

WRIGHTINGTON, WIGAN AND LEIGH TEACHING HOSPITALS NHS FOUNDATION TRUST
MINUTES OF A MEETING OF THE BOARD OF DIRECTORS ("the Board")
HELD ON 30 SEPTEMBER 2020, 1.30PM
BY VIDEOCONFERENCE

Present:	Mr R Armstrong	Chair (in the Chair)
	Dr S Arya	Medical Director
	Prof C Austin	Non-Executive Director
	Mrs A Balson	Director of Workforce
	Lady R Bradley DL	Non-Executive Director
	Dr S Elliot	Non-Executive Director
	Ms M Fleming	Chief Operating Officer
	Mr M Guymer	Non-Executive Director
	Mr I Haythornthwaite	Non-Executive Director
	Mrs L Lobley	Non-Executive Director
	Mr G Murphy	Acting Chief Finance Officer
	Mr R Mundon	Director of Strategy and Planning
	Mr S Nicholls	Chief Executive
	Ms H Richardson	Chief Nurse
	Prof T Warne	Non-Executive Director
In attendance:	Mr P Howard	Director of Corporate Affairs (minutes)
	Mrs L Sykes	Public Governor (observer)

128/20 Chair and quorum

Mr 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.

129/20 Apologies for absence

No apologies for absence were received.

130/20 Declarations of interest

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

131/20 Minutes of previous meeting

The minutes of the previous meeting held on 29 July 2020 were **APPROVED** as a true and accurate record. Confirmation was provided that all actions on the action log had been completed.

132/20 Chair and Chief Executive's update

The Chair opened by acknowledging that this would be the last Board meeting to be attended by both Ged Murphy, the Acting Chief Finance Officer, and Helen Richardson, the Chief Nurse. He thanked them both for their diligent service during their time on the Board and wished Helen well for her retirement. As Ged would be returning to his substantive position, the Chair looked forward to working with him again in the future.

The Chief Executive provided a verbal update on the current situation and commented that there were two key issues of note. The first surrounded the restarting of the elective programme and the aim of returning to more usual levels of activity on the Wrightington Hospital site, noting that all organisations had been tasked to return to 90% of pre-COVID levels of activity by the end of March 2021 with other milestones having been set out too.

The Chief Executive also advised that an increased number of general medical patients were being seen alongside an increased number of intensive care admissions with a balanced distribution across the various age ranges. He confirmed that escalation plans had been enacted and that decisions would be taken around which elements of the elective programme would be paused to accommodate the additional demand. With regard to staffing, the Chief Executive advised that levels of absence were currently 3% higher than in the previous year, with a significant proportion of these absences being the result of staff having to self-isolate or as a result of the closure of school and other childcare bubbles for dependents.

The Chair summarised his recent activities and confirmed that he had met with the Leader of Wigan Council and the Chair of Wigan Borough Clinical Commissioning Group, where the focus had been on ensuring consistent messaging across the borough and promoting place-based care wherever possible. He highlighted a recent workshop session that had been held with the Council of Governors where governors asked specific questions around quality, staffing and performance and detailed responses had been provided. He had also attended a Regional Director's meeting and a meeting of Chairs where the focus had been on phase 3 recovery whilst acknowledging that the COVID-19 situation remained fluid. Finally, the Chair took the opportunity to reiterate the national "hands, face, space" messaging.

The Board received and noted the verbal update.

133/20 Committee chairs' reports

Mr Haythornthwaite opened this item by advising that the Audit Committee had met on the previous day, where it had considered a number of reports including the internal audit progress report. He noted that this had contained one limited assurance audit report around absence management which had been undertaken at the request of management in order to fully identify the issues which needed to be addressed. He confirmed that the matter would be followed up by the committee at its next meeting in November 2020. He also noted that a number of changes to the internal audit plan had been necessary as a result of COVID-19 and that these had been approved by the committee.

Mr Haythornthwaite noted that the committee had received good assurance around the foundation trust's risk management arrangements and noted in particular the inclusion of a heat map which sets out the level of risk and the approach to management in a visual way.

Mr Guymer provided a summary of the business transacted by the Finance and Performance Committee at its meeting on 23 September 2020. The committee considered that risks were being managed well and commended the teams on the development of new reporting formats, with a balanced scorecard approach having been developed which serves to provide stronger evidence and confidence around key issues. He also noted the significant involvement of executives in regional discussions as a further source of some assurance. He noted that the committee had reviewed the board assurance framework for performance and had agreed an amber-red delivery confidence, which was predominately the result of uncertainty around the changing financial environment and the challenge of restoring activity to previous levels, with particular pressures in endoscopy and surgery. Note was also made of the fact that the schedule of committee meetings for 2021 was currently subject to review to ensure that it facilitates optimum reporting schedules.

Mrs Lobley summarised the business of the recent People Committee meeting held on 22 September 2020 and noted the continued challenges around nurse recruitment. She advised that virtual recruitment events had been put in place and that the international recruitment and "grow your own" programmes were continuing apace. She advised of the plan to form a transactional People Services Department and noted the excellent work that had been undertaken in relation to risk assessments across the organisation.

Mrs Lobley reminded the Board that a psychological support service had been established in response to the pandemic and that feedback from staff who had been redeployed during the first wave had set out a number of areas of learning for the organisation which would be applied to any future periods of redeployment. A clear message had also been received through staff feedback of the importance of visible senior leadership. Mrs Lobley confirmed that the committee had reviewed the board assurance framework for people and had agreed a red delivery confidence for the reasons described in her summary report.

Prof Warne provided an overview of the business transacted by the Quality and Safety Committee at its meetings on 12 August 2020 and 29 September 2020. He noted the introduction of new divisional reporting arrangements with high quality reports having been provided. The committee had expressed concern about the foundation trust's Summary Hospital-level Mortality Indicator (SHMI) which was an area of focus although the committee had noted that the organisation's data in respect of deaths relating to COVID-19 was comparable with other organisations in the region. Prof Warne confirmed that the committee had approved the quality priorities for the coming year and had set out a reporting schedule for each of the priorities. Particular note was made of the increase in the number of pressure ulcers reported and confirmation was provided that a 50% reduction was being sought.

An ad-hoc committee meeting had been convened the previous day to consider a number of annual reports. He noted that an increase in the number of incidents had been observed but confirmed that 97% of those incidents had resulted in no patient harm and the committee had recognised that this demonstrated a positive reporting culture. The committee had been informed of challenges in completing the deep clean programme which had been impacted by operational demands as a result of COVID-19 and the committee would be keeping the matter under review. The committee had also noted a theme within incidents around record keeping and documentation and noted that a dedicated piece of work had been commissioned to review this. Prof Warne confirmed that the committee had reviewed the board assurance framework for patients and had agreed an amber delivery confidence as a result of the issues had had previously described.

In response to a question from the Chair, the Chief Nurse noted that action plans are produced for all complaints which are intended to demonstrate the embedding of learning but recognised that these could sometimes be improved and that as a result this had been included in the quality priorities for the coming year. Prof Warne highlighted the increased number of complaints that are resolved informally rather than being escalated to a formal process.

The Board received the report and noted the content.

134/20 Performance report

The Chief Nurse opened this item by noting that the foundation trust had reported seven serious incidents in the previous period, five of which had related to healthcare-acquired pressure damage, and she echoed Prof Warne's earlier comments around this being an area of focus for the coming year. She also advised that five cases of *Clostridium difficile* had been reported in August 2020 and whilst there had been no connection between the cases, the investigations had identified learning in relation to the environment and antibiotic prescribing. She also described the additional support that had been provided to support divisions with providing timely and high-quality responses to complaints.

The Chief Operating Officer provided an update on the operational metrics within the report, with a particular focus on the elective recovery plan. She described the return to elective work in July and August 2020 and summarised the various patient pathways according to COVID-19 status. She noted the need to work differently in order to accommodate good infection prevention and control practice and confirmed that efforts were being made to identify additional capacity through the independent sector. She estimated that it would take around 12 months to completely address the backlog of long-waiting patients, and that all cancer patients waiting in excess of 104 days were expected to have been treated by the end of November 2020.

Confirmation was provided that the hospital surge plan had been activated but the Chief Operating Officer iterated the fact that the limiting factor is the availability of the workforce, which would undoubtedly impact on the ability to deliver the elective programme if a second wave of the pandemic were to occur. The Chief Operating Officer also noted that the narrow definition of a COVID-19 outbreak had meant an increased number of bed closures.

The Board received the report and noted the content.

135/20 Finance report

The Acting Chief Finance Officer presented a report which had been circulated with the agenda to summarise the foundation trust's financial position as at 31 August 2020. He summarised the content and noted in particular the ending of the current COVID reimbursement approach after month six, although no further information on the revised approach had yet been received. He also noted a recent uptick in supply chain issues as a result of the pandemic which could potentially have an impact on the capital programme, although the issue was being kept under close review. Note was also made of the fact that the Greater Manchester healthcare system would be making its submission around the phase 3 plan on 5 October 2020 and the Chair commented that the Board would be looking to the Finance and Performance Committee and the finance team to help it remain abreast of developments.

Mr Guymer took the opportunity on behalf of the Finance and Performance Committee to thank Ged Murphy for his leadership during his period as Acting Chief Finance Officer.

The Board received the report and noted the content.

136/20 Workforce risk assessment update

The Director of Workforce presented a report which had been circulated with the agenda to provide an update on progress with workforce risk assessments, with a specific focus on the Black, Asian and Minority Ethnic (BAME) workforce and those who are clinically extremely vulnerable. She confirmed that the matter had previously been discussed at the Workforce Committee and that summary information was being presented to the Board to ensure that it has oversight of this important issue. She also took the opportunity to thank all involved in the process and made particular reference to the divisional teams, trade unions and the Occupational Health Department.

As the report had been circulated in advance of the meeting, the Director of Workforce provided up to date figures and confirmed that 97% of all staff had completed a risk assessment, with 91% of BAME staff and 94% of those staff with additional risk factors having been assessed. A discussion followed in relation to those who had been designated as clinically extremely vulnerable and who had been required to shield until the requirement was removed on 1 August 2020. Note was made that 174 of the 201 staff who had been shielding had now returned to work in some way, either from home or in appropriate areas of the organisation and confirmation was provided that a clear plan is in place to address the issue.

With regard to the BAME workforce, the Director of Workforce confirmed that this had been an area of focus given the disproportionately high impact of COVID-19 on this group. She noted that a virtual focus group had recently been held with over 80 participants and that the Medical Director had agreed to act as the BAME Champion.

Prof Austin acknowledged the scale of progress that had been made and enquired how the foundation trust was managing situations where staff are required to self-isolate. In

response, the Director of Workforce advised that efforts are made to adapt work to allow it to be undertaken remotely wherever possible, including the establishment of a pool of IT equipment which can be issued as needed. Confirmation was also provided that staff continue to receive their full pay when self-isolating or shielding.

In response to a question from Lady Bradley around the impact on student nurse and trainee doctors' educational programmes, the Director of Workforce confirmed that this is currently subject to review by Health Education England.

The Board received the report and noted the content.

137/20 Safe staffing report

The Chief Nurse presented the regular safe staffing report which she noted covered the period from 1 July to 31 August 2020 and which reflected the fact that many staff had been redeployed over the period. She confirmed that registered nurse vacancies remained high, particularly at Band 5 level and within the Division of Medicine but noted that the reduction in District Nurse vacancies had been sustained. In response to a question from Prof Austin around Band 5 nurse retention, the Chief Nurse commented that there is a mix of people who are going to other organisations and those who are leaving the profession completely and noted that additional analysis was being undertaken which would be reported through the People Committee.

The Board received the report and noted the content.

138/20 Review of risk appetite statement

The Director of Corporate Affairs presented a report which had been circulated with the agenda to summarise a number of changes to the risk appetite statement which had been recommended by the executive team.

The Board **APPROVED** the changes to the risk appetite statement as presented.

139/20 Board assurance framework

140/20 The Chair noted that the committee chairs had summarised much of the board assurance framework in their updates earlier in the meeting. He noted that the Quality and Safety Committee had recommended an amber delivery confidence for the board assurance framework for patients, the People Committee had recommended a red delivery confidence for the people board assurance framework and that the Finance and Performance Committee had recommended an amber-red delivery confidence for the performance board assurance framework. The Board agreed with these recommendations. With regard to partnerships, the Board agreed an amber delivery confidence and noted that partnership working across the borough was working well.

141/20 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 register of referrals received by the Clinical Ethics Group be received and noted.
2. THAT the changes to Standing Financial Instructions be **APPROVED** as presented.
3. THAT the terms of reference for the Finance and Performance Committee be **APPROVED** as presented.
4. THAT the Workforce Race Equality Standard and Workforce Disability Equality Standard reports be **APPROVED** as presented.
5. THAT the report on statutory, mandatory and recommended posts be received and noted.

142/20 Date time and venue of the next meeting

The next meeting of the Board of Directors held in public will be held on 25 November 2020, 2.00pm by videoconference.

Action log

Date of meeting	Minute ref.	Item	Action required	Assigned to	Target date	Update
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