

Chairpersons Report

Chairpersons Name	Robert Armstrong		
Committee Name	Trust Board – Part 1		
Date of Meeting	21.12.16		
Name of Receiving Committee	Na.		
Date of Receiving Committee meeting	Na.		
Strategic Items for referral to Trust Board	Na.		
Items for escalation?	Yes	No	If yes, to which Committee

Please detail up to 3 key successes or achievements discussed at the meeting				
1. The Clinical Excellence Awards success of S Arya and N Kumar				
2. The improvement in 10 questions on the real time patient survey				
3. The Trust continued to meet national targets for 18 weeks RTT				
4. The positive impact of the changing gear initiatives				
5. The Trust achieving agency ceiling for the past 2 months				
6. The excellent Governor activity report				
7. The excellent reference costs outcome				
8. The I&D Strategy				
Details of the top three risks identified during the course of the meeting and initials of primary member of staff actioning				
1.	A&E performance			MF
2.	The high levels of bed occupancy and the impact on quality etc.			MF / PL
3.	The PFD notice from the Coroner in relation to communication			PL
4.	The failure of the stroke target due to bed pressures			MF
5.	The continued financial challenges			RF
Attendance at the meeting (please highlight):	Excellent (well attended) X	Acceptable (some apologies)	Unacceptable (quorate)	Unacceptable (not quorate)

Was the agenda fit for purpose and reflective of the Committees terms of reference?	Yes
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Narrative report of the key issues of the meeting	
<p>The trust has continued to deliver all main access targets with the exception of A&E 4 hour. The Trust noted an improvement in the financial performance in month, but there is still a major gap to close. The Trust Board noted that HSMR and SHMI have not improved as expected. The Board noted that the Chief Executive has called senior clinical and management people to a meeting on the 4th January 2017, to address A&E pressures and the potential impact this has on HSMR. The Trust Board has requested a presentation on the HSMR performance in the January Trust Board meeting. High levels of bed occupancy (exceeding the 85% standard) is noted and the need to work with partners to reduce demand needed to be accelerated.</p>	
Key outcomes from the reports taken at the meeting	
<p>HSMR – presentation and action A&E Summit</p>	
Agreed actions from the meeting	Name of primary lead for the actions
A report on patients that were not seen in the 4 hour target and the time taken to treatment was requested for a future meeting	M Fleming

Chairman: Robert Armstrong

Chief Executive: Andrew Foster CBE

reviewed December 2016, next review December 2017

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P Law to draft a letter from the Board to thank the nursing staff of SAL for their efforts in reducing on the day patient cancellations	P Law
A presentation from M Farrier to be scheduled for the January / February TB	L Hancock
R Mundon to provide a report for the January Board on the investment agreement and impact for the locality plan	R Mundon
D Nunns to change the reference to the Audit Committee considering the appointment of External Auditors to the CoG Audit Committee Sub Group	D Nunns

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TRUST BOARD AGENDA ITEM:

MINUTES OF A PUBLIC MEETING OF THE WRIGHTINGTON WIGAN AND LEIGH NHS FOUNDATION TRUST BOARD HELD ON WEDNESDAY 21 DECEMBER 2016 IN THE THQ BOARDROOM

PRESENT	2016										
	27 01	24 02	30 03	27 04	25 05	29 06	27 07	28 09	26 10	30 11	21 12
Mr R Armstrong, Chairman	√	√	√	√	√	√	√	√	APOLS	√	√
Mr R Forster, Director of Finance & IM&T / Deputy CEO	√	√	√	√	√	√	√	√	√	√	√
Mr A Foster, Chief Executive	√	√	√	√	√	APOLS	√	√	√	√	√
Dr U Prabhu, Medical Director	√	√	APOLS AW	√	√	√	APOLS	-	-	-	-
Mr N Turner, NED	√	√	√	√	√	APOLS	√	APOLS	APOLS	APOLS	√
Mrs C Parker Stubbs, NED	√	√	APOLS	APOLS	√	√	√	√	APOLS	√	√
Prof T Warne, NED	√	√	√	√	√	√	√	APOLS	√	√	√
Mr N Campbell, NED	√	√	√	√	√	√	APOLS	√	√	√	√
Mr R Mundon, Director of Strategy	√	√	√	√	√	√	√	√	√	√	√
Mrs A Balson, Director of HR	√	√	√	√	√	√	√	APOLS VM	√	√	√
Mr J Lloyd, NED	APOLS	√	√	√	APOLS	√	√	√	APOLS	√	APOLS
Mrs C Hudson, NED	√	√	√	√	√	√	√	√	√	√	√
Mr M Guymer, NED	√	√	√	√	√	√	√	√	√	APOLS	√
Mrs P Law, Director of Nursing	√	√	√	√	√	√	√	√	√	√	√
Ms M Fleming, Director of Ops and Performance	√	APOLS RL	√	√	√	√	√	√	√	√	APOLS DA
Mr Jawad Husain, Acting MD	-	-	-	-	-	-	-	√	APOLS SM	APOLS	√
Dr Sanjay Arya, Acting MD	-	-	-	-	-	-	-	√	APOLS AA	√	APOLS
IN ATTENDANCE											
Mrs L Hancock, Corporate Services Administrator	√	√	√	√	√	√	√	√	√	√	√
Mrs H Hand, Trust Board Secretary	√	√	√	√	√	√	APOLS	APOLS	APOLS	-	-
Members of the public, including Healthwatch Trustee	√	√	√	√	√	√	√	√	√	√	√
Mr J Husain, DMD Surgery	APOLS	√	APOLS	APOLS	APOLS	APOLS	APOLS	-	-	-	-
Dr S Arya, DMD Medicine	√	APOLS	APOLS	APOLS	APOLS	APOLS	APOLS	-	-	-	-
Mr A Gambhir, DMD Specialist Services	APOLS	APOLS	√	APOLS	APOLS	APOLS	APOLS	APOLS	APOLS	APOLS	APOLS
Mr S Mars, Acting DMD Surgery	-	-	-	-	-	-	-	√	√	√	APOLS
Mr A Abassi, Acting DMD Medicine	-	-	-	-	-	-	-	√	√	√	√
Mr D Nunns, Board Liaison Officer	-	-	-	-	-	-	-	√	√	√	√

FT1076/16 CHAIRMANS OPENING REMARKS

R Armstrong welcomed all to the meeting. He noted the fullness of the agenda this time and the key discussions scheduled for the Part 2 meeting. It had only been 3 weeks since the last Board meeting and there had not been much variation on performance since then. He had asked the NEDs to put any queries in relation to the papers directly to the EDs in order to expedite today's business.

He took the opportunity to wish everybody a healthy and happy Christmas and New Year.

FT1077/16 APOLOGIES

As noted in the table above.

FT1078/16 DECLARATION OF INTERESTS

None were declared.

FT1079/16 PATIENT STORY

The Board received a heart-warming patient story around research and development in relation to fertility.

The Board were very pleased to note the success of this and felt it had been a perfect way to end the year.

FT1080/16 CHIEF EXECUTIVES REPORT AND MATTERS FOR BOARD TO NOTE

A Foster noted the continuing pressures in A&E. This was the 3rd consecutive month of pressures and, in turn, this was bringing associated issues of quality, infection increases and mortality. He advised that there had been a sea change with the acuity of patients increasing. This seemed to have been exacerbated by the collapse of the care sector with a number of nursing homes converting to care homes in the Borough. The number of patients admitted from care homes had doubled in the last summer and these were patients that would have been cared for in nursing home beds previously. It was noted that this was a national issue but the senior team would be holding discussions in January as to how issues could be addressed locally.

On a positive note, it was advised that there had been great success in the Clinical Excellence Awards with S Arya receiving a silver award and N Kumar receiving a gold award. The Board joined in offering congratulations to both for their well-deserved awards.

N Campbell felt it was important to not lose sight of the fantastic work being done in A&E but noted the need for the Board to have some understanding around the 15% of patients not seen within 4 hours in terms of how long they were waiting for treatment. A Foster noted that there was a further backstop measure which was the 12 hour breach. He advised that the last 12 hour breach had been in 2013 but he was aware that they were happening throughout the region. It was agreed to take a report on this to a future meeting.

ACTION: A report on patients that were not seen in the 4 hour target and the time taken to treatment was requested for a future meeting

FT1081/16 UPDATE ON NW SECTOR / HEALTHIER TOGETHER

R Mundon advised that there was not much to update on this since the last meeting. Evaluation of the NW sector model compared to Healthier Together standards was currently being undertaken. A further update would come to a future meeting.

FT1082/16 PERFORMANCE MONITORING

CHAIRS REPORT FROM Q&S COMMITTEE

T Warne provided some feedback from the recent Q&S Committee meeting. He advised that there had been excellent attendance at the meeting. There had been a fascinating presentation from M Farrier around HSMR and SHMI. The Committee had recommended a presentation to the Board at some point in the New Year as it had provided an excellent description of what lies behind the statistics and the actions being taken. The presentation had brought into sharp relief the changes that had occurred in relation to the ageing population. The CCG had been invited to send representatives to the meeting and there had been some concern that the CCG did not see the issue around SHMI as being shared in the health economy. The Committee felt that more work was required to clarify with the CCG the joint responsibilities. There had been an excellent range of reports shared with the Committee.

PERFORMANCE REPORT M8

P Law reported the following highlights / lowlights from the performance report M8:

- Despite the pressures, there had been improvement in 10 of the real time patient experience questions. There were still some areas requiring further work
- There had been no grade 3 or 4 pressure ulcers in month, and only 1 in the last 12 months
- There had been a C Diff case in month taking the total to 18 for the year so far. These included 3 lapses of care
- There had also been an MRSA bacteraemia in November
- The Trust had received a PFD notice in relation to communications between clinicians across departments. A response was being pulled together which would go to Q&S Committee
- There had been 3 moderate falls in month

D Armfield provided the operational update from M8:

- As previously reported, A&E remained under pressure
- There had been 120 episodes of stays longer than 7 days in the Division of Medicine alone
- The stroke target for 90% of stay on the stroke unit had failed in month – this was solely due to bed pressures and outliers
- The cancer 62 day target had failed in month but there was high confidence that this would achieve for Q3. This had, in part, been due to the breakdown of the CT scanner but there were other cases that had been avoidable. WWL was one of only a few Trusts achieving this target. Overall, GM would fail for Q3 for the first time since 2011
- Performance on 18 weeks remained strong, as did performance on diagnostics and other cancer targets
- There was a low rate of operations cancelled on the day in November and the overall hospital cancellations were reducing thanks to the engagement from clinicians and nurses

J Husain particularly noted the effort of the nursing staff in SAL in assisting towards these reductions. It was agreed that P Law would prepare a letter for R Armstrong to sign sending thanks on behalf of the Board.

R Armstrong noted the discussion around HSMR that had taken place at Q&S was due to the peak in the mortality rates. A Foster advised that a special summit would be taking place on 4th January which would consider unscheduled care and the broad changes and how these could be managed.

C Hudson queried whether the 120 episodes of stays longer than 7 days were because patients were waiting for a place in the community. D Armfield advised that around 25 of these patients would have been medically optimised and awaiting discharge but the remainder were very ill patients that needed to be in hospital.

N Turner queried whether there was regular feedback to the CCG with regard to patient numbers. D Armfield confirmed that there was daily, often hourly, discussion.

R Armstrong thanked all for their input into the discussions. He noted that the ED team had proposed a good way forward to look at the system issues and how to tackle these with the appropriate partners.

ACTION: P Law to draft a letter from the Board to thank the nursing staff of SAL for their efforts in reducing on the day patient cancellations

CHAIRS REPORT FROM F&I COMMITTEE

There had been no F&I Committee meeting in December.

FINANCE REPORT M8

R Forster noted that the changing gear initiatives had commenced and seen the Trust make a return to profitability in month. Year to date the Trust was still below plan by £800k. Income was ahead and expenditure was over. CIP had achieved £6.6m to date but was still £800k behind plan. Capital expenditure remained below plan to protect the cash position which had recovered from last month. The Trust had achieved a use of resources rating of 2 and the Trust continued to project achievement of a £3.7m surplus including land sales.

C Hudson was pleased to see the progress that had been made. She felt that control of expenditure would be the key to turning the budget around. She noted her continued concerns around the delivery of CIP.

M Guymer congratulated the team on the progress in M8 but noted that the real concern was the forward view. He noted that the future looked very challenging.

R Forster noted the particular efforts of Specialist Services in the month.

R Armstrong thanked R Forster for his report and noted the good month overall and the progress made on M7.

BAF REVIEW

The Board undertook a full review of the BAF.

Achieve Zero points on the Monitor (NHS Improvement) Compliance Framework

The Board noted that the pressures on the system continued but were assured that actions would gain traction in January. It was agreed to retain the score of 20 for this objective.

Achieve a full year FSRR of 3 and in line with plan; achieve a surplus of £3.7m; maximise access to NHSE funds; return to underlying financial balance by Q4

The Board noted that, whilst there were positive signs of recovery, there were still significant risks around the financial position. It was agreed to keep the score at 20.

Achieve HSMR of no more than 87

The Q&S Committee had discussed this objective following the presentation from M Farrier and had made the recommendation that this remained at 16. The Board supported this recommendation. Priority would be given to scheduling a presentation to TB from M Farrier in January or February.

Achieve SHMI of no more than 100

As per the above discussion, it was agreed that this objective should stay at 12.

Develop a WWL GM devolution plan focused on patient benefits by Q4

R Mundon advised that this objective continued to progress and recommended it remained at 9. This was agreed.

Jointly with the CCG, develop a locality-based transformational, integrated care and finance plan, including a 3-year financial plan for the Trust which meets Carter and sustainability fund requirements and is focused on patient benefits by Q3

R Mundon advised that funding had now been awarded but there were some matters still to resolve. He was confident that, with the funding now in place, the objective would be discharged. It was agreed to leave the score at 12.

C Hudson noted that it would be useful for the Board to have an understanding of the investment agreement and the impact of this on the Trust. R Mundon agreed to provide a paper on this to the January Board.

Failure to successfully implement the Vanguard Project leading to non-establishment of a Hospital Chain by April 2017

R Forster proposed that the objective was changed to the following wording:

Establish a Vanguard AAC testing the viability of a workable hospital chain/group considering governance implications, and considering the technology to develop a digital clinical enterprise. Implement findings based on workability, affordability, effectiveness and value for money.

The Board were in support of this change and agreed to score this new wording at 9.

Recruitment challenges for medical and nursing staff resulting in breach of the agency cap and affecting quality of patient experience

A Balson noted that there were still national challenges but was pleased to note that the Trust had achieved the agency ceiling for the past 2 months. The Board noted that it might be possible to reduce this risk in the New Year but for now the score would stay at 20.

The Board welcomed the achievement of the agency ceiling.

ACTION: A presentation from M Farrier to be scheduled for the January / February TB

R Mundon to provide a report for the January Board on the investment agreement and impact for the locality plan

FT1083/16 MINUTES OF THE MEETING HELD ON 30.11.16

The minutes were agreed to be an accurate record.

FT1084/16 ACTION LOG

All action updates were received and noted.

FT1085/16 APPRENTICESHIP LEVY

The report was received and noted. This had been taken to Workforce Committee for approval but the meeting had not been quorate. Due to timescales, the principles within the report had been incorporated into the budget setting process but the Board were now asked to formally sign this off.

The Board approved the paper and its principles.

FT1086/16 I&D STRATEGY AND ANNUAL MONITORING REPORT

The report was received and noted for approval by the Board. This had been to the Workforce Committee but the meeting had not been quorate.

The Board approved the document and felt that it was a good report with some good analysis.

FT1087/16 CARTER

R Mundon presented the monthly report to the Board. He noted that this was a summary of progress against the 15 recommendations and more detailed analysis around 3 clinical services. This was still work in progress.

M Guymer felt there was some work to be done in terms of the details coming from the clinical service reviews and where this was reported.

C Hudson was pleased to note that there was much work being undertaken around this. She felt that Carter would be critical in terms of closing the budget gap and so felt that the work needed to be progressed at pace.

R Forster advised the Board that he had been notified of the Trusts reference costs for last year. He noted that these had reduced from 109 to 101 which was pleasing. The Board welcomed this positive news.

R Armstrong thanked R Mundon for a very positive report on Carter.

FT1088/16 FREEDOM TO SPEAK UP GUARDIAN – 6 MONTH UPDATE REPORT

A Balson presented the 6 monthly update to the Board. She noted that the Trust was active in encouraging staff to raise any concerns. Where themes and trends were identified, actions were taken in response. She felt that the Trust was a good performing organisation in terms of Freedom to Speak Up.

T Warne felt that this had been a great report but felt that it didn't give a sense of scale.

C Hudson was pleased to see this report at Board level. She felt that the Board could take a good level of assurance from the report.

R Armstrong thanked A Balson for the report.

FT1089/16 SCHEDULE OF MATTERS

D Nunns presented this report to the Board. It was noted that this had been reviewed at Audit Committee with the recommendation to the Board for approval. He advised that there was one outstanding item to be included around the Shared Services Board but this required some clarification first.

A Balson noted that the reference to the HR Committee needed to be amended to the Workforce Committee.

Subject to this change, and the incorporation of the new arrangements around the Shared Services Board, the Board accepted the document and approved the revised Schedule of Matters.

FT1090/16 GOVERNOR ACTIVITY REPORT

D Nunns presented the report to the Board which outlined Governor activity for the last year.

C Hudson noted the reference to the Audit Committee looking at the appointment of the External Auditors and advised that the reference should actually be to the CoG Audit Committee Sub Group. D Nunns would change this reference.

R Armstrong noted the loss of 2 Governors recently and advised that the Trust would be seeking to replace these members from the candidates from the earlier election. He further noted that feedback from Governors on the NED appraisal would be taken into consideration for the new appraisal process.

ACTION: D Nunns to change the reference to the Audit Committee considering the appointment of External Auditors to the CoG Audit Committee Sub Group

FT1091/16 ITEMS RECEIVED FOR INFORMATION

- F&I Committee – *the minutes were received and noted.*

- *Audit Committee – C Hudson provided an update from the Audit Committee meeting. She advised that a number of wide ranging issues had been discussed. There had been a deep dive into the procurement of equipment, an excellent report from the legal team and a good risk management report from REMC. The Committee had also considered the maintenance and monitoring of concerns raised. The Committee had also been pleased to note the good progress being made on audit recommendations. A number of risks had been discussed at the meeting. There was concern at the lack of a comprehensive process for the monitoring and replacement of both capital and revenue assets. It had been noted, however, that the finance team were picking this up. This had first come to light following the accidental sale of some leased scopes. The Committee had received assurance that the policy for leased equipment was being updated to include additional checks to prevent this in future. The meeting had also picked up on a number of risks associated with HIS. These were around Consultants not completing documentation in HIS leading to some issues at the Coroners court. There remained some gaps on compliance around conflicts of interest and work was being undertaken around an overarching policy designed to capture these risks. Some issues around laser safety had been highlighted by MIAA as part of their review. The review had been undertaken at the request of the Trust as there were some areas of concern. It was not clear yet as to whether the issues were in relation to lack of recording or due to lack of training / maintenance. This had been referred to REMC for further scrutiny.*

R Mundon confirmed that this was being considered at REMC and some specific work had been commissioned to try to identify the cause of the issues. REMC were also considering the HIS risks.

- *Q&S Committee – the minutes had been discussed earlier in the meeting. T Warne added that A Foster had shared an extensive amount of detail around the mortality reviews undertaken. It was discussed at the Committee as to whether a regular update was required and it was agreed that this was not necessary and that there was good assurance that excellent investigation work was being undertaken.*
- *Shared Services Board – whilst there were no formal minutes, the Board noted that there would be a change in governance arrangements for this and the detail would form part of a paper to the Board in January.*
- *Workforce Committee – the minutes were received and noted and had been discussed at the last meeting. It was noted that the meeting had not been quorate.*
- *Safer Staffing report – the paper was received and noted. P Law advised that the establishment review work was progressing at pace and the consultation around the changes proposed as part of this would commence in the first week of January. This had been discussed at Workforce Committee and would be monitored there.*

FT1092/16 QUESTIONS FROM THE PUBLIC

There were no questions from the public this time.

FT1093/16 KEY SUCCESSES / RISKS

Key successes were agreed to be:

- The Clinical Excellence Awards success of S Arya and N Kumar
- The improvement in 10 questions on the real time patient survey
- The Trust continued to meet national targets for 18 weeks RTT
- The positive impact of the changing gear initiatives
- The Trust achieving agency ceiling for the past 2 months
- The excellent Governor activity report
- The excellent reference costs outcome
- The I&D Strategy

Key risks were agreed to be:

- A&E performance
- The high levels of bed occupancy and the impact on quality etc.
- The PFD notice from the Coroner in relation to communication
- The failure of the stroke target due to bed pressures
- The continued financial challenges

FT1094/16 BOARD EFFECTIVENESS FEEDBACK

R Armstrong thanked all for their assistance in conducting the business in a timely manner.

FT1095/16 EXCLUSION OF THE PUBLIC

Resolved:

Those representatives of the press and other members of the public are excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

FT1096/16 DATE OF NEXT MEETING

25th January 2017, 9.45am, THQ Boardroom.