



**TRUST BOARD MEETING**  
The Boardroom, WCFT  
Thursday 28 March 2019  
09.30 - 12.45  
**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 31 January 2019	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>PATIENT STORY</b>						
4	9.40 30 mins	Patient Story	M McKenna	<ul style="list-style-type: none"> <li>To receive a patient story</li> </ul>	Presentation	Doc Ref TB 19/16 (to follow)
<b>GOVERNANCE</b>						
5	10.10 10 mins	Guardian of Safe Working	Dr C Burness	<ul style="list-style-type: none"> <li>To receive</li> </ul>	Report	Doc Ref TB 19/17
6	10.20 20 mins	Review of Patient Story Themes and Learning of Last 12 Months	M McKenna	<ul style="list-style-type: none"> <li>To receive and note learning</li> </ul>	Presentation	Doc Ref TB 19/18
<b>QUALITY</b>						
<b>COMFORT BREAK 10.40-10.55</b>						

Item	Time	Item	Owner	Purpose	Process	Preparation
7	10.55 30 mins	Learning from Staff Feedback: National Staff Survey Results	J Mullin M Gibney	<ul style="list-style-type: none"> <li>To discuss</li> <li>To note next steps</li> </ul>	Report	Doc Ref TB 19/20 (to follow)
<b>PERFORMANCE</b>						
8	11.25 30 mins	Corporate Performance Report: February 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 19/21
<b>STRATEGY</b>						
9	11.55 5 mins	NHS Partnership Pledge in Partnership with Liverpool City Council: Healthy Weight Action Plan	J Mullin	<ul style="list-style-type: none"> <li>To agree</li> <li>To pledge</li> </ul>	Report	Doc Ref TB 19/22
10	12.00 15 mins	Adoption of Best Practice Medical Leadership and Management Standards	A Nicolson P May	<ul style="list-style-type: none"> <li>To discuss and endorse</li> </ul>	Presentation	Doc Ref TB 19/23
11	12.15 15 mins	7 Day Services Board Self-Assessment	A Nicolson	<ul style="list-style-type: none"> <li>To note progress</li> </ul>	Report	Doc Ref TB 19/24

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

12	12.30 10 mins	<b>Chair's Reports:</b> a. Quality Committee (AM) 21/03/19 b. Audit Committee (AS) None c. Research, Dev. & Innov. Committee (SC) 20/03/19 d. Bus. Performance Comm (SS) 26/03/19 e. Walton Centre Charity Committee (AS) None		<ul style="list-style-type: none"> <li>To highlight key points</li> </ul>	Reports	a. Doc Ref TB 19/25 b. None c. Doc Ref TB 19/26 d. Doc Ref TB 19/27 e. None
13	12.40	<b>Confirmed Minutes:</b> a. Quality Committee (AM) 24/01/19 b. Audit Committee (AS) None c. Research, Dev. & Innov. Committee (SC) 16/01/19 d. Bus. Performance Comm (SS) 29/01/19 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	12.40	Any Other Business	All	<ul style="list-style-type: none"> <li>To raise any other matters not on the agenda</li> </ul>	Verbal	None
15	12.45	Meeting Review	J Rosser	<ul style="list-style-type: none"> <li>To review the meeting</li> </ul>	NA	NA

**Date and Time of Next Meeting: Thursday 25 April 2019**

**CONFIRMED**

**Minutes of the Trust Board Meeting held on Thursday 28<sup>th</sup> March 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
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
Professor N Thakkar	Non-Executive Director

**In attendance:**

Dr C Burness	Consultant Neurologist/ Guardian of Safe Working (minute ref TB 26/19 only)
Ms W Gillespie	Executive Assistant (for minutes)
Mr PL May	Consultant Neurosurgeon/ Immediate Past President of Society of British Neurological Surgeons (minute ref TB 31/19 only)
Mr M McKenna	Head of Patient Experience (minute refs TB 25/19 & 27/19)
Ms J Mullin	Deputy HR Director (minute refs TB 28/19 & 30/19)
Ms S Rai	Non- Executive Director elect
Ms B Spicer	Non- Executive Director elect
Ms B Strong	Public Governor Merseyside

**Welcome and Introductions**

Chair welcomed and introduced Ms Rai, Ms Spicer and Ms Strong to the meeting.

**TB 21/19 Apologies**  
None.

**TB 22/19 Declaration of Interest**  
None.

**TB 23/19 Minutes of the previous meeting held on 31<sup>st</sup> January 2019**  
The minutes of the previous Board meeting were agreed.

**TB 24/19 Action Log**  
See TB 37/19.

**TB 25/19 Patient Story (Presentation: Doc Ref TB 16/19)**  
Mr McKenna presented the story about Mrs W who was admitted in 2018 for complex spinal surgery. Mrs W shared many examples of what went well during her admission and also what she felt could be improved; she had undergone various non-neurological procedures previously and felt she had a high pain threshold. Post-procedure, Mrs W was transferred to the ward and was experiencing acute pain; she felt that nurses did not understand the level of pain she was in.

Initially, she was unsure about using her morphine pump but did not want to disturb staff; she was unable to eat and worried this would hinder her recovery.

Following feedback, staff reflected on both positive and negative aspects of Mrs W's care; they were reminded of the importance of ensuring that patient's pain is managed and that medication is appropriate for their needs. Learning was shared at ward and divisional governance meetings and comfort checks were reviewed to ensure they are undertaken appropriately and that the pain control section is completed.

Pain ward rounds were piloted as part of quality improvement work; the evaluation was used to support a business case for an Acute Pain Nurse (APN).

Following the presentation, the non-executives sought clarification on a number of points:

- How the APN role would make a difference and what steps had been taken to ensure nursing staff were responsive to patient needs?  
The approach was noted and how this would also improve knowledge and expertise at ward level.
- Whether the post had already been considered or was it a result of Mrs W's feedback?  
The post was created as a result of Mrs W feedback and quality work undertaken in theatres following the patient journey throughout the Trust as part of the Walton Six Steps.
- How a patient was expected to know how to use a morphine pump, especially if drowsy, lacked capacity or in pain?  
It was noted information is shared with patients and families at pre-operative clinics, upon admission and post-operatively. Nurses review how much pain relief is being administered on an hourly basis when performing post-operative observations. Nurses regularly administer medication for patients who lack capacity/ capability and if it is inappropriate for them to use a PCA.

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

**TB  
26/19**

### **Guardian of Safe Working (Doc Ref TB19/17)**

Dr Burness attended to present the report and highlighted key information.

The Trust has 52 established training posts; 30 are on 2016 Terms and Conditions. Two exception reports were received from trainees during this time period who worked additional hours whilst on-call. Both were resolved by offering time off in lieu. Monthly junior doctor forums are held which the Director of Medical Education attends on a quarterly basis. No concerns have been reported and overall feedback is very positive.

The non-executives queried the increased medical agency spend in December and if this was related to recruitment difficulties. Dr Burness responded that this varies over the year. Recruitment to surgical trust grade posts was a national issue and not specific to the Trust, generally the Trust fared well with junior doctor recruitment although delays in staff coming into post can occur.

Since August 2016, the Trust has had six exception reports which were all satisfactorily resolved. The Medical Director commented that this was due to the proactivity of the team who work well with the Education and Medical Staffing teams.

The report was noted; Dr Burness was thanked for attending and left the meeting.

**TB** **Review of Patient Story Themes and Learning of last 12 months**

**27/19**

Mr McKenna introduced the report and gave an overview of stories presented over the year. Following the presentation; Mr McKenna was asked to explore how other organisations encourage people to attend Board meetings to share their experiences. Suggestions from the Board were also invited.

The non-executives questioned the balance of presenting good and not so good experiences. It was acknowledged that stories resulting in learning/action were useful; this includes positive stories which can be used to share areas of good practice. The Director of Nursing and Governance commented that the Walton Six Steps will identify any themes or gaps in service and believes the present format gives a balance of all experiences.

Some suggestions for the future format included:

- Invite stories which reflect the many different conditions and services provided.
- Invite stories from patients with long term conditions who visit the Trust regularly or travel long distances.
- Views should be sought from outpatients seen in satellite clinics.
- Use powerful staff stories, as demonstrated at Trust's Schwartz rounds.

Mr McKenna suggested that as part of their shadowing programme; board members follow up and build rapport with patients and encourage them to bring their stories to Board.

The Chief Executive praised Mr McKenna for the diversity of patient stories; and noted how it demonstrated the increased openness and transparency of the Trust.

**TB** **Learning from Staff Feedback; National Staff Survey Results 2018**

**28/19**

Ms Mullin, Deputy HR Director attended to present with the Director of Workforce and Innovation. The Board received the report which detailed the results of the National NHS staff survey conducted between September and December 2018. The response rate was 53% which showed an increase of 11% from last year. There was no statistically significant changes year on year in any questions.

The findings were arranged under ten themes; the Trust scored either better or the same as the national average in seven of these and it was acknowledged that the overall response was positive and consistent with previous surveys. Action planning needs to focus on three themes where the Trust scored lower than the national average:

- Quality of appraisals
- Safe environment (violence)
- Safety (culture).

It was also recognised that there was an underlying theme around supporting the role of line managers .An appropriate action plan will be developed to respond to these areas in partnership with staff side.

In relation to appraisals, challenges relate to the quality of the process, not the completion rate. It is an issue that has been understood for some time and a new conversation based process has been developed; it has not been fully implemented as the Trust sought to understand the implications of the 2018 pay award. The survey was supplemented by a directorate report which enables the ten themes to be understood across the 11 staff

groups; this will enable action planning to target staff groups where the score is low. The professional group with the lowest score was the medical staff group which conflicted with other information streams that reported positive experiences.

The increase in patients presenting challenging behaviour is consistent with the results for safe environment. Board was reminded of the development of new services to support staff since 2014 including the significant growth of specialising capability and the recruitment of an in-house mental health liaison nurse to provide training/ support. Further engagement sessions will be held as it is recognised that the programme of support needs to grow.

A question was raised from the non-executives relating to staff on staff violence. None of the engagement activities have found evidence of this behaviour and nothing has been recorded on Datix relating to violence from colleagues. The Chief Executive noted previous survey results in this area and further work needed to take place to understand this and support staff further.

In relation to the theme about safety culture; the scores had decreased in two of the indicators which could be connected to staff receiving feedback upon concerns/ issues raised. Board noted that progress had been made in all four other indicators in this theme.

The steps to address those areas requiring improvement were outlined.

- A programme of support is planned for line managers to address development needs, focussing upon building rapport and reinforcing the Walton Way Values.
- A staff feedback and engagement event has been scheduled for 26<sup>th</sup> April 2019.
- The staff survey findings will influence the Workforce Strategy.
- The updated staff engagement plan will be presented to a future Board meeting.
- It was noted the Shiny Mind App has been launched and more than 10% of the workforce is trained in resilience techniques.

The following points were made by the non-executives:

- In many instances, numbers relating to the increase/ decrease in some scores were very small and could be attributed to natural variation. Concerns relating to safety culture should be the main focus.
- Some issues were noted within other themes requiring action to be taken, an overall theme could score well but there were aspects within it that showed some decline.
- HR was asked to consider whether staff should complete surveys after their appraisal to rate quality/ satisfaction.
- Medical staff scored lowest for quality of appraisal and it was speculated this could reflect the view of many of the consultant body on the validity of the concept of appraisals rather than a poor experience. The Medical Director was clear that feedback to appraisers was very positive. HR was urged to focus upon Walton Way Values rather than whether the percentage was above or below the national average.

The report was noted. Ms Mullin was thanked for presenting and left the meeting.

**TB  
29/19**

#### **Integrated Performance Report : February 2019 (Doc Ref T B19/21)**

The Chief Executive introduced the report which is shared at the Quality and the Business Performance Committees. It was noted that the recently appointed Director of Operations and Strategy would undertake a review of the IPR format and views would be sought.

## The Walton Centre NHS Foundation Trust

It was noted that the Trust had a good month and was on track to meet the end of year requirements, with excellent improvements in many quality indicators.

The overall assessment of the metrics across each domain were:

**Green:** Safe, Caring  
**Amber/Green:** Effective,  
**Red/ Green:** Responsive, Well Led

The following areas were highlighted:

- Overall, the Trust met RTT; however Pain and Neurosurgery did not meet the 92% standard at speciality level. It was noted a robust report had been shared at BPC and it is anticipated the RTT neurosurgery position will further improve and anticipated to meet 92% April/May
- An increase noted to delayed transfer of care to 10.75 days against the target of 5.85.
- Health Care Associated Infection incidents have reduced. One case of venous thromboembolism (VTE) reported in February. The year to date remains at two so a significant reduction year on year
- Catheter-associated urinary tract infections (CAUTIs) have reduced significantly year to date
- No breaches of mixed sex accommodation were reported
- All cancer standards were achieved
- Despite the financial challenges, £231k surplus was reported.

Ms Samuels, in capacity as Chair of Business Performance Committee (BPC), concurred that overall, operational performance was doing well. Two assurance reports had been presented to BPC to give some indication on how the RTT neurosurgery position would be addressed; it is hoped the position will recover in April; however it is noted referrals are low.

The committee asked that the Board note the position regarding 'other' (Pain) as it is assumed that the 92% target will not be met due to the high number of referrals. It was suggested that an internal threshold should be agreed which would be monitored. The Board noted the position which will not affect the Trust's overall performance.

### **Finance**

The key risks were noted as:-

- 1 Welsh HRG 4+ payment
- 2 CIP
- 3 Nurse bank expenditure

The Director of Finance and IT gave a brief update on the position with Wales which has improved but was not fully resolved. The Trust received 82% of the pay gap.

It was noted that agreement has been reached on the financial value of the contract with NHSE for 2019/20. The Trust was also close to agreeing the overall contract income with Liverpool CCG.

### **Sickness**

The MIAA audit had given some assurance around the actions being taken.

### **Turnover**

The Board asked for some work to be undertaken on nursing turnover, currently at 17%. It was suggested that the Trust's target figure may need to be reconsidered. The Director of Nursing and Governance agreed to source data from NHSI to enable the Trust to compare with other organisations.

### **Quality**

Ms McCracken, in capacity as Chair of Quality Committee gave an overview of the position:

- All CQUINs were reported to be on target
- All HCAI targets were maintained with the exception of MSSA which had exceeded the annual internal trajectory
- There were no Never Events reported
- There was one case of VTE reported; giving a year to date total of two against an annual trajectory target of seven
- Safeguarding training compliance was above 90% in all four elements
- One SUI was reported relating to a grade 3 pressure ulcer, an RCA investigation was underway which will be discussed at committee. The Board was assured by the preventative measures in place to avoid these incidents.

The Board discussed and noted the integrated performance report.

**TB  
30/19**

### **NHS Partnership Pledge in partnership with Liverpool City Council Healthy Weight Action Plan (Doc Ref TB19/22)**

Ms Mullin presented the pledge and outlined the background.

An action plan has been developed to address the nine commitments. The North Mersey Prevention Board would work with other Local Authorities outside of Liverpool and it is hoped this pledge will be taken across Cheshire and Merseyside. A workshop has been arranged for organisations that have signed up to the pledge to agree the next steps and check on progress against action plans.

The non-executives discussed the report and challenges faced in meeting some of the pledges. The problems associated with the pledge to provide clean drinking water to the public on NHS sites were acknowledged. However, the Director of Nursing and Governance advised that kitchen facilities were being installed across ward day rooms which would provide access to drinking water for inpatient relatives.

The report was received and noted by the Board; Ms Mullin left the meeting.

**TB  
31/19**

### **Adoption of Best Practice Leadership and Medical Standards (Doc Ref TB19/23)**

Mr May attended to present this item with the Medical Director.

The background and rationale for the Trust adopting the standards was explained; it was noted that the Trust will be the first in the country to have organisational level membership with the Faculty of Medical Leadership and Management.

It was confirmed that although this was initially developed for medical staff; some of the work could be rolled out to share learning and develop a team culture.

The Board endorsed the adoption of the standards and was fully supportive. Mr May was thanked for attending and he left the meeting.

**TB  
32/19**

### **Seven Day Services Board Self-Assessment (Doc Ref TB19/24)**

The Medical Director delivered the report and presented key highlights, overall the self-assessment was positive and worked well for the Trust's speciality and patients. Later in 2019, the Trust is expected to complete a further self-assessment for delivering 7 day services; much work has already been undertaken around consultant rotas and expectations for weekend working.

It was noted that the Trust does not have a formal agreement in place yet to fully meet Clinical Standard 6 related to renal replacement therapy.

In response to a question from the non-executives, the Medical Director advised that there were no current penalties for not meeting Clinical Standard 2. This has been discussed at meetings with NHSE and NHSI. The difficulties in applying the same standards to specialist and non-specialist trusts have been recognised. It was noted that patients would be seen by a consultant before being transferred to the Trust and was considered reasonable.

The report was noted by the Board.

**TB  
33/19**

### **Board Committee Chair's Reports**

The Chair of each board committee presented their report and noted the key highlights:

#### **a. Quality Committee 21/03/19**

Ms McCracken drew attention to the following key points:

- Four nursing audits were undertaken by MIAA which gave limited assurance. A high number of ongoing actions had not been met but were being addressed and will be re-audited. The Professional Nursing Forum would take ownership of the audit action plans going forward. It has been agreed that the MIAA audit data can be entered into the governance assurance framework which will give committees and Trust Board further information and assurance
- Due to an information error, the inpatient survey results cannot be published outside of the organisation which is disappointing for the Trust
- Positive feedback has been received from the results of the quarterly Visibility Walkabouts; feedback has been given to wards and departments and some areas requiring improvement were noted. An action plan will be compiled and monitored at the Quality Assurance Group and Professional Nursing Forum
- The presentation ('what quality looks like to me') was delivered by the Trauma Therapy Coordinator. The proactive approach and compliments received by the team were noted.

#### **Audit Committee**

None this month.

#### **b. Research, Dev. & Innovation (RD&I) Committee 20/03/19**

Mr Crofts drew attention to:

- The RD&I strategy was being revised and a consultation was being undertaken across the Trust
- The RD&I committee is attracting more external interest and engagement. The membership has been reviewed and more key researchers are now involved
- Some work is in progress on the performance mechanism to capture research

activity and improvements have been noted.

**c. Business Performance Committee 26.02.19 and 26/03/19**

February report:

Ms Samuels drew attention to:

- RTT assurance report ,
- Ongoing work in outpatients
- E rostering difficulties were being resolved and the system was being rolled out across the Trust.

March report:

- Issues were noted with the performance report
- A presentation was delivered around Cyber security. This poses a significant risk to the organisation and will be added to the Board Assurance Framework (BAF). It was noted this is already entered on the corporate risk register
- Clinical coding would be added to the audit plan
- The Head of Procurement delivered a presentation on the impact of the Future Operating Model. Transition will take place on 15<sup>th</sup> April 2019.

**e. Walton Centre Charity Committee**

None this month.

**TB  
34/19**

**Confirmed Committee Minutes:**

The Board received and noted the following confirmed minutes:

- a. Quality Committee 24<sup>th</sup> January 2019
- c. Research, Dev. & Innovation Committee 16<sup>th</sup> January 2019
- d. Business Performance Committee 29<sup>th</sup> January 2019

**TB  
35/19**

**Any Other Business**

The Director of Nursing and Governance advised that the Trust's flu vaccine uptake now needed to be presented annually to the Board. It was noted that 80.2% Trust staff were vaccinated and 9.6% staff opted out. 10.5% of staff opted not to have the vaccine and also not to complete the opt-out form. The supporting mechanism for staff vaccination was acknowledged.

**Meeting Review**

**TB  
36/19**

The Chair reviewed the meeting and confirmed actions as detailed in the action tracker (minute ref. TB20/19).

Mrs McCracken suggested that live tweeting should be considered at future meetings. Overall feedback was positive on how the meeting had been conducted and content.

The meeting closed.

**Date of the next meeting: Thursday 25<sup>th</sup> April 2019**

The Walton Centre NHS Foundation Trust

TB Action Log:  
20/19

**Closed Actions: 37/19**

<b>Actions : Trust Board meeting: March 2019</b>				
<b>Item</b>	<b>Action</b>	<b>Update</b>	<b>Lead</b>	<b>Timescale</b>
<b>TB11/19: Governance Report Q3 2018/19</b>	Consider changing the title of the report from Q1 2019/20.	The Director of Nursing and Governance updated that this was being progressed with the Governance Team.	L Salter	April 2019
<b>TB12/19: Mortality and Morbidity Report Q1 &amp; Q2 2018/19</b>	Include the mortality graph in the IPR in future quarterly mortality and morbidity reports.	The Medical Director updated that this was due to be included in the next quarterly report.	A Nicolson	May 2019

**Open Actions**

<b>Actions; Trust Board Meeting March 2019</b>				
<b>Item</b>	<b>Action</b>	<b>Update</b>	<b>Lead</b>	<b>Timescale</b>
<b>TB27/19: Review of patient stories</b>	Consider suggestions from Trust Board for future years patient stories		L Salter	April 2019
<b>TB28/19: Learning from Staff Feedback; National Staff Survey Results 2018</b>	Updated staff engagement plan will be presented to a future Board meeting		M Gibney	
<b>TB29/19: Integrated Performance Report: February 2019</b>	Nursing Turnover; data to be sourced from NHSI to enable the Trust to compare with other organisations.		L Salter	
<b>TB35/19: Any other business</b>	Flu vaccine uptake to be added to the Trust Board work plan		L Salter	April 2019