

**WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST**  
**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS**  
**HELD ON 21 DECEMBER 2017 AT 9.45AM**  
**AT ROYAL ALBERT EDWARD INFIRMARY, WIGAN LANE, WIGAN, WN1 2NN**

<b>Members' attendance record</b>		25/01/2017	22/02/2017	29/03/2017	26/04/2017	31/05/2017	28/06/2017	26/07/2017	27/09/2017	25/10/2017	29/11/2017	20/12/2017
Mr R Armstrong	Chair	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓
Dr S Arya	Medical Director	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓
Mrs A Balson	Director of Workforce	✓	✓	✓	✓	A	✓	✓	A	✓	✓	✓
Mr N Campbell	Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓
Mrs M Fleming	Director of Operations and Performance	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mr R Forster	Director of Finance & Informatics/Deputy Chief Executive	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓
Mr A Foster	Chief Executive	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓
Mr M Guymer	Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	A
Mrs C Hudson	Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mrs P Law	Director of Nursing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mr J Lloyd	Non-Executive Director	✓	A	✓	✓	A	✓	✓	✓	A	✓	A
Mr R Mundon	Director of Strategy	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓
Mrs C Parker-Stubbs	Non-Executive Director	✓	✓	✓	✓	✓	✓	A	✓	A	✓	✓
Mr N Turner	Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prof T Warne	Non-Executive Director	✓	✓	✓	✓	A	✓	A	✓	✓	✓	✓

Key: ✓: attended | A: apologies sent | \*: did not attend | --- not a member of the board at the date of the meeting

**In attendance**

Mrs E Bradbury     Associate Non-Executive Director  
 Mr P Howard        Trust Secretary  
 Dr R Sundar        Clinical Director for Medicine (for item 1283 only)

**1280 Chairman and quorum**

R Armstrong took the chair and noted that due notice had been given to all directors and that a quorum was present. The meeting was declared duly convened and constituted.

**1281 Apologies**

Apologies for absence were received and accepted for M Guymer and J Lloyd.

**1282 Declarations of interest**

There were no opening declarations of interest.

**1283 Cancer strategy presentation**

Dr R Sundar joined the meeting with other members of the cancer services team and delivered a presentation which covered the following key areas:

- Performance against national cancer targets
- Overview of the services provided at WWL and the new lung cancer pathway
- Summary of The Christie at Wigan operating model and workload
- Patient experience survey results
- Future challenges for the cancer services team

The Chief Executive congratulated the team on a strong performance and on the various achievements that had been highlighted within the presentation. He noted that the presentation had revealed that the majority of lung cancer patients present to the service with stage four cancers and Dr Sundar responded by providing a summary of the work that is undertaken within the community to improve awareness. The Director of Operations and Performance highlighted the fact that the cancer suite is an excellent example of delivering care closer to home, and Dr Sundar noted that in the future it is hoped to increase the range of cancers that can be treated locally rather than at the hub site at The Christie.

The Director of Finance and Informatics advised that charitable funds are available for cancer services and suggested that consideration be given to how this funding may best be used.

The Chair summarised by thanking Dr Sundar and the team for their work and acknowledged the work that will continue to take place to educate the local community around cancer.

The board received the report and noted the content.

**1284 Minutes of the previous meeting**

The minutes of the previous meeting were agreed as a true and accurate record. There were no outstanding actions on the action log.

## **1285 Patient experience video**

The Director of Nursing introduced the patient experience video, which had been provided by a member of staff who had contacted her following an in-patient stay. The board discussed the content, and noted that small improvements can make a significant difference to patients' experiences. The Director of Workforce suggested that consideration be given to developing a system for staff who have been cared for as patients to provide their feedback. In response, the Director of Nursing noted that many staff provide informal feedback on their experiences, whilst acknowledging that the development of additional feedback mechanisms could be beneficial. The Director of Nursing also confirmed that all patient experience videos are also shared with divisions for wider dissemination and discussion.

The board received the patient experience video and noted the content.

## **1286 Chair and Chief Executive's opening remarks**

The Chair opened this item by thanking all staff across the organisation for their continued hard work and dedication; particularly in light of the fact that there had been little respite over the traditionally quieter summer months. The Chief Executive echoed these sentiments, and reminded the board of the various staff wellbeing initiatives that had been introduced, noting that a number of staff had taken the time to make contact to express their gratitude.

The Chief Executive referred the board to his written report which had been circulated in advance of the meeting, and drew the board's attention to the fact that over 70% of staff had received the 'flu vaccine. The original target of 70% had therefore been achieved and a stretch target of 75% had been set.

The board received the report and noted the content.

## **1287 Reports of committees**

The board received a report and the draft minutes from the Quality and Safety Committee meeting held on 13 December 2017. T Warne summarised the content and commented in particular on the level of detailed discussion that had taken place around supporting staff involved in incidents. The Chair noted that, in response to a suggestion made at the meeting, the quarterly Safe, Effective and Caring Report would now be shared with the full board for information.

The draft minutes of the Audit Committee meeting held on 6 December 2017 were also received.

## **1288 Performance report**

The performance report had been circulated with the agenda and the Director of Nursing opened by referring directors to page 16 of the report and noting that performance against the real-time patient survey question "have you been involved as much as you wanted to be about your discharge home?" had improved significantly. This had been the result of changing the survey approach and surveying patients on the day of discharge rather than during their in-patient stay. Whilst this particular metric had improved, there had been an associated detrimental impact on other areas and therefore

it had been agreed that, from April 2018, the discharge question would be removed from the real-time patient survey and incorporated within the post-discharge friends and family test. It was felt that this would be a more appropriate time to ask the question and note was made of the fact that the larger sample size associated with the friends and family test would enable better conclusions to be drawn.

The Director of Nursing also advised that a new set of Discharge Always Events would be introduced with effect from January 2018 and would be subject to monthly audit.

The Director of Nursing confirmed that a Never Event had been reported in-month, giving a year-to-date total of 4. These would be subject to scrutiny by the Quality and Safety Committee.

The Director of Operations and Performance gave a summary of the operational metrics and also noted the separate report on unscheduled care that had been circulated with the agenda. Confirmation was provided that a detailed A&E recovery plan had been produced which is subject to regular review, involving internal and external stakeholders.

With regard to the productivity metrics shown on page 12 of the report, C Hudson noted that theatre effectiveness had deteriorated and that the narrative had described this deterioration as primarily due to continued pressures in unscheduled care and a diarrhoea and vomiting outbreak on the Wrightington site. The Director of Operations and Performance clarified that reduced bed capacity as a result of pressures in unscheduled care had resulted in the need for elective surgery to be cancelled over a two-week period in November 2017.

The board received the performance report and the unscheduled care report and noted the content.

## **1289 Financial position as at 30 November 2017**

The Director of Finance presented a report which had been circulated with the agenda. Confirmation was provided that a year-to-date trading deficit of £3.3m was being reported, which represents an adverse variance of £1.9m against the planned position. Cumulative income was £5.6m better than planned, and cumulative expenditure was £7.5m adverse to plan. A use of resources rating of 2 was reported.

The Director of Finance commented that the financial position remains challenging and noted that a £1.6m bid for additional winter funding had been accepted in principle.

C Hudson highlighted the increasing overspend on pay and requested that a breakdown by division be included in the next report to the board. The Director of Finance agreed to liaise with C Hudson outside the meeting to determine what additional information was required to be included in the report. C Hudson also noted that performance on the Wrightington site had been deteriorating since July 2017 and needed to be addressed as a priority.

The Chair expressed concern that delivery of cost improvement plans generally, and the Big 12 schemes in particular, was behind plan. In response to a question from the Chair around the likely quarter three sustainability and transformation funding, the Director of Finance advised that it is likely that 70% of the available funding would be received, with

the additional 30% being unlikely as a result of A&E performance; even when walk-in centre activity is included.

The Director of Finance concluded this item by advising that the procurement team had recently been named Team of the Year in the Healthcare Supplies Association awards and the finance team had been shortlisted in the Finance Team of the Year category of the Healthcare Financial Management Association awards.

The board received the report and noted the content.

#### **1290 Board assurance framework**

The board considered the board assurance framework and noted the scores proposed by the various committees, or by the executive team where the relevant committee had not met.

The board approved the board assurance framework as presented.

#### **1291 Safe staffing report**

The Director of Nursing presented the monthly safe staffing report and highlighted the fact that continuous recruitment had had an impact but that the overall position remains a challenge, in common with most other NHS organisations.

With regard to wider initiatives, she confirmed that contact has been made with recently-retired staff who have retained their professional registration to offer the opportunity to undertake some work, and staff on maternity leave had been offered the opportunity to undertake keeping in touch sessions. The Director of Nursing had also written to all registered nurses to thank them for their hard work and to seek any additional suggestions as to how staffing levels could be improved.

It was noted that the Workforce Committee would be reviewing the plans to improve staffing levels and it was agreed that this would be provided to the board for information, following the committee's scrutiny.

The board received the report and noted the content.

#### **1292 Items for approval**

The following items were approved by the board:

- Emergency Preparedness, Resilience and Response (EPRR) Compliance Statement 2017
- Health and safety annual report
- Freedom to speak up update

With regard to the freedom to speak up update, it was noted that a report on the actions arising from the National Guardian's report into Southport and Ormskirk Hospital would be considered by the Workforce Committee and subsequently presented to the board for information.

## **1293 Identification of key successes and risks**

The board discussed and agreed the key successes as:

- The work of the cancer services team and its future potential
- Improving mortality figures
- The comprehensive nature of the health and safety annual report
- Progress around the freedom to speak up agenda
- Model hospital nursing data
- Increased winter funding
- EPRR work, particularly in light of the operational pressures
- Meeting most of the national access targets
- 'Flu vaccination rates
- Introduction of winter wellbeing initiatives for staff

The key risks were identified as:

- Public awareness around lung cancers as identified within the cancer strategy presentation, which will be addressed through the cancer services team
- Accident and Emergency performance
- Mortality figures, whilst improved, are not yet below 100
- Financial position, and particularly the trading position and cost improvement plans
- Nurse staffing, although the work on short, medium and long-term actions was acknowledged
- Violence and aggression figures, as noted within the health and safety annual report, and the board reinforced its support for a zero tolerance policy and that is would support staff to make referrals to the police where appropriate

## **1294 Questions from the public**

Questions from the public were received.

## **1295 Exclusion of the press and public**

The board resolved that representatives of the press and other members of the public be 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.

## **1296 Date of next meeting**

The next meeting of the Board of Directors will be held on 31 January 2018, at the later time of 11.45am, at Royal Albert Edward Infirmary, Wigan Lane, Wigan, WN1 2NN