Cheshire and Merseyside on supporting hard of hearing patients.

The Medical Director shared his positive experience of using the Language Line service in clinic.

Ms Spicer commented positively on the report adding that the initiatives should feed into the Workforce Strategy.

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

**TB
80/19**

Gender Pay Gap 2018/19 (Doc Ref TB 19/38)

The Director of Workforce and Innovation presented the report; it was a statutory requirement to publish the data by end of March 2020; however the Trust intends to publish this in advance in July 2019.

It was noted that most of the comparative indicators had slightly improved; the Trust has signed up to a national project to explore how to close the gap further; more work is being undertaken and being addressed through the Workforce Strategy. The reason behind the improved comparators was discussed and was thought to be influenced by the increase in number of female executives and consultants.

There was a discussion around equal opportunities and traditional role 'stereotypes'; the Director of Nursing and Governance referred to the national nursing campaign noting the opportunities for males and females, regardless of age and background. The Chief Executive acknowledged that although the report was encouraging; more work was needed to better understand the shift.

The Board agreed that the report could be published in July 2019, with a note to point out that further work would be progressed through the Trust's Workforce Strategy.

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

**TB
81/19**

Integrated Performance Report: May 2019 (Doc Ref TB 19/39)

The Chief Executive introduced the report which had been previously scrutinised at Business Performance Committee and Quality Committee. The domains were rated as:

- Effective - Green
- Caring - Green/Amber
- Safe, Responsive and Well led - Amber

The following areas were highlighted:

- Neurosurgery RTT performance was on track at 92.01%. The Divisional Management team's efforts to achieve this were acknowledged;
- 'Other' (Pain) failed to meet the 92% standard; achieving 86.8%. An internal threshold for pain will be set which will be included in future reports;
- Inpatient elective activity in-month was 22 spells over plan (7.91%);
- Outpatient activity was below plan for new attendances by 448 (-11.84%). This is due in part to the reduction in WLI activity;
- There were two hospital acquired cases of Clostridium Difficile; two cases of E-Coli and two cases of MSSA in-month;
- Work continues to focus on the overdue Follow Up Waiting List (FOWL); this is monitored through BPC and reported to the executive team.

Ms Samuels, in her capacity as Chair of Business Performance Committee gave an overview of discussion of the Integrated Performance Report:

- Finance - a surplus of £265k was reported;
- Agreement has been reached with Welsh Commissioners although the Trust had yet to agree a contract with the Welsh Health Specialised Services Committee;

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- Focus on QIPP/ service improvement programme continues;
- The Trust's capital programme is oversubscribed and schemes need to be reprioritised. This issue was discussed at length and it was noted that a full report would be presented to the next BPC;
- Overall, all mandated standards and targets were met; however Pain remains an area of concern; work is underway looking at capacity and demand;
- A deep dive was undertaken on the overdue follow up waiting list (FOWL); a robust action plan to address the concerns was presented at the last meeting which gave assurance to the non-executives. Issues with data quality were also being addressed;
- Work continues to focus on sickness levels; an audit is being undertaken by HR and a report will be presented at the next meeting;
- Nursing turnover was discussed; a report will be presented at the next meeting.

Mr Crofts, in his capacity as Chair of Quality Committee gave an overview of discussion of the Integrated Performance Report:

- Hospital acquired infection rates were discussed; RCAs were being undertaken;
- Two SUIs were reported;
- An inspirational presentation was given on the Metastatic Spinal Cord Compression service;
- A presentation was given on the National Audit of Care at End of Life (NACEL);
- Work continues with the Trust's End of Life Care Strategy;
- The inpatient survey was discussed. It was noted the Trust had not been included in the report due to the Information Governance issue previously discussed;
- A demonstration of the new RCA online tool was given;
- A presentation was given on clinical audit; improvements were noted with completion of audits;
- The Draft Quality Strategy was presented and was expected to be finalised by September and presented to the following meeting;
- Positive update on CRU; noted staff morale has improved.

The Director of Nursing and Governance explained that all SUIs were reported on the Strategic Executive Informatics System (StEIS); however, it was concerning to note that this would continue to be reflected in the RAG rating even if a SUI was later downgraded.

The Director of Finance and IT added that cash had reduced by £2.1m against plan; this relates to non-receipt of PSF income and the payments being made to the Trust by NHSE at 2018/19 levels. The position should improve once adjustments had been made.

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

**TB
82/19**

Investors in People (IIP) Annual Review (Doc Ref TB 19/40)

The Director of Workforce and Innovation presented the report, reminding that the Trust received accreditation as an IIP Gold Employer and IIP good practice award for health and wellbeing in May 2017. This expires in May 2020 and a thorough reaccreditation process will be undertaken before that time. An interim review was undertaken on 8th May 2019 and the assessor suggested that the Trust should aspire to achieve platinum level accreditation.

The Chief Executive advised that this had been discussed by the executive team and it was suggested that this be put forward as an aspiration in year 2 of the Trust Strategy. Once criteria has been received and understood, this will be discussed further by the executives. Chair suggested this should also be considered by Board to seek approval. It was acknowledged that being invited to apply for platinum accreditation was an honour as less than 80 employers have attained this level.

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

**TB
83/19**

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 and 20/06/19

May 2019 – Board was reminded that a verbal summary had been shared at May's Board meeting. The written report was noted by the Board.

June 2019 – Mr Crofts delivered his briefing under minute TB 89/19.

b. Audit Committee

None this month

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

Mr Crofts drew attention to the following key points:

- A presentation by Mr Jenkinson on his research work to date on shunts and brain tumours;
- Research Capability Funding (RCF) was discussed. All applications have been awarded some funding despite the 30% reduction in funding;
- The Joint Research Service is now branded as Liverpool SPARK (Single Point of Access to Research and Knowledge) and is fully functioning;
- Strategic partnerships were discussed and progress was noted in establishing the neurosciences strand with Liverpool Health Partners;
- Performance report was discussed, noting clinical trials recruitment targets were exceeded. Some challenges were noted around recruitment of commercial studies;
- Revised terms of reference had been approved.

d. Business Performance Committee 28/05/19 and 25/06/19

Ms Samuels drew attention to the following key points:

May 2019:

- The EPRR Core Assurance Confirmation Letter had been received and confirmed the Trust was compliant.

June 2019

- An in-month surplus of £265k was reported which supported the forecast to deliver the control total of £4.6m;
- Key aspects of the Pay Progression Policy were discussed; some queries were noted around management responsibility and appraisal targets. Clarification of some wording will be made;
- A Performance Management report is presented at BPC which monitors risks against achieving the operational plan. Issues were highlighted relating to Warrington CCG as they are unwilling to commission the Pain Management service;
- Issues were highlighted relating to the reduction in Waiting List Initiative (WLI) clinics due to pension concerns and the impact on delivery of the plan;
- The Security Management Annual Report was presented;
- The Informatics Department update paper was presented; it was agreed this would be monitored through BPC. Actions are progressing;
- The Head of Purchasing presented a Consignment Agreement with Neurological Europe; the committee was requested to sign the agreement which was agreed.

The Director of Finance and IT pointed out that the Trust raised the WLI issue with Commissioners at the contract meeting; however, they had not been made aware of the issue previously.

e. Walton Centre Charity Committee

None this month.

Confirmed Committee Minutes

a. Quality Committee 18/04/19 and 23/05/19

The minutes were noted by the Board.

b. Audit Committee

None this month

c. Research, Development and Innovation Committee 20/03/19

The minutes were noted by the Board.

d. Business Performance Committee 23/04/19 and 28/05/19

The minutes were noted by the Board.

e. Walton Centre Charity Committee

None this month.

**TB
84/19**

Any Other Business:

None discussed.

**TB
85/19**

Meeting Review

Chair reviewed the meeting and confirmed actions as detailed in the action tracker (minute ref. TB 54/19).

Professor Thakkar suggested it would be helpful to include key headlines in executive summaries.

Ms Spicer commented positively on the timeliness of responses from the executives to issues and concerns.

The Board agreed there was good discussion at the meeting. The meeting closed.

Date of the next meeting: Thursday 25th July 2019

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**TB
86/19** **Action Log:**

Open Actions:

Actions : Trust Board meeting: June 2019				
Item	Action	Update	Lead	Timescale
TB 79/19 Equality, Diversity and Inclusion Report	Chair to follow up the offer of the Trust supporting the Insight Programme		J Rosser	September 2019
TB 78/19 Annual Safeguarding Report	Director of Workforce & Innovation to update on benchmarking with other organisations regarding DBS check approach/ funding		M Gibney	October 2019

Actions : Trust Board meeting: March 2019				
Item	Action	Update	Lead	Timescale
TB 28/19: Learning from Staff Feedback; National Staff Survey Results 2018	Updated staff engagement plan will be presented to a future Board meeting	Agreed to defer to July meeting.	M Gibney	July 2019