

**WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST**  
**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS**  
**HELD ON 30 MAY 2018, 11.30AM**  
**AT ROYAL ALBERT EDWARD INFIRMARY, WIGAN LANE, WIGAN, WN1 2NN**

**Members' attendance record:**

		25/04/2018	22/05/2018	30/05/2018	27/06/2018	25/07/2018	26/09/2018	31/10/2018	28/11/2018	19/12/2018	30/01/2019	27/02/2019	27/03/2019
Mr R Armstrong	Chair	✓	✓	✓									
Dr S Arya	Medical Director	✓	A	✓									
Mrs A Balson	Director of Workforce	✓	A	A									
Mr N Campbell	Non-Executive Director	✓	✓	✓									
Dr S Elliot	Non-Executive Director	✓	A	✓									
Mrs M Fleming	Director of Operations & Performance	✓	A	✓									
Mr R Forster	Director of Finance and Informatics	✓	✓	✓									
Mr A Foster	Chief Executive	✓	✓	✓									
Mr M Guymmer	Non-Executive Director	✓	✓	✓									
Mr I Haythornthwaite	Non-Executive Director	✓	A	✓									
Mrs C Hudson	Non-Executive Director	✓	✓	✓									
Mrs P Law	Director of Nursing	A	A	✓									
Mrs L Lobley	Non-Executive Director	✓	✓	✓									
Mr R Mundon	Director of Strategy	✓	✓	✓									
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:**

Dr A Abassi      Div. Medical Director (Medicine)  
Miss C Alexander      Director of Governance  
Mrs N Guymmer      Deputy Company Secretary  
Mr P Howard      Company Secretary

Mrs V McManus      Deputy Director of HR  
Ms H L'Estrange-      Picker (to item 144/18 only)  
Snowdon

*3 members of the public were also in attendance*

**141/18 Chairman 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. The meeting was declared duly convened and constituted.

**142/18 Apologies for absence**

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

**143/18 Declarations of interest**

There were no opening declarations of interest.

**144/18 Inpatient survey 2017**

Ms H L'Estrange delivered a presentation to summarise the results of the foundation trust's inpatient survey results for 2017. She confirmed that the comparisons made within the report were made against those trusts using Picker to administer their surveys and that this represents 55% of all eligible trusts. A summary of performance, including where the foundation trust had performed better or worse than both other trusts and in comparison with its historical trend, was provided.

In response to a question from Mrs C Hudson, confirmation was provided that an action plan would be presented to the Quality and Safety Committee and, in response to a suggestion from Mr I Haythornthwaite, it was agreed that a comparison with other North West organisations would be included.

The board received the presentation and noted the content.

*Mrs H L'Estrange-Snowdon left the meeting.*

**145/18 Minutes of the previous meeting**

The minutes of the previous meeting held on 25 April 2018 were agreed as a true and accurate record.

**146/18 Patient experience video**

The Director of Nursing introduced the patient experience video, which shared the positive experiences of a patient who had attended hospital for a caesarean section.

The board received the patient experience video and noted the content.

**147/18 Chair and Chief Executive's opening remarks**

The Chair opened by highlighting the improved performance against the A&E 4-hour standard. He also noted the recent industrial action that had been taken by Unison.

The Chief Executive presented a report which had been circulated in advance which covered the improvements in A&E performance, a summary of quality metrics and confirmation that the foundation trust had been awarded two national awards from CHKS for efficiency and for use of data. He also noted the recent period of industrial action by

Unison and confirmed that a further period is scheduled to take place from 8 to 10 June 2018.

The board received the report and noted the content.

#### **148/18 Reports of committees**

The board received reports from the following meetings which had been held since the previous meeting:

- (a) Quality and Safety Committee, held on 9 May 2018;
- (b) Audit Committee, held on 22 May 2018; and
- (c) Finance and Investment Committee, held immediately before the meeting

Prof T Warne opened by summarising the Quality and Safety Committee meeting and noted that the committee had considered the impact of financial challenges on quality. He noted that the two considerations were linked and the board noted that improving quality often results in cost savings. He confirmed that this is something that the committee would continue to monitor. The committee had also received an excellent presentation on mortality from the Medical Director and Prof T Warne summarised the discussion.

Mrs C Hudson provided an overview of the Audit Committee meeting and advised that the committee had been pleased to note that the foundation trust had received a clean audit opinion in respect of its 2017-18 accounts. Positive comments had been received from the external auditors on the manner in which the audit had been facilitated and there had been nothing material to report to the committee. On behalf of the committee, Mrs C Hudson acknowledged the work of the executive directors and the various teams involved in the year-end process. The Company Secretary confirmed that all submissions required within the NHS Foundation Trust Annual Reporting Manual had been made in advance of the specified deadlines.

Mr M Guymmer summarised the Finance and Performance Committee meeting which had been held immediately before the meeting, and noted the agreement to amend the committee's name from the former Finance and Investment Committee. He advised that the committee had discussed the performance and finance reports and had noted the positive position surrounding the majority of NHS Improvement targets. The primary concern of the committee had been the financial position as at month 1, and he confirmed that significant discussion had been held on this issue.

The board received the reports and noted the content.

#### **149/18 Performance report as at 30 April 2018**

The Director of Nursing opened by highlighting the fact that the foundation trust had not experienced any MRSA bacteraemia for 13 months, and that the 'flu season had officially ended. She noted that, on average, 'flu patients had been using up to 10 side rooms at any one time, which had increased the challenge around patient flow. With regard to staffing, the Director of Nursing commented that the number of registered nurses was currently at the highest level since last summer, with an increase of 16.5 whole-time equivalents.

The Director of Operations and Performance highlighted performance against the stroke metrics and noted that performance continues to improve. She noted that the Division of Specialist Services had provided a detailed presentation to the Finance and Performance Committee earlier in the day and also noted the improvements within unscheduled care.

The Chair highlighted the fact that the agency cap had been breached, and the Director of Nursing clarified that this was due to medical agency staff use. The Deputy Director Human Resources confirmed that work is ongoing to determine whether coding errors may have artificially increased the reported spend in this area.

The board received the report and noted the content.

#### **150/18 Financial position as at 30 April 2018**

The Chair opened this item by acknowledging that the month 1 position had been significantly challenged and confirmed that detailed discussions in this regard had taken place at the Finance and Performance Committee meeting. He acknowledged that the foundation trust was faced with the challenge of balancing quality and financial considerations and the Director of Finance advised that the adverse variance to plan had been driven by a number of factors, including the performance within the Division of Specialist Services. A recovery plan had been presented to the Finance and Performance Committee by the division earlier in the day.

Mr I Haythornthwaite highlighted the percentage of cost improvement plans that are non-recurrent in nature and, in response, the Director of Strategy and Planning provided an overview of the foundation trust's "big 20" schemes to address this. Confirmation was provided that a new Transformation Director had been recruited, with employment likely to commence in August 2018. Following discussion, it was agreed that a report would be provided on how further recurrent savings could be identified, with an indication when the savings are anticipated to be delivered.

#### **ACTION: Director of Strategy and Planning**

The board received the report and noted the content.

#### **151/18 Safe staffing report**

The Director of Nursing presented the regular safe staffing report and confirmed that, whilst the level of nurses in post had increased and thus the overall fill rate had improved, there were nonetheless still challenges to address. In response to a question from Dr S Elliot surrounding fill rates on ICU and HDU, the Director of Nursing noted that 1:1 nursing is common in these areas and thus each absence represents a greater percentage of the total. Mr N Campbell noted the emerging trend across the sector that newly-trained nurses tend to stay with the profession for around 3 to 5 years before leaving and suggested the need to better understand the reasons behind this and to focus on retention of staff.

The board received the report and noted the content.

#### **152/18 Maternity staffing review**

The Director of Nursing presented a report which had been circulated with the agenda to provide the board with assurance around the ongoing monitoring of midwifery staffing

levels. She also noted that, whilst a dedicated paper had been presented, information on maternity staffing is also provided within the monthly staffing report. She highlighted the current non-compliance with guidance from the Department of Health and Social Care around the use of trained theatre practitioners undertaking theatre scrub duties to release midwives to perform midwifery-specific tasks, and confirmed that this is currently subject to review by the division.

The board received the report and noted the content.

#### **153/18      GDPR and the Data Protection Act 2018**

The Company Secretary noted that the Data Protection Act 2018 had come into force on 25 May 2018 and confirmed that he had been appointed as the foundation trust's Data Protection Officer as required by legislation. He delivered a short presentation to summarise the role and the way in which the foundation trust would continue to work towards full GDPR compliance.

The board received the presentation and noted the content.

#### **154/18      Board assurance framework**

The board considered the board assurance reports for the four corporate objectives, and noted that each objective had been allocated to a specific committee. Two of the objectives had been discussed earlier in the meeting as part of the chairs' updates, and the remaining two objectives were considered.

With regard to the risks identified within the documents, the Director of Strategy and Planning commented that the process had been useful in identifying any additional risks that should be included on the corporate risk register.

The board approved the board assurance reports as presented.

#### **155/18      NHS Improvement self-certifications**

The Company Secretary presented a report which had been circulated with the agenda to summarise the self-certification requirements set by NHS Improvement. Proposed responses for each of the self-certifications had been included within the report for the board's consideration. Confirmation was also provided that a self-certification against the Continuity of Service condition 7 was required due to the fact that the foundation trust provides services defined as "commissioner requested services" by NHS Improvement.

The board considered each of the self-certifications and the proposed responses and approved them as presented. The board acknowledged that there is no requirement to submit the self-certifications but rather to have them available in the case of an audit by NHS Improvement. The Company Secretary was therefore instructed to prepare the necessary templates and to hold these on file.

**ACTION: Company Secretary**

#### **156/18      Items for information**

The board received an update from the Medical Director on the outcome of mortality reviews undertaken during Q4 as required by the Learning from Deaths guidance.

In response to a question from Dr S Elliot, the Chief Executive provided an overview of the difference between HSMR and SHMI. Particular note was made of the fact that SHMI does not take deprivation factors into account. In response, Mrs C Hudson commented on the need to ensure support is available within areas of deprivation around topics such as smoking and obesity.

#### **157/18 Identification of key risks and successes**

The board discussed and agreed the key successes as:

- the Picker survey results
- clean year-end audit, which is a testament to the quality of reporting
- achievement of most national standards, whilst recognising that pressures are emerging
- nursing fill rates
- mortality index

The key risks were identified as:

- industrial action
- financial position as at month 1 and in the Division of Specialist Services generally
- medical workforce
- ICU nurse fill rate

#### **158/18 Questions from the public**

Questions from the public were received.

#### **159/18 Exclusion of 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, publicity on which would be prejudicial to the public interest.

#### **160/18 Date, time and venue of next meeting**

The next meeting of the Board of Directors will be held on 27 June 2018, 11.30am, at Royal Albert Edward Infirmary, Wigan Lane, Wigan, WN1 2NN.

## Action log: Board of Directors

Date of meeting	Minute ref.	Item	Action required	Assigned to	Target date	Update
31 Jan 2018	11/18	NW Sector Partnership Business Case	Arrange for Programme Director to attend a future meeting.	Company Secretary	ASAP	In progress
30 May 2018	150/18	Financial position	Provide information on how further recurrent savings can be identified, with an indication of when savings are anticipated to be delivered.	Director of Strategy and Planning	27 Jun 2018	Verbal update to be provided
30 May 2018	155/18	NHS Improvement self-certifications	Prepare the necessary templates in case of audit by NHS Improvement.	Company Secretary	ASAP	<b>Action complete.</b>