

**CONFIRMED**

**Minutes of the Trust Board Meeting  
Held on Thursday 29 November 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
Ms A McCracken	Non-Executive Director
Dr A Nicolson	Medical Director
Ms J Ross	Interim 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

**In attendance:**

Ms L Doherty	Medical Education Development Manager (minute ref. 152/18 only)
Dr C Dougan	Consultant Neurologist (minute ref. 152/18 only)
Ms A Highton	Deputy Director of Governance
Ms J Kane	Quality Manager & Freedom to Speak Up Guardian (minute ref. 151/18 only)
Ms Z Kershaw	Senior Education Manager (minute ref. 152/18 only)
Mr M McKenna	Head of Patient Experience (minute ref. 146/18 only)
Mr D Thornton	Assistant Clinical Director of Pharmacy, Clinical Manager & WCFT Lead (minute refs. 149/18 and 150/18 only)
Ms L Vlasman	Deputy Director of Nursing (minute ref. 147/18 only)
Ms A Whitfield	Assistant Corporate Secretary

**Apologies:**

Dr P Humphrey	Non-Executive Director
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**TB 142/18**      **Apologies**  
As noted above.

**TB 143/18**      **Declaration of Interest**  
None.

**TB 144/18**      **Minutes of the previous meeting held on 27 September 2018**  
The minutes of the previous Board meeting were agreed.

**TB 145/18**      **Action Log**  
See TB165/18.

**TB 146/18**      **Patient Story**  
The Head of Patient Experience was in attendance to present this story of a patient who had been admitted for coiling of an aneurysm but had suffered a complication during the procedure. The patient was transferred to a vascular team at another acute hospital where

they underwent surgery to repair the groin/artery. It was concluded that this was a rare but recognised complication of aneurysm coiling.

Duty of candour applied, therefore a meeting was planned for the patient and clinician to discuss what had happened. Both the patient and clinicians shared their frank experiences and emotions.

Following the presentation, the Board discussed:

- The clinician being completely open and honest; feelings shared were reactionary during the discussion with the patient;
- This was a positive reflection on the Trust in terms of Duty of Candour, as it seemed that it had been embedded positively;
- The process was being reviewed to see if anything could have been done differently. In terms of lessons learned, root cause analysis was undertaken along with an incident reporting process and an action plan. The Board requested the outcome at the next meeting for assurance.

The Board thanked the Head of Patient Experience for sharing this story on behalf of the patient.

**TB  
147/18**

**Biannual Nurse Staffing Acuity Review (Doc Ref TB18/80)**

The Deputy Director of Nursing was in attendance to present this item.

The Board was assured that nurse staffing was safe and a summary of the report was provided:

- Changes of key roles were noted;
- Nursing Assessment and Accreditation System (NAAS) assessments were currently green and were due to be repeated in December 2018;
- A new daily staffing meeting had been introduced to discuss any capacity issues, agency requirements and acuity and dependency of patients on ward areas;
- A number of open days and listening events had taken place in relation to recruitment and retention. The exit interview process had also been improved;
- Concerns about staff morale on the Complex Rehabilitation Unit (CRU) were acknowledged; an in-depth paper had been taken to the Quality Committee with proposals how to improve the situation and regular updates would be provided to the committee.

Ms McCracken reported of ongoing issues on CRU, noting that a review had been undertaken some time ago. However, following a recent report to the Quality Committee, it was felt that progress was being made. The Board discussed the turnover of registered nurses and leadership on CRU and noted that many of the registered nurses on CRU were junior staff. It was noted that the current temporary CRU lead had made a number of positive changes since in post.

Ms McCracken further expressed concern at the appraisal rate for CRU at 78%, noting the importance of staff having timely and quality appraisals. In response, the Director of Nursing and Governance anticipated an improvement in this area with a Band 6 to progress this.

Ms Samuels asked how the Trust had reflected on leadership in terms of sharing, learning and what was expected of Trust leaders. In response, the executives referred to the Staff Partnership Committee in terms of being open and working with trade unions. The Clinical Senate was also key in terms of engagement.

In response to a comment from Mr Sharples regarding safety and effectiveness indicators in the integrated performance report (IPR), the Chief Executive suggested that the nine nurse sensitive indicators could be reinstated in the safe staffing acuity review for wards. The Board acknowledged that the last MIAA review undertaken on safe staffing had gained significant assurance.

The Board was assured that staffing was safe; CRU would continue to be monitored by the Quality Committee; the Trust's Senior Independent Director would revisit the department; and the format of future safe staffing reports would be reviewed in order to reduce the level of detail in the report.

The Deputy Director of Nursing left the meeting.

**TB  
148/18**

**Integrated Performance Report (IPR): October 2018 (Doc Ref TB18/81)**

The Chief Executive informed of a positive position at the end of October 2018, reporting that performance overall remained strong. Based on an overall assessment of the metrics across each domain:

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

The Trust had successfully maintained all mandated standards and targets (RTT, cancer and diagnostic waiting times) at the end of October 2018. Performance had increased from 93.63% in September 2018 to 95.19% in October 2018.

Trauma and outpatient activity in month were above plan. Inpatient activity and daycases were marginally below plan.

In terms of finance, the October 2018 position was in line with plan, but this had been delivered following the release of non-recurrent adjustments. The Quality Improvement Programme had underachieved by £237k for the month and £1,242k year to date therefore it remained a challenge for the Trust.

There had been one patient with Clostridium Difficile in-month, resulting in six patients YTD against a threshold of nine; this would be monitored closely due to the potential effect on the Trust's overall risk rating. The Director of Nursing and Governance advised that, in respect of two cases, confirmation was awaited from the Specialised Commissioners that there had been no lapses in care.

Catheter-associated urinary tract infections (CAUTI) and Venous thromboembolism (VTE) were highlighted as positive areas in respect of quality. The hand hygiene audit was disappointing at 93% therefore work was underway to identify how audits were currently undertaken and this issue would be discussed at the Infection, Prevention and Control

Committee.

Ms McCracken, in her capacity as Chair of the Quality Committee, informed that:

- The Quality Committee had received the integrated performance report in good time this month;
- Safeguarding training was an area of positive highlight, with a green indicator for this area for the first time in seven years;
- There had been two serious untoward incidents (SUIs). However, it was noted that the Trust awaited confirmation of one incident potentially being downgraded. Root cause analysis was in progress in respect of the second SUI (neurology patients);
- Nursing staff turnover had been added as a risk to the Board Assurance Framework; the Director of Workforce and Innovation had been invited to the next Quality Committee meeting in order to understand the workforce and quality impact.

Ms Samuels, in her capacity as Chair of the Business Performance Committee, informed that:

- Operational performance was generally positive and the Trust was in line with plan financially. However, areas that were being monitored included the agency cap, ISS pay pressures, HRG4+ and the Quality Improvement Programme;
- The outpatient waiting list was high; a paper would be presented on the closed Board agenda this month;
- Concerted efforts would be made to improve the staff appraisal rate. Sickness absence in month was above the threshold (4.2%) at 4.97% for October; MIAA had recently undertaken a review of sickness absence procedures which had gained limited assurance therefore the appropriate key leads would follow up on the recommendations;
- Mr Sharples explained that the Trust was at risk of not achieving its financial targets, not as a result of poor planning but a significant amount of reserves had been used to make up for the inability to deliver the cost improvement programme. The Director of Finance agreed and informed that the month 8 forecast outturn would be revisited and a subsequent discussion with the Executive Team would be held to ensure the financial target is met.

The Board discussed and noted the integrated performance report.

**TB  
149/18**

**Pharmacy and Medicines Management Annual Report 2017/18 (Doc Ref TB18/82)**

Mr Thornton was in attendance for this item and confirmed that pharmacy services had been delivered in accordance with the service level agreement. The report described both core pharmacy services and medicines management roles within the wider Trust and detailed key activities and developments during 2017/18.

Mr Thornton expanded on future plans and areas for development:

- The potential switch to EPR Liverpool and the impact this might have on the Trust;
- Outsourcing of outpatient dispensing to allow savings on VAT, anticipated from 1<sup>st</sup> April 2019;
- Collation of audits and other data gathered to evaluate the pharmacist prescribing service;
- A business case for extra pharmacist and other resources to improve antimicrobial stewardship within the Trust;

- The number of patients on Homecare drugs continued to increase significantly therefore it was a potential pressure that might need to be revisited.

Following an invitation for questions, the Board discussed:

- Falsified Medicines Directive (FMD): in July 2018 the Government launched a public consultation on the steps proposed to make sure the UK meets its obligations to transpose the provisions of the FMD, requiring 'safety features' to appear on the packaging of certain medicinal products. Feedback on the consultation was awaited and Mr Thornton suggested a further discussion with the Executives once the response was published;
- Ward round attendance: Mr Thornton explained that, prior to the business case and funding to develop services in surgery, ward round attendance would have been approaching zero outside of ITU. Support for prescribing pharmacists had been put in place and ward round involvement as part of a business case; this had resulted in an increase of almost 50%;
- Prescribing errors: junior medical staff had the highest percentage of errors therefore the non-executives asked what was being done to better educate this cohort of staff. Mr Thornton informed that the majority of errors were on admission but noted the difficulties for junior doctors as they would not necessarily have medicines reconciliation information (drug history), acknowledging potential issues for weekend admissions due to no pharmacy services over the weekend;
- Homecare: The Director of Finance informed of issues with this contract and the difficulties experienced by the Trust's procurement team. Mr Thornton advised that NHS England had developed a group that had been working on national agreements therefore he understood that the national position had moved on to some degree.

The Board received and noted the report.

**TB  
150/18**

**Accountable Officer for Controlled Drugs Annual Report August 2017 to July 2018  
(Doc Ref TB18/83)**

Mr Thornton was in attendance for this item in his capacity as Accountable Officer for controlled drugs.

In summary, assurance audits had been undertaken and the Trust was mostly compliant. The increased frequency of balance discrepancies and the handling of patient's own controlled drugs had been highlighted as areas of concern. Subsequently, an external review of the management of controlled drugs at the Walton Centre had been recently undertaken by MIAA which had gained limited assurance.

Mr Thornton confirmed that an action plan had been developed and work was progressing to address the findings of the review. Mr Burns added that the MIAA review was presented to the Audit Committee in October 2018; actions would be discussed at the next Audit Committee meeting in January 2019 and would be subsequently monitored by the Quality Committee.

In response to questions from the Board, Mr Thornton informed that:

- The CQC self-assessment related to how Aintree University Hospitals handled controlled drugs within the pharmacy department;

- With reference to table 4.2 *Incidents by Category*, the governance heading (which was defined in a template by NHS England) included whether processes and policies were followed therefore was not directly attributed to patient safety;
- No themes had been identified other than the recommendations made within the MIAA review.

The Board thanked Mr Thornton before he left the meeting.

**TB  
151/18**

**Freedom to Speak Up Guardian (FTSUG) Report (Doc Ref TB18/84)**

Ms Julie Kane, in her capacity as the Trust's Freedom to Speak Up Guardian, was in attendance to present this item. The Board was informed of the change of executive lead for FTSUG, visibility across the Trust, awareness raising sessions and regular meetings between the FTSUG and the nominated non-executive director for FTSU.

The FTSUG would continue to promote the role in order to encourage speaking up and support staff engagement sessions. In addition, a survey would be developed to provide baseline data on the culture of speaking up within the Trust.

In response to questions from the non-executives, it was acknowledged that, in her substantive role as Quality Manager, Ms Kane's workload was likely to increase in the light of the pending CQC inspection and that the Trust must ensure she had the capacity and support required in order to fulfil the FTSUG role.

The Board thanked Ms Kane for work she had undertaken in her role as the Trust's nominated Freedom to Speak Up Guardian.

**TB  
152/18**

**2018 Education and Training Self-Assessment Report (Doc Ref TB18/85)**

Ms Doherty, Dr Dougan and Ms Kershaw were in attendance to co-present this item.

The summary report informed that Health Education England (HEE) had requested a comprehensive self-assessment from all trusts principally covering medical education but also looking at the wider education offering to staff. The format was an overarching education and training report for all learners on accredited training programmes associated with the Trust. In 2017-18, the education contract for The Walton Centre had a value of £3.17 million.

Those in attendance for this item introduced their roles and provided the Board with some background to the significant work that had been undertaken in education and training over the last twelve months. The full return had been made available in the document library on Virtual Boardroom due to its size.

The Board approved the education and training self-assessment return to Health Education England.

Prior to leaving the meeting, the Board thanked Ms Doherty, Dr Dougan and Ms Kershaw for their hard work and efforts on this significant piece of work.

**TB  
153/18**

**Governance and Risk Report Q2 2018/19 (Doc Ref TB18/86)**

The Deputy Director of Governance informed that the themes had been reviewed by the Quality Committee and a number of recommendations had been made. There was one recommendation which related to the theme *violence and aggression*; this theme would remain on the governance assurance framework due to the type of incidents and would continue to be monitored.

In response to a question from the Chair regarding ref.297, the Chief Executive informed that the Executive Team had agreed to invest in a neuropsychological inpatient service. Whilst this service was being developed, Dr Jayne Martlew and the team would see patients as required.

With regard to pathology samples (ref.300), it was acknowledged that this was a multi-faceted issue and not just an electronic prescribing issue. Therefore, the Deputy Director of Governance agreed to speak with the Director of Finance outside the meeting for a potential discussion with the Trust's laboratories quality and governance manager.

**TB  
154/18**

**Mortality and Morbidity Quarterly Summary Report Q1 2018/19 (Doc Ref TB18/87)**

The Medical Director introduced his report, informing of a stable quarter with no concerns to note.

The Board was asked to note the following errors in the report:

1. Page 189 - infections: percentages incorrectly noted. The table had been updated, resulting in a more positive reflection. The overall infection rate was 2%;
2. Page 190 - section 4.1: the narrative should read 20 (not 19) neurosurgical deaths and 4 neurology deaths.

Ms McCracken informed that work was ongoing regarding uniformity of mortality and morbidity reporting formats for the neurology and neurosurgery divisions.

The Board noted the Mortality and Morbidity Quarterly Summary Report Q1 2018/19.

**TB  
155/18**

**Scheme of Reservation and Delegation and Standing Financial Instructions Annual Review (Doc Ref TB18/88)**

The Scheme of Reservation and Delegation and Standing Financial Instructions were reviewed annually to ensure they continued to reflect best practice.

Recent minor changes had been made and these had been highlighted in the version presented to the Board. Minor grammar or spelling corrections had not been highlighted. There had also been some corrections to job titles.

**Scheme of Reservation and Delegation**

Further specific amendments related to the over EU threshold tender limits which had been updated in table B; consignment stock had also been added to table B; and limits for the authorisation of NHS Supply Chain weekly sales invoices.

**Standing Financial Instructions**

One further specific amendment was the addition of details regarding the authorisation of

the NHS Supply Chain invoices.

The Board approved the revised Scheme of Reservation and Delegation and Standing Financial Instructions.

**TB  
156/18**      **Walton Centre Charity Annual Report and Accounts 2017/18 (draft) (Doc Ref TB18/89)**

The Walton Centre Charity draft annual report and accounts had been presented to the July 2018 Charity Committee and, following the completion of an independent examination by Grant Thornton, presented to the October 2018 Charity Committee as a final version. The Independent Examiner's report was included in the annual report and accounts. No errors had been identified during the independent examination.

Mr Sharples, in his capacity as Chair of the Walton Centre Charity (WCC) Committee, referred to the section titled '*Review of the Year*' which summarised the key areas of note over the last twelve months. Mr Sharples reported that the amount received during 2017/18 had been considerably less than the previous year due to the significant donations received in 2016/17 for two major appeals. Although there had been no major appeals to promote in 2017/18, there had been an upward trajectory seen in relation to charitable donations. A number of fundraising events had already taken place during the year and the WCC had been named as *Charity of the Year* by three local businesses.

In response to a question from the Chair, the Board briefly discussed the links between fundraising, research and innovation. The Chief Executive also reported that a Neuroscience Programme had been developed across Liverpool Health Partners.

The Board approved the 2017/18 Annual Report and Accounts for The Walton Centre Charity. On behalf of the Board, Mr Sharples signed two copies of this document for submission to the Charity Commission.

**TB  
157/18**      **Emergency Planning Resilience & Response (EPRR) Core Standards Assurance Return (Doc Ref TB18/90)**

The Director of Nursing and Governance introduced her report, which briefed the Board on the Emergency Preparedness, Resilience & Response (EPRR) and recommended that the Board sign off the annual assurance self-assessment return.

There were 55 Core standards applicable to Specialist providers, of which 51 were applicable to the Trust. The Trust was compliant with the applicable standards. The statement of compliance had been approved at the Resilience Planning Group.

The Board noted the report and approved the Emergency Planning Resilience & Response (EPRR) Core Standards Assurance Return.

**TB**      **Terms of Reference: Walton Centre Charity Committee (Doc Ref TB18/91)**

**158/18**      The Walton Centre Charity Committee had undertaken an annual review of its Terms of Reference in October which had resulted in minor amendment.

The Board approved the Walton Centre Charity Committee Terms of Reference.

**TB**      **Terms of Reference: Audit Committee (Doc Ref TB18/92)**



**159/19** The Audit Committee had undertaken an annual review of its Terms of Reference in October; no amendments had been made by the Committee.

The Board approved the Audit Committee Terms of Reference.

**TB** **Press Releases Concerning Matters Decided for the Board/Media Pack**

**160/18** The Communications team had agreed to provide electronic links to Trust related media stories under separate cover.

**TB** **Board committee chair's reports:**

**161/18** The Chair of each board committee presented their report and noted the key highlights:

**a. Quality Committee 18/10/18 & 22/11/18**

- Ms McCracken reported that the Head of Facilities and Developments and the Head of Estates had provided a presentation describing the remit of each department, noting there was excellent communication between both departments. The Committee had acknowledged the significant workload in comparison to the number of staff working in estates and facilities. The Board suggested publicising the demands on these teams in terms of making staff aware of priorities.

**b. Audit Committee 16/10/18**

- Mr Sharples highlighted the Deprivation of Liberty Safeguards Review which had gained Limited Assurance. The Committee had acknowledged that the Trust was dependant on external co-operation from local authorities. The Director of Nursing and Governance informed of changes to legislation in April 2019; new safeguarding processes had been developed; and a new Matron for Safeguarding had recently commenced at the Trust.
- Audit Committee self-effectiveness review: due the increase in collaborative and joint working, ensuring that organisations were not breaking rules by omitting boards on decisions.
- The reviews that had been undertaken by MIAA had been areas highlighted by the executive team for assurance.

**c. Research, Dev. & Innovation Committee 21/11/18**

There were no specific areas of note.

**d. Business Performance Committee 23/10/18 & 27/11/18**

- In October 2018, the Estates Manager and Paul Gorge from Turner & Townsend presented an update on Phase 2 of the Heating and Pipework Programme; and the Committee received a presentation on the Future Operating Model which was a strategic response to enhancing procurement efficiency and effectiveness across NHS as laid out in the Lord Carter report.
- Further updates included the estates and facilities team, digital function, a BREXIT update, laundry contract and e-rostering.

**e. Walton Centre Charity Committee 19/10/18**

There were no specific areas of note.

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

**162/18** The Board received and noted the following confirmed minutes:

The Walton Centre NHS Foundation Trust

- a. Quality Committee 20/09/18 & 18/10/18
- b. Audit Committee 17/07/18
- c. Research, Dev. & Innovation Committee 19/09/18
- d. Business Performance Committee 25/09/18 & 23/10/18
- e. Walton Centre Charity Committee 20/07/18

**TB  
163/18**

**Any Other Business**

**AOB1: Dr Peter Humphrey Acknowledgement**

The Chair acknowledged Dr Peter Humphrey, Non-Executive Director, whose term of office was due to end on 31<sup>st</sup> December 2018. This would have been Peter's final Board meeting but unfortunately he had been unable to attend due to medical reasons. On behalf of the Board, the Chair thanked Peter for his commitment throughout his time at the Trust and wished him a long and happy retirement.

The Chair would formally write a letter of thanks to Dr Humphrey.

**AOB2: Staff Awards Ceremony**

The Trust's Staff Awards would be held on Wednesday 12<sup>th</sup> December at 10am in the Lecture Theatre, Sid Watkins Building. There would be five awards:

- Employee of the Year
- Good Catch of the Year
- ISS Apple Award of the Year
- Volunteer of the Year
- Innovation Award

**TB  
164/18**

**Meeting Review**

The Chair reviewed the meeting and confirmed actions as detailed in the action tracker (minute ref. TB165/18).

**Date of the next meeting: Thursday 31 January 2019**

TB Action Log:  
165/18

**Closed Actions:**

<b>Actions : Trust Board meeting: November 2018</b>			
<b>Item</b>	<b>Action</b>	<b>Update</b>	<b>Reported by</b>
<b>TB132/18: Integrated Performance Report</b>	In response to the IPR being published late to the Quality Committee, the Board would receive an update in November 2018 to provide some assurances.	Presented in the closed session of the November 2018 Board meeting.	M Burns
<b>TB134/18: Workforce Race Equality Standard</b>	Clarify which staff were included in the Senior Clinical Manager category  Whether any bullying or harassment incidents had happened since the ED&I Ambassadors had been put in place.	Confirmed by the Equality and Inclusion Lead via email to the Medical Director.  Cultural Ambassadors had been operational (i.e. trained) since April 2018. There had been 6 disciplinary investigations; only one of these involved a BME member of staff and had declined the offer of Cultural Ambassador involvement/ support.	A Lynch M Gibney

**Ongoing Actions:**

<b>Actions : Trust Board meeting: November 2018</b>				
<b>Item</b>	<b>Action</b>	<b>Update</b>	<b>Lead</b>	<b>Timescale</b>
<b>TB109/18: Any Other Business</b>	Review the matters reserved for the Board, as three reports presented on the agenda had already been through a recent board committee meeting.	This review was ongoing and would be brought back in January 2019.	J Rosser	<b>Jan 2019</b>
<b>TB146/18: Patient Story</b>	in terms of lessons learned, root cause analysis was undertaken along with an incident reporting process and action plan. The Board requested the outcome of this for assurance.		A Highton	<b>Jan 2019</b>
<b>TB147/18: Biannual Nurse Staffing Acuity Review</b>	Reinstate the nine nurse sensitive indicators in the safe staffing acuity review for wards.		L Salter	<b>Jan 2019</b>
<b>TB148/18:</b>	Month 8 forecast outturn would be revisited and a		M Burns	<b>Jan 2019</b>

The Walton Centre NHS Foundation Trust

<b>Integrated Performance Report (IPR): October 2018</b>	subsequent discussion with the Executive Team to ensure the financial target is met.			
<b>TB149/18: Pharmacy and Medicines Management Annual Report 2017/18</b>	Falsified Medicines Directive Consultation: Feedback was awaited; Mr Thornton suggested a further discussion with the Executives in the light of this response once published.		Mr Thornton	<b>Q4 2018/19</b>
<b>TB153/18: Governance and Risk Report</b>	Pathology samples (ref.300) The Deputy Director of Governance and the Director of Finance to discuss outside the meeting with the Trust's laboratories quality and governance manager.		M Burns A Highton	<b>Jan 2019</b>
<b>TB160/18: Press Releases/Media Pack</b>	The Communications team had agreed to provide electronic links to Trust related media stories under separate cover.		A Highton	<b>Jan 2019</b>
<b>TB161/18: Chair's Reports</b>	Publicise the demands on the facilities and estates teams in terms of making staff aware of priorities.		M Burns	<b>Jan 2019</b>
<b>TB163/18: Any Other Business</b>	AOB1: The Chair would formally write a letter of thanks to Dr Humphrey.		J Rosser	<b>Jan 2019</b>