Minutes of the Wrightington Wigan and Leigh NHS Foundation Trust
Council of Governors and Trust Board held on the 11th March 2009

Present:  
Mr L Higgins Chair  
Mr A Foster CEO  
Mrs L Barnes SID/Deputy Chair  
Mr G Bean NED  
Mr R Armstrong, NED  
Mr R Collinson, NED  
Mrs P McCann NED  
Mr T Chambers, ED Operations  
Mr K Griffiths, ED Operations  
Miss M Hughes, Public Makerfield  
Miss K Fussell, Public Makerfield  
Mrs P Gregory, Public Wigan  
Mr J Wall, Public Wigan  
Mr V France, Public Worsley  
Mr G Jackson, Public Leigh  
Mrs M Hilton, Public Leigh  
Mr D Oultram, Public Leigh  
Mrs A Vernengo, Public Leigh  
Mr T Frost, Public England & Wales  
Mr T Barton, Public England & Wales  
Mr T Ashton, Staff, Nursing and Midwifery  
Mrs J Ashton, Staff, Nursing and Midwifery  
Mr G Ghaly, Staff Medical and Dental  
Mrs C Swann, Staff All Other  
Mrs J Heyes, Appointed Staff Side  
Mr J Maloney, Appointed Age Concern  
Ms K Ardern, Appointed PCT  
Dr P Marwick, Appointed PCT  
Mrs R Cowburn, Appointed UCLAN

In attendance:  
Mrs M Cloney, AD HR  
Mrs H Hand TB Secretary  
Mrs A Arkwright, Head of Engagement  
Mr R Sachs, Head of Quality & Safety

Apologies

Gill Harris, Bill Livingstone, Dr G Young, Mr Geoffrey Roberts, Mr Fred Lever, 
Mr Bill Greenwood and Mr Anthony Gallagher.

1/2009 Declaration of Interests

There were no declarations of interest
2/002 Chairman’s Verbal

LH welcomed all present to the first joint meeting of the Governors and Trust Board. The limitations of the venue were noted and alternative venues will be explored for future meetings. LH confirmed that the Trust Board were keen to work with the COG to bring excellent health care to the Borough of Wigan. Attention was drawn to a questionnaire that had been circulated to Governor members to seek views on future topics for discussion on the agenda. Governors were encouraged to return the questionnaire to the Trust Board Secretary to ensure that future agendas were designed around the majority wishes of the Council.

3/2009 Annual Health Check

Resolved: To approve the presentation of the Trust’s compliance with the Standards for Better Health, Annual Health Check.

Richard Sachs, Head of Quality and Safety was introduced to those present. A Standards for Better Health declaration Q and A sheet was circulated for information. The declaration covers 1.4.08 tp 31.3.09. There were seven domains and 24 Core standards. Evidence of achievement was demonstrated for each of the domains, including the excellent achievement of the 49 out of 50 NHSLA standards and CNST level 2 for maternity services. The patient focus domain included evidence that the COG has nominated representatives to sit on a range of Trust Committees. A technical issue connected to the policy for medical devices was noted as the outstanding issue on the NHSLA standard criteria. Ruth Cowburn reported how useful she had found attending the Quality Board when the Trust’s performance was discussed in detail. It would be helpful to understand the governance structures for reporting to the Trust Board on performance issues. K Ardern commended the Trust’s excellent performance on emergency planning and noted the increasing importance being placed on patient and public involvement and health improvement. Jim Maloney referred to the patients wish to receive a seamless service.

The COG and Trust Board members were asked to submit any further comments on the Trust’s progress against the standards via Mandy Leyland.

Action:
A report on governance structures to be taken to next COG meeting.
Any further comments to be sent to Mandy Leyland

4/2009 CEOs Report

The Trust's overall performance up to the end of February 09 was presented. The headlines included the failure of the MRSA target, the improvements achieved in SMR, the end of year failure of the 98% four hour A and E target and the consistent early achievement of the 18 week target. The financial position was anticipating a year end surplus of £0.5million but negotiations
were ongoing with the PCT to achieve a higher surplus, in line with the original objective of £2m. The MRSA score of 13 was noted, together with the remaining reporting period of 20 days. The policies put in place to increase control on causation of contaminant MRSA were outlined. The significant overall improvement in C.diff was noted. Hospital mortality rates had been affected by an increased number of patient deaths during the months of November and December. However, overall there had been 200 fewer deaths for the same period last year. The A and E performance remained a challenge. The Trust had been named as 39th of the top 100 NHS Employers as rated by its own staff. Governors are beginning to be involved in committees and several had recently attended the clinical strategy event. Two key goals to come out of this event were that by 2020 all services will be 7 days a week from 8am to 9pm and a pledge had been made to abolish cancelled appointments by 2010.

Tom Frost asked about flexibilities in reporting of contaminant MRSA and CC confirmed that an explanation would be given to Monitor on the figures and actions taken to address reduction of contamination.

5/2009 Interim Annual Report

Resolved: To receive and approve the interim annual report for the period 1st April to 30th November as presented.

The interim annual report on the former NHS Trust for the period April to November was presented for approval to the joint board. The main achievements were presented including achievement of FT status, the Good/Good HCC rating, early achievement of the 18 weeks target, the opening of the new pharmacy and its robot, the launch of the electronic x ray, and refurbishment of entrance One that won a local authority award were all noted. Areas that need further improvement were noted as the A and E performance, MRSA, and a rise in the number of complaints. Quality had been agreed as the central strategy of the Trust. On Governor questioning, SMR was confirmed as only relating to hospital deaths. SUI relationships to SMR was raised and it was confirmed that a weekly analysis was undertaken to review avoidable deaths. The closure of Whelley Hospital was also noted.

6/2009 Interim Annual Accounts

Resolved: To receive and approve the interim accounts for the period 1st April to 30th November as presented.

The interim annual accounts for the eight month period were presented for approval by the Director of Finance. The accounts were closed on 30th November showing a loss of £13m. Attention of the meeting was however brought to the issue that this relate to a revaluation of assets on the 30th November to ensure that the assets taken into the FT were appropriately valued at the current market value. Buildings value fell by £33m. The closure of Whelley Hospital was noted as a key factor during this period. The
Council and Board members were asked to note that in real terms a surplus of £700k was actually made. The capital cost absorption was achieved and the external finance limit of £3.3m was achieved. The capital spend limit of £3.5m was achieved and 96% of bills were paid within 30 days. The key indicators were noted as income £14.1m and cash balance of £15.7m. The key capital spend areas were noted, including the Leigh boiler house, e-rostering software system for nurses, conversion of physio accommodation and investment in medical equipment. The plan however was to spend £10m over the whole 12 month period. In summary a surplus was achieved, the Trust was reporting a strong financial position with a healthy cash balance. The accounts had received an unqualified opinion from the external Auditors and a letter would be circulated to this effect later in the year.

7/2009 Unscheduled Care

TC began his presentation by giving an explanation of unscheduled care. TC referenced the historical issues relating to patients experience of A and E that led to the introduction of the 4 hour target. The performance of the A and E department against the 4 hour target, non elective admission rates, unplanned non elective average length of stay were all described. The key themes for managing patients in A and E were outlined. These included winter contingency plans, discharge planning, workforce issues, out of hospital services (including hospital at home), nursing home beds and other enablers, including GP triage, pharmacy, estates and IT issues. Improvements were required in streaming of patients between minor and majors, clinical leadership and by giving more attention to detail in patient assessment processes.

Gordon Jackson raised recruitment problems and it was confirmed the issue was a national problem. However, it was hoped that an appointment would be made following interviews to be held very soon. It was confirmed that the door to needle target for thrombolysis had consistently been achieved. Other questions related to the location of step up beds at Leigh, work being undertaken to understand public flows to A and E and the plans to improve the overall quality of the patient experience. The Chairman reinforced the Trust's intention to work with primary care. Peter Marwick was invited to comment as a GP. He referenced the public’s awareness of the 4 hour A and E target and how they make a choice to access A and E as a result of this, together with issues relating to ambulance category response times. TC confirmed that there had been an increase in the number of very sick patients who were now presenting to A and E.

The Chairman closed the discussion by thanking TC for his presentation. The idea put forward by George Ghaly was raised and it was noted that other ideas relating to the management of patients in minors were also being explored.

8/2009 Question and Answer Session
There were no additional questions raised.

9/2009 AOB

Prioritisation of A and E Patients

Comments were made by George Ghaly who described the management of patients by clinical categorisation as a way of managing prioritisation of patients within the A and E four hour target period.

Management of Cardiac Patients

Jim Walls paid tribute to the management of cardiac patients in Wigan. He suggested that patients who attend A and E need to have better and more frequent communication to improve their overall experience. The Chairman confirmed that this was a key issue that was being taken forward.

Leigh Patient Booking Area

The patient booking in areas at Leigh was raised by Anne Vernengo as requiring improvement. AF agreed to look into this.

Action:
AF agreed to look into the booking in area for patients at Leigh

IT facilities Wrightington Conference Centre

In response to Trevor Burton’s comments on the IT facilities at the venue KG confirmed that improvements to the IT facilities at Wrightington were planned from April.

10/2009 Date of Next Meeting

The date of the next meeting of the COG was noted as 11th May 2009 at 6.00pm and the next joint meeting as 10th June 2009.