

## Chairpersons Report

<b>Chairpersons Name</b>	Robert Armstrong		
<b>Committee Name</b>	Trust Board – Part 1		
<b>Date of Meeting</b>	25.01.17		
<b>Name of Receiving Committee</b>	Na.		
<b>Date of Receiving Committee meeting</b>	Na.		
<b>Strategic Items for referral to Trust Board</b>	Na.		
<b>Items for escalation?</b>	Yes	No	If yes, to which Committee

### Please detail up to 3 key successes or achievements discussed at the meeting

1. Achievement of the Q3 S&T funding
2. Authorisation of the business case for the new CT scanner
3. Agreement of a block contract with the CCG
4. Compliance with the NHS Constitution
5. Safeguarding report
6. The greater understanding around HSMR / SHMI

### Details of the top three risks identified during the course of the meeting and initials of primary member of staff actioning

1.	The reporting of HSMR / SHMI and its use as a measure of quality	
2.	The changing demographics	
3.	A&E performance	MF
4.	CIP	RM
5.	The lessons from the patient story around pain management, communication and behaviours	PL

<b>Attendance at the meeting (please highlight):</b>	<b>Excellent (well attended)</b> X	<b>Acceptable (some apologies)</b>	<b>Unacceptable (quorate)</b>	<b>Unacceptable (not quorate)</b>
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<b>Was the agenda fit for purpose and reflective of the Committees terms of reference?</b>	yes
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### Narrative report of the key issues of the meeting

The Board asked for and received a presentation on HSMR. This concentrated on the evolving changes to the patient and demographic mix and the necessary responses the Trust ( with Partners) will need to make. The short, medium and longer term plans will need to be worked up to deliver sustainable improvement, invitation to organisations doing better on HSMR to be considered.

The Board looked at the implications of the recently signed block contract which will provide the necessary financial stability to work with partners to re-design the care pathways. The need to be ready to go on the 1<sup>st</sup> of April was emphasised by the Trust Board.

The Trust Board looks forward to the response to the Patient Story which highlighted multiple issues as a result of a visit to A&E.

### Key outcomes from the reports taken at the meeting

- Block Contract – work to start to be ready for 1<sup>st</sup> April implementation of projects
- Acceptance of the Safeguarding and NHS Constitution report
- Authorisation of the CT Scanner Business case

Chairman: Robert Armstrong

Chief Executive: Andrew Foster CBE

reviewed December 2016, next review December 2017

*your hospitals, your health, our priority*



Agreed actions from the meeting	Name of primary lead for the actions
D Nunns to arrange a presentation on mortality for the CoG	D Nunns
Information to be provided to the Board in terms of number of care / nursing home beds available in the community compared to last year and the types of patients using these beds	M Fleming
D Armfield to speak to M Fleming about providing the Board with a future trend analysis brief for the upcoming away day	D Armfield
The report on the 4 hour A&E breaches to be taken to F&I Committee for further discussion	D Armfield
R Mundon to include that commercial in confidence discussions should not involve any parties that were not directly involved	R Mundon

[illegible]

## **FT1097/17      MORTALITY PRESENTATION**

M Farrier was in attendance to present to the Board on the important and challenging topic of mortality. His presentation drew out the following key points:

- Mortality data, in its current form, was not completely helpful
- The number of observed deaths had been increasing over time and was moving away from the number of expected deaths
- It was noted that, perversely, the number of deaths was increasing whilst the number of admissions into hospital was decreasing
- Lower admissions had an impact on mortality rates due to the method of calculation
- Mortality rates were no longer linked with the quality of care or preventable deaths in an organisation
- In the summer months of 2016, there had been more deaths than expected. Most of the increase had been in patients on end of life care (41 in 2015 compared with 78 in 2016)
- There had been an 11% increase in patients admitted from care homes
- The number of people in Wigan that were over 65 was twice that of Salford. Cities were predominantly populated by younger people and therefore had better mortality data
- The national demographic was changing with people living much longer
- As people lived longer, the impact of incurable conditions such as dementia would be greater

M Farrier felt there was a need for real change in healthcare in order to handle the increasingly frail, elderly population and made some possible suggestions to the Board.

Actions to be taken for fruition in a 2 year period:

- Industrialisation of healthcare i.e. acute healthcare villages and step down facilities
- Whole health care economy beds
- Step down posts for Consultants
- Preventative care in the frail and elderly
- HIS use in community care
- 'Not for acute care' orders

Actions for achievement in 10 years would include:

- Rationing of healthcare
- Provision of healthcare – is healthcare required or human care
- Dementia villages
- Integrated facilities

M Farrier felt that there were further challenges ahead as the elderly population reached a peak. He felt that the experiences of the year should be taken as an early warning that there was a requirement to do things differently.

R Armstrong thanked M Farrier for an excellent and thought provoking presentation. He invited questions from those present.

C Parker Stubbs felt that the presentation had provided even more points for consideration than the presentation taken at Q&S Committee. She felt that the issues required far greater consideration than could be given by WWL alone. She felt there were opportunities to present this information at local and national levels in order to generate wider support. M Farrier agreed

with this but felt that WWL would be a key driver for change and that actions needed to be taken locally initially.

C Parker Stubbs queried whether the high levels of mortality were being carried over into winter. M Farrier confirmed that the Trust continued to see the highest mortality figures it had ever seen.

T Warne felt the presentation had been excellent. He noted that M Farrier had shared an excellent infographic at the last Q&S Committee which contained detail that would be of interest to the Board. He felt that this was an opportunity for WWL to lead the way and felt that the timing was right with the work taking place across GM. He congratulated M Farrier on his explanation of a complex issue.

N Turner noted that the details in the presentation undermined the authority of SHMI data and felt it was essential to deliver this message to a much wider audience. He felt there was an excellent opportunity for the Trust to create a healthcare village at the Leigh site but this would need to be done jointly with local partners.

J Lloyd noted that the data showed a significant step up between 2015 and 2016. He queried whether this would continue to increase or if it would plateau. M Farrier noted that the increase showed the beginning of the demographic change. He felt it would get greater over a number of years before plateauing and reducing. This would be over a number of years.

J Lloyd queried if the messages in M Farrier's presentation were widely held and how well the need for change was understood. M Farrier felt that this was not widely understood at the moment. J Lloyd therefore supported the idea of starting a wider conversation locally.

C Hudson thanked M Farrier for an interesting presentation. She queried why patients living with Dementia and Alzheimer's were being cared for in hospital when care was best provided elsewhere. She felt this was a key issue. She noted that there was insufficient support for carers in the borough and, whilst there was greater recognition of the need for care rather than medical support, there were issues and inconsistencies around funding for care which were keeping patients in hospital. She felt that the difference highlighted between the Wigan and Salford populations was stark.

M Skilling felt this had been an excellent presentation that the CoG would benefit from seeing at some point in the near future. She noted that this was a real concern for Governors and would help understanding of the issues and reasons behind them.

A Balson felt that this was a compelling narrative. She queried whether other Trusts were experiencing similar issues. M Farrier noted that this was dependant on populations. City centre hospitals had lower mortality than might be expected and there was a significant difference between mortality in the North and South (South being lower). He also noted that there had been no change in the methodology for calculating HSMR so it was somewhat outdated.

R Mundon felt the presentation had been excellent and felt that the messages within needed a bigger platform. He noted that there were a number of joint, local meetings that this could be taken to. He noted that the spike in the elderly population had been anticipated but steps had not been taken to prepare. He felt that the Trust would not be able to rely on the machinery of government to drive this forward; change would need to begin at WWL. He didn't believe that there was any new thinking in the actions suggested but noted that the presentation had provided a clearer idea of cause and effect. He felt that the corporate objective around this needed to move away from a target to something that was more relevant.

P Law noted that the Trusts quality of care was still measured on HSMR data so it would be important to understand where the Trust fitted compared to others. She had thought that patients on end of life care didn't have a negative impact on HSMR. M Farrier explained that this was not the case.

A Foster noted that this information was crucial to the Trust in order to ensure that the correct choices were made for the future but he felt that this was not giving the full picture. He felt that the changing demography did not fully explain the sudden dip in mortality. He felt that there were other factors such as A&E and social care. He noted that this could not be tackled by WWL alone and help would be required from other agencies.

R Armstrong again thanked M Farrier for an excellent presentation. He noted that this partly explained the issues but work would be required on the quality journey and to understand the impact of other factors. He noted that this would be about trying to tackle the issue with other partners; it was not resolvable by WWL alone but WWL could be the system leader to deliver change in the borough. He noted that there would be no quick fixes to the issues raised.

M Farrier agreed to circulate the slides and infographic to the Board.

**ACTION: D Nunns to arrange a presentation on mortality for the CoG**

**A Foster to discuss M Farrier's presentation being given at the Health & Wellbeing Board meeting**

#### **FT1098/17 CHAIRMANS OPENING REMARKS**

R Armstrong welcomed all to the meeting.

He wished a Happy New Year to all as this was the first Trust Board meeting of 2017. He felt that the year ahead would be challenging but also one of optimism.

R Armstrong was sad to note the passing of Helen Hand, TB Secretary, who had given loyal and faithful service to the Board over many years. Many of the Board had attended the funeral which demonstrated the high esteem and respect that Helen was held in. The Board joined in extending their deepest condolences to Helen's family.

#### **FT1099/17 APOLOGIES**

As noted above.

#### **FT1100/17 DECLARATION OF INTERESTS**

None were declared.

#### **FT1101/17 PATIENT STORY**

The Board received and noted the experience of Mrs Cunliffe. The response to the complaint would be taken at the next Board meeting.

Mrs Cunliffe had shared a number of issues that she had experienced during her attendance at A&E and subsequent admission to MAU. Her attendance had taken place at a time when the Trust had experienced a particularly distressing event but she had felt that she had not been recognised as a person in pain.

The Board noted that the event that had taken place at the time of the complaint was unprecedented for the Trust and had been particularly distressing and upsetting for staff. Nevertheless, it was acknowledged that Mrs Cunliffe had a poor experience in many respects. There were lessons to be learned around effective pain management, timely and appropriate communication and recognition of the individual.

R Armstrong noted that the Board would look forward to the response next month.

## **FT1102/17 CHIEF EXECUTIVES REPORT AND MATTERS FOR BOARD TO NOTE**

The CEO report was received and noted.

A Foster advised that the performance of the NHS as a whole had plunged dramatically in terms of A&E. WWL had suffered a particularly bad 3 weeks of performance due to an outbreak of norovirus which had closed wards and nursing homes and had impacted on staff levels due to sickness. A&E continued to be challenged but had improved quite a lot in recent weeks.

C Hudson noted that WWL had access to fewer community beds this year compared to last. She felt it would be useful for the Board to understand how many fewer community nursing home beds were available compared to last year and who was using the beds.

M Farrier noted that the healthcare economy had fewer beds as a number of nursing homes (7) had become care homes. He also noted that a number of nursing home beds remained empty due to funding issues or due to shortages in staff. Care homes were only able to take a very limited type of patient.

**ACTION: Information to be provided to the Board in terms of number of care / nursing home beds available in the community compared to last year and the types of patients using these beds (M Fleming)**

## **FT1103/17 PERFORMANCE MONITORING**

### CHAIRS REPORT FROM Q&S COMMITTEE

T Warne noted that the Q&S Committee had agreed to escalate two issues to Board. One of these was around staffing levels on MAU / Lowton. There had been some concern that it was proving increasingly difficult to ensure the right skill mix was achieved on these wards for service delivery. An action plan was in place but there were some issues around recruitment. The Committee had felt unable to do more than acknowledge the issues and it had been felt appropriate to escalate this to Board to highlight the situation. The second item had been around the Talksafe initiative. The Committee had taken a good paper on this and had come to a unanimous agreement that the initiative should continue to be supported. However, one of the elements of the report was the requirement for clear endorsement from the Board. A report would come to the February Board meeting.

### CHAIRS REPORT FROM F&I COMMITTEE

J Lloyd advised that the F&I Committee had not met in December so January had been the first meeting for a while. There had been a number of key successes noted at the meeting:

- Improvement in the performance levels at Wrightington was noted. There had been some concerns but it had been pleasing to note the positive attitude of staff

- A good report on the improvements in the trajectory for temporary staffing and associated costs had been received
- There had been good performance financially in month and in the quarter which had enabled access to the majority of the S&T funding
- There had been agreement of a block contract with the CCG
- The Committee had approved the CT scanner business case for RAEI

Key risks identified had included:

- The continued poor delivery of CIP
- The risks associated with the block contract; this would require a different mind set
- A&E performance
- Failure to achieve the 18 weeks RTT target for Orthopaedics

J Lloyd advised that the meeting had been full but a significant level of assurance had been taken on some key issues.

### PERFORMANCE REPORT M9

P Law provided the highlights and lowlights for the Board:

- There had been no grade 3 or 4 pressure ulcers in December
- There had been no serious falls in December
- 12 of the 13 patient experience indicators were at green. Involvement in discharge was still red but P Law had a plan for improvement
- There had been an MRSA bacteraemia in December, 4 further CDTs and a central line infection
- The total number of CDTs were at 21 for the year. L Barkess Jones and R Nelson had attended Q&S Committee to provide assurances around infection control which had been well received
- 3 RCAs (Root Cause Analysis) from the 4 CDTs had been held with the CCG and they were satisfied that there had been no lapses in care; there had only been 3 lapses of care in total out of the 21 cases
- The Trust had been affected by the norovirus outbreak, a respiratory virus and flu but had coped very well considering this.

D Armfield provided the operational highlights and lowlights to the Board:

- Performance on overall access targets remained strong
- Diagnostic access targets had achieved
- There had been recovery of the cancer access targets
- Theatre effectiveness at Wrightington was greater than 70%
- On the day cancellations had reduced in month
- The percentage of hospital cancellations at less than 6 weeks remained static
- The stroke target for high risk TIA patients had failed due to staff shortages
- The 18 weeks RTT target for Orthopaedics had failed in month; primarily this had been due to patient choice and the Division was working hard to recover
- A&E had failed for quarter 3. A number of factors had contributed to this as outline in the earlier discussions

R Armstrong noted that there had only been 3 lapses of care in CDTs and wondered if there was any evidence to suggest that antibiotic prescribing was having an impact. P Law advised that



the RCAs looked at patient records and their treatment leading up to the infection to assess whether this was appropriate. The RCAs had found that the use of antibiotics had been appropriate. She noted that many patients were carriers of CDT and the use of antibiotics then tipped these patients over into CDT infection. She noted that this was very common given the acuity of patients being seen.

T Warne felt it would be beneficial for the Board to have a brief on future trend analysis for the upcoming away day. D Armfield would speak to M Fleming about this.

R Armstrong thanked both P Law and D Armfield for their reports.

**ACTION: D Armfield to speak to M Fleming about providing the Board with a future trend analysis brief for the upcoming away day**

### FINANCE REPORT M9

R Forster advised that, on the face of it, it had been a good month in terms of finances with delivery of a £2.1m surplus against a plan of £600k. Year to date, a surplus of £3m was reported against a plan of £2.1m. Income was ahead of plan and expenditure behind. The CIP position had deteriorated and was now £1.4m behind plan. Capital expenditure remained behind plan by £2.1m. The use of resource rating was at 2. The Trust continued to forecast achievement of budget. Discussions with NHSI around the use of land sale profit continued. R Forster felt there was potential for agreement on this. R Forster noted that shortfalls in the finances had led to management decisions being taken in relation to financial risks to shore up the position. This had enabled access to the majority of the S&T funding, excluding that dependant on A&E achievement.

R Armstrong noted that everything possible had been done to secure the Q3 position but there was nothing further that could be utilised to achieve Q4; there would need to be good performance. It was pleasing to note the achievement of S&T funding for Q3.

C Hudson was pleased to see the financial performance and felt that it gave some confidence going into the final quarter of the year. She felt it would be important to get upstream early on CIP delivery. It was the Boards responsibility to make sure that this happened. She looked forward to the discussions at the Board Away Day and the Q4 results.

J Lloyd noted that the move to a block contract would require a change of focus from driving income to driving cost improvements.

R Armstrong thanked R Forster for his report.

### BAF REVIEW

The Board undertook a full review of the BAF.

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

The Board noted the failure of A&E for Q3 and agreed that 20 remained a suitable score 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 were pleased to note the achievement of the S&T funding for Q3 but noted the significant challenges that remained. It was agreed that 20 remained a suitable score for this objective.

Achieve HSMR of no more than 87

The Board supported the decision taken at Q&S Committee to increase this score to 20, given the challenges that had been detailed in the earlier presentation.

Achieve SHMI of no more than 100

The Board supported the decision taken at Q&S Committee to increase this score to 16, given the challenges that had been detailed in the earlier presentation.

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

The Board noted that this objective continued to progress and agreed that 9 was a suitable score for the objective.

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 noted that, moving forward, the wording of this would need to be reconsidered. He advised that the two main components of the plan were the contract, which had been signed, and access to the transformation funding, which had been achieved. There was more to do on a locality basis to transform this into a plan. The Board agreed to retain the score at 12.

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 agreed that 9 remained a suitable score.

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

A Balson advised that, whilst there had been some recruitment successes and reduction in temporary staffing spend, risks still remained. It was agreed to retain the score at 20.

## **FT1104/17 MINUTES OF THE MEETING HELD ON 21.12.16**

The minutes were agreed to be an accurate record.

## **FT1105/17 ACTION LOG**

Action updates were received and noted.

D Armfield circulated a report on the patients that breached the 4 hour A&E target. He advised that the major reason for breaches in December had been around capacity and A&E delays. The length of time before patients were seen was shown in the report but it was key to note that patients were not left stranded in A&E and were worked through in chronological order. There had been no breaches of the 12 hour decision to admit in December. WWL had been the only Trust in the area to achieve this. R Armstrong thanked D Armfield for this paper which he felt had answered the queries of the Board. He suggested that this was taken to F&I Committee for further, detailed discussion.

R Mundon provided a verbal update on his action to provide a report on the investment agreement for transformation funding as part of the locality. He advised that this was not yet complete but work was progressing.

R Armstrong asked the Board for their agreement in giving A Foster the authority to sign the Transformation Fund Investment Agreement on behalf of the Trust. This was supported.

**ACTION: The report on the 4 hour A&E breaches to be taken to F&I Committee for further discussion**

**FT1106/17 NHS CONSTITUTION COMPLIANCE Q3 FOR PATIENT AND PUBLIC AND HR**

The Board received and noted the Q3 reports.

**FT1107/17 CHILD SAFEGUARDING ANNUAL REPORT**

The Board received and noted the report. It was agreed that this was an excellent report and summary of the Trusts current position.

C Hudson noted that there had been a rise in the number of issues that the safeguarding teams were involved in. These were often time consuming cases and the Trust was fortunate to have good rigour in the teams.

R Armstrong noted that the Board recognised the increase in workload and complexity.

**FT1108/17 CARTER**

The report was received and noted.

R Mundon advised that this continued to be work in progress but there was a requirement for Board visibility.

J Lloyd noted that the report was also reviewed at F&I Committee.

**FT1109/17 DEVELOPMENT OF THE NW SECTOR SHARED SERVICE BOARD**

The paper was received and noted by the Board.

The paper requested WWL Board agreement for the changing arrangements around the Shared Services Board.

The Board supported the principles within the paper but suggested the inclusion that commercial in confidence discussions should not involve any parties that were not directly involved.

**ACTION:** R Munden to include that commercial in confidence discussions should not involve any parties that were not directly involved

#### **FT1110/17 ITEMS RECEIVED FOR INFORMATION**

- F&I Committee – *These had been discussed earlier in the meeting.*
- Audit Committee – *The next meeting was noted to be on the 1<sup>st</sup> February. Work continued with the Governor sub group on the appointment of external auditors.*
- Q&S Committee – *These had been discussed earlier in the meeting.*
- Shared Services Board – *There were no minutes for discussion.*
- IM&T Strategy Committee – *The next meeting was noted to take place in March.*
- Workforce Committee – *The next meeting was due to take place on the 8<sup>th</sup> February.*
- Safer Staffing report – *P Law advised that consultation on new staff hours had commenced this week. She felt this would make a significant difference to staffing levels on wards. Staff issues on MAU / Lowton featured in the report this month and there had also been concerns around Winstanley and Ince. P Law and S Arya had agreed to alter the patient mix to relieve the pressures on these wards by spreading the acuity more evenly.*
- Use of Company Seal Q3 – *The report was received and noted.*

#### **FT1111/17 QUESTIONS FROM THE PUBLIC**

There were no further questions from the public.

#### **FT1112/17 KEY SUCCESSES / RISKS**

Key successes were agreed to be:

- Achievement of the Q3 S&T funding
- Authorisation of the business case for the new CT scanner
- Agreement of a block contract with the CCG
- Compliance with the NHS Constitution
- Safeguarding report
- The greater understanding around HSMR / SHMI

Key risks were agreed to be:

- The reporting of HSMR / SHMI and its use as a measure of quality
- The changing demographics
- A&E performance
- CIP
- The lessons from the patient story around pain management, communication and behaviours

**FT1113/17      BOARD EFFECTIVENESS FEEDBACK**

R Armstrong thanked all for their assistance in conducting the business in a timely manner. He noted that the quality of papers had been exceptional.

**FT1114/17      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.

**FT1115/17      DATE OF NEXT MEETING**

22<sup>nd</sup> February 2017, 9.45am, THQ Boardroom.