

WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST
MINUTES OF A MEETING OF THE BOARD OF DIRECTORS (“the Board”)
HELD ON 29 MAY 2019, 12.00 NOON
AT ROYAL ALBERT EDWARD INFIRMARY, WIGAN LANE, WIGAN, WN1 2NN

Part 1

Members’ attendance record:

		22/05/2019	29/05/2019	31/07/2019	25/09/2019	27/09/2019	29/01/2020	25/03/2020	2019/20 attendance
Mr R Armstrong	Chair (in the Chair)	✓	A						
Dr S Arya	Medical Director	✓	✓						
Prof C Austin	Non-Executive Director	A	✓						
Mrs A Balson	Director of Workforce	✓	A						
Dr S Elliot	Non-Executive Director	A	✓						
Mrs M Fleming	Chief Operating Officer	✓	✓						
Mr R Forster	Director of Finance and Informatics	✓	✓						
Mr A Foster	Chief Executive	A	A						
Mr M Guymer	Non-Executive Director	✓	✓						
Mr I Haythornthwaite	Non-Executive Director	✓	✓						
Mr J Lloyd	Non-Executive Director	A	✓						
Mrs L Lobley	Non-Executive Director	✓	✓						
Mrs P Law	Chief Nurse	✓	✓						
Mr R Mundon	Director of Strategy and Planning	A	✓						
Prof T Warne	Non-Executive Director	A	✓						

Key: ✓: Attended in person | T/V: Attended by tele/videoconference | A: Apologies sent | ✗: Did not attend or send apologies

In attendance:

Mr P Howard Company Secretary (minutes)
Mrs V McManus Deputy Director of Human Resources
Mr G Murphy Deputy Director of Finance
Ms H L'Estrange-Snowdon Picker (for item 92/19 only)

5 governors and 1 member of staff were also in attendance.

88/19 Chair and quorum

The Vice-Chair, Prof T Warne, took the chair and noted that due notice had been given to all directors and that a quorum was present. He therefore declared the meeting duly convened and constituted. He also welcomed Prof C Austin to her first meeting, following her recent appointment as a non-executive director.

89/19 Apologies for absence

Apologies for absence were received as shown in the members' attendance record, above.

90/19 Declarations of interests

No directors declared an interest in any of the items of business to be transacted.

91/19 Minutes of the previous meeting

The minutes of the previous meeting held on 27 March 2019 were agreed as a true and accurate record. Confirmation was provided that the board had now commenced a revised cycle of meetings, with formal board meetings being held on a bi-monthly basis and informal workshop sessions taking place on alternate months.

92/19 Picker inpatient survey 2018

Ms H L'Estrange-Snowdon delivered a presentation to summarise the findings from the 2018 inpatient survey and the board discussed the key areas of success and the areas for further focus in the coming year. Of particular note was the fact that there had been no areas of surprise within the findings and the board was pleased to note that it had been sighted on all key issues during the year.

The Medical Director joined the meeting.

The need for further focus on complaints and the discharge process was acknowledged and the Chief Nurse advised that this had been incorporated within the draft corporate objectives for 2019/20. The Deputy Director of Human Resources commented that analysis of the various results demonstrated the compassion of the workforce which was extremely pleasing to see.

The board received the presentation and noted the content.

93/19 Patient experience video

The Chief Nurse presented the regular patient experience video which this month highlighted a patient with Lyme disease; a bacterial infection that is not particularly common in the UK. The patient's story highlighted the need for patients to be considered holistically and for test results to inform decision-making rather than being the basis for decision-making and diagnosis. The board commended the patient's wife for her efforts to raise awareness of the condition and requested that the Chief Nurse and Medical Director consider how awareness could be improved within the organisation and across the borough, in conjunction with the Director of Public Health at Wigan Council.

ACTION: Chief Nurse/Medical Director

The board received and noted the patient experience video.

94/19 Deputy Chief Executive's report

The Deputy Chief Executive, Mr R Forster, presented a report which had been circulated in advance of the meeting to summarise the foundation trust's most up to date performance against a number of performance metrics and to brief on a number of strategic items. Confirmation was also provided that the annual report and accounts for FY2018/19 had been approved by the board on 22 May 2019 and the Deputy Chief Executive thanked all involved for their hard work and high quality submissions which had been noted by the auditors.

With regard to the narrative around the transfer of community services, the Deputy Chief Executive advised that the foundation trust had entered into an arbitration process with Bridgewater Community Healthcare NHS FT, facilitated by NHS Improvement, surrounding a number of outstanding legal and financial matters. He confirmed that this had not impacted on the operational transfer of staff and services into the foundation trust which had progressed well, with reports of high staff satisfaction and morale within the new staff cohort.

The board received the report and noted the content.

95/19 Committee chairs' reports

The board received verbal reports from the following committees which had met since the previous meeting of the board:

- (a) Audit Committee, held on 2 April 2019 and 22 May 2019;
- (b) Quality and Safety Committee, held on 10 April 2019 and 15 May 2019;
- (c) Community Services Committee, held on 15 April 2019 and 20 May 2019; and
- (d) Finance and Performance Committee, held on 24 April 2019 and also immediately prior to the meeting.

Mr I Haythornthwaite provided a summary of business transacted by the Audit Committee, noting that the April meeting had received a limited assurance report following an audit of sharps management and that, as a result, a follow-up report had been provided to the May meeting to provide the committee with assurance that the recommendations within the report were being addressed. The April meeting had also approved the internal audit plan and counter-fraud work plan for 2019/20 as well as the accounting policies for the 2018/19 accounts.

The May meeting of the Audit Committee had received a detailed internal audit progress report and had received the Head of Internal Audit Opinion for 2018/19 which had provided substantial assurance that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. The meeting had also considered the draft annual report, financial statements and quality report for 2018/19 along with the foundation trust's management representation letter and supporting documentation from the auditors, such as their report to those charged with governance and their report on the quality account, and had

recommended the relevant documents to the board for approval. The strong performance of the foundation trust, particularly in its financial management, was noted.

Prof T Warne presented a summary of the business transacted by the Quality and Safety Committee, and advised that a number of risk escalations had been considered by the committee. He noted in particular that the committee had received a report on the new arrangements for the attribution of *C. difficile* infections and the associated objectives for 2019/20, and had received a copy of a letter sent by the Chief Nurse to Public Health England to outline the organisation's concerns. He also drew the board's attention to the risk surrounding the availability of maternity theatres and that the committee had been provided with assurance that estates and facilities will undertake a further options appraisal to seek to address issues. Notwithstanding, the committee had noted that there was a risk to the foundation trust's potential to obtain a rebate on part of its Clinical Negligence Scheme for Trusts contribution if this element is not resolved. Prof T Warne concluded by noting that the most recent meeting had received a report from the local Trauma Audit and Research Network and had received the report of a recent leadership safety walkabout.

In the absence of the committee chair, the Director of Strategy and Planning gave an overview of the two Community Services Committee meetings, and reminded the board that the committee is intended to be time-limited and to provide a strategic overview of the transfer process rather than to address detailed issues which remained within management's purview. He noted that regular updates had been provided to the board since the transfer.

Mr M Guymer confirmed that the Finance and Performance Committee had received an update on the foundation trust's financial position at its April meeting and had considered the capital prioritisation process for 2019/20. It had also reviewed the budget setting principles relating to pay and agency expenditure. At its May meeting, the committee had received the first of a series of presentations from divisions to provide assurance around its financial position and overall performance, presented by the Division of Medicine. A report had also been considered in relation to two 52-week breaches of the referral-to-treatment time back stop that had been identified; one of which had resulted from a coding error and one due to a structured query language (SQL) reading error in the data warehouse. Confirmation was provided that full analysis of the two breaches had been completed to identify lessons for the future and also to ensure that there were no other breaches that had not yet been identified.

The board received the chairs' reports and noted the content.

96/19

Performance report

The Chief Nurse opened this item by drawing the board's attention to the highlights and lowlights outlined on page three of the report and commented in particular on the fact that the foundation trust continues to compare favourably in relation to care hours per patient day both nationally and in comparison with its peers. With regard to the lowlights, the Chief Nurse advised that 7 instances of *C. difficile* had been reported for the year-to-date and reminded the board of its earlier discussions around the letter that had been sent to share the organisation's concerns around the new arrangements. She also noted that there had been 3 incidents reported via the Strategic Executive Information System;

two of which were the result of grade 3 hospital-acquired pressure ulcers and one due to the incorrect placement of a patient with carbapenamase-producing enterobacteriaceae resulting in the closure of a ward bay.

The Chief Operating Officer noted that the majority of operational highlights had been included within the Deputy Chief Executive's earlier report but drew the board's attention to the fact that the foundation trust was currently ranked 24th in the country for cancer waiting times and 23rd in the country in relation to 18-week referral-to-treatment performance. She also noted the work that is being undertaken as part of the Service and Value Improvement programme to address theatre effectiveness and confirmed that the model which is in place at Wrightington Hospital had been extended to other sites and had resulted in fewer patients with on-the-day cancellations. Mrs L Lobley suggested that the board should maintain oversight of this issue in addition to the detailed work undertaken by the Quality and Safety Committee.

The Chief Operating Officer highlighted A&E performance as an area of concern, noting that a significant shift in activity had been experienced, with a 12% increase in the number of attendances. The intention to move to a more streamlined performance report over the coming months was also acknowledged.

The board received the performance report and noted the content.

97/19 Financial position as at 30 April 2019

The Deputy Director of Finance presented a report which had been circulated with the agenda to summarise the foundation trust's financial position as at 30 April 2019, noting that detailed discussions on the financial performance had been held at the Finance and Performance Committee immediately before the meeting and drawing the board's attention to the revised format of the report which seeks to summarise the key performance metrics on one page. He noted that the foundation trust was reporting a deficit of £2.8m which represented an adverse variance of £0.2m against the planned position, but was reporting a favourable variance in cash position of £15.1m before year-end bonus payments.

The board received the report and noted the content.

98/19 Safe staffing report

The Chief Nurse presented the regular safe staffing report which provides a summary of staffing levels on all in-patient wards across the foundation trust, as well as highlighting the inclusion of community services staffing information following the transfer of services with effect from 1 April 2019. She also noted that the foundation trust is now able to review patient acuity in escalated areas as well as ward areas.

The board discussed the challenges around the recruitment of health visitors and, whilst the Chief Nurse advised that a number had recently been appointed, the Chief Operating Officer noted the historic vacancy factor amongst this staff group and the need to understand how these have previously been covered.

The board received the report and noted the content.

99/19 Board assurance framework

The board reviewed the board assurance framework dashboards for each of the four areas of patients, people, performance and partnerships. It noted that an amber-green delivery confidence was reported for patients, an amber delivery confidence was reported for people, an amber-red delivery confidence had been recommended by the Finance and Performance Committee immediately before the meeting for performance and that an amber-red delivery confidence was recommended for partnerships.

The board **APPROVED** the board assurance framework dashboards as presented.

100/19 Consent agenda

The papers having been circulated in advance and the board having consented to them appearing on the consent agenda, the board **RESOLVED** as follows:

1. THAT the occasions on which the common seal has been applied during financial year 2018/19 be noted AND THAT attestation of the use of the common seal by any two directors shall represent use of the seal under authority given by the board; and
2. THAT the proposed amendments to Standing Financial Instructions as outlined in the covering report be **APPROVED**.

101/19 Questions from the public

Two questions from the public were received; one surrounding ambulance handovers in Accident and Emergency and one surrounding the outstanding elements of the transfer of community services.

102/19 Resolution to exclude 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.

103/19 Date, time and venue of next meeting

The next meeting of the Board of Directors will be held on 31 July 2019, 12 noon at Royal Albert Edward Infirmary, Wigan Lane, Wigan, WN1 2NN

Action log

Date of meeting	Minute ref.	Item	Action required	Assigned to	Target date	Update
29 May 2019	93/19	Patient experience video	Consider how the foundation trust (and the wider borough in consultation with the Director of Public Health) may be better informed about Lyme disease.	Chief Nurse/Medical Director	ASAP	Verbal update to be provided.