

WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST
MINUTES OF A MEETING OF THE BOARD OF DIRECTORS (“the Board”)
HELD ON 31 JULY 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	✓	✓	✓					
Mr R Forster	Director of Finance and Informatics	✓	✓	A					
Mr A Foster	Chief Executive	A	A	✓					
Mr M Guymer	Non-Executive Director	✓	✓	✓					
Mr I Haythornthwaite	Non-Executive Director	✓	✓	A					
Mr J Lloyd	Non-Executive Director	A	✓	✓					
Mrs L Lobley	Non-Executive Director	✓	✓	✓					
Mrs P Law	Chief Nurse (to August 2019)	✓	✓	✓					
Mr R Mundon	Director of Strategy and Planning	A	✓	✓					
Ms H Richardson	Chief Nurse (from August 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:

Dr A Abbasi	Divisional Medical Director (Medicine)
Miss C Alexander	Director of Governance
Mr J Baker	Deputy Director of Staff Engagement & Organisational Development
Mr P Howard	Company Secretary (minutes)
Mr G Murphy	Deputy Director of Finance
Mr S Talwalker	Divisional Medical Director (Specialist Services)
Miss D Jones	Inclusion and Diversity Service Lead (for item 118/19 only)

1 governor, 2 members of staff and 1 member of the public were also in attendance.

113/19 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 noted that the meeting would be the last to be attended by the Chief Nurse, Pauline Law, who would be retiring at the end of the week. He thanked her on behalf of the Board for her dedication to patient safety and quality during her time with the foundation trust.

114/19 Apologies for absence

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

115/19 Declarations of interests

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

116/19 Minutes of the previous meeting

The minutes of the previous meeting held on 29 May 2019 were agreed as a true and accurate record.

With regard to the action log, the Medical Director advised that he had recently circulated the NICE guidance on the management of Lyme Disease but noted that he had not yet discussed with the Director of Public Health how awareness of the condition could be raised across the borough. He agreed to follow up on this outside the meeting.

117/19 Patient experience video

The Chief Nurse presented a patient experience video which charted the story of a patient within the community who had accessed a variety of services across the borough. Three members of staff discussed how they had contributed to the patient's care and how their individual contributions had resulted in an overall successful intervention.

In response to a comment from Dr Abbasi, the Chief Operating Officer noted that members of the ACTS team would be available in the Emergency Department and acknowledged the importance of the respective management teams communicating well with each other to ensure effective integration. The Chief Operating Officer also noted the ability to streamline a number of pathways, such as referrals to the audiology department as referenced within the video, now that new services are provided by the foundation trust following the recent transfer of community services.

The board received and noted the patient experience video.

118/19 Launch of the Rainbow Badge initiative

Ms D Jones delivered a presentation to launch the Rainbow Badge initiative within the foundation trust and to outline the work that the foundation trust has undertaken to promote inclusion and diversity.

In response to a question from Dr S Elliot, Ms D Jones commented that it is hoped, subject to funding being made available, to invest in software to allow information on patients' access needs to be extracted from PAS automatically and incorporated within the electronic patient record. Dr S Elliot also noted the need to ensure that patient information leaflets are made available in all relevant languages, and the Board noted that it is also necessary to consider how patients wish to receive patient information, as many are likely to prefer online resources.

Directors were invited to sign up to the Rainbow Badge initiative and, on behalf of the foundation trust, the Board formally launched the initiative within the organisation.

119/19 Chair and Chief Executive's report

The Chair informed the Board that the Council of Governors had commenced the recruitment to the vacant non-executive director post and advised that interviews were scheduled to take place on 1 October 2019, with the intention of seeking approval of the appointment at the meeting of the Council of Governors on 16 October 2019. He reminded the Board that the Council of Governors would be seeking an individual with community services experience, to complement the skills of the current non-executive directors.

The Chief Executive 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. With regard to the recent improvements in performance against the Emergency Department 4-hour wait standard, Prof T Warne commented that it had been pleasing to see the foundation trust's hard work recognised at a recent meeting of the Greater Manchester Health and Care Board and the Chief Operating Officer acknowledged the supportive approach of the Chief Officer of the Greater Manchester Health and Social Care Partnership. Mrs L Lobley highlighted the fact that the Board had kept the matter under close review and had recently received a detailed briefing about the number of initiatives that had been implemented at its recent away day. The intention to keep the issue under review was also acknowledged.

The board received the report and noted the content.

120/19 Risk escalation: maternity theatres

The Chief Nurse presented a report which had been circulated with the agenda to escalate a risk to the Board, in line with the foundation trust's internal escalation processes. The report provided a summary of progress in ensuring that all elective maternity surgery is undertaken within a dedicated elective theatre as opposed to the maternity emergency theatre and the Board's attention was drawn to the various reports where this is recommended as best practice. Additionally, the Board noted that this had been identified as a "must do" action by the Care Quality Commission as part of its November 2017 inspection report. Confirmation was provided that the risk escalation document had previously been scrutinised by the Quality and Safety Committee.

The Chief Nurse advised that significant progress had been made since the matter was last escalated to the Board and confirmed that two sessions per week are provided for

elective caesarean sections to take place. She further noted that work is ongoing to consider whether a further session per week is necessary. The Chief Operating Officer cautioned that the ability to provide a third elective session had been predicated on the assumption that breast services would move to a different site within the foundation trust and noted that the ongoing Improving Specialist Care discussions would need to be taken into account once concluded.

The Chief Nurse also drew the Board's attention to the commentary in the report around the Midwifery 2020 standards which she confirmed as a separate issue for which a business case is in the process of being developed.

The Chair asked the Board whether it was assured that the foundation trust is able to safely meet the needs of the population it serves, to which it was agreed that it could. In response to a question from Mrs L Lobley, the Chief Nurse also confirmed that the Care Quality Commission was content with the foundation trust's proposed solution.

The Board received the report and noted the content.

121/19 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 July 2019;
- (b) Quality and Safety Committee, held on 12 June 2019 and 17 July 2019;
- (c) Finance and Performance Committee, held on 26 June 2019 and also immediately prior to the meeting; and
- (d) Workforce Committee, held on 6 June 2019.

In the absence of the committee chair, Mr M Guymer provided a summary of business transacted by the Audit Committee. He informed the Board that the committee had requested assurance around payroll processes following concerns that had been raised at the previous meeting and confirmed that the newly-appointed Head of Payroll Services had attended the meeting and had provided assurance regarding new processes that had been implemented, such as the standardisation of timesheets and reconciliation processes. The committee had also reviewed overpayments of salary and noted that, whilst a number were being pursued by an external debt collection agency, this had been caused by a particular issue and the committee had received assurance that processes had since been put in place to prevent recurrence.

Prof T Warne presented a summary of the business transacted by the Quality and Safety Committee and informed the Board that the Medical Director had provided an update on the matter of discharge letters, with some areas of improvement having been noted alongside some apparent areas of deteriorating performance. A good level of challenge had been provided by the committee, although he advised that the committee had not been assured that no harm had been caused as a result of General Practitioners not receiving discharge letters. The committee had therefore instructed the Medical Director to review a sample of patients to ascertain whether the discharge letter had been

received and, if not, whether any harm had been caused to the patient as a result. Prof T Warne also noted that a data quality dashboard was under development to provide greater transparency of the discharge letter sign-off process. The committee had also discussed the matter of Tier 4 beds for Child and Adolescent Mental Health Service patients.

Mrs L Lobley provided a verbal summary of the business at the recent Workforce Committee meeting and commented on the powerful nature of the staff story which had been shared with the committee. The committee had discussed staff retention in some detail and the intention to encourage conversations with staff members considering leaving the organisation at an early stage. The committee had also discussed the Developing Workforce Safeguards guidance and noted that some risks would need to be accepted in short-to-medium-term. The committee had also discussed the staff survey results and noted that engagement performance had declined since the previous survey. Confirmation was provided that divisional action plans had been developed to address the specific issues and that discussions were ongoing with the staff engagement and transformation teams as to actions can best be implemented.

With regard to the Finance and Performance Committee, Mr M Guymer summarised the meetings and highlighted in particular the recent changes to the performance report. He described the risk escalations that had been considered by the committee in relation to IM&T and confirmed that this would continue to be monitored within the organisation.

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

122/19 Performance report

The Chief Nurse opened this item by noting the highlights and lowlights of the previous month, including low number of infections but highlighting some concern around the number of *C. difficile* infections in comparison with the annual trajectory. She noted that all of the reported infections had been subject to ribotyping and confirmed that there is no evidence of any cross-contamination within the organisation.

The Chief Operating Officer highlighted the strong A&E performance which she noted had improved month-on-month since January 2019. She noted the streaming arrangements that had been implemented and confirmed that 29% of patients had been streamed in June 2019 against an internal target of 30%. She further noted that the ambulance handover times were one of the lowest in Greater Manchester.

The Chief Operating Officer commented on the challenging nature of delivering 18-week performance and highlighted the recent issue with pension taxation nationally as an additional performance challenge.

Mrs L Lobley drew the Board's attention to the organisation's performance in responding to complaints and requested an update on what is being done to improve the situation. In response, the Director of Governance advised that a report would be taken to the Quality and Safety Committee in September 2019 for more detailed consideration.

The board received the performance report and noted the content.

123/19 Financial position as at 30 June 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 June 2019. He highlighted the final year-end position for 2018/19 and noted the investments that had been made to date. Confirmation was provided that the detailed financial position had been considered by the Finance and Performance Committee at its earlier meeting.

The Chair reminded the board of recent correspondence around national capital expenditure and iterated the fact that the organisation has a healthy cash balance, which it would wish to spend on capital, subject to the national position being resolved. Confirmation was provided that lobbying in this regard continues.

The board received the report and noted the content.

124/19 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 the fill rate was less than 90% in some areas during the month of June, with the main issues being experienced within scheduled care. She expressed concern around the skill mix on wards and noted that registered nurse shifts remain challenging to fill.

The Chair noted that the board had taken the decision to proceed at risk to recruiting to community vacancies which were currently in train, and noted that there had been real successes in attracting health visitors as part of a recent recruitment drive.

The board received the report and noted the content.

125/19 Bi-annual staffing report

The Chief Nurse presented a report which had been circulated with the agenda to summarise, in accordance with NHS England's guidance, assurances around the ongoing monitoring and review of adult inpatient staffing establishments. She confirmed that there is sufficient budgeted resource to meet the needs of the services but noted that the level of vacancies impacts on the ability to react to demand variances. She reminded the Board that the organisation has access to real-time data through an electronic staffing tool which provides valuable management information. Note was made of the fact that a shift in the skill mix of staffing, predominately within scheduled care, had resulted in a dilution of the skill mix and that the planned review of new workforce models requires progression in order to prevent further deterioration of quality and patient experience. Note was also made of the fact that Ward Managers are regularly needing to include themselves when reporting nursing numbers, rather than acting in a supernumerary capacity.

The Board discussed the need to expedite the development of new workforce models and the need to develop parameters for closing a ward or specified area of a ward was also acknowledged. Prof T Warne commented that the need to develop parameters is sensible but urged caution in ensuring that such action is necessary and does not become the default approach. The Chief Nurse acknowledged this and commented that

the approach would necessarily be part of an overall escalation plan. The Medical Director and Chief Operating Officer noted the need to ensure that partner organisations are also involved in the discussions.

Mr M Guymer commented that whilst there are red flags within the safe staffing report, assurances are received from the Chief Nurse that the staffing levels remain safe. He noted the length of time that it had taken to develop a protocol to deal with the issue, to which the Chief Nurse responded that the data provided by the Safe Care Nursing Tool is now more accurate and takes account of patient acuity as well as numbers.

The Board received the report and noted the content, and noted the intention to develop parameters for closing a ward or specific area if necessary due to staffing concerns.

126/19 Maternity staffing review

The Chief Nurse presented a report which had been circulated with the agenda to summarise, per NHS England's guidance, the assurance around ongoing monitoring and midwifery staffing establishments. She confirmed that the matter had been considered by the Quality and Safety Committee and was presented to the Board for information.

The Board received the report and noted the content and recommended that the proposed changes to workforce modelling are progressed through the usual business planning processes.

127/19 Mortality update Q4 2018/19

The Medical Director presented a report which had been circulated with the agenda to summarise the foundation trust's mortality position as at Q4 2018/19. He noted an improving trend, with 159 fewer deaths when compared with the previous year and a reduction in the Hospital Standardised Mortality Rate.

The Board received the report and noted the content.

128/19 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-red 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.

129/19 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 seven-day service assurance report be **APPROVED**.

2. THAT the proposed amendments to Standing Financial Instructions be **APPROVED**.
3. THAT the public version of the 2019-24 organisational strategy be **APPROVED**.
4. THAT the Modern Slavery Statement 2019/20 be **APPROVED**.
5. THAT the Freedom to Speak Up Guardian's Annual Report for 2018/19 be received and noted.
6. THAT the Guardian of Safe Working's Annual Report for 2018/19 be received and noted.
7. THAT the Medical Appraisal and Revalidation Annual Report for 2018/19 be received and noted.

130/19 Questions from the public

No questions from the public were received.

131/19 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.

132/19 Date, time and venue of next meeting

The next meeting of the Board of Directors will be held on 25 September 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
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