

WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST
MINUTES OF A MEETING OF THE BOARD OF DIRECTORS ("the Board")
HELD ON 29 JANUARY 2020, 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	27/11/2019	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	✓	A	✓	✓	✓		
Mrs A Balson	Director of Workforce	✓	A	A	✓	✓	✓		
Lady R Bradley	Non-Executive Director	---	---	---	---	---	✓		
Dr S Elliot	Non-Executive Director	A	✓	✓	✓	✓	✓		
Mrs M Fleming	Chief Operating Officer	✓	✓	✓	A	✓	✓		
Mr R Forster	Director of Finance and Informatics	✓	✓	A	✓	✓	✓		
Mr A Foster	Chief Executive (to Oct 2019)	A	A	✓	A	---	---		
Mr M Guymer	Non-Executive Director	✓	✓	✓	✓	✓	✓		
Mr I Haythornthwaite	Non-Executive Director	✓	✓	A	A	✓	A		
Mr J Lloyd	Non-Executive Director	A	✓	✓	✓	A	---		
Mrs L Lobley	Non-Executive Director	✓	✓	✓	---	✓	✓		
Mrs P Law	Chief Nurse (to Aug 2019)	✓	✓	✓	✓	---	---		
Mr R Mundon	Director of Strategy and Planning	A	✓	✓	✓	✓	✓		
Mr S Nicholls	Chief Executive (from Oct 2019)	---	---	---	---	✓	✓		
Ms H Richardson	Chief Nurse (from Aug 2019)	---	---	---	✓	✓	✓		
Prof T Warne	Non-Executive Director	A	✓	✓	✓	✓	✓		

In attendance: Mr P Howard Company Secretary (minutes)
Mr S Talwalker Divisional Medical Director for Specialist Services
Dr A Twist Divisional Medical Director for Surgery
Mrs A Luxon Deputy Chief Nurse (for item 5/20 only)

1 member of the public and 6 governors were also in attendance.

1/20 Chair and quorum

Mr R Armstrong 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.

2/20 Apologies for absence

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

3/20 Declarations of interest

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

4/20 Minutes of the previous meeting

The minutes of the previous meeting held on 27 November 2019 were **APPROVED** as a true and accurate record.

5/20 Patient story

A 20-year-old patient, supported by her parents, joined the meeting to share her experiences of the care provided by the foundation trust. The patient had been diagnosed with anorexia nervosa at the age of 16 and had presented at the Accident and Emergency Department in crisis in September 2019. The Board heard examples of excellent care that had been provided and the pivotal role that individual members of staff had played in her treatment but also heard examples of poor communication across the various departments and organisations involved in her care and examples which showed a poor understanding of the patient's underlying medical condition.

The Chair thanked the patient and her family for coming to the meeting and apologised on behalf of the foundation trust for the examples of sub-optimal care that had been described.

The Director of Workforce noted the move towards IT-based systems within the hospital and cautioned of the need to be alert to the fact that this should not negatively impact on the interaction between clinicians and patients and between departments within the hospital. The Chief Nurse supported this view and expressed her own disappointment at the lack of compassion that had been described during the patient's story. She assured the family that she would take steps to ensure that learning from the incident is shared across the organisation.

The Deputy Chief Nurse commented that the impact of the patient's experience is likely something that all can relate to and advised of the recent launch of a new training package which focuses on the mental health needs of children and young people. The We Can Talk programme, endorsed by Health Education England, was in the process of being rolled out to all clinical areas of the organisation with a view to ensuring staff feel comfortable in talking to patients about their mental health.

The Board received the report and noted the content.

The Deputy Chief Nurse, the patient and her family left the meeting.

6/20 Staff story

The Director of Workforce introduced a member of staff who had attended the meeting to share his experiences of being incorrectly identified following a patient complaint. She noted that undertaking better fact finding at the start of the process would have quickly eliminated the staff member from consideration but that, because this had not happened, he had been suspended from duty for 14 weeks before the investigation had concluded there was no case to answer. The Director of Workforce noted that this had caused significant psychological harm to the staff member concerned and commented that whilst there is an obligation for NHS bodies to comply with the duty of candour when harm is caused to patients, that obligation does not extend to instances where harm is caused to members of staff. She assured the Board that work had been undertaken following this incident to address the issues identified, including implementing the recommendations of NHS England's Fair Experience for All guidance.

The member of staff acknowledged the support he had received from the foundation trust's Freedom to Speak Up Guardian throughout the process and described the process of being advised of the allegations against him without any support being offered. He noted that there were many clues in the initial patient complaint that he was not the individual to whom the complaint related and described the impact that the allegations had had on him and his family.

The member of staff praised his line manager for the support she had provided to him throughout the process. He noted that he had requested an apology from the foundation trust once the investigation process had concluded and expressed concern that his line manager had been told that she would have to write any apology. He reminded the Board of the support he had received from her and highlighted the fact that any such apology would have been meaningless as it would not have been authentic.

The member of staff subsequently resigned and went to work as a Senior Clinical Advisor with the ambulance service. There he had received substantial support to deal with his underlying psychological injury and had returned to the foundation trust following intervention by the Director of Workforce and the Freedom to Speak Up Guardian. He concluded his comments by describing his desire for the organisation to learn from the incident and to ensure that no-one else has to have a similar experience in the future.

The Chair apologised on behalf of the foundation trust and noted the importance of ensuring that everyone involved in such processes is treated fairly and with humanity. He also thanked him for coming to the meeting to share his experiences.

The member of staff left the meeting.

7/20 Chair and Chief Executive's report

The Chief Executive referred the Board to his written report which had been circulated with the agenda to highlight a number of key issues for consideration. He drew particular attention to the fact that the draft Care Quality Commission report had been received and was currently subject to the usual factual accuracy checks following the inspection in November 2019. He also noted the inclusion of an initial feedback letter later on the agenda.

The Chief Executive also briefed the Board on revised communication arrangements that had been implemented within the organisation, with a new Leaders' Forum having been introduced on a monthly basis. He noted the success of the first meeting and the intention to look to live streaming the sessions in the future to facilitate remote access. A standing invitation was issued to any Non-Executive Directors who may wish to attend the sessions.

The Chief Executive also took the opportunity to congratulate the Director of Finance on his recent appointment as Deputy Chief Executive and Chief Finance Officer at Liverpool University Hospitals NHS Foundation Trust. Whilst this meeting would not be his last, he nonetheless took the opportunity to acknowledge his work and the Chair commented on the strength of relationships that have been built across the borough.

The Board received the report and noted the content.

8/20 Committee chairs' reports and the Board Assurance Framework

Patients

Prof T Warne opened by providing a summary of business transacted at the Quality and Safety Committee meeting on 15 January 2020. He confirmed that the committee had been satisfied that the risk surrounding syringe drivers, as escalated to the Board at its last meeting, had been suitably mitigated and the risk score had reduced as a result. He also noted that the committee had sought assurances around any potential impact on patients as a result of the national reduction in availability of stock and had received positive assurances that there had not been a significant impact. The committee had also received assurances around lessons learnt following an earlier never event.

Prof T Warne noted that the committee had considered the matter of whether to continue to report data relating to the safety thermometer and confirmed that many organisations had taken the decision to stop making submissions. Confirmation was provided that an in-house alternative was available and regularly used. In response to a question from the Chief Operating Officer, the Chief Nurse noted that benchmarking data is provided through the roll out of Perfect Ward software and that this is planned to be adopted by the majority of organisations across the north. On the recommendation of the Quality and Safety Committee, the Board **APPROVED** the cessation of data submissions to the Safety Thermometer programme.

An amber delivery confidence on the board assurance framework for patients had been recommended.

People

Mrs L Lobley summarised the business conducted at the Workforce Committee meeting on 5 December 2019 and noted that the meeting had been themed around “learn and grow”. The committee had been pleased to note that planned recruitment of registered nurses was significantly ahead of trajectory and had asked one of its reporting groups to seek assurance around junior doctor training. An amber-red delivery confidence on the board assurance framework for people had been recommended.

Performance

Mr M Guymer outlined the business of the Finance and Performance Committee meeting which had met on 22 January 2020 and noted that a number of risks had been discussed. He advised that a two-part approach to the meeting had been adopted, with a separate section of the meeting dedicated to discussions around the organisation’s financial position. The committee had recommended a red delivery confidence on the board assurance framework for performance.

Partnerships

The board assurance framework for partnerships had been circulated with the agenda and the Chair noted the recommendation of the Director of Strategy and Planning that an amber-red delivery confidence be agreed.

The Board received the verbal updates and accepted the recommendations surrounding the board assurance frameworks.

9/20

Performance report

The Chief Nurse opened this item by noting that two key areas of poor performance – namely hospital-acquired pressure ulcers and *C. difficile* – were subject to separate assurance reports later on the agenda. She also expressed some concern around the patient experience metric in the dashboard but confirmed that work was ongoing to improve the metric following agreement by the executive team.

The Chief Operating Officer summarised the operational metrics within the report and noted that December 2019 had been a challenging month in terms of the A&E 4-hour wait standard, although she reminded the Board that the foundation trust was still performing well in comparison with other Greater Manchester organisations. She also confirmed that 36 patients had breached the 12-hour wait from decision to admit standard in December, but noted that some of these had been the result of considered clinical decisions to prioritise other patients on the basis of need. She noted that work was ongoing across the borough to review reasons for delayed discharges and confirmed that daily system-wide teleconferences are taking place. She noted that clinical safety remains the key priority and noted the requirement for additional beds in order for the situation to substantively improve.

The Chief Executive noted the intention to construct a community unit and iterated the need for it to be operational in time for winter. He also noted that he had been

appointed as the lead Chief Executive for urgent care planning in Greater Manchester and the need to explore alternatives to A&E was acknowledged.

With regard to the coronavirus currently in other countries, the Chief Executive confirmed that there had been no confirmed cases in the United Kingdom to date and that appropriate advice on the management of symptomatic patients had been received from Public Health England. He confirmed that the organisation would be reviewing its pandemic influenza plans, as a similar approach would be taken to the management of this new virus.

The Board received the report and noted the content.

10/20 Finance report

The Director of Finance presented a report which had been circulated with the agenda and noted that a surplus of £1.3m had been achieved as at 31 December 2019, which was ahead of plan and allowed the organisation to achieve the quarter target which had been more challenging than originally anticipated, particularly as a result of national pensions tax changes. He noted that achievement of this quarter target had released £2.3m in provider sustainability funding. With regard to the overall year-to-date surplus, the Director of Finance advised that the reported position was significantly ahead of plan but that this included £7.9m of transferred assets from community services. As a result, the underlying position was one of a £10.3m deficit which was on target. He drew the Board's attention to the fact that the Service and Value Improvement programme was £1.7m adverse to plan and that agency expenditure remains high, with £700k having been transacted in-month. With regard to capital expenditure, the Director of Finance confirmed that it was likely that all planned expenditure would be incurred before year-end as planned.

The Chair reminded the Board that the discussions around the underlying deficit remain key to the organisation's long-term financial stability and thanked the executive team for their work to date.

The Board received the report and noted the content.

11/20 Safe staffing report

The Chief Nurse presented the regular safe staffing report for the Board's review and drew directors' particular attention to the executive summary which outlined the key items of note. She reminded the Board that the purpose of the report is to compare staffing levels against establishment and that the increased number of staff overall was related to the requirement to staff additional areas, such as corridors and escalation areas, and to support areas of high acuity. Notwithstanding the increased staffing, she noted that registered nurse staffing had been lower than establishment and that the care hours per patient day remained below the national average for registered staff, and above the national average for unregistered staff. She reminded the Board of the

intention to have no registered nurse vacancies by September 2020 and confirmed that performance was currently ahead of trajectory.

The Board received the report and noted the content.

12/20 Biannual staffing review

The Chief Nurse presented a report which had been circulated with the agenda to provide assurance of the ongoing monitoring and review of adult inpatient staffing establishments and to recommend any changes to these establishments. She noted that the recommendations formed a priority within the workforce plan which would be presented later in the agenda.

The Chief Nurse noted that the Royal College of Nurses' recommendation is a staffing model of 65%/35% registered to non-registered staff in inpatient areas, with this increasing to 70%/30% for assessment areas. She reminded the Board that it had previously agreed a minimum standard of 55% registered and 45% non-registered staff but advised that a number of ward areas had deviated from this standard; particularly in medicine and the unscheduled care directorate. She further noted that the Safer Nursing Care Tool indicated an increase in patient acuity which would also require an increased establishment in order to provide appropriate levels of care. In response to a question from Mr M Guymer, the Chief Nurse advised that it was unclear how the budgets had been allowed to deteriorate from the previously-determined levels but noted that efforts had been made to correct this after identification.

The Board received the report and noted the content.

13/20 Workforce plan

The Director of Workforce presented a report which had been circulated with the agenda to set out the workforce plan prioritisation process outputs and to recommend a number of changes through a phased approach. The Chief Executive confirmed that the executive team recommends the immediate approval of phase 1(a) as shown in the report.

In response to a question from Prof C Austin, the Director of Workforce confirmed that one of the key elements of the people plan would be the credentialing and accreditation of non-medical staff to fill medical role.

The Chair sought assurance, if a new standard is approved, that there would not be any further dilution and the Chief Nurse advised that analysis would be included in each safe staffing report to allow for oversight and scrutiny. Mr M Guymer commented that safeguards also need to be built into approval processes to ensure professional input as well as budgetary approvals. The Chair also noted the need for the Board to be confident that, if approved, the new posts could actually be recruited to. In response, the Chief Nurse reminded the Board of performance against the current recruitment trajectory and expressed confidence that all posts could be filled. The Director of Workforce commented that retention of staff is just as important as recruitment and confirmed that this would be addressed as part of the people plan.

In response to a question from Mr M Guymmer, the Chief Executive confirmed that the Board was being asked to approve the first £3.37m of additional staffing, shown as phase 1(a) in the report.

Following discussion, the Board **APPROVED** the immediate implementation of phase 1(a) as shown in the report.

14/20 Committee arrangements

The Company Secretary presented a report which had been circulated with the agenda to summarise the proposed revisions to the committee structure with effect from 1 April 2020, as previously discussed with the Board at its away day.

The Board **ENDORSED** the content of the report.

15/20 Update on the effectiveness of plans relating to pressure ulcers, SHMI and *C. difficile*

Assurance reports relating to the three key areas of pressure ulcers, SHMI and *C. difficile* had been circulated with the agenda and the Chair noted that much of the content had been covered during discussions earlier in the meeting. The Board noted the executive team's plan to facilitate a comprehensive deep clean programme through decant arrangements later in the year and endorsed the approach.

The Board received the reports and noted the content.

16/20 Mortality

The Medical Director presented a report which had been circulated with the agenda to summarise mortality in respect of Q2 2019/20, as recommended by national Learning from Deaths guidance.

The Board received the report and noted the content.

17/20 CQC letter

The Board received the initial feedback letter from the Care Quality Commission following the well-led inspection undertaken in November 2019 which had been circulated with the agenda and noted the content.

18/20 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 proposed amendment to the Foundation Trust's constitution be **APPROVED** with effect from 1 April 2020;
2. THAT the risk appetite statement for FY2020/21 and the remainder of FY2019/20 be **APPROVED**;
3. THAT the Inclusion and Diversity Annual Report 2018/19 be received and noted;

4. THAT the 7-day service assurance report be **APPROVED**; and
5. THAT the statement of responsibilities within the foundation trust be **APPROVED**.

19/20 Questions from the public

No questions were received from the public.

20/20 Resolution to exclude members of the press and 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.

21/20 Date time and venue of the next meeting

The next meeting of the Board of Directors will be held on 25 March 2020, 1.00pm 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
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