

## Chairpersons Report

<b>Chairpersons Name</b>	Robert Armstrong		
<b>Committee Name</b>	Trust Board – Part 1		
<b>Date of Meeting</b>	28.06.17		
<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>	<b>Yes</b>	<b>No</b> x	<b>If yes, to which Committee</b>

Please detail up to 3 key successes or achievements discussed at the meeting				
1) Good performance on access targets				
2) Reported low levels of serious harms				
3) Results of the Picker National Emergency Care Survey				
4) Refresh of the workforce plan				
5) One-year anniversary of the Hospital Information System				
Details of the top three risks identified during the course of the meeting and initials of primary member of staff actioning				
1.	Awaited fire risk assessment on the Hanover building			MF
2.	Mortality data			SA
3.	A&E performance and on-going pressures			MF
4.	Potential issues raised concerning pathology results for breast screening			RM
5.	Financial performance in May			RF
6.	Future of the Taylor Unit (Neuro Rehab)			RM
Attendance at the meeting (please highlight):	Excellent (well attended) X	Acceptable (some apologies)	Unacceptable (quorate)	Unacceptable (not quorate)

<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 scrutinised the performance of A&E and received information from the Director of Operations regarding the drivers of increased demand. The Board felt the Chair and CE should write a formal note regarding its concern over this increase in demand. The Board received the Picker urgent care Survey and noted the high patient feedback – despite the challenges being faced by the Unit. All other key issues are covered within the minutes
Key outcomes from the reports taken at the meeting
Financial overspend identified in main to one Division, this will be subject to focussed actions by the Finance and Investment Committee (F&I) Board requested, via F&I, that an update on Taylor Unit is brought to Board following scrutiny Pathology performance is kept under review by the Quality and Safety Committee with escalation as necessary to Salford

Chairman: Robert Armstrong

Chief Executive: Andrew Foster CBE

Agreed actions from the meeting	Name of primary lead for the actions
A report to be prepared for the Finance and Investment Committee that made recommendations on the approach to be taken to resolve issues in the unscheduled care system	Director of Operations and Performance
A letter to be sent to the Chair and Chief Executive of the CCG with regard to increased levels of attendance	Chair / Chief Executive
The Executive team to review the scores on the BAF not yet scored for June	Executive team
Potential issues raised concerning pathology results for breast screening to be monitored by Quality and Safety Committee	Director of Strategy / Director of Operations and Performance
The future of the Taylor Unit to be monitored via the Finance and Investment Committee for future report back to the Board	Director of Strategy

**WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST  
MINUTES OF A MEETING OF THE BOARD OF DIRECTORS  
HELD ON 28 JUNE 2017 AT 9.45AM  
AT ROYAL ALBERT EDWARD INFIRMARY, WIGAN LANE, WIGAN, WN1 2NN**

**Members' attendance record**

		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	✓	✓	✓	✓	✓	✓					
Dr S Arya	Medical Director	✓	✓	✓	✓	✓	✓					
Mrs A Balson	Director of Workforce	✓	✓	✓	✓	A	✓					
Mr N Campbell	Non-Executive Director	✓	✓	✓	✓	✓	✓					
Mrs M Fleming	Director of Operations and Performance	A	✓	✓	✓	✓	✓					
Mr R Forster	Director of Finance & Informatics/Deputy Chief Executive	✓	✓	✓	✓	✓	✓					
Mr A Foster	Chief Executive	✓	✓	✓	✓	A	✓					
Mr M Guymer	Non-Executive Director	✓	✓	✓	✓	✓	✓					
Mrs C Hudson	Non-Executive Director	✓	✓	✓	✓	✓	✓					
Mrs P Law	Director of Nursing	✓	✓	✓	✓	✓	✓					
Mr J Lloyd	Non-Executive Director	✓	A	✓	✓	A	✓					
Mr R Mundon	Director of Strategy	✓	✓	✓	A	✓	✓					
Mrs C Parker Stubbs	Non-Executive Director	✓	✓	✓	✓	✓	✓					
Mr N Turner	Non-Executive Director	✓	✓	✓	✓	✓	✓					
Prof T Warne	Non-Executive Director	✓	✓	✓	✓	A	✓					

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

**In attendance**

Mrs L Hancock, Corporate Services Administrator (minutes)

Mr P Howard, Trust Board Secretary

**1194 Chair's opening remarks**

The Chair opened the meeting by noting that today marked the one-year anniversary of the Hospital Information System (HIS).

**1195 Apologies**

Apologies for absence were received as indicated in the attendance record above.

**1196 Declarations of interest**

There were no opening declarations of interest.

**1197 Patient story**

A positive patient experience was presented which outlined the importance of clear communication and friendly staff attitude.

The Board received and noted the content of the video story.

**1198 Chief Executive's report and matters for the Board to note**

The Chief Executive's report had been circulated in advance of the meeting and highlighted the following points:

- The A&E department was currently experiencing an increased volume of attendances. Year-to-date performance was at 89.3% against a trajectory of 90% for the first quarter
- There had been one case of Clostridium difficile (C. diff) in June
- The Hospital Standardised Mortality Ratio (HSMR) data for March was at 98.9 which was an improvement on previous months
- Investigation into the cladding of the Hanover building at Leigh Infirmary had taken place. The cladding was of a different type to that used on Grenfell Tower but a fire risk assessment by the fire authorities had been requested. There was no inpatient activity undertaken in the building

The Board expressed its full support for the A&E team and acknowledged the continuing hard work of staff. It would be important for the Trust to continue to work closely with local partners in addressing system issues which affected attendance levels.

The Board received and noted the contents of the report.

**1199 Performance monitoring**

*(a) Report from the Quality and Safety Committee*

The Chair of the Quality and Safety Committee provided a verbal update to the Board which outlined the discussions from the meeting of the Committee held on 14 June 2017.

The Board received and noted the verbal report.

(b) *Report from the Finance and Investment Committee*

The Chair of the Finance and Investment Committee provided a verbal update to the Board which outlined the discussions from the meeting of the Committee held on 20 June 2017.

The Board received and noted the verbal report.

(c) *Report from the Workforce Committee*

The Chair of the Workforce Committee provided a verbal update to the Board which outlined the discussions from the meeting of the Committee held on 21 June 2017.

The Board received and noted the verbal report.

(d) *Performance report – May*

The Director of Nursing and the Director of Operations and Performance presented the performance report for May and highlighted the following points:

- There had been one case of Clostridium difficile (C. diff), zero serious falls and zero grade 3 or 4 pressure ulcers
- There had been three StEIS (Strategic Executive Information System) reportable incidents
- There had been a reduction in patient experience survey scores for involvement in discharge. Improvement work was being undertaken
- The international cyber attack in May had been well managed, with only 7 patients cancelled in total
- There was continued good performance on access targets
- As noted previously, A&E had seen an increased level of attendances compared with the same period last year. There had been a particular increase in the number of attendances by young patients with mental health conditions and out of area patients

The complexity of factors influencing A&E performance were noted. A report to the Finance and Investment Committee was requested, which would make recommendations on the approach to be taken to resolve issues in the unscheduled care system.

**Action: Director of Operations and Performance**

It was further agreed that the Chair and Chief Executive would write jointly to the Chair and Chief Executive of the Clinical Commissioning Group (CCG) with regard to increased levels of attendance.

**Action: Chair/Chief Executive**

The Board received and noted the contents of the performance report for May.

(e) *Finance report – May*

The Director of Finance and Informatics presented the finance report for May and highlighted the following points:

- May had been challenging with the Trust reporting an £800k deficit both in month and year to date
- Cost Improvement Programmes (CIP) had under-delivered by £400k
- The cash position continued to be monitored closely
- A 'Use of Resources' rating of 3 had been achieved
- It was anticipated that Sustainability and Transformation (S&T) funding for the first quarter would be achieved

The Board received and noted the contents of the finance report for May.

(f) *Board Assurance Framework 2017/18*

The Board received and noted the Board Assurance Framework (BAF).

The Board supported the scores as proposed by the sub-committees and requested that the Executive Team review and score the objectives not yet scored for June.

**Action: Executive Team**

**1200 Minutes of the last meeting**

The minutes of the previous meeting held on 31 May 2017 were agreed as a true and accurate record.

**1201 Actions from the last meeting**

Action updates from the meeting held on 31 May 2017 were received and noted.

**1202 Picker National Emergency Care Survey**

The Director of Nursing presented the results of the Picker National Emergency Care Survey.

The Board received and noted the contents of the report.

**1203 Items received for information**

The Board received the safer staffing report for information.

The statutory supervision of midwives had ceased at the end of March. Work was being undertaken by the Greater Manchester Directors of Nursing forum to agree a Greater Manchester wide solution.

The Board were in support of the approach outlined and requested that progress was monitored via the Quality & Safety Committee.

**1204 Key successes/risks**

The Board discussed and agreed the key successes and risks as follows:

*Successes*

- Good performance on access targets
- Reported low levels of serious harms

- Results of the Picker National Emergency Care Survey
- Refresh of the workforce plan
- One-year anniversary of the Hospital Information System

#### *Risks*

- Awaited fire risk assessment on the Hanover building
- Mortality data
- A&E performance and on-going pressures
- Potential issues raised concerning pathology results for breast screening (this would be monitored via the Quality and Safety Committee)

#### **Action: Director of Strategy / Director of Operations and Performance**

- Financial performance in May
- Future of the Taylor Unit (this would be monitored via the Finance and Investment Committee for future report back to the Board)

#### **Action: Director of Strategy**

#### **1205 Board effectiveness feedback**

The Chair thanked the members of the Board for participation in discussions and the conclusion of business within the allotted time.

#### **1206 Questions from the public**

There were no further questions raised by the members of the public in attendance.

#### **1207 Exclusion of the 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.

#### **1208 Date of the next meeting**

The next meeting of the Board of Directors will be held on 26 July 2017, 9.45am at Royal Albert Edward Infirmary, Wigan Lane, Wigan, WN1 2NN.

## Trust Board Action Log – P1

### 28.06.17

Date of meeting	Agenda ref No.	Item	Action required	Assigned to	Target date	Date completed
<b>Actions carried forward from previous meetings</b>						
31.05.17	FT1172/17	ANNUAL REPORT, QUALITY ACCOUNTS AND FINANCIAL ACCOUNTS 16/17	The Audit Committee to give consideration to the issues raised in relation to RTT data	M Fleming	28.06.17	<b>On the Audit Committee work plan for October</b>
31.05.17	FT1181/17	PERFORMANCE MONITORING	Consideration to be given to producing a shorter, summarised version of the BAF for Board review	P Howard / C Alexander	28.06.17	<b>Initial discussions held and research into other formats underway. Options will be considered and consulted on. Recommendation is to look to introduce a revised format from September 2017</b>
<b>Actions from this meeting</b>						
28.06.17	1199	Performance monitoring	A report to be prepared for the Finance and Investment Committee that made recommendations on the approach to be taken to resolve issues in the unscheduled care system	M Fleming	26.07.17	<b>Scheduled for the September F&amp;I Committee</b>



28.06.17	1199	Performance monitoring	A letter to be sent to the Chair and Chief Executive of the CCG with regard to increased levels of attendance	A Foster / R Armstrong	26.07.17	Completed
28.06.17	1199	Performance monitoring	The Executive team to review the scores on the BAF not yet scored for June	Executive team	26.07.17	Completed
28.06.17	1204	Key successes / risks	Potential issues raised concerning pathology results for breast screening to be monitored by Quality and Safety Committee	M Fleming / R Mundon	26.07.17	To be further reviewed at Q&S in September
28.06.17	1204	Key successes / risks	The future of the Taylor Unit to be monitored via the Finance and Investment Committee for future report back to the Board	R Mundon	26.07.17	Report to September Board