

Minutes of the Public Trust Board Meeting

Held on 28th September 2018

Trust Boardroom, Lincoln County Hospital

Present

Voting Members:

Mrs Elaine Baylis, Interim Chair
Mrs Sarah Dunnett, Non-Executive Director
Dr Neill Hepburn, Medical Director
Mrs Liz Libiszewski, Interim Non-Executive Director
Mr Alan Lockwood, Interim Non-Executive Director
Mrs Gill Ponder, Non-Executive Director
Mrs Michelle Rhodes, Director of Nursing
Mr Jan Sobieraj, Chief Executive
Mr Kevin Turner, Deputy Chief Executive

Non-Voting Members:

Mr Martin Rayson, Director of Human Resources and Organisational Development

In attendance:

Mrs Jennie Negus, Deputy Chief Nurse (Item 8)
Mrs Barbara Dempster, Healthwatch
Mr Simon Evans, Director of Operations
Mr Paul Matthew, Deputy Director of Finance
Mrs Jayne Warner, Trust Secretary
Mr Leon Rudman, Interim Deputy Trust Secretary (Minutes)

Apologies:

Mr Paul Boocock, Director of Estates and Facilities
Mr Mark Brassington, Chief Operating Officer
Ms Karen Brown, Director of Finance, Procurement and Corporate Affairs
Dr Chris Gibson, Non-Executive Director
Mr Geoff Hayward, Non- Executive Director

859/18 Item 1 Introduction

The Interim Chair welcomed members of the public to the meeting.

860/18 Item 2 Public Questions

The Interim Chair advised that three well-informed questions had been received, and that although, following feedback, consideration had been given to altering the format of this part of the proceedings, it had been decided to continue in the customary way.

The meeting paused for questions from members of the public relating to the Agenda.

Question 1- In the Trauma & Orthopaedic trial info, it states:

"In the first three weeks of the trial the all-day lists at GDH were not being utilised fully. This resulted in underutilised capacity in both the theatres and the wards"

Can you explain what the issue was in the first few weeks?

Has the trial impacted on other theatres & clinics at GDH?

And can you please clarify/confirm that although the Sunday slot has been halted, GDH will continue to see orthopaedic trauma cases (with the

exception of FNoF)

The Director of Operations responded that, as with any trial, it was expected that some elements might not work as well as planned. The Director of Operations advised that lessons had been learned and that improvements had been made. The impact on theatre sessions and clinics was noted but the trial had been successful.

The Director of Operations confirmed that the Sunday slot had been halted due to underutilisation and that it was not anticipated that the position would change in the short to medium term.

Question 2- How many IR1's have been raised in respect of the interim model for children's services at Pilgrim Hospital, including in relation to transfers? How many of the IR1's have been recorded as no risk; how many near miss; and how many harm?

The Medical Director confirmed that, 114 IR1's had been raised for the Women and Children's Directorate as a whole; 112 of which were 'no harm' and 2 were 'low harm' The Medical Director advised that none of the incidents affected children and none were related to the interim model.

Question 3- We keep hearing about the 97-98% of the service remaining within Maternity, Neonatal and Paediatrics services at Pilgrim Hospital, yet Dr Hepburn commented at the Health Scrutiny meeting on 12th September 2018 that the activity had been 'remarkably quiet' over the summer. I ask, what percentage has the actual activity been, and how does it compares to the previous year please?

The Medical Director advised that the 97% referred to a combination of inpatient, outpatient and day cases. It was reported that in August 2017 there had been 211 admissions to Ward 4A, whereas in August 2018 there had been 248 patients seen in the Paediatric Assessment Unit, of which only 34 had resulted in an inpatient stay and required transfer.

861/18 Item 3 Apologies for Absence

Apologies for absence were received from Mr Paul Boocock, Director of Estates and Facilities, Mr Mark Brassington, Chief Operating Officer, Ms Karen Brown, Director of Finance, Procurement and Corporate Affairs, Dr. Chris Gibson, Non-Executive Director and Mr Geoff Hayward, Non-Executive Director.

862/18 Item 4 Declarations of Interest

There were no declarations of interest which had not been previously declared.

863/18 Item 5 Minutes of the meeting held on 31st August 2018 for accuracy

The Minutes were agreed as a true record subject to the amendment below: -

Item 813/18 – The first sentence should read “The Committee had not been able to give assurance to the Board in respect of the Health and Safety Annual Report.”

864/18 Item 6 Matters arising from the previous meeting/Action Log

Item 254/187 – Highlighting General Themes in the Performance Report. It was agreed that the quality and nature of reporting had improved and that consequently, the action could be closed.

Item 548/18 – Directorate Representation at Workforce and Organisational Development Committee – This was addressed through the revision of the Terms of Reference

Item 734/18 – Review of Sepsis Data inconsistencies – The Director of Nursing advised that work was ongoing and it was agreed that a further update would be provided in December.

Item 736/18 – Inconsistent Reporting of ‘Never Events’ – The Medical Director confirmed that the inconsistencies had arisen as a result of differences in reporting periods. It was agreed that this was resolved.

Item 804/18 – Paediatric Update Paper – The Medical Director confirmed that the report, together with the verbal commentary would reflect the feedback received from patients and staff. It was agreed that the action could be closed.

865/18 Item 7 Chief Executive Horizon Scan

The Chief Executive confirmed that Winter Planning was a significant issue nationally and for the Trust. It was noted that an additional £1.8m of central funding had been received in recognition of the challenges the County faced and this had been used to fund elements of the *Big Change* project at Pilgrim Hospital..

866/18 The Chief Executive gave a brief update in respect of the Trust’s flu vaccination program for staff and noted that he was hopeful that last year’s vaccination rate of 81% could be surpassed this year.

867/18 The Chief Executive reported that the national NHS Q1 deficit (April-June) was higher than had been planned. It was noted that more than 90% of acute hospitals were in deficit and that A&E attendance had increased. It was further noted that the number of unfilled vacancies had increased nationally.

868/18 The Chief Executive gave an update into recent changes by the Financial Reporting Council in relation to Corporate Governance. It was generally accepted that the NHS Code of Governance would be updated to reflect the corporate code.

869/18 The Chief Executive informed the Board that work in relation to the Acute Services Sustainability and Transformation Partnership was ongoing followed by developing ways of treating people closer to home.

870/18 The Chief Executive informed the Board that he had, following the recent rating of Lincolnshire Community Health Services NHS Trust as ‘Outstanding’ by the Care Quality Commission, written a letter to his counterpart congratulating them on their success.

871/18 The Chief Executive reported that performance at Pilgrim Hospital had been poor, despite great efforts, and that the position remained challenging.

872/18 The Chief Executive informed the Board that the Chairs of NHS Improvement and

NHS England had, by invitation, visited Trust sites. It was noted that the visit had been very useful and had given a greater understanding of the challenges faced by the Trust. The Chief Executive said that the Chairs had met informally with staff which had been very positive and thanked the Director of Operations for his input.

873/18 Item 8 Patient Story

Mrs Jennie Negus, Deputy Chief Nurse presented the 'Patient Story' to the Board.

874/18 The Deputy Chief Nurse told the story of an 85 year old female patient at Pilgrim Hospital. The patient had been diagnosed with sepsis and was receiving the appropriate treatment. Having been admitted to ward 6a as an inpatient, the patient self-discharged, having alleged that, among other things, there had been loud acoustic music playing throughout the night, that children were screaming, and that she had been moved to a secret chamber and held down by staff. The patient subsequently raised a complaint with the CCG and also contacted her GP, the 111 service, and spoke at length to PALS at Pilgrim.

875/18 The Ward Matron immediately made contact with the patient and listened to her concerns, before reassuring her and offering her a personal tour of both the hospital and the ward. The Matron continued to listen and reassure the patient and maintained personal contact over 3 days.

876/18 The patient was grateful for the time and support she had received.

877/18 The Deputy Chief Nurse commented on how staff really came together and went above and beyond what might have been expected from them.

878/18 Mrs Dunnett said that she had recently been to Ward 6a and had seen the work they were doing. It was noted that this story might be used more widely and the Deputy Chief Nurse confirmed that there were delirium pathways; particularly in elderly care.

879/18 The Director of Operations, raised the importance of including patients' families were consulted in sepsis care.

Item 9 Providing consistently safe, responsive, high quality care SO1

880/18 Item 9.1 Paediatric Service Update

The Medical Director highlighted the main points of the report. It was noted that the situation remained largely unchanged from previous reports and that the shortage of middle-grade doctors persisted.

881/18 The Medical Director confirmed that the Paediatric Assessment Unit at Boston Pilgrim remained open for those requiring a limited time stay of less than 12 hours; with those requiring a longer stay being transferred to Lincoln. The Board were informed of the fragility of the model, but were assured that the situation was being regularly monitored. It was noted that there had not been any incidents relating to the model.

882/18 In response to a question from Mrs Dunnett, the Medical Director confirmed that of those patients which had been transferred to Lincoln, none had been discharged in under 6 hours and that generally the model was working as expected. It was

noted that some patients were staying longer at Boston and that where that had had been the case, the decision had been a matter of clinical judgement, having had due regard to patient safety.

- 883/18 It was noted that staff had reported that the Unit had been unusually quiet during the period and that it might be appropriate in the future to give consideration to moving towards providing the service on an acuity model. The Medical Director advised that it would have been impossible to predict just how quiet the unit would be and that moving from an inpatient ward to an assessment unit would have been harder to explain as an acuity model.
- 884/18 The Board considered workforce resilience and noted the continued pressure on the Pilgrim Hospital staff. It was noted that the model was now operating on a 1 team, 2 sites model and that a job planning exercise was underway. In response to a comment from Mrs Libiszewski, the Director of Nursing confirmed that the job planning exercise did not just encompass medical staff and that Health Education England were supporting the appointment of 4 ACPs, in addition to which there would be a seconded Paediatric Nurse from Leicester.
- 885/18 In response to a question from Mrs Ponder, the Director of Human Resources and Organisational Development, confirmed that the delays in the recruiting of those who had completed their clinical attachment were as a result of delays in obtaining paperwork required to enable the Trust to complete tier two certificate applications. The Chief Executive noted that the issue related to the applicants and not the process. The Interim Chair commented that The Board could perhaps do more to better articulate their aspirations for the Trust to potential staff.
- 886/18 The Board discussed the initiatives that support children in their own homes or outside of a hospital setting. It was agreed that an update on such initiatives should be added to future papers.

Action: Medical Director 26th October 2018

- 887/18 The Interim Chair noted the positive work which had been done to date and commented on the need to continue to engage in dialogue and consider feedback. The Board agreed on the need to ensure that a consistent message was provided to all external stakeholders and partners and of the need to develop contingency. The Trust awaited the report from the Royal College which would be shared with the Board. In response to a question from Mrs Libiszewski, the Medical Director confirmed that the second ambulance for transfers which was being stood down, could be easily reinstated if the need arose.
- 888/18 Following due discussion and consideration, the Board:
- Acknowledged the performance of the interim model during the first 6 weeks of operation, the number of completed transfers, activity on each site, the issues encountered, and the actions undertaken to resolve those issues;
 - Acknowledged that contingency options continued to be developed and that the contingency plan to centralise consultant-led maternity services onto the Lincoln site also continued to be developed;
 - Carefully considered the risks raised in the paper relating to the medical, nursing, managerial and leadership challenges that remain during the operation of the interim model and also for the likely future model in the

coming months; and

- Considered each element of the model that has been discussed in the paper for mitigating the immediate risks relating to the medical staffing challenges.

889/18 Item 9.2 Assurance and Risk Report Quality Governance Committee

The Board received the upward assurance report from the Quality Governance Committee.

890/18 Mrs Libiszewski commented on the Mortality alerts in Sepsis, Pneumonia and Perinatal mortality. It was noted that issues had been identified around coding which were being investigated further and that the Committee had requested further updates. The Board further noted the continuing positive work around grade 3/4 Pressure Ulcers.

891/18 Mrs Libiszewski confirmed that the Committee had been assured regarding the 2018/19 Quality and Safety Improvement Plan. It was noted that it had been agreed that the plan would in future form part of the Committee's dashboard in order to better enable the members to determine the effectiveness of the actions.

892/18 The Board noted that the Committee were assured with regards to the executive-led Quality and Safety Oversight Group, which would meet in October and was expected to provide an additional level of oversight.

893/18 Mrs Libiszewski provided an update with regards to the issues that were ongoing around Information Governance and Business Continuity. It was reported that it had been proposed that a full site shutdown test be initiated; but that the Committee had asked for an alternative less risky proposal.

894/18 In response to a question from Mrs Dunnett, the Deputy Chief Executive advised that a new coding structure had been approved and that HR continued to provide support in respect of the appointments. It was noted that the number of coders would be temporarily increased and that an external provider had been engaged to conduct a coding review; the benefits of which were expected to outweigh the costs.

895/18 The Interim Chair noted the assurances provided by the Quality Governance Committee.

896/18 Item 9.3 Quality and Safety Improvement Programme

The Director of Nursing reported the latest position of the Quality and Safety Improvement Plan for 2018/2019.

897/18 It was noted that the plan required completion before the end of the month and the Chief Executive noted that approval was due at any time. The Deputy Chief Executive commented that the Northumbria peer support package had been approved by the NHSi.

898/18 In response to a comment from Mrs Libiszewski, the Director of Nursing acknowledged the absence of KPIs and confirmed that the plan was a progress report which would be put before the Quality Governance Committee before final

approval by the Board. The Board to noted the progress which had been made.

Item 10 Providing services by staff who demonstrate our values and behaviours SO3

899/18 Item 10.1 Assurance and Risk Report: Workforce and Organisational Development Committee

Mr Lockwood updated the Board in respect of the work which was being done with protected groups and noted that each of these now had an executive sponsor.

900/18 Mr Lockwood provided an update in relation to the excellent work which was ongoing in respect of the “Step into Health” initiative and confirmed to the Board that the initiative supported ex-service personnel and their spouses in finding employment within the health service.

901/18 The Board discussed the positive work which was ongoing in respect of the Talent Academy and Mr Lockwood particularly commended the apprenticeship programs which, together with the proposed medical school at Lincoln University, represented a fantastic opportunity for the Trust to develop and retain talent.

902/18 The Board noted the good progress which had been made in relation to job planning.

903/18 Mr Lockwood gave an update in relation to the Pulse Survey and expressed disappointment that the Trust did not appear to have the confidence of its staff. The Director of Human Resources and Organisational Development noted that the National Staff Survey would soon be distributed to staff and that it was incumbent on the Board to best consider how the 2021 message might be reinvigorated.

904/18 The Interim Chair thanked Mr Lockwood for his report noting that the Board had a duty to receive the Guardians of Safe Working Report, and that it should be brought before the next Board, covering all hospital sites. The Chief Executive requested that the results of the next Junior Doctors survey be brought before the Board.

Action: Director of Human Resources and Organisational Development - 26th October 2018

Item 11 Providing efficient and financially sustainable services

905/18 Item 11.1 Assurance and Risk Report: Finance, Service Improvement and Delivery Committee

Mrs Ponder provided the Board with the assurance and risks arising from the recent Finance, Service Improvement and Delivery Committee meeting.

906/18 Mrs Ponder advised that the Committee had received and endorsed the recommendations set out in the Electronic Health Records Business case which would later be considered by the Board. The Chief Executive reported that the Trust had not been successful in obtaining funding for Electronic Prescribing, which it was hoped would improve quality, but confirmed that it was the intention to bid again for funding in the future.

907/18 The Board noted the Committee’s concerns regarding the lack of assurance

around the Trust's Duty of Candour obligations which it was noted had both financial and quality impacts.

- 908/18 Mrs Ponder reported the Committee's lack of assurance in respect of the financial turnaround and confirmed that the Committee had requested an appropriate Governance Framework be developed which would hold divisions to account for the delivery of identified savings.
- 909/18 The Board noted the lack of assurance regarding the Trust's cash position and Mrs Ponder confirmed that the lack of assurance was as a result of the deteriorating debtors position.
- 910/18 Mrs Ponder confirmed that the Committee were assured regarding the Trust's arrangements in respect of Emergency Preparedness, Resilience and Response (EPRR). It was noted that the Trust were substantially compliant and that plans were in place to address remaining areas of non-compliance.
- 911/18 The Board noted the assurance in respect of Fire enforcement actions. Mrs Ponder advised that the Committee had not been assured regarding the wider estates strategy, due principally to being unable to distinguish between statutory and non-statutory obligations. Mrs Dunnett questioned whether the Board were aware of the extent to which its statutory obligations were not being met and Mrs Ponder advised that the data quality was insufficient so as to enable the Committee to have the requisite degree of certainty in making an assessment. The Interim Chair commented that the Board needed to properly understand its risk appetite and asked that a further update provided to the Board at its next meeting.

Action: Director of Estates and Facilities – 26th October 2018

- 912/18 The Interim Chair commented on the lack of assurance regarding the financial position and the Turnaround Plan. It was noted that a concerted effort to deliver on the agreed plans was required.
- 913/18 The Board considered the EPRR Report which had previously been circulated. The Director of Operations advised that the Trust was substantively compliant and that the EPPR was self-assessed with subsequent validation by NHSi specialists.
- 914/18 The Director of Operations confirmed that the areas of non-compliance related to fire safety (zoning) and the review of third parties' Business Continuity Plans. In response to a question from the Interim Chair, the Director of Operations confirmed that the review of third parties' Business Continuity Plans was conducted in order of priority. It was noted that it was a contractual stipulation for some of the Trust's larger partners and that the difficulties, to the extent they existed, were often with the smaller relationships.
- 915/18 In response to a question from Mrs Libiszewski, the Director of Operations advised that it was possible to zone and lock down certain elements of the Lincoln site, but that it was not possible to lock down the entire site. In response to a question from the Interim Chair, the Director of Operations confirmed that the majority of high-risk areas could be locked down. It was noted that the issue had been entered onto the Risk Register.
- 916/18 The Board noted the Assurances and risks of the Finance Service Improvement and Delivery Committee.

917/18 **Item 11.2 Operational Capacity and Delivery Plan**

The Director of Operations informed the Board that a number of key assumptions from the initial plan had proved incorrect. It was noted that there had been higher than expected attendances to A&E and higher than expected non-elective admissions. It was also noted that the problems had been further compounded by an increase in the nursing and medical vacancy rates which had particularly affected Pilgrim Hospital.

918/18 The Board considered the issues around external services and the delays in transfer of care; which resulted in longer stays. In response to a question from Mr Lockwood, the Director of Operations confirmed that the issue was being discussed by the Urgent Care Delivery Board. It was noted that the financial implications of urgent care displacing elective had also been discussed with commissioners.

919/18 Mrs Dunnett expressed concern that assumptions which had been found to be incorrect were also used to develop the Winter Plan. The Director of Operations confirmed that a revised plan, which reflected a recent review of the assumptions, would be presented to the Finance, Service Improvement and Delivery Committee.

920/18 The Board noted the progress which had been made in respect of Ambulance Handovers and Conveyance. The Director of Operations advised that the Trust had not moved into the second quartile in terms of handovers and that the focus was on maintaining the position.

921/18 The Director of Operations reported that Medical and Nursing recruitment remained challenging. The Director of Nursing confirmed that Pilgrim ED represented the most significant risk area.

922/18 In response to a question from the Interim Chair, the Director of Operations confirmed that the use of ambulance technicians to support A&E staff had proved very successful. It was noted that the Emergency Support Team had stepped away and that the capacity and expertise had been missed. The Interim Chair questioned the extent to which the challenges within A&E were being shared by other departments. The Director of Operations advised that surgeons and physicians were working within A&E and that it was recognised that such practices had to be properly embedded until such time that they were 'business as usual'

923/18 In further considering the issues, Mrs Libiszewski questioned what actions were being taken to hold teams to account for ensuring that patients followed the correct pathways. The Director of Operations agreed that some of the issues were structural and that some were behavioural.

924/18 The Board received an update on the Pilgrim reconfiguration and The Director of Operations advised that the programs were progressing satisfactorily and were ahead of schedule in some areas. The Director of Operations asked the Board to note the efforts of the nursing teams who had performed admirably in managing the change in addition to their day-to-day pressures.

925/18 The Director of Operations reported that the new assessment unit with integrated surgical unit (to support Emergency) would be operational within the week, and in response to a question from the Interim Chair, he confirmed that it was proposed to apply some of the non-structural changes at Lincoln.

- 926/18 In response to a question from Mrs Dunnett, the Director of Nursing confirmed that the clinical Education Team had been working with the nursing staff in respect of the changes. It was noted that the impact of the changes would need to be measured and that the results fed through to the CQC. It was further noted that new Managing Directors were being appointed who would increase experience and provide additional support. The Director of Nursing confirmed that the first cohort of nurses would be going to Northumbria to meet with their counterparts. The Chief Executive acknowledged that the assumptions were believed to be correct at the time they were made and that services were coping with fewer beds. It was noted that the Board needed to be prepared for the disruption to continue into December.
- 927/18 The Board discussed the proposals in respect of the bed reconfiguration; particularly with regards to the Digby and Bostonian wards. The Director of Operations confirmed that it was the intention that a 'bed summit' be held where the issues could be discussed further. The Director of Nursing advised that the issue with the Bostonian was one of location and that she had held preliminary discussions with AHPs who were keen to develop services from the facility. The Interim Chair confirmed that the AHPs had been very positive about the Director of Nursing's initial response.
- 928/18 The Board reviewed the investment figures details in section 2.7 of the report and the Director of Operations confirmed that urgent care expenditure was broadly in line with expectations. It was noted that medical recruitment was heavily dependent on agency staff, and that the position was worse in A&E.
- 929/18 The Director of Operations provided an update in respect of Cancer services and it was reported that the service, although fragile, and despite an increase in demand, was delivering to higher standards than it had for a number of years. It was noted that although there was still some work to do, progress had been made.
- 930/18 In response to a question from Mrs Libiszewski, the Director of Operations confirmed that NHSI had been asked to investigate the increase in referrals.
- 931/18 The Board considered the Referrals to Treatment and the Director of Operations advised that there had been an increase in demand and that problems with cancelled operations persisted. The Interim Chair noted the duty the trust had in respect of Planned Care. The Director of Operations asked the Board to acknowledge the progress which had been made in many areas, despite the fact that the Trust had not met its own ambitious targets.
- 932/18 In response to a question from the Deputy Chief Executive, the Director of Operations confirmed that the turnaround program had impacted 'business as usual' particularly with regards to administrative duties. It was noted however that focus would be maintained on RTT as it would drive improvements in income.
- 933/18 The Interim Chair thanked the Director of Operations for the useful update and said that she looked forward to seeing the impact of the activity and changes.
- 934/18 **Item 11.3 Winter Plan**
- The Board reviewed the Draft Winter Plan 2018/19. The Interim Chair commented on the requirement to undertake some stress testing. The Director of Operations advised that this was the second time the Trust had been required to produce a Winter Plan. It was noted that work was still ongoing in respect of the appendices

and that the draft did take account of the previous comments made by the Board.

- 935/18 The Board considered the projected shortage of beds and the extent to which the issue had been mitigated. It was noted that additional work was required in respect of the Urgent Care Improvement Plan.
- 936/18 The Director of Operations advised that he was currently only able to provide limited assurance and would come back to the next Board Meeting with an addendum.
- 937/18 In response to a question from the Director of Nursing, the Chief Executive advised that the focus of the Winter Plan was on the elements over which the Trust could exercise some control. It was noted that further work would be conducted in respect of improving silver command protocols.
- 938/18 The Chief Executive asked the Board to note the work which was ongoing in respect of the county-wide Frailty Team and the 'Home First' prioritisation week, which sought to encourage use of existing pathways. Mr Lockwood commented on the extended access to GPs, which the Chief Executive noted only included planned appointments. Mr Lockwood informed the Board of a surgery in Skegness which had abandoned the appointments system and questioned whether that was a model the Trust might encourage its partners to adopt.
- 939/18 In response to questions from Mr Lockwood, the Chief Executive confirmed that there would not be any additional winter funding and that the funds received last year were not received early enough. The Chief Executive also informed the Board that a comms strategy had been developed and take up of the NHS *Live Waiting Times* app had been quite successful.
- 940/18 In response to questions from Mrs Libiszewski, the Director of Operations confirmed that the plan in respect of the management of staff was being developed and would be included in the aforementioned addendum, and that there would be a separate 'Easter Plan'
- 941/18 Mrs Libiszewski questioned the Trust's approach towards those staff that elected not to have the flu jab and the Director of Human Resources and Organisational Development advised that he had seen guidance and that it was not possible to move those that did not have it away from clinical areas. It was noted that the Trust would not wish to do anything that would harden attitudes having been very successful with the take up of the flu jab last year.
- 942/18 The Interim Chair noted the progress which had been made to date and asked that further clarity be provided in respect of responsibilities.

Action: Director of Operations – 26th October 2018

943/18 **Item 11.4 Trauma and Orthopaedic Trial**

The Board noted the report. The Director of Operations highlighted the main points; principally that the cancellation rate of 34-35 percent, which was due to a number of different factors, had been reduced to 1 percent.

- 944/18 It was noted that during the first week of the trial (20th August) more operations had been delivered than had been for some time and that the expectation was that the trend would continue over winter; which it was anticipated, would result in an

additional 300-400 patients being seen.

- 945/18 The Interim Chair noted the good work and asked that, in the absence of significant deterioration, a further report be brought before the Board in November.

Action: Director of Operations – 30th November 2018

946/18 **Item 12.1 Integrated Performance Report**

The Board considered the Performance report.

- 947/18 The Medical Director provided a brief update in respect of the ongoing training of Medical Examiners and confirmed that every death would be reviewed. It was noted that there were issues with co-morbidity coding although the Medical Director advised that patient flow was a more pernicious issue. Mrs Libiszewski expressed concerns that the compound nature of the Hospital Standardised Mortality Ratio figures detailed in the report could be obscuring mortality issues at Lincoln Hospital.

- 948/18 The Director of Nursing commented on the welcomed continued decrease in the Trust's catheterisation rate.

- 949/18 Mrs Dunnett questioned whether there was anything the Board needed to be aware of, in the context of the urgent enforcement action which had been taken against the Shrewsbury and Telford NHS Hospital Trust. The Director of Nursing confirmed that the Trust was an outlier in terms of maternity performance and that a full report, which would include a maternity dashboard, would be presented in October.

Action: Director of Nursing – 26th October 2018

- 950/18 The Board discussed the evolving nature of the 'Patient Experience' and the Interim Chair questioned the stubborn nature of improving the Friends and Family Test figures. The Director of Nursing advised that work was being done around obtaining real-time feedback.

- 951/18 The Director of Human Resources and Organisational Development advised that a continued increase in vacancy rates was having a negative impact on pay costs. It was noted that the key actions to address the issues were outlined in the commentary to the report.

- 952/18 The Director of Human Resources and Organisational Development noted the Pulse Survey results and commented that although there had not been any improvement in relation to the key indicators around engagement, there was a better story to tell around 2021 recognition and people feeling able to report unsafe clinical practices.

- 953/18 In response to a question from Mrs Ponder, The Director of Human Resources and Organisational Development confirmed that the work around leavers had identified stress as a contributing factor and that work was ongoing around better understanding the workforce mix and the experiences staff had when they were moved. It was also reported that there was a perception among staff that better development opportunities existed outside of the Trust. Lastly, it was noted that the Trust could be more flexible around retirees. The Interim Chair commented that newly-qualified nurses were often seeking to work fewer hours and more

flexibly than they perhaps had in the past.

- 954/18 The Director of Human Resources and Organisational Development asked the Board to note the excellent work which was going on with regards to Nursing Cadets and the apprenticeship schemes.
- 955/18 The Deputy Director of Finance provided an update in respect of the financial aspects of the report. It was noted that the Trust's financial position was £5m adverse to plan. And that staffing costs were broadly flat.
- 956/18 The Deputy Director of Finance asked the Board to note the income position and the negative impact of fines and penalties.
- 957/18 The Board discussed the capital spend which was behind plan. The Deputy Director Finance commented on the need to spend the capital which had been borrowed and the Deputy Chief Executive noted the risks around ramping up spending towards the year end. The Interim Chair advised that consideration should be given to putting regulators on notice of the potential capital risk.

Action: Director of Finance, Procurement and Corporate Affairs – 26th October 2018

Item 13 Risk and Assurance

958/18 Item 13.1 Risk Management Report

The Board considered the report and the Medical Director highlighted the main points; noting that risk register became clearer with each iteration, which in turn enabled the assurance committees to more easily review them and better describe the gaps in assurance.

- 959/18 The Board noted the 20 high-level risks which were centred around the management of emergency demand, unplanned expenditure in relation to penalties, and Workforce capability and capacity.
- 960/18 Mrs Libiszewski drew the Board's attention to the 4 risks which were rated at level 16 and it was noted that a paper would be brought to the Board at its next meeting to provide assurances to the Board.
- 961/18 The Board considered the BAF. The Interim Chair commented on the need to map risks into the strategic objectives and Mrs Libiszewski suggested that papers should include explicit links to identify which elements are connected to strategic objectives. Some further work had been completed on the BAF and this would be incorporated for the October Meeting.

Action: Trust Secretary – 26th October 2016

962/18 Item 13.2 High Level Governance, Assurance and Performance Framework

The Board noted the paper, which included the proposed structure. The Interim Chair confirmed that the proposals had been updated as a consequence of the Board development discussions.

- 963/18 It was noted that the proposed structure would better enable the triangulation of

evidence at performance review meetings. In response to a question from Mrs Libiszewski, the Trust Secretary advised that the Quality and Safety Oversight Committee, which would sit beneath the Quality Governance Committee, would hold its inaugural meeting in October. In response to a further question from Mrs Ponder, the Trust Secretary advised that the Terms of Reference, and the revised Terms of Reference for the other committees within the group structure would be finalised in October.

- 964/18 Following due discussion and consideration, IT WAS RESOLVED THAT the proposed framework, as outlined in the report, be and is hereby approved. It was agreed that the Terms of Reference would be brought before the Board for approval.

Action: Trust Secretary – 26th October 2018

Item 14 Strategy and Policy

965/18 **Item 14.1 Board Forward Planner**

The Board noted the planner.

966/18 **Item 14.2 ULH Innovation**

The Board received and noted the positive update in relation to the 'Big Change' at Pilgrim Hospital.

967/18 **Item 15 Any Other Notified Items of urgent Business**

There were no further items of urgent business.

968/18 **Item 16 Date of Next Meeting**

It was noted that the next meeting would be held on The next meeting will be held on Friday, 26th October at 9.15 a.m. at the New Life Centre in Sleaford.