



TRUST BOARD MEETING
The Boardroom, WCFT
Thursday 31 January 2019
09.30 - 12.30
AGENDA

Item	Time	Item	Owner	Purpose	Process	Preparation
1	9.30	Apologies	J Rosser	<ul style="list-style-type: none"> To note apologies for absence 	Verbal	NA
2	9.30	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	9.30	Minutes of the meeting held on 29 November 2018	J Rosser	<ul style="list-style-type: none"> To review Confirm accuracy Review Action Tracker Consider matters arising 	Minutes	Enclosed
PATIENT STORY						
4	9.35	Patient Story	M McKenna	<ul style="list-style-type: none"> To receive a patient story 	Presentation	Doc Ref TB 19/01
QUALITY STRATEGY						
5	10.00	Trust Strategy Review of Progress in Year 1	H Citrine	<ul style="list-style-type: none"> To review and update the Board 	Presentation	Doc Ref TB 19/02
6	10.30	Quality Account Priorities	L Salter	<ul style="list-style-type: none"> To receive and inform 	Presentation	Doc Ref TB 19/03
Comfort Break 10.40-10.50						
7	10.50	Innovation Update	M Gibney	<ul style="list-style-type: none"> To receive 	Presentation	Doc Ref TB 19/04

Item	Time	Item	Owner	Purpose	Process	Preparation
PERFORMANCE						
8	11.20	Corporate Performance Report: December 2018	Executives	<ul style="list-style-type: none"> To review and discuss To agree actions regarding Trust performance 	Report	Doc Ref TB 19/05 <i>(to follow)</i>
9	11.50	Quality Improvement Methodology	L Salter	<ul style="list-style-type: none"> To update the Board on progress 	Presentation	Doc Ref TB 19/06
GOVERNANCE						
Quarterly Reports						
10	12.00	Governance Report Q3 2018/19	L Salter	<ul style="list-style-type: none"> To receive 	Report	Doc Ref TB 19/07
11	12.10	Mortality and Morbidity Quarterly Summary Report Q1&Q2 2018/19	A Nicolson	<ul style="list-style-type: none"> To receive 	Report	Doc Ref TB 19/08
Governance Matters						
12	12.15	Senior Responsible Officer: change of accountability	L Salter J Ross	<ul style="list-style-type: none"> To approve 	Verbal	None
13	12.20	Terms of Reference: Business Performance Committee	S Samuels	<ul style="list-style-type: none"> To approve 	Report	Doc Ref TB 19/09 <i>(to follow, being taken through BPC)</i>
14	12.25	Press Releases Concerning Matters Decided for the Board / Media Pack	All	<ul style="list-style-type: none"> To receive 	Links to media stories	Doc Ref TB 19/10

Chair's Reports and Committee Minutes Board Pack (to follow, due to timing of meetings)						
15	12.25	Chair's Reports: <ol style="list-style-type: none"> Quality Committee (AM) 24/01/19 Audit Committee (AS) 15/01/19 Research, Dev. & Innov. Committee (PH) 16/01/19 Bus. Performance Comm (SS) 29/01/19 Walton Centre Charity Committee (AS) 18/01/19 		<ul style="list-style-type: none"> To receive and note 	Reports	<ol style="list-style-type: none"> Doc Ref TB 19/11 Doc Ref TB 19/12 Doc Ref TB 19/13 Doc Ref TB 19/14 Doc Ref TB 19/15
16	12.30	Confirmed Minutes: <ol style="list-style-type: none"> Quality Committee (AM) 18/10/18 & 22/11/18 Audit Committee (AS) 16/10/18 Research, Dev. & Innov. Committee (PH) 21/11/18 Bus. Performance Comm (SS) 23/10/18 & 27/11/18 Walton Centre Charity Committee (AS) 19/10/18 		<ul style="list-style-type: none"> To receive and note for information 	Minutes	Enclosed

Item	Time	Item	Owner	Purpose	Process	Preparation
17	12.30	Any Other Business	All	<ul style="list-style-type: none"> To raise any other matters not on the agenda 	Verbal	None
18	12.30	Meeting Review	J Rosser	<ul style="list-style-type: none"> To review the meeting and consider key actions 	NA	NA

CONFIRMED

**Minutes of the Trust Board Meeting
Held on Thursday 31 January 2019**

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	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:

Ms L Lawton	Accommodation & Patient Experience Management Officer (minute ref TB 05/19 only)
Dr S Mahendran	Clinical Lead for Innovation/Consultant Rehabilitation Medicine (minute ref TB 05/19 only)
Mr M McKenna	Head of Patient Experience (minute ref TB 08/19 only)
Dr S Niven	Consultant Neuroradiologist/Deputy Medical Director (minute ref TB 08/19 only)
Ms Y Shanks	Neuroradiology Manager (minute ref TB 08/19 only)
Ms A Whitfield	Assistant Corporate Secretary

Apologies:

None

TB Apologies

01/19 None

TB Declaration of Interest

02/19 None.

TB Minutes of the previous meeting held on 29 November 2018

03/19 The minutes of the previous Board meeting were agreed.

TB Action Log

04/19 See TB20/19.

TB Patient Story (Presentation: Doc Ref TB19/01)

05/19 Mark McKenna and Sara Lawton were in attendance to present this story of a patient who had been admitted to his local hospital in Wales after suffering a collapse and was subsequently transferred to the Walton Centre as an emergency for shunt surgery. During the transfer, the patient was accompanied by his wife (Mrs W), a non-driver with no family members living locally. Mrs W was booked into the Home from Home accommodation.

Ms Lawton described how she had built a close rapport with Mrs W, who had felt comforted seeing a friendly face at the most vulnerable time. Staying at Home from Home had ensured that Mrs W felt supported and was able to speak with other relatives who were in the same position.

Following the presentation, the Board discussed:

- When Home from Home was first built the criteria for admission had been strictly followed. However, the criteria had become less stringent following the first six months but that the Trust still aimed to prioritise the facility for the relatives of ITU patients;
- Four nights was the maximum duration but alternative accommodation was available if a longer duration was required. Should a spare room at Home from Home remain available, the stay could be extended until required for an emergency;
- In response to whether resilience training would be beneficial for the accommodation officer role, Ms Lawton had not felt resilience training necessary whilst in the role, as the Patient Experience Team had been extremely supportive. However, it was noted that the neuropsychology training that she had received had been valuable.

The Board thanked Mr McKenna and Ms Lawton for sharing this patient story. The Board acknowledged that Ms Lawton would be leaving the Trust at the end of March 2019 to pursue a career in nursing and therefore wished Ms Lawton well for the future.

**TB
06/19**

Trust Strategy Review of Progress the First Year at 6 Months (Presentation: Doc Ref TB19/02)

The Chief Executive delivered her presentation, informing that an inclusive approach had been made to refreshing the Trust Strategy in 2018 which had involved consultation with patients, their families and carers, staff, the Council of Governors, the Board, partner organisations, commissioners and regulators. The presentation described the progress made to date against each ambition in terms of completion and progress on remaining in-year commitments.

During the presentation, the Board discussed:

- The Major Trauma Network in terms of how this was measured, with the Trust ranked as 2nd in country;
- The Resilience Programme in terms of how the training would be targeted and the development of a resilience App bespoke to Walton for all staff;
- Neuro-masters course for Nurses: how this would be funded and the potential for income generation from external sources.

The non-executives acknowledged that significant progress had been made in the first six months of the refreshed Trust Strategy, suggesting that achievements should be communicated widely and to include the Trust's stakeholders. The Chief Executive informed that she had been working with the communications department, posters had been produced for staff areas and the presentation would be delivered at Hayley's Huddle and Team Brief. The highlights would also be included in the CQC information booklet for staff.

It was agreed a further update would be shared at Trust Board one year on and include next year's milestones.

TB **Quality Account Priorities (Presentation: Doc Ref TB19/03)**

07/19

The Board received a presentation from the Director of Nursing and Governance, noting it had previously been presented to the Council of Governors and the Quality Committee. The presentation outlined the achievements to date and the quality account priorities selected by the governors, Healthwatch and others.

The non-executives referred to quality improvement in terms of rolling out the A3 Methodology (see minute ref.TB10/19) across the Trust and how staff would be able to provide their input on this work. It was reported that staff had embraced this methodology, which should be seen as an integral part a role.

TB **Innovation Update**

08/19

Ms Shanks, Dr Niven and Dr Mahendran were in attendance for this item.

The Board received a progress update following the last presentation on innovation at the September 2018 Board meeting. The presentation included the focus for the Walton Centre going forward in terms of movement analysis and posture imaging.

It was noted that innovation was prominent in the new Trust Strategy (2018-2023). Progress on the project pipeline was reported regularly to the Walton Charity Committee and a number of innovations were at the on-going stages of development. Dr Mahendran had been appointed as Clinical Lead for Innovation from January 2019 and the Trust had recently appointed to the new Innovation Co-ordinator role.

Dr Mahendran's presentation focused on movement analysis. Key points included:

- The Walton Movement Analysis Hub aspired to the following technologies:
 - Gait Real Time Analysis Interactive Lab (GRAIL);
 - Computer Assisted Rehabilitation ENvironment (CAREN);
 - Orthotics/ functional electrical stimulation (FES);
 - Hydrotherapy.
- The benefits and drawbacks of the GRAIL;
- Potential on-site location;
- Comparisons between the GRAIL and the CAREN;
- Potential source of income generation for use by other trusts and appropriate external parties.

In response to questions from the Board it was confirmed that:

- These technologies would be a unique selling point for the Trust's patients;
- The GRAIL did not have the capacity to accommodate wheelchair bound patients, however, the CAREN could;
- It was anticipated that the business case would be presented to the Trust Board in April 2019;
- The potential of wider benefits to population health were noted.

In his capacity as Chair of the Walton Centre Charity Committee, Mr Sharples referred to the four innovations and suggested promoting these as a 'suite' for a major fundraising

appeal, as the potential for donations should not be underestimated.

Dr Niven's presentation focused on posture imaging. Key points included:

- The EOS Imaging System was no longer a potential viable option for the Trust for a number of reasons including cost, time and accessibility i.e. unsuitable for bariatric patients or wheelchair bound adults;
- There were several alternative methods available to obtain imaging of whole spines and leg lengths, the preference being the Multitom Rax (multimodal imaging);
- Next steps would include:
 - Prepare a specification for scope and plan a site visit;
 - Formal quote including turnkey costs and subsequent full business case led by the Radiology Services Manager;
 - Estimate demand and engage commissioners;
 - Primarily fund through the Trust's capital programme.

The Walton Centre would be the first NHS organisation in the UK to operate the Multitom Rax, giving the Trust a significant advantage in terms of promoting excellence in neurosciences.

The Board thanked those in attendance for this informative update, which had provided more vision in terms of what the Trust could potentially offer to patients in the near future.

Ms Shanks, Dr Niven and Dr Mahendran left the meeting.

**TB
09/19**

Integrated Performance Report (IPR): December 2018 (Doc Ref TB19/05)

The Chief Executive introduced the report, noting that both the Quality Committee and the Business Performance Committee had received the IPR at their recent meetings which provided the opportunity to discuss any issues in detail.

The overall assessment of the metrics across each domain were:

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

Areas of focus were:

- Referral to Treatment (RTT): The Trust had successfully maintained all mandated standards and targets (RTT, cancer and diagnostic waiting times) at the end of December 2018. Although overall RTT performance was above threshold at 93.38%, performance had slightly deteriorated in month from 94.71% in November; 'Other' and Neurosurgery both failed to meet the planned 92% threshold. Performance at specialty level for 'Other' was 87.64% and for Neurosurgery was 88.68%; a plan was in place to improve this for patients;
- Activity: Inpatient and outpatient activity was below plan;
- Quality Improvement Programme (QIP): At month 9, £1.4m savings had been identified against a £3.2m target, which equated to 44% of the QIP target. However, it was reported that some progress had been made for Q4;

The Director of Operations and Strategy explained that RTT performance had been

impacted by paper switch off referrals and that a period of observation continued. It was also noted that performance had been affected by a further issue regarding choose and book referrals.

Ms Samuels, in her capacity as Chair of the Business Performance Committee, informed that sickness levels remained over the Trust's target. However, she felt there was now a better understanding of the issues following the recent internal audit review on sickness absence. Some improvement had been seen in mandatory training and appraisal rates. Areas of focus included nursing turnover which had increased in month by 0.82 % to 16.97%. In terms of finances, it was acknowledged that QIP would remain a significant challenge for the Trust.

Ms McCracken, in her capacity as Chair of the Quality Committee, informed that the Quality indicators had remained positive for December 2018. . However, the Board noted that there had been two serious untoward incidents reported in December 2018. One of the incidents had related to a data breach, but it was subsequently determined not a breach by the Information Commissioner.

In response to a question from the non-executives regarding any potential nurse staffing pressures, the Director of Nursing and Governance reported that the Trust was reporting more positive nurse staffing rates than other local trusts.

The Board discussed and noted the integrated performance report.

**TB
10/19**

Quality Improvement Methodology (Doc Ref TB19/09)

The Director of Nursing and Governance reported on the A3 Methodology which was a simple and user friendly method, with many projects seeing a 90 day turnaround. Essentially, it was a plan on a page and shared across the Trust to enable teams to share experiences, expertise and problem solving ideas. A service improvement wall would be visible in both buildings and would promote increased staff engagement and patient and staff outcomes, Positive improvement culture and support from the Executive team and management.

To date, two sessions had been facilitated which had been well attended and positively received by various staff across the Trust. The presentation included templates for proposal, progress and final report which would be used for each potential project.

In response to a question from the Chair, it was reported that the service leads would support any potential third party involvement. In terms of celebrating successes, the Board was informed this was promoted through safety huddles, Team Brief, Walton Weekly and staff awards.

**TB
11/19**

Governance Report Q3 2018/19 (Doc Ref TB19/07)

The Director of Nursing and Governance informed the Board that this routine report had been presented to the Quality Committee and the Professional Nursing Forum. Whilst it was acknowledged that that these committees had reviewed this report, the Chair felt it was important that the Board was sighted on the governance issues surrounding the Trust.

At Q3, themes had been identified in terms of incidents and complaints. The Director of

Nursing and Governance made reference to:

- Violence and aggression: the safety huddle, safeguarding matron and the personal safety trainer had worked collectively to improve staff and patient safety;
- Fire safety: significant work had progressed and efforts would continue in this area; a task and finish group would be established;
- Falls: there had been a slight increase in falls; the Trust had undertaken a significant amount of improvement work with NHS Improvement and benchmarking with other organisations;
- Lack of neuropsychological inpatient service: a business case had been approved and there had been a visible decrease in incidents; this would continue to be monitored from a safety perspective;
- Further areas to note were carbon steel pipework and rejection of pathology samples.

The Director of Nursing and Governance made reference to the increase in number of reported incidents in Q3, recognising this as a positive step as it demonstrated openness and transparency.

The non-executives questioned whether this report was appropriately titled given that, whilst there were some positive headlines, there were also a number of areas for improvement. It was suggested that the format remain for Q4 2018/19 with a view to reformatting the report from Q1 2019/20.

**TB
12/19**

Mortality and Morbidity Quarterly Summary Report Q1 and Q2 2018/19 (Doc Ref TB19/08)

The Medical Director introduced his routine report, informing that the report had been reviewed in detail by the Quality Committee. There had been natural fluctuations in the infection rate but, overall, there were no concerns to note in terms of mortality or readmissions.

In response to a question from the chair regarding hospital standardised mortality ratio (HSMR) and more recently Summary Hospital-level Mortality Indicator (SHMI), the Board acknowledged that reliable comparative data was an issue as it was not thought to be a reliable indicator for specialist trusts. The Director of Finance referred to the mortality graph in the Trust integrated performance report and suggested that it might be useful to include the graph in future quarterly mortality and morbidity reports.

The Board discussed the AMBER care bundle (the approach used in hospitals when clinicians were uncertain whether a patient may recover and may only have a few months up to a year left to live), noting that recent discussions had taken place at the Quality Committee regarding the End of Life Care Group which had been relaunched and had received good engagement from colleagues from Aintree University Hospital (AUH) NHS Foundation Trust. There were several documents for review at the Clinical Effectiveness and Services Group meeting in February which would improve compliance and reporting further. The Chief Executive explained that, following the departure of the End of Life Facilitator, the Trust had made the decision to develop a service level agreement with AUH due to the low number of patient deaths outside of critical care and benefit from the expertise for Walton Centre patients and families. It was acknowledged that this was an area of focus.

The Board noted the Mortality and Morbidity Quarterly Summary Report Q1 and Q2 2018/19.

TB 13/19 Senior Responsible Officer: Change in accountability for Accountable Emergency Officer (AEO)

It was recommended that the Board formally approve Ms Jan Ross, Director of Operations and Strategy, as the Trust's Accountable Emergency Officer for The Walton Centre (formerly Lisa Salter, Director of Nursing and Governance).

The Board approved the change in accountability.

TB 14/19 Terms of Reference: Business Performance Committee (Doc Ref TB19/09)

The Board approved the Terms of Reference.

TB 15/19 Press Releases Concerning Matters Decided for the Board/Media Pack (Doc Ref TB19/10)

The Board received the online media coverage report for the period December 2018 - January 2019 and thanked the communications department. Ms Samuels informed that the Business Performance Committee received a quarterly communications update.

TB 16/19 Board Committee Chair's Reports

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

a. Quality Committee 24/01/19

Ms McCracken drew attention to:

- Targets and Implications around Medicine Reconciliation: The Lead Pharmacist for Neurosciences had presented a report around the targets for medicines reconciliation and the implication of not having a seven day service. It was recognised that risks were mitigated as far as possible and, while the risk was low, the possibility of delay occurring could not be ruled out completely.

b. Audit Committee 15/01/19

Mr Sharples drew attention to:

- Sickness Absence Review (Limited Assurance): The appropriate systems were in place for sickness absence but it was acknowledged that improvements were required for manager reporting across the Trust. The action plan would be monitored through the Business Performance Committee.
- External Audit Plan year ending 31 March 2019.
- Board Assurance Framework: the Trust's top three risks were now highlighted.

c. Research, Dev. & Innovation (RD&I) Committee 16/01/19

Mr Crofts drew attention to:

- RD&I Strategy: this was currently under consultation across the Trust, with a launch date anticipated for April 2019. A new 'Stroke' Chair position between the University of Liverpool, the Walton Centre and Aintree University Hospitals NHS Foundation Trust would be created.
- Liverpool Research Directors Group: a new group had been established; this was a bi-monthly meeting with research leads from Liverpool trusts;
- Liverpool Health Partners (LHP): improved relationships and recent appointments

were reported; LHP was leading the development and implementation of the Joint Research Service (JRS).

d. Business Performance Committee 29/01/19

Ms Samuels drew attention to:

- Future Operating Model - NHS Supply Chain: The Head of Procurement presented the paper providing an overview of the Model and related savings and highlighted current discrepancies and anomalies which were being worked through.
- ISS pay uplift: assurances were received from the executives in relation to potential contingencies.
- Incremental pay progression: relating this to performance and how this would be implemented by 1st April 2019.

e. Walton Centre Charity Committee 18/01/19

Mr Sharples drew attention to:

- Home from Home Update Report: as noted in the patient story earlier on the agenda, the criteria had been relaxed six months after Home from Home opened to provide accommodation to relatives of cancer patients or patients who were undergoing an operation with risks. Ward Managers would be reminded of flexibility on the criteria in place. In addition, it was considered that extra funds would be needed to provide a refurbishment in due course given that the accommodation was almost four years old.

**TB
17/19**

Confirmed Committee Minutes:

The Board received and noted the following confirmed minutes:

- a. Quality Committee 18/10/18 & 22/11/18
- b. Audit Committee 16/10/18
- c. Research, Dev. & Innovation Committee 21/11/18
- d. Business Performance Committee 23/10/18 & 27/11/18
- e. Walton Centre Charity Committee 19/10/18

**TB
18/19**

Any Other Business

AOB1: Ann Highton Acknowledgement

The Chair acknowledged Ann Highton, who had left the Trust as Deputy Director of Governance during January 2019. On behalf of the Board, the Chair thanked Ann for her commitment throughout her time at the Trust and wished Ann well for the future.

**TB
19/19**

Meeting Review

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

Date of the next meeting: Thursday 28th March 2019

The Walton Centre NHS Foundation Trust

TB Action Log:
20/19

Closed Actions:

Actions : Trust Board meeting: January 2019			
Item	Action	Update	Reported by
TB109/18: Any Other Business	Review the matters reserved for the Board, as three reports presented on the agenda had already been through a recent board committee meeting.	This was an item on the confidential Board agenda for January 2019.	J Rosser
TB146/18: Patient Story	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.	The ultrasound had been purchased and was in place.	A Highton
TB147/18: Biannual Nurse Staffing Acuity Review	Reinstate the nine nurse sensitive indicators in the safe staffing acuity review for wards.	This would be included in the next biannual review in May 2019.	L Salter
TB148/18: Integrated Performance Report (IPR): October 2018	Month 8 forecast outturn would be revisited and a subsequent discussion with the Executive Team to ensure the financial target is met.	The Director of Finance informed this had been looked at again for ways to reduce the gap and would continue to be reviewed on an ongoing basis.	M Burns
TB149/18: Pharmacy and Medicines Management Annual Report 2017/18	Falsified Medicines Directive Consultation: Feedback was awaited; Mr Thornton suggested a further discussion with the Executives in the light of this response once published.	It was agreed to defer this action to the executive team.	Mr Thornton
TB153/18: Governance and Risk Report	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.	The Director of Finance provided an update, noting that the Business Performance Committee would monitor this issue.	M Burns A Highton
TB160/18: Press Releases/Media Pack	The Communications team had agreed to provide electronic links to Trust related media stories under separate cover.	On the agenda. See minute re. TB	A Highton
TB161/18: Chair's Reports	Publicise the demands on the facilities and estates teams in terms of making staff aware of priorities.	This had been publicised in Walton Weekly.	M Burns
TB163/18: Any Other Business	AOB1: The Chair would formally write a letter of thanks to Dr Humphrey.	The Chair had formally written a letter of thanks to Dr Humphrey.	J Rosser

Ongoing Actions:

Actions : Trust Board meeting: January 2019				
Item	Action	Update	Lead	Timescale
TB06/19: Trust Strategy Review of Progress in Year One	Communicate the significant progress made in the first six months across the Trust and its stakeholders.		H Citrine	March 2019
TB11/19: Governance Report Q3 2018/19	Consider changing the title of the report from Q1 2019/20.		L Salter	April 2019
TB12/19: Mortality and Morbidity Report Q1 & Q2 2018/19	Include the mortality graph in the IPR in future quarterly mortality and morbidity reports.		A Nicolson	May 2019