

WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST
MINUTES OF A MEETING OF THE BOARD OF DIRECTORS (“the Board”)

HELD ON 27 NOVEMBER 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	27/11/2019	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	✓	✓			
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	✓			
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	✓	✓	✓	✓			

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 J Barrett Director of Nursing, Surgery (to minute reference 176/19 only)

8 governors, 1 member of the public and 2 representatives from the Care Quality Commission were also in attendance.

172/19 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.

The Chair opened by reminding those present that a General Election would be taking place on 12 December 2019 and that pre-election guidance recently issued by the NHS Chief Executive required Board meetings to avoid discussing matters of future strategy in public session until such a time as a new government is formed.

173/19 Apologies for absence

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

174/19 Declarations of interests

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

175/19 Minutes of the previous meeting

The minutes of the previous meeting held on 25 September 2019 were **APPROVED** as a true and accurate record.

176/19 Staff story

Mrs J Barrett addressed the Board and summarised her professional journey over her 20 years as a member of the foundation trust's staff. She recollected the support that was provided to her by her mother who had inspired her to pursue her dream of becoming a nurse and acknowledged the support of many people in the organisation, including from around the board table, as she had progressed through the organisation to her current role as Director of Nursing for the Division of Surgery. She also noted that, regardless of her role, she had always been eager to provide the best possible care to patients and described her mantra as being to treat everyone how she would wish to be treated herself. Mrs Barrett's story highlighted the benefits of identifying and developing talent and the Board noted that a more structured approach had recently been agreed and that further details would be shared with the Workforce Committee at its next meeting.

The Chief Executive noted that he had recently spent an afternoon working with Mrs Barrett and had been struck by the warmth of the relationships on display. He commended her on role modelling compassionate leadership and demonstrating the values and behaviours of the organisation on a daily basis. The Chief Nurse endorsed this view and described her as an excellent senior leader in the organisation.

The Board received and noted the staff story.

Mrs J Barrett left the meeting.

177/19 Patient experience video

The Chief Nurse presented a patient experience video which highlighted the specialist Macmillan physiotherapy service and charted the experiences of a patient with neuropathy as a result of chemotherapy.

In response to a question from the Chief Operating Officer, the Chief Nurse noted the need to raise the profile of alternative therapies and confirmed that this will be one of the tasks of the recently appointed Chief Allied Health Professional once she has taken up post.

The Board received and noted the patient experience video.

178/19 Chair and Chief Executive's report

The Chair opened by welcoming colleagues from the Care Quality Commission who were observing the meeting as part of an inspection of the well-led key line of enquiry. He also welcomed the Chief Executive to his first meeting since taking up post and briefed the Board on the stakeholder engagement activities that had taken place over the past month relating to the development of the new organisational strategy.

The Chair also noted the recent opening of the "Allscripts@WWL" experience which had been funded by Allscripts and which is intended to showcase the organisation as an exemplar site. He also summarised recent discussions with the Chair of the Greater Manchester Health and Social Care Partnership Board, Lord Peter Smith, around the foundation trust's bid for research.

The Chief Executive presented a report which had been circulated with the agenda to highlight a number of matters for the Board's attention. He drew particular attention to the section of the report relating to Healthier Wigan Partnership and noted the foundation trust's support for the system-wide, place-based approach and reminded the Board of the shared focus on ensuring the best use of the Wigan pound. The Chief Executive also highlighted the section of the report relating to pensions and noted recent developments on a national scale. He also paid tribute to those who had been successful at the annual Recognising Excellence Awards as well as those who had recently achieved national success.

Prof T Warne thanked the Chief Executive for his report and commented on the usefulness of the revised format.

The Board received the report and noted the content.

179/19 Risk escalation: McKinley T34 syringe drivers

The Director of Strategy and Planning presented a report which had been circulated in advance of the meeting to escalate a risk to the Board. He noted that the risk assessment had been approved by the Risk and Environmental Management Committee ("REMC") on 21 November 2019 and had immediately been escalated to the Board due to the fact that it had received the highest possible risk score of 25. He also confirmed that the matter had been escalated via the Strategic Executive Information System and that a

task and finish group had been established to ensure appropriate oversight of the mitigating actions that are being taken to reduce the risk to patients.

The Chief Nurse explained the purpose of a syringe driver and noted that, in line with Medical Device Alert MDA/2019/038 issued on 29 October 2019, the foundation trust had stopped using third edition models of the McKinley T34 syringe drivers pending receipt of updated instructions for use and software from the manufacturer. In conjunction with other factors, this had resulted in challenges in ensuring that a sufficient number of syringe drivers are available for use. Confirmation was provided that mitigating actions had been put in place and that five syringe drivers were currently available for use and the Chief Executive noted that the fact the manufacturer is the sole supplier in the UK had further compounded the problem.

In response to a question from the Chief Executive, the Chief Nurse advised that it is not known when it is likely that the national prohibition on use would be lifted and, in response to a supplementary question, the Medical Director confirmed that he had discussed the matter with the Consultant in Palliative Care who was confident that the matter was being addressed appropriately. Dr S Elliot highlighted the difference that delivering medication via syringe driver in preference to administering bolus doses can make in end of life care and expressed some concern that the foundation trust had only been able to secure three refurbished devices. In response, the Chief Nurse advised that all available devices had been purchased and noted that all NHS organisations would be seeking to mitigate the issue in a similar way. She also confirmed that a review of syringe driver numbers would be undertaken once the restriction on ordering has been lifted.

In response to a question from Mr I Haythornthwaite, the Director of Strategy and Planning explained how the risk had been scored and the Chief Nurse noted the clear impact on patients in the event that the equipment is not available. Prof C Austin highlighted the importance of identifying wider learning around the management of medical devices.

The Chair summarised the mitigations that had been put in place and noted the intention to purchase additional devices once the national restriction is lifted. The Board requested that the Quality and Safety Committee monitors the mitigating actions to ensure that they deliver as intended.

ACTION: Quality and Safety Committee

The Board received the report and noted the content.

180/19 Board assurance framework and committee chairs' reports

The board considered the four board assurance framework dashboards and received verbal reports from the following committees which had met since the previous meeting of the board:

- (a) Audit Committee, held on 1 October 2019;
- (b) Quality and Safety Committee, held on 16 October 2019 and 13 November 2019; and

- (c) Finance and Performance Committee, held on 23 October 2019 and also immediately prior to the meeting.

Board assurance framework: patients

Prof T Warne summarised the work of the Quality and Safety Committee and noted that two risks had been escalated to the committee at its last meeting. The first related to the potential to misinterpret cardiotocographs and the committee had been assured that an IT solution had been identified and implemented. As a result, the committee noted that it is likely that the risk score would be reduced on its next review by REMC. The second risk escalated to the committee was regarding the availability of Tier 4 Child and Adolescent Mental Health beds and the committee had acknowledged the national scale of the issue whilst gaining some assurance around the process for assessment and acknowledging a more effective escalation process.

During the meeting, the committee had gained assurance around the number of staff who have undertaken appropriate safeguarding training and had received a briefing on the Quality Champions programme. As a result a review had been commissioned into how the programme can become more mainstream within the organisation without losing any of its entrepreneurial nature. The committee had also received confirmation that all “must do” and “should do” actions from the last Care Quality Commission inspection had been completed and that progress with discharge letter improvements and the deep clean programme are on track.

The committee had not been sufficiently assured around the work of REMC given that there were 91 risks on the corporate risk register and a number which have scored 20 for a significant period of time. As a result the executive team had been tasked to develop the organisation’s risk appetite statement and to consider the future role of REMC.

Following receipt of a report on an incorrect prosthesis incident, the committee would be requiring the divisional leadership triumvirate to attend the next meeting to outline its plans to address the issue. The committee had also noted the wider review of the committee structure that was being led by the Company Secretary and recognised that its work at a recent away day would be helpful as part of this process.

With regard to the board assurance framework for patients, the committee recommended a delivery confidence of amber. This recommendation was informed by the fact that whilst some progress had been made in relation to the management of sepsis in the Emergency Department, the pace of improvement had been slower than hoped. Additionally, the unfortunate rise in the Summary Hospital-level Mortality Indicator (“SHMI”) was of concern, as was the number of matters reported to the Strategic Executive Information System in October.

Board assurance framework: people

Mrs L Lobleby noted that the Workforce Committee had not met since the previous Board meeting and was scheduled to meet on 5 December 2019. Notwithstanding, she provided a summary of the board assurance framework for people and highlighted a

number of positive developments, including the recent recruitment event which had resulted in offers of employment being made to 18 registered nurses and podiatrists, and the international nurse recruitment programme which was progressing well. Mrs L Lobley also highlighted the multidisciplinary approach to the development of the workforce plan and noted that it incorporated new models of working. Additionally, a new direct engagement system for temporary staffing had been introduced with NHS Professionals and note was also made of the launch of both the just culture and civility campaigns. The national pension issue was highlighted as a concern, although the positive impact of the subcontracting model in orthopaedics was acknowledged.

Mrs L Lobley noted that Go Engage had received three national awards earlier in the month and reminded the Board of the seminar later that day by Professor Michael West around compassionate leadership. She invited the Director of Workforce to summarise the proposed leadership and education strategy which is to be presented at the December Workforce Committee and invited the Medical Director to give an update on the recent medical recruitment exercise in India.

The board assurance framework for people had been prepared by the Director of Workforce and contained a recommended delivery confidence of amber-red, although Mrs L Lobley expressed some optimism that this position may improve following a review by the committee at its next meeting and when results demonstrate improvements.

Board assurance framework: performance

Mr M Guymer summarised the Finance and Performance Committee's business and noted that no new risks had been escalated to the committee and that it had considered four business cases which had been developed to address previously-identified risks. Three of the business cases – relating to a refresh of the picture archiving and communication system (PACS), maternity emergency theatre provision and nurse recruitment and retention – had been approved by the committee and the fourth had been recommended to the Board for approval as it exceeded the committee's delegated authority limit.

The committee had also acknowledged the positive use of private providers in areas where particular challenges are experienced and had committed to ensuring that an update on this issue is given to the Council of Governors early in the New Year.

ACTION: Chief Operating Officer

The committee had been encouraged by the positive work around pressure ulcers and SHMI but had noted that management of demand remained challenging. With regard to the business cases it had considered, the committee had acknowledged the essential nature of the items but had also recognised that they also added to the financial challenges of the organisation going forward.

The committee had considered the board assurance framework for performance and recommended a red delivery confidence in line with previous months. This recommendation was based on a number of factors including A&E challenges, workforce

issues and the overall financial position. The Chief Executive supported this approach but noted the need to consider A&E performance in the wider context as well as the baseline metrics. He noted that all NHS organisations are experiencing challenges with A&E performance and the Chief Operating Officer advised that bi-weekly conference calls across Greater Manchester are held, at which the feedback on the organisation's performance had been positive.

Board assurance framework: partnerships

The Board considered the board assurance framework for partnerships which had been prepared by the Director of Strategy and Planning and noted the recommendation that the delivery confidence be retained as amber-red. The Chair reminded the Board of the ongoing work around Healthier Wigan Partnership and noted the potential impact on the Secondary Care Transformation Board whose role and remit is currently under consideration. The intention to work with the Partnership to define the foundation trust's contribution to the overall scheme was acknowledged and the Chief Executive informed the Board that the Chief Officer of the Health and Social Care Partnership had recently announced that he would be standing down following his appointment as Chief Executive at Telford and Wrekin Council.

Other committees

Mr I Haythornthwaite provided a verbal summary of the business transacted at the Audit Committee meeting held on 1 October 2019. He advised that the committee had considered new and follow-up internal audit reports and noted that the full board assurance framework would be presented to the committee at its next meeting for a holistic review.

The committee had received assurances arising from a follow-up audit of payroll as well as being updated on actions taken to ensure that actions arising from a mortality audit are embedded. The Medical Director had given assurances to the committee around consultant job planning following an earlier audit and an update report would be provided to the committee's next meeting.

With regard to areas where assurances had not been received, Mr I Haythornthwaite noted that there was some concern over the ability to recruit to the Medical Examiner role which is mandated from April 2020 and the Medical Director had briefed the committee on the steps that were being taken to address this. There had also been some concern expressed at the findings of an internal audit relating to staff appraisals, and in particular the availability of documentation to evidence completion, and note was made of the fact that a further update would be provided to the committee at its next meeting.

Mr I Haythornthwaite also informed the Board that the committee had approved an amendment to the internal audit plan for FY2019/20 to incorporate an audit of patient record access following the inappropriate access incident reported to the Information Commissioner's Office earlier in the year.

The Board received the chairs' reports and noted the content. The Board also **APPROVED** the board assurance framework as presented.

181/19 Performance report

The Chief Nurse opened this item by noting that many of the areas she would wish to bring to the Board's attention had been discussed during the previous agenda items. She highlighted the fact that the majority of patient experience measures had been rated as green, with a clear plan of action around the amber metric relating to the number of patients who know who their consultant is. She drew the Board's attention to the foundation trust's *C. difficile* performance and confirmed that the national trajectory had been exceeded whilst recognising that the number of cases attributable to lapses in care remained low.

The Medical Director noted the renewed focus on SHMI in preference to the Hospital Standardised Mortality Ratio and confirmed that he had recently met with the Chair of Wigan Borough Clinical Commissioning Group to introduce a process to review deaths in the community on a randomised sample basis, aligned to individual Service Delivery Footprints.

The Chief Executive noted the need to consider how the new Medical Examiner role will be utilised and emphasised the need to seek to incorporate value-added elements to the role, to the mutual benefit of the organisation and the post holder. The Chair noted that there are three quality metrics of current concern, those being pressure ulcers, SHMI and *C. difficile*, and acknowledged that action plans are in place to address each. An update report to the next meeting on the effectiveness of these plans was requested.

ACTION: Chief Nurse and Medical Director

With regard to the operational metrics, the Chief Operating Officer highlighted the unusually poor performance against three of the key metrics shown on page 2 of the report and cautioned that the foundation trust would not be in a position to deliver the national mandate to ensure that the size of waiting list in March 2020 is less than the size of the list in March 2019. She noted the need for something fundamentally different to be done in order to address the waiting list size and confirmed that private providers are used where it is considered that the patient's interests would best be served by a shorter waiting time. The Chief Operating Officer did, however, highlight the fact that the Division of Community Services had achieved 100% performance against all of its key operational metrics.

Dr S Elliot commended the foundation trust for achieving the 2-week standard for symptomatic breast patients which he noted is challenging across Greater Manchester but expressed some concern at the long-term trend of the 62-day cancer target. In response, the Chief Operating Officer noted that the organisation usually achieves its cancer targets across all domains and reminded the Board that, as the size of the patient cohort covered by the targets is relatively small, a slight increase in the number of breaches can have a significant impact on overall performance.

With regard to A&E performance, the Chief Operating Officer advised that the foundation trust was reporting a year-to-date performance of 85.73% as at 26 November 2019 and a month-to-date performance of 78.13% as at the same date. She noted that the former ranked the organisation as the best performing in Greater Manchester and that the latter placed it as the second-best in Greater Manchester. An increase in attendances from both in-area and out-of-area patients was noted, although the Chief Operating Officer reminded the Board that the foundation trust had the lowest number of super-stranded patients across the region. Confirmation was provided that all deflection and admission avoidance schemes would be proactively reviewed at the meeting of the Urgent and Emergency Care Board on 5 December 2019 to assess their effectiveness and to determine whether any additional steps could be taken.

The Chair summarised this agenda item by noting that the A&E 4-hour wait, the 18-week referral-to-treatment and all cancer targets remain challenging. He suggested that it would be appropriate for the executive team to consider this further and in particular to review the plans in place and to incorporate these within wider workforce discussions. The Chief Executive acknowledged this suggestion and noted the importance of understanding the role of demographics in driving additional activity.

The Board received the performance report and noted the content.

182/19 Financial position as at 31 October 2019

The Director of Finance presented a report which had been circulated with the agenda to summarise the foundation trust's financial position as at 31 October 2019. He noted that the control total for Q1 and Q2 2019/20 had been achieved but reminded the Board of the challenging nature of the plan associated with the second half of the financial year. He also reminded the Board that a recovery plan had been produced and shared with NHS England and Improvement and, whilst formal feedback had not yet been received, the plans had begun to be implemented. The Director of Finance noted that capital expenditure was behind plan but advised that this was partly due to national instructions issued at the start of the year around the use of capital.

The Chair summarised this item by noting that the Board was fully sighted on the underlying structural deficit and recognised the importance of delivering the recovery plan.

The Board received the report and noted the content.

183/19 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 and across community services. She noted that separate reports had been provided for September and October 2019 and advised of the intention to provide single reports covering a two-month period in the future. Particular note was made of the fact that the organisation continues to experience significant registered nurse vacancies with particular challenges in scheduled care and the Division of Community Services. The Chief Nurse also highlighted the fact that the registered nurse staffing levels are below the national average benchmark.

The Chief Nurse highlighted the reduction in vacancies in September and October as a result of a proactive approach to working with new registrant nurses and students, and confirmation was provided that fill rates in both months had exceeded 91% which she noted is a relatively consistent position.

The Chief Nurse briefed the Board on the use of daily safer staffing huddles, led by the Deputy Chief Nurse, using the Safe Care module of the electronic rostering system. She also noted that roster challenge and support meetings had commenced, alongside a review of the funded nursing establishment.

Mrs L Lobley acknowledged that staff are moved around the organisation in response to regular risk assessments but noted that frequent moves could have a negative impact on staff's perception of working for the organisation. The Chief Nurse acknowledged this and noted the need to move to a position where staff moves do not occur as frequently. She advised that the daily safer staffing huddles look to identify gaps some 24 hours in advance, to allow early intervention to take place.

Prof C Austin highlighted the introduction of alternative workforce models such as the use of Pharmacy Technicians in ward environments and asked whether any impact had been observed. In response, the Chief Nurse advised that this was still being assessed and would be included in the biannual staffing review report to the Board at its next meeting. She did note, however, that some immediate improvements had been reported on the Medical Assessment Unit, particularly in relation to the administration of medication.

The Board received the report and noted the content.

184/19 Care Quality Commission unannounced inspection feedback letter

The Chief Nurse presented a report which had been circulated with the agenda to share the initial feedback received from the Care Quality Commission following its unannounced inspection which took place during the period 22 to 24 October 2019.

The Board received the report and noted the content.

185/19 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 2019 Emergency Preparedness, Resilience and Response self-assessment report be noted; and
2. THAT the Board's cycle of business be **APPROVED**, subject to a number of amendments that were outlined.

186/19 Questions from the public

A member of the public enquired why the 2-week cancer target is considered more important than the 62-day target, to which the Chief Operating Officer replied that all

targets have equal importance. Notwithstanding, she noted that the 2-week target is often seen as a proxy for an organisation's ability to deliver the 62-day target and can receive greater attention as a result.

A staff governor enquired whether the proposed leadership and education strategy described by the Director of Workforce within minute reference 180/19 would apply equally to non-clinical staff and confirmation was provided that it would.

187/19 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.

188/19 Date, time and venue of next meeting

The next meeting of the Board of Directors will be held on 29 January 2020, 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
27 Nov 2019	179/19	Risk escalation: syringe drivers	Monitor delivery of mitigating actions	Quality and Safety Committee	Ongoing	Update provided to Q&S in January 2020.
27 Nov 2019	180/19	Board assurance framework	Provide an update to the Council of Governors on the use of private providers to support operational delivery	Chief Operating Officer	21 Jan 2020	Completed on 21 January 2020.
27 Nov 2019	181/19	Performance report	Provide update report on efficacy and efficiency of plans to address pressure ulcers, SHMI and C. difficile	Chief Nurse and Medical Director	29 Jan 2020	On agenda.