

Chairpersons Report

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| Chairpersons Name | Robert Armstrong | | |
| Committee Name | Trust Board – Part 1 | | |
| Date of Meeting | 29.03.17 | | |
| Name of Receiving Committee | Na. | | |
| Date of Receiving Committee meeting | Na. | | |
| Strategic Items for referral to Trust Board | Na. | | |
| Items for escalation? | Yes | No x | If yes, to which Committee |

| Please detail up to 3 key successes or achievements discussed at the meeting | | | | |
|--|---|-----------------------------|------------------------|----------------------------|
| 1. | Continuing good A&E performance | | | |
| 2. | Cancer target achievement | | | |
| 3. | Improvement in patient experience | | | |
| 4. | Improved financial forecast position | | | |
| 5. | Feedback from the staff survey | | | |
| Details of the top three risks identified during the course of the meeting and initials of primary member of staff actioning | | | | |
| 1. | Length of stay in stroke resulting in bed pressures; work is underway to look at this | | | MF |
| 2. | Financial key risks: commissioning intentions and CIP challenge | | | RF |
| 3. | Serious falls – this will be looked at via the Q&S Committee | | | PL |
| 4. | Agreement of the deferral to the HIS Go Live | | | RF |
| Attendance at the meeting (please highlight): | Excellent (well attended) x | Acceptable (some apologies) | Unacceptable (quorate) | Unacceptable (not quorate) |

| | |
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| Was the agenda fit for purpose and reflective of the Committees terms of reference? | Yes |
|---|-----|

| Narrative report of the key issues of the meeting | |
|--|--------------------------------------|
| The minutes cover all necessary points. | |
| Key outcomes from the reports taken at the meeting | |
| <ul style="list-style-type: none"> Scrutiny of the trust Financial position going forward and approval of the budget Scrutiny of the decision to defer HIS – with focus on risk management and assurance of safety of services Referral to Q&S of falls and the apparent deterioration of performance Thank you event to staff for their excellent work in achieving so many access and performance targets. | |
| Agreed actions from the meeting | Name of primary lead for the actions |
| A celebratory event to be arranged for internal staff / teams and partner organisations who had helped with | M Fleming |

Chairman: Robert Armstrong

Chief Executive: Andrew Foster CBE

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| performance | |
| P Law to include a ward by ward narrative as to whether situations were safe and who had made the assessment | P Law |

TRUST BOARD AGENDA ITEM:

MINUTES OF A PUBLIC MEETING OF THE WRIGHTINGTON WIGAN AND LEIGH NHS FOUNDATION TRUST BOARD HELD ON WEDNESDAY 29 MARCH 2017 IN THE THQ BOARDROOM

| PRESENT | 2017 | | | | | | | | | |
|---|-------------|----------|----------|--|--|--|--|--|--|--|
| | 25 01 | 22 02 | 29 03 | | | | | | | |
| Mr R Armstrong, Chairman | √ | √ | √ | | | | | | | |
| Mr R Forster, Director of Finance & IM&T / Deputy CEO | √ | √ | √ | | | | | | | |
| Mr A Foster, Chief Executive | √ | √ | √ | | | | | | | |
| Mr N Turner, NED | √ | √ | √ | | | | | | | |
| Mrs C Parker Stubbs, NED | √ | √ | √ | | | | | | | |
| Prof T Warne, NED | √ | √ | √ | | | | | | | |
| Mr N Campbell, NED | √ | √ | √ | | | | | | | |
| Mr R Mundon, Director of Strategy | √ | √ | √ | | | | | | | |
| Mrs A Balson, Director of HR | √ | √ | √ | | | | | | | |
| Mr J Lloyd, NED | √ | APOLS | √ | | | | | | | |
| Mrs C Hudson, NED | √ | √ | √ | | | | | | | |
| Mr M Guymer, NED | √ | √ | √ | | | | | | | |
| Mrs P Law, Director of Nursing | √ | √ | √ | | | | | | | |
| Ms M Fleming, Director of Ops and Performance | APOLS DA | √ | √ | | | | | | | |
| Mr Jawad Husain, Acting MD | √ | √ | √ | | | | | | | |
| Dr Sanjay Arya, Acting MD | √ | √ | √ | | | | | | | |
| IN ATTENDANCE | | | | | | | | | | |
| Mrs L Hancock, Corporate Services Administrator | √ | √ | √ | | | | | | | |
| Members of the public | √ | √ | √ | | | | | | | |
| Mr J Husain, DMD Surgery | - | - | - | | | | | | | |
| Dr S Arya, DMD Medicine | - | - | - | | | | | | | |
| Mr A Gambhir, DMD Specialist Services | APOLS | APOLS | APOLS | | | | | | | |
| Mr S Mars, Acting DMD Surgery | √ | √ | - | | | | | | | |
| Mr A Twist, DMD Surgery | - | - | √ | | | | | | | |
| Mr A Abassi, DMD Medicine | APOLS | √ | APOLS | | | | | | | |
| Mr D Nunns, Board Liaison Officer | √ | √ | √ | | | | | | | |

FT1133/17 CHAIRMANS OPENING REMARKS

R Armstrong welcomed all to the meeting. He noted that today's meeting had a very busy agenda with some interesting discussions to be had.

FT1134/17 APOLOGIES

As noted above.

FT1135/17 DECLARATION OF INTERESTS

None were declared.

FT1136/17 PRESENTATION: BAF AND CORPORATE OBJECTIVES

C Alexander was in attendance for this item.

A Foster gave a presentation to the Board which outlined the proposed corporate objectives.



Corporate
Objectives 2017.pptx

He noted the following key points:

- The wheel remains the context for the corporate objectives
- The Mission, Vision and Strategy remain unchanged
- A different approach to savings had been agreed as the traditional CIP approach was becoming less effective
- 12 big schemes were in place with a view to achieving £14m of savings each year over two years. There was a lead and support Executive in place for each
- In addition to the 12 big schemes, the ED team had identified 8 additional objectives with a set of metrics for each
- Each objective would be scrutinised via one of the sub committees
- The 12 big schemes would be reviewed weekly at a meeting chaired by R Forster, monthly at a meeting chaired by A Foster and then would be reviewed at the relevant sub committee (F&I or Strategy Committee)

C Alexander took the Board through the proposed BAF template. She noted that MIAA (Internal Audit) had reviewed the process undertaken by WWL and had been satisfied that this met with NHS requirements. The BAF template had been amended slightly to enable focus on the key risks to achieving the objectives. Unlike previous years, all corporate objectives would be on the BAF. The process for completing the BAF was currently manual but it was hoped that there would be an electronic solution for this via Datix. She also noted that the Board would need to give consideration for its risk appetite. This would be looked at over the coming months.

A Foster noted that the Board were requested to re-iterate their approval of the 12 big schemes, the proposed corporate objectives and BAF template.

R Armstrong thanked the ED team for their work in developing the corporate objectives

The Board approved the 12 big schemes, the corporate objectives and BAF template.

FT1137/17 PATIENT STORY

The Board received and noted Mr Ollerton's story. This had not been submitted as a complaint but retold Mr Ollerton's different experiences of care at the Trust. Some of the care received by Mr Ollerton had been excellent whilst some elements had not been to the same standard.

P Law advised that she had passed Mr Ollerton's letter to the staff concerned and the video had been shown at the Heads of Nursing meeting.

The Board were pleased to receive this story and appreciated the factual way that it had been told by Mr Ollerton. It was pleasing to note that lessons had been picked up and were being taken forward.

FT1138/17 CHIEF EXECUTIVES REPORT AND MATTERS FOR BOARD TO NOTE

The CEO report was received and noted.

A Foster noted that it was a mixed picture in terms of performance at the Trust. WWL continued to deliver on all access targets with the exception of A&E. Despite this, WWL remained the top performing A&E in GM. There had been a significant reduction in infection rates but HSMR was still an area of concern and the data was away from where the Trust would like to be.

WWL had been shortlisted for two Patient Safety Awards.

A CQC unannounced visit had taken place a couple of weeks ago. This had been around PECC (Paediatric Emergency Care), A&E and Rainbow Ward. Formal feedback was still awaited.

A successful GM recruitment exercise had taken place in India. WWL clinicians S Arya and R Murali had been involved. It was hoped that this would help to resolve the issues with staff shortages in Medicine. The Board would be kept updated on progress.

N Campbell felt it was important for the Board to recognise the continued achievements in performance and A&E. He felt the medical recruitment exercise was very positive but had some concerns that this could be perceived as taking much needed skills away from less developed countries. S Arya felt that this was an important point and noted that the aim of the exercise was to 'earn, learn and return' thereby providing important skills for clinicians to take back to their country.

N Turner noted the need for the Trust to publicise its ongoing achievements. He felt it was important that all external colleagues were aware of these.

J Lloyd agreed and noted that the NEDs would benefit from receiving an update on outgoing media items.

A Balson would consider the comments made by the Board in relation to improving how the Trust publicises itself.

ACTION: A Balson to consider the comments made by the Board in relation to improving how the Trust publicises itself

FT1139/17 PERFORMANCE MONITORING

Performance report

P Law provided the Board with the caring highlights and lowlights from M11:

- WWL would end the year with 21 cases of CDT against a trajectory of 19. There had been 3 lapses in care. WWL was joint top performer in terms of CDT infections
- There had been an 8% increase in patient experience scores for involvement in discharge
- A ward had been closed in month due to an outbreak of D&V
- There had been 2 moderate falls in month
- 11 of 13 patient experience indicators had decreased in month

Q&S Committee

T Warne provided an update from the recent Q&S Committee meeting. He advised that there had been considerable discussion around the Quality Strategy and the aim to achieve zero avoidable harm by 2021. There had also been updates provided around three PFD reports. The Committee had noted significant delays around the PFD in relation to implementing risk assessment documentation for escorted patients. Whilst WWL had agreed this, there was delay in sign off from GMP (Greater Manchester Police). The Committee had agreed to escalate this issue to Board with a view to A Foster writing to GMP to expedite this. The Committee had also received an update on Anna's case. This had been a tragic case and was a timely reminder of the need for the avoidable harm target.

C Hudson noted that the caring indicators appeared to fluctuate a lot. She noted that the age profile of Wigan was much older than some other GM areas and queried if this had an impact on the understanding of and responses to the patient experience surveys. P Law did not feel that this would have an impact as only patients able to respond effectively were selected to participate in the surveys. She would look into this however.

ACTION: A Foster to write to the GMP to try to expedite the approval of the risk assessment documentation for escorted patients

P Law to consider whether the increasing age profile of patients was impacting the patient experience survey responses

F&I Committee

J Lloyd advised that this had been an excellent meeting which had received a significant level of assurance on a range of items. Good progress had been made in terms of the financial position and the projected year-end position looked positive. CIP continued to be of concern. The Committee noted that the Trust was reporting some good national performance with WWL 4th for cancer targets, 6th for 18 Weeks and 12th for Friends and Family. The Committee had received a good report regarding the lessons learned in A&E from winter and was encouraged by the actions being taken. The Committee had also been heartened to hear of the positive staff reaction to the CQC unannounced visit. The Committee had considered the ongoing issues around Wrightington barn theatres and this had been referred to Q&S Committee in relation to providing assurance around the potential for patient safety concerns. The Committee has also been made aware of the potential impact on locum staffing due to the introduction of the IR35 regulations.

Finance report

R Forster reported that the Trust was in a good financial position as at M11. A £3.6m surplus had been achieved year to date against a plan of £2.7m. Income was ahead of plan, expenditure was behind and financing was £1.8m ahead. Capital expenditure was behind plan at £4.9m. The cash position had recovered well and a use of resource rating of 2 had been achieved. The Trust was reporting a forecast surplus of £5.5m at year end but there was some confidence that this would be exceeded.

M Guymer congratulated all on this achievement but noted the need to be mindful of the underlying financial position. He noted the need for staff and the locality to recognise the continuing need to drive savings and reduce spend.

M Fleming noted that WWL A&E had agreed a revised trajectory of 92.3% with NHSI due to the impact of Chorley. The Trust had achieved Q1 and Q2 S&T funding and felt that Q4 would be achieved. The Trust had lodged an appeal with regard to Q3 funding.

C Hudson congratulated all on the outturn but noted the challenges underneath this. She noted the Easter would be a challenging time for A&E and hoped that the effort that had gone into planning and preparing for this would be a success.

Care homes briefing note and trend analysis for over 75s

The papers were received and noted.

M Fleming noted that the analysis around care homes would be taken to the Care Home Reform Board which P Law attended for the Trust.

M Fleming advised that the trend analysis paper for the over 75s contained some interesting data which highlighted that, if nothing changed and with the population growth continuing, all but 27 of the 338 acute beds would be filled by patients over 75. This paper would be shared at the A&E Delivery Board for discussion.

BAF REVIEW

The Board undertook a full review of the BAF. The Board noted the scores recommended by the relevant sub committees and supported these.

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 a plan was in place along with the Carter arrangements and contract. This now needed to be delivered. It was agreed to keep 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

R Forster advised that the final payment from Vanguard had now been received. The score would remain at 4.

FT1140/17 MINUTES OF THE MEETING HELD ON 22.02.17

The minutes were agreed to be an accurate record.

FT1141/17 ACTION LOG

Action updates were received and noted.

FT1142/17 STAFF SURVEY REPORT

The report was received and noted.

A Balson advised that the staff survey was positive in the main. WWL was still in the top 20% for 20 indicators. There had been a decline in performance on the survey but this had been anticipated by the pulse checks and plans had been put in place to address the issues. A Balson felt the Trust was in a good position despite the decline. Further analysis of this would be taken via the Workforce Committee.

FT1143/17 NATIONAL INPATIENT SURVEY REPORT

The report was received and noted.

P Law advised that a 44% response rate had been achieved which was above average. Four of the indicators had improved significantly and three had deteriorated significantly. All of the deteriorated indicators were around discharge and P Law advised the Board that there were plans in place to address this.

R Armstrong thanked P Law for her update and noted that work was being done around discharge involvement. It was noted that MIAA had been asked to undertake an audit around this. P Law advised that, as part of this, she would ask them to look at possible impact of age on patient experience responses. It was also noted that good progress had been made in terms of noise at night.

FT1144/17 CARTER

The report was received and noted. This had been thoroughly discussed at F&I Committee.

FT1145/17 VISITOR CAR PARKING CHARGES

D Evans was in attendance to support this item.

The report was received and noted.

Board support was required to approve the proposed increases to visitor parking charges.

J Lloyd noted that on occasion he had difficulty locating members of the parking team when at Wrightington. D Evans advised that he would look into this with the team.

N Turner suggested that the TLC car park could be used for the public at the weekend. It was agreed that D Evans would look into this possibility.

The Board expressed some concerns around the charge for the trial of a weekly parking ticket, feeling that the proposed charge was too high.

The Board agreed to support the increased charges but asked that the charge for the weekly ticket was reduced to £20.

ACTION: D Evans to consider the public use of the TLC car park at the weekend

FT1146/17 QUALITY STRATEGY

The report was received and noted. This had received a good level of scrutiny at the Q&S Committee.

P Law advised that, following discussion at Q&S Committee, she and S Arya had agreed that the aim would be amended to the Trust moving towards zero avoidable harm by 2021.

The Quality Strategy was approved by the Board.

FT1147/17 RATIFICATION OF APPOINTMENT OF EXTERNAL AUDIT

C Hudson presented the outcome of the Governor process to appoint External Auditors. She advised that this had been a lengthy process with excellent bids from the two finalists. Deloitte had been appointed the two year contract but the scoring had been close. The decision to appoint Deloitte had been unanimous.

The Board approved the decision made by the process undertaken by the Governors.

The hard work of C Hudson, the Governors, D Nunns, EDs and Procurement were recognised.

FT1148/17 ITEMS RECEIVED FOR INFORMATION

- F&I Committee – *These had been received and noted.*
- Audit Committee – *C Hudson noted that there had been some good audit outcomes discussed at the meeting. She noted that the Committee had received an update from the IT team in response to the cyber security audit. An action plan had been put in place and was being taken forward. Good work was being undertaken ahead of the implementation of new data protection regulations. An update on the IG Toolkit had been received. A lot of progress had been made but there continued to be challenges. Access to clinical / HIS systems had been referred to the SIRO as there continued to be some concerns around this. The Committee had also discussed the need for inclusion of risks around HT / GM on the risk register. REMC were considering this.*
- Q&S Committee – *These had been received and noted. T Warne noted that there had been agreement at the meeting to arrange a further internal inspection.*
- IM&T Strategy Committee – *C Parker Stubbs advised that cyber security had been discussed at the meeting and the IT team had made a rapid response to the report. This had been the last meeting of the IM&T Strategy Committee in its current format. Discussions had focused on HIS, benefits realisation, patient flow and bed management systems and the achievements of the IT Service Desk under considerable pressure.*

R Armstrong thanked C Parker Stubbs for chairing the Committee over recent years and noted that the Committee had made considerable achievements.

- Safer Staffing report – *the report was received and noted. P Law noted that consultation over nursing hours had been completed and would be implemented on 3rd July.*

FT1149/17 QUESTIONS FROM THE PUBLIC

L Sykes advised that she had attended the Wigan Leaders Engagement meeting and would be happy to provide feedback outside of the meeting. R Mundon would pick this up with L Sykes.

ACTION: R Mundon to follow up with L Sykes on feedback from Wigan Leaders Engagement meeting

FT1150/17 KEY SUCCESSES / RISKS

Key successes were agreed to be:

- Agreement of the corporate objectives and BAF
- Reduction in infection rates
- Improvement of 8% on patient experience scores around discharge involvement
- Good performance on access targets with the exception of A&E
- Positive financial position
- The successful appointment of External Auditors
- Reduction in noise at night issues

Key risks were agreed to be:

- A&E
- HSMR figures for December
- CDTs over trajectory
- Decline in the staff survey in some areas
- Risks associated with IR35 regulations

FT1151/17 BOARD EFFECTIVENESS FEEDBACK

Not undertaken this time.

FT1152/17 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.

FT1153/17 DATE OF NEXT MEETING

26th April 2017, 9.45am, Boardroom THQ.