

Minutes of the Public Trust Board Meeting

Held on 27 July 2018

Trust Boardroom, Lincoln County Hospital

Present

Voting Members

Mrs Elaine Baylis, Interim Chair
Ms Karen Brown, Director of Finance,
Procurement and Corporate Affairs
Mrs Sarah Dunnett, Non-Executive Director
Mr Geoff Hayward, Non- Executive Director
Dr Neill Hepburn, Medical Director
Mrs Liz Libiszewski, Interim Non-Executive
Director
Mrs Gill Ponder, Non-Executive Director
Mr Jan Sobieraj, Chief Executive
Mr Alan Lockwood , Interim Non-Executive
Director

Non-Voting Members

Mr Paul Boocock, Director of Estates and
Facilities
Mr Mark Brassington, Chief Operating Officer
Mr Martin Rayson, Director of Human
Resources and Organisational Development

In attendance:

Mrs Victoria Bagshaw, Deputy Director of
Nursing
Mr John Baines, Healthwatch
Mrs Jayne Warner, Trust Secretary

Apologies

Mr Kevin Turner, Deputy Chief Executive
Mrs Michelle Rhodes, Director of Nursing
Dr Chris Gibson, Non-Executive Director

Mrs Catherine Greaves, PA (Minutes)

616/18 Item 1 Introduction

The Chair welcomed members of the public to the meeting and acknowledged the concerns arising from the change of venue. The Chair advised that the next meeting of the Board would be held at Sleaford.

617/18 Item 2 Public Questions

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

Question 1– As you have made a huge mistake by withdrawing our A&E 24/7 at Grantham Hospital and thereby leaving the second largest populated area in Lincolnshire without safe night-time emergency cover, and especially the surrounding rural areas who are now extremely vulnerable, will the development and introduction of a new and permanent, operational structure for the Trust called the Trust Operating Model (TOM) help to significantly improve the way you organise yourselves so that you will then be able reinstate our night time A&E?

The Chief Executive responded to the question and noted the public concerns around the closure of Grantham A & E but that the Trust believed it was the right



decision in terms of safety. The Chief Executive added that the Trust Operating Model is an internal mechanism to enable a more streamlined approach to services. It will make the Trust better organised but not necessarily impact on A & E at Grantham.

Question 2 – Can you please tell us when the Acute Services Review will be made public and do you agree with a 24hr service model for Grantham Emergency Department in the future?

The Medical Director responded to the question. The Acute Service Review is part of the STP which is run by the CCGs. The Trust agree safe services need to be provided for patients in Grantham and are working with CCGs on this. The Trust were encouraging the CCGs to release the STP to the public as soon as possible.

Question 3– How many children have direct access to children’s ward at Pilgrim Hospital, sometimes known as “open access”.

The Chief Operating Officer responded that there are currently 105 children on the list for Open Access to Pilgrim and that of the 105, 35 have not needed to access the service since 2016. In the last financial year 31 children utilised the open access pathway and in the last 3 months 14 children utilised the pathway.

Question 4 – What happens if a woman arrives at Pilgrim Hospital in premature labour below whatever is decided to be new, interim gestation limit?

The Medical Director responded that patients will be assessed by the clinical team to enable them make the most appropriate decisions for the best outcome for mother and baby.

Question 5– What are the criteria for deciding if a women needs to be transferred to Lincoln to give birth?

The Chief Operating Officer responded, as in the above question response, it is key to manage the antenatal pathway to identify those mothers at risk of complex births and identify babies of higher risk of needing support following their birth.

Question 6 – Why have the two additional, new, substantive consultants been appointed to Lincoln and not Pilgrim are these two posts additional to the two extra locum consultant posts which were previously stated as part of the plan for Pilgrim?

The Director of Human Resources and Organisational Development responded that both sites have been authorised to recruit 2 additional consultants. There is to be increased establishment at both units to ensure safe staffing.

Question 7 – What is the skill mix for each staff assigned to each Children's ward bed, at Lincoln County Hospital?

The Deputy Director of Nursing responded that it would be 1.5 or 1.6 depending on the acuity of the child. There would also be the support of Nursery Nurses and Health Care Support Workers.

Question 8 – What will happen if a woman needs a transfer, but the situation is not stable enough for her to get to the next nearest hospital with a bed for her, and neonatal cot for the baby?

The Medical Director responded that the situation will be assessed by the clinical team to get the best clinical outcome. The neonatal unit will not be closed. The staffing were there so a situation would be managed and an assessment would take place dependent on the clinical situation.

Question 9– Bearing in mind that there is no direct public transport between Sleaford and Lincoln on a Sunday, whilst there is a Sunday train service from Sleaford & Heckington to Boston and that health services are being centralised at Lincoln, what transport arrangements will be put in place to make sure families without access to a car can travel from Sleaford and surrounding villages to Lincoln County Hospital and back on a Sunday?

The Chief Executive responded that he understood the difficulties with transport across Lincolnshire. The Trust will work with the local authority and charities, however transport is not the Trust's responsibility.

Question 10 from Councillor Ray Wootten – At last week's North West Anglia Trust AGM the CEO Stephen Graves stated that Ambulances arriving from outside the area in particular from Grantham were having an impact on its A&E 4 hour waiting targets.

Can you explain why Grantham patients are continually being delivered to Peterborough instead of Lincoln? Is the answer that Lincoln cannot cope and that Grantham should be open 24/7 and patients delivered there instead of other Trusts?

The Chief Operating Officer responded that he understood the pressure that North West Anglia were facing which had been impacted on by bed base, rather than A & E. The number of ambulances being diverted to North West Anglia was in line with expectations.

Q11 – What is the name of the company providing the ambulances for patient transfers from Pilgrim and what will be the staffing model for the ambulance and the skills/training of the staff?

The Chief Operating Officer responded that the Trust were not in a position to share the company details as a procurement process was underway and a formal tendering process in place. Once the process is complete the details will be made public. The Chief Operating Officer added that there will be 2 ambulances in place to support transfers staffed by paramedic staff.

Question 12 – What has been the occupancy of Pilgrim neonatal unit during the last 3 weeks? How many of those babies were born below 37 weeks? How many born below 34 weeks? How many born below 30 weeks? Please also confirm how many were 37 weeks plus.

The Medical Director responded that there had been 11 babies on the neonatal



unit at Pilgrim during the last 3 weeks. 9 babies born below 37 weeks. 4 babies born below 34 weeks. 1 baby born before 30 weeks. There were 2 babies born 37 weeks plus.

Question 13– Are the two Lincoln Consultant posts, in additional, to the two extra locum consultant posts which were previously stated as part of the plan for Pilgrim?

The Chief Operating Officer responded yes.

Question 14 – How many fully staffed neonatal cots are there in Lincoln hospital?

The Medical Director responded that there were 15 at Lincoln and in addition 4 transitional care cots. The Trust can flex the numbers depending on activity and acuity.

Question 15 - What incentive schemes have been implemented to persuade medical staff who have moved to Lincolnshire to continue working at Pilgrim and Grantham hospitals? Are there plans to provide local urgent-care beds for adults in the Sleaford area who are suffering mental-health crises?

The Director of Human Resources and Organisational Development responded that retention payments have been incorporated, particularly in A & E. The Trust are also developing opportunities individualised to staff.

Question 16 – Why has all diabetic emergency training been cancelled for staff and can you explain why this training was required in the first place?

The Medical Director responded that the Training had been required due to incidents being flagged. The Training had now taken place and covered key areas where incidents had occurred and where the Trust may not have been working to national standards. Therefore the Trust is moving back to business as usual with the Diabetic Specialist Nurse providing outreach support. The Trust had prioritised clinical activity during busy periods with additional training on the job.

Question 17– Could you please inform me as to what the admission criteria for Pilgrim neonatal unit under the interim model will be?

The Medical Director responded that babies over 37 weeks will continue at Pilgrim. Babies below 37 weeks will be birthed at Lincoln where possible. This will be reviewed on a daily basis with a formal review after 10 days.

Question 18– As a local councillor, Hospital staff contact me and confidentially inform me of ongoing issues at our Hospital. It has come to my attention that staff are being suspended because of the colour of their hair, and another member of staff has departed and is taking the trust to tribunal for constructive dismissal. Whilst I don't expect you to comment on individual cases, can you explain why the colour of a nurses hair would have a detrimental effect on patient care and are you taking any measures to improve staff moral or do we just draw our own conclusions as to why staff morale is at rock bottom and assume that the ongoing recruitment and

retention crisis is self-inflicted, and thereby in turn not helping to get our night time A&E at Grantham Hospital reinstated?

The Deputy Director of Nursing responded that it is not appropriate to comment on specific cases however some individual issues are more complex than others. The Trust's policies are based on best practice and clinical evidence and include taking policies from other Trusts, legal frameworks and feedback from patients. The Trust policies have been agreed by staffside.

Question 19 resubmission of previous questions which Mrs Lowndes does not consider were answered adequately –

1. Where will the nurse/doctor escort come from to transfer to child. Will they need transfer skills? Answer: The Trust are developing transfer protocols.

My response: Not enough information.

2. Who will man the assessment unit whilst nurses go on transfer? Answer: The Trust are working up the transfer protocols, we would envisage a nurse or doctor travelling with only selected patients who require that input.

My response: Not enough information

3. Will the CCN team increase as, if children are going to be discharged earlier, they will need close follow up. Answer: The CCN team are an important part of the service and we will review their role.

My response: Not enough information

4. Will the trust fund training for the CCN team? Answer: Training is funded as required for all nursing staff as required to provide the service.

Follow up question: What are the full costing for the CCN teams?

The Medical Director responded to the first question, that there will be no need for an escort as the ambulances will be manned by trained paramedics. In response to question 2, Nurses will not be on the transfer. In response to question 3, there should be no increase to community teams as children will only be discharged when they are fit to do so. In response to the final question, the costing of community nursing is a total budget of £781,700 per annum.

618/18 Item 3 Apologies for Absence

Apologies for absence were received from Mr Kevin Turner, Deputy Chief Executive, Mrs Michelle Rhodes, Director of Nursing and Dr Chris Gibson, Non-Executive Director.

619/18 Item 4 Declarations of Interest

Mrs Dunnett declared that she holds the position of Deputy Chair at North West Anglia NHS Trust.



Mrs Libiszewski confirmed she is a Non-Executive Director at Lincolnshire Community Health Services. The Interim Chair confirmed she is Chair of Lincolnshire Community Health Services.

Mr Alan Lockwood confirmed he is a Non-Executive Director at Lincolnshire Partnership NHS Foundation Trust.

620/18 Item 5 Minutes of the meeting held on 25th May 2018 for accuracy

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

Item 484/18 – The first sentence should read “ The Chief Executive highlighted the recent statement by the Government about an increase in funding of 3.4% (£20B) for the NHS.

Item 529/18 – The second sentence should read “The Board responded that the Patient Experience Committee reports into the Quality Governance Committee”

Item 571/18 – The paragraph should read “The Committee were not assured on the Trust’s ability to achieve the Cancer targets, the Trust had achieved 4 out of the 9 standards and a recovery plan was in place.”

Item 590/18 – The first sentence should read “Mrs Libiszewski referred to the investment in 17/18 and noted that the Trust only have 3 substantive consultants in A & E with a significant proportion being agency.”

Item 591/18 – The final sentence should read “The plan for the winter was for the Trust to attempt to staff Digby Ward with ULHT employees”.

621/18 Item 6 Matters arising from the previous meeting/Action Log

Item 163/18 – Patient Experience Data - The Interim Chair commented that she was still awaiting this data reporting into the Board. There needs to be an analysis to enable triangulation with workforce and patient experience and the Interim Chair requested this work is prioritised.

Item 428/18 – Action to be amended. Action relates to Trauma and Orthopaedics, not Paediatrics.

Item 579/18 – Further consideration of how the Board would review the details of where the Trust is with FEP and the progress against delivery. The Director of Finance, Procurement and Corporate Affairs responded that there will be an upward report from the Financial Turnaround Group into the Finance, Service Improvement and Delivery Committee for upward reporting to the Board.

622/18 The Board noted that there was a missing action in relation to the Operational Plan and requested an update in relation to Items 584/18 to 598/18. Further clarity around the financial plan and governance.

623/18 Item 7 Chief Executive Horizon Scan

The Chief Executive provided the Board with an update. Nationally waiting times are at the highest they have been for 10 years. The provider deficit is £986m. There has also been high levels of A & E attendance nationally and the impact of the heatwave is yet to be taken into account. There is a big push nationally to encourage organ donation.

- 624/18 The Trust had been working with NHSE in providing healthier options within the Trust's catering establishments and had achieved its CQUIN in this area. The Director of Estates and Facilities asked the Board to recognise the hard work and Commitment of John Spencer, Catering Manager in helping to secure this achievement.
- 625/18 The Chief Executive highlighted trauma and orthopaedics . The Trust were on track to launch the clinically led trial for Trauma and Orthopaedics across its 4 sites, with activity focused on an elective care hub at Grantham. The Chief Executive gave credit to staff who had been asked to volunteer for the 6 month trial. The has been put in place to improve quality of care for patients and reduce cancellations.
- 626/18 The Chief Executive referred the Board to the Healthwatch briefings that would be taking place on STP for Lincolnshire.
- 627/18 The Chief Executive referred to the Trust Operating Model which will redefine how the Trust is structured. The Chief Executive highlighted that an interim structure is being put in place with 4 Interim Divisional Directors. The Trust are working with Northumbria and obtaining support. The Interim measures will be in place until the Trust Operating Model goes live in April 2019.
- 628/18 Mr Baines questioned the partnership with Northumbria and how it was established. The Chief Executive responded that the Trust wanted to partner with an organisation with similar geographical issues. The idea was for Trust staff to learn from Northumbria, however they have been learning from each other. The Trusts will develop projects and work together on implementation. The Chief Executive confirmed that Northumbria currently have an outstanding CQC rating.
- 629/18 The Interim Chair added that there would be an update on Trauma and Orthopaedics at the September board meeting. In the meantime the Chair expressed thanks to the staff for their flexibility and meeting a need to work differently.
- 630/18 The Interim Chair added that it is an exciting time for the Trust with the Trust Operating Model moving at pace and interim support.
- 631/18 **Item 8 Patient Story**
- Mrs Jennie Negus, Deputy Chief Nurse presented the Board with a presentation around the National Autism Strategy. The aim is for Trust employees to be person centred, understand the individual and understand the patient and family experience.
- 632/18 The Deputy Chief Nurse provided an example shared by a nurse specialist of an experience of a young patient who needed to attend hospital to have an MRI. The

Nurse Specialist met with the family of the patient and met with theatre team in order to understand the difficulties for the young man. The traditional pathways with potential of delays would have been distressing for the patient. It was agreed that on the day of the MRI the theatre team would meet the patient and his family and the patient would be taken straight to the theatre suite to have the MRI. This was one example of where the Trust had worked together with the patient and family to ensure the gentleman did not encounter any distress during his visit.

633/18 The Deputy Chief Nurse added that there were also examples of negative experiences in outpatients where noise, hypersensitivity, different uniforms e.g had caused distress. The strategy is around talking with the patient with autism and families and exploring areas of safe space – quiet areas for patients to avoid distress. The Autism Partnership Forum are keen to work safe areas.

634/18 The Deputy Chief Nurse highlighted that a couple of important meetings are taking place to explore pathways around commissioning and added there is a lack of NHS specialist inpatient services.

635/18 The Deputy Chief Nurse added that she wanted to use some real examples during the presentation to highlight the National Autism Strategy. The Deputy Chief Nurse asked the Executive Team to nominate an Executive Champion for the strategy and it was agreed for the Executive Team to address outside of the meeting.

Action: Executive Team 31 August 2018

636/18 The Chair noted that it was encouraging to hear that as a Trust we are beginning to recognise the issues and come up with solutions.

637/18 Mr Baines questioned whether there were any opportunities for joint working with Lincolnshire Partnership NHS Foundation Trust. The Deputy Chief Nurse responded that the Lincolnshire providers were reviewing potential adjustments and opportunities.

638/18 **Ward Accreditation**

The Deputy Director of Nursing was pleased to confirm that two further wards had achieved the green status of ward accreditation. The award recognised all staff on the ward from Health Care Assistants, Nurses and Ward Clerks. The certificates were presented to wards 3A and 6B from Pilgrim Hospital.

639/18 **Item 9 Providing consistently safe, responsive, high quality care SO1**

Item 9.1 Paediatric Service Update

The Medical Director provided the Board with an update regarding the continuing work to address the significant challenges currently faced by the Children & Young Peoples Service, and the interdependencies with Neonatal and Maternity Services at the Trust.

640/18 The Interim Chair stressed that it remained the Board's intention to keep services at Pilgrim, where it was safe to do so and where there was appropriate staffing.

- 641/18 The Medical Director stated that the issue is the shortage of middle grade staff. The service had been fragile for some time. The objective was to provide safe effective services. There will be changes at both Lincoln and Pilgrim to ensure safety is maintained.
- 642/18 The Medical Director referred the Board to the proposed interim model, scheduled at Appendix 1 of the report.
- 643/18 The Medical Director advised that the Trust had been successful in recruiting middle grades which were predominantly agency, however the Trust was dependent upon a model that had 60% agency which is a concern for both medical and nurse staffing. In order to supplement this further the Trust are looking to recruit additional consultants and extend consultant time on the ward.
- 644/18 The Medical Director updated the Board on the position with Tier 1 Trainees. The Trust continue to work through a process to enable the Tier 1 Trainees to work at Pilgrim. during the hours the Consultant is present, however this could not be during the night which would leave a gap. To minimise the risk there are several additional mitigations, the most important being that the Trust will only plan to deliver babies at 37 weeks or more at Pilgrim hospital which means there will be additional transfers. The Medical Director referred to approximately 5 transfers a day of Children and women less than 37 weeks. The figure will depend on risk appetite or confidence of clinicians working within the model. The Medical Director advised that the Executive Team continuing to review the position and work up detailed plans and contingencies.
- 645/18 The Medical Director confirmed the Trust were obtaining good cooperation from the wider health system and the staff involved, for many of which is it their first time working within a fairly complex health system. The Trust are also working with Northumbria on a long-term model to sustain workforce which will make the Trust less susceptible to the waves of crisis it is currently experiencing.
- 646/18 The Interim Chair added that it is really important that the Board understand the current position and that within the short, medium and long term plans the Trust can still deal with patients safely.
- 647/18 Mrs Dunnett commented that the paper could be clearer on what the Board were being asked. Mrs Dunnett asked how the Trust would move towards a sustainable model, the second around capacity and whether the Lincoln site had the beds and people to staff for the number of patients going through and finally, the costs attached to the changes as they were not detailed within the papers.
- 648/18 Mrs Ponder added a further query with regard to recruitment and questioned what the Trust is exploring to try to recruit some of the people it required and questioned whether the Trust had engaged a specialist agency to support this.
- 649/18 The Director of Human Resources and Organisational Development responded that there were 8 middle grade doctors in the pipeline, although there is still a risk they may withdraw. There is a further advert out for Consultant Paediatricians at Pilgrim and an interview would take place in October. The Trust are working with East Anglia on a recruitment drive from Greece. The Trust have been working

with medical agencies for some time but always looking at seeing ways to improve and extend the reach into the market. A review of recruitment activity is currently underway to see how the Trust can make a bigger impact quicker. The Trust will be looking at marketing and clarity of message and improvement recruitment processes.

- 650/18 The Interim Chair referred to the Director of Human Resources and Organisational Developments response and questioned whether the Trust are getting support from the Council and University. The Director of Human Resources and Organisational Development responded that there is a strategy within the STP.
- 651/18 Mrs Libiszewski referred to recruitment and alternative staff roles and requested assurance that the Trust are beginning to develop existing staff. The Medical Director responded that there is one neonatal nurse practitioner and one in training and that as part of the link with Northumbria their Clinical Director will be coming to the Trust to follow the journey. At the moment the medical staff are unaware of the opportunities it presents and as part of the journey the Trust need to increase the appetite for new working models. The Trust was at the beginning of the journey as the principle efforts had been putting together a safe model for the present.
- 652/18 The Director of Human Resources and Organisational Development added that the task and finish group working through an establishment which is affordable and would embrace the opportunity to bring in new roles. Mrs Libiszewski commented that this was a good step in giving employees aspirations.
- 653/18 The Medical Director confirmed capacity and stated that there is the possibility to increase Rainforest Ward from 9 beds to 24, however this would require agency nurses to open up. The issues will begin during bronchiolitis season. The Trust are currently looking at how it can increase the size of the paediatric bed base. The Medical Director went on to say there is sufficient neonatal capacity in Lincoln to manage, the issue will be whether the Trust continue at 37 weeks at Pilgrim or revert back down to 34 weeks.
- 654/18 Mrs Dunnett requested to have clear line of sight on capacity included in the next paper and further around the 12 hour assessment unit.

Action: Medical Director – 31 August 2018

- 655/18 The Interim Chair added that it is the expectation of the Board to get data as it is coming through to provide the necessary assurance.
- 656/18 Mr Baines raised a question about whether the Air Ambulance would be involved in patient transfers. The Chief Operating Officer responded that it would depend on the clinical need and time critical intervention, however the Trust do not usually use the ambulance for transfer from site to site. The Chief Operating Officer reminded the board that the Trust already move unwell babies throughout the paediatric network within business as usual.
- 657/18 Mr Baines questioned what the criteria would be for assessing whether the Trust need to continue with the transfers after 6 weeks. The Medical Director responded that there will be a complete review of cases.

- 658/18 Mrs Libiszewski questioned how the Trust had determined two ambulances as the number needed. The Medical Director responded that it was the best estimate. Not all patients will need to be transferred by ambulance. Mrs Libiszewski questioned what the back-up plan would be if both ambulances were in use and there was a need to transfer a patient. The Medical Director responded that patients may be advised to go straight to Lincoln or access to EMAS would be required.
- 659/18 The Interim Chair referred to the financial position. The Director of Finance, Procurement and Corporate Affairs referred to the Integrated Performance Report which detailed the financial risks and highlighted that only some of the risks are built into the financial plan. There could be significant additional costs. The Director of Finance, Procurement and Corporate Affairs added that there would be more certainty around the finances once the staffing models and procurement processes were completed.
- 660/18 The Interim Chair referred back to the report and the actions required whereby the Board was asked to recognise and endorse the formal project, risk management and incident tracking methodology that will be maintained to provide assurance to all stakeholders. The Interim Chair added that as a Board she did not feel that it could recognise and endorse the formal project as the Board had not seen full details.
- 661/18 Mr Hayward questioned the Communications plan and whether it was adequate. The Chief Executive responded that work was continuing around this with events being arranged.
- 662/18 The Board agreed it was important to draw out the Business Continuity Plans and continue to develop them.
- 663/18 The Board supported the recommendations of non-EMAS transport support.
- 664/18 The Interim Chair added that she was encouraged to hear the recruitment aspects and capacity around paediatrics and was reassured that things were moving forward in respect of workforce.
- 665/18 The Interim Chair requested to see the paediatric risk register included in future papers.

Action: Medical Director – 31 August 2018

666/18 **Item 9.2 Assurance and Risk Report Quality Governance Committee**

Mrs Libiszewski provided the Board with the assurances and risks arising from the meeting of the Quality Governance Committee.

- 667/18 Mrs Libiszewski highlighted to the Board the positive work which is ongoing around CAUTI, Pressure Ulcers and Falls.
- 668/18 Mrs Libiszewski referred to HSMR data. The Committee remain concerned with the HSMR position at Lincoln given the work undertaken which has had little impact. The Committee have asked for a report on further actions.

- 669/18 Mrs Libiszewski referred to the Diabetes Service. The Committee had received the report following the review from Leicester University Hospitals and assurance was provided on how the service will be transformed. The Committee had requested a further report to be a review in respect of the Pan Lincolnshire 100 day Diabetes challenge work to review the number of patients who could be managed closer to home.
- 670/18 Mrs Libiszewski added that the Committee remain concerned around clinical policies and added that there is a legacy issue with them being out of date. The committee have asked for further work in terms of prioritisation.
- 671/18 Mrs Libiszewski updated the Board that the Committee had received the Maternity Dashboard and requested for it to be included within the papers on a regular basis. Mrs Libiszewski advised the Committee will regularly report to the Board to provide the Board with assurance on the Maternity Dashboard.
- 672/18 Mrs Libiszewski updated the Board that the Committee were still not assured that Directorates were moving at pace to improve patient experience and actions are required to ensure engagement is improved.
- 673/18 Mrs Libiszewski added that the Operational Governance Group would be established and supersede the Patient Safety Group.
- 674/18 Mrs Libiszewski highlighted the requirement for further work around the QIA process.
- 675/18 The Chair commented that it was good to see the improvement programme around CAUTI. The Chair referred to the importance of QIAs and the need to ensure they are done and for the Board to be cited. The Chair thanked the Committee for progressing the Patient Safety Walkabouts.
- 676/18 Mrs Dunnett welcomed the deep dive into mortality issues.
- 677/18 Mr Baines referred to catheterisation and questioned whether the Trust are getting any closer to the National Average, as it was stated in a previous Board meeting the Trust were twice the national average. The Deputy Director of Nursing responded that the team have highlighted a lack of confidence around the data, which is being worked on.
- 678/18 The Board noted the assurances provided by the Quality Governance Committee.
- 679/18 **Item 9.3 CQC Well Led Inspection**
- The Deputy Director of Nursing provided the Board with the outcome of the CQC 2018 inspection.
- 680/18 The Chair requested the Board note the improvements made and celebrate these at the same time as recognising there is still work to be done.
- 681/18 The Deputy Director of Nursing highlighted a number of areas of good and

outstanding progress from the report. The overall ratings for the Trust by site were Lincoln - Requires Improvement, Pilgrim - Inadequate, Grantham and District Hospital - Good and Louth - Good.

- 682/18 The report identified a number of challenges around delivering urgent and emergency care on the Pilgrim site, care of children and improvement of the responsiveness of services for children and developing and delivering robust governance from Board to Ward to be effective.
- 683/18 The Deputy Director of Nursing highlighted that the Trust are required to submit its improvement plan by 31st July and are on schedule for this deadline.
- 684/18 The Chair thanked the Deputy Director of Nursing for the headlines from the report and requested that as a Board the item is taken to a Board Development Session for more detailed consideration.

Action: Trust Secretary 31 August 2018

- 685/18 Mr Lockwood questioned whether there will be an action plan with line by line actions with responsible. The Chair added that there needs to be governance around the process as the Board need oversight.
- 686/18 Mrs Dunnett questioned whether the Trust were still in Special Measures as it was not clear from the report. The Deputy Director of Nursing confirmed the Trust is still in Special Measures.
- 687/18 Mrs Libiszewski thanked the Deputy Director of Nursing for the report which had still been work in progress when the Quality Governance Committee met and stated that the Trust do need to rework what goes to the Quality Governance Committee in order to provide improved assurance to the report. As Chair of the Committee Mrs Libiszewski did not feel informed around the Quality and Safety Improvement Programme. Mrs Libiszewski would like to see a comparison to the last CQC report which shows improvements across the Board. Mrs Libiszewski would also like the report to look at local ownership and how teams are working through their actions and feeding back through local governance.

Action: Deputy Director of Nursing 31 August 2018

- 688/18 The Board noted the report and the outcome of the CQC inspection and the need to look at how the Trust can do things differently going forward.

689/18 Item 9.4 Quality and Safety Improvement Programme

The Deputy Director of Nursing provided the board with information and assurance on the Quality and Safety Improvement Plan for 2018/2019.

- 690/18 The report highlights 10 work programmes and details the work that is being fed into the groups. The paper will go to Quality Governance with details of the plan for oversight and assurance.
- 691/18 Mr Hayward commented that the report implies that there is a moderate risk of not having enough people to undertake the work, however the biggest risk must be not

getting the capital and revenue to delivery. Mr Hayward stated that if the risks materialise the plans will fail.

- 692/18 The Chair requested further detail. Mrs Libiszewski added that she thought the strategic risks had not been addressed and rescored. The Quality Governance Committee would review when they have the information.
- 693/18 Mrs Ponder referred to closing a number of the 17/18 actions and the move to business as usual and questioned whether closing the risks is the right response. The Deputy Director of Nursing responded that lengthy discussions about closing the risks and where they sit had been undertaken and they were closed from the perspective that a significant amount of work had been undertaken and would continue at a directorate level. Monitoring is taking place as part of the performance review meetings which allow the Executive Directors to scrutinise and challenge.
- 694/18 Mrs Ponder added that her concern is that if business as usual they would not have been on the list for last year and there would be issues when referring back. The Interim Chair agreed and questioned what other control mechanisms gave the assurance it would work. The Director of Human Resources and Organisational Development stated that the Workforce Committee would scrutinise and assure on the workforce plans.
- 695/18 The Chair added that the Board need to be sure that it is not losing the assurance functions. The Deputy Director of Nursing agreed, the first premise was to put through the governance but recognised the need for oversight.
- 696/18 The Chair further added that the Board do not want to repeat work. If assurance processes are not working then they need to be improved.
- 697/18 The Board noted the development of the Quality and Safety Improvement Plan for 2018/2019.

698/18 **Item 9.5 Complaints Annual Report**

The Medical Director provided the Board with the annual report on complaints. During the financial year 2017/2018 the Trust received a total of 744 complaints. A total of 594 complaints had been resolved with this period of time with 306 of these fully or partly upheld. There were 694 complaints in 2016/17 compared to 744 in 2017/2018, an increase of 7%. The report detailed the principle themes and explained what had been learned from the incidents. Complaints are also tracked to ensure the actions proposed have actually happened. The complaints are held open for 30 days.

- 699/18 The Medical Director advised that lessons learned forums had been taking place and added that the complaints do offer an opportunity for learning.
- 700/18 The Director of Estates and Facilities added that he was curious about the learning part of the document and how the Trust's lessons learned forums tackle the issues.
- 701/18 The Interim Chair added that she understood that there is a void of how the Trust

know it has learned its lessons. The Medical Director responded that this is absolutely correct. There is a fundamental gap in what happens in corporate teams and what happens on the ground which is a breakdown in the processes.

702/18 The Deputy Director of Nursing commented that this is one thing that is being explored as part of the ward accreditation process.

703/18 Mrs Dunnett added that there is something about not just learning through specialty and added that in respect of the annual report it would be good in future to look at how we can provide a little more information.

704/18 Mrs Libiszewski added that another element to consider is not only overlap and learning, in the risk report the Trust see complex complaints linked to serious incidents . There is also something around engagement with patients and families and there is more work to be done in this area.

705/18 The Chair summed up that the report was helpful but there is further analysis required around what the report is telling the Trust and further benchmarking. The Trust need to continue to work on the complaints management process and strengthen the approach.

706/18 The Board received the complaints annual report.

707/18 **Item 9.6 Inpatient Survey**

The Medical Director provided the Board with the results of the 2017 National Inpatient Survey and actions taken by the Trust. The picture is a better one this year with a higher number of questions showing an improved score than those with a fall. The range of variance is wide with highs of 7% improvement to a low of 8% deterioration. There are a number of actions and initiatives in progress as detailed in the report to address some aspects of the survey.

708/18 The Director of Human Resources and Organisational Development commented that the report was useful to highlight the issues. The Trust now need to bring the information together and cross reference the variety of information around patient experience, what the Trust have been told and what it is going to do about it. The Director of Human Resources and Organisational Development confirmed his team were already working on this.

709/18 The Interim Chair agreed, the Trust have the information and now need to look how it can be brought together in a meaningful way and action.

710/18 The Board received the 2017 National Inpatient Survey.

711/18 **Item 9.7 R & D Operational Capability Statement**

The Medical Director provided the Board with an update on implementation of National Institute of Health Research (NIHR) Research & Development (R & D) Operational Capability Statement. The update was given for information and approval. As part of the governance arrangement the Board required oversight of what the Trust are doing in ensuring it is compliant. The report has been reviewed at the Clinical Management Board.

712/18 Mrs Dunnett commented that she is supportive of the recommendations within the report, however would like to see a research and development update report.

713/18 The Board agreed for a further update to be received in November through the Quality Governance Committee.

Action: Medical Director – 30 November 2018

714/18 **Item 10 Providing services by staff who demonstrate our values and behaviours SO3**

Item 10.1 Staff Engagement/FTSU Report

The Freedom to Speak up Guardian presented to the Board their quarterly report. 8 issues had been raised within the last quarter across Boston, Lincoln and Louth. There were no issues raised by staff at Grantham.

715/18 The Trust Secretary is continuing to raise awareness of the Freedom to Speak Up agenda and had attended EPF and is working to do site visits with staffside. The Guardian is continuing monthly 1:1s with the Chief Executive.

716/18 Mrs Ponder commented that as the non-executive lead she only gets a very small number, one of which will feature in the next report.

717/18 Mr Baines questioned whether there were any national benchmarking standards. The Trust Secretary responded that the quarterly data is submitted to the National Guardians Office however the national office advise against making comparisons of this kind.

718/18 **Item 11 Providing efficient and financially sustainable services**

Item 11.1 Assurance and Risk Report from the Finance, Service Improvement and Delivery Committee

Mrs Ponder provided the Board with the assurance and risks arising from the Finance, Services Improvement and Delivery Committee meeting. The Committee had received the Month 3 financial position. The Trust's year to date revenue position at Month 3 was £1.5m adverse to plan. The Committee remained unassured around the Trust's ability to achieve the financial plan. The improved position in month had been assisted with balance sheet adjustments and the monthly run rate had not improved. The Committee remained concerned about the control over CQUINs, although there is a plan in place ownership was still to be confirmed. The Committee highlighted the Trust Cash position and had been assured that all possible steps were being taken to manage Cash.

719/18 Mrs Ponder added that the Committee had received an update on the Financial Efficiency Programme. The Trust were £0.5m behind to plan. The Trust had a new Turnaround Director and plans would be addressed through the Financial Turnaround Group with upward reporting into the Committee.

720/18 Mrs Ponder confirmed that the Committee had received an update from Pilgrim

Medicine and had received assurances around actions being taken to improve services. There was continued concern around delivery of cancer performance and the committee were not assured that the Trust would be able to deliver the constitutional standard consistently this year, but were assured that the Trust remained on track with the agreed recovery trajectory to achieve 85% by September. Mrs Ponder also advised that the Trust were behind trajectory for urgent care for June and the Committee had requested further assurance on plans to improve streaming. The Committee had been advised of a Risk Summit for Head and Neck services.

- 721/18 Mrs Ponder confirmed that the Committee were assured that plans were in place to recover RTT performance to the agreed trajectory. The Trust were on track to achieve the waiting list target.
- 722/18 Mrs Ponder confirmed that due to financial constraints, the Committee were not assured about the level of compliance with all statutory maintenance requirements but were assured that the Trust was on track to achieve actions required for compliance with the Fire Enforcement Notices.
- 723/18 Mrs Ponder confirmed that the Committee had begun to populate the BAF and areas where the Committee were not assured would form part of the agenda for the August Committee meeting.
- 724/18 The Interim Chair thanked Mrs Ponder for the update on a heavy agenda with real challenges. The Interim Chair noted the financial position is where it is due to balance sheet adjustments which is a precarious position.
- 725/18 The Director of Finance, Procurement and Corporate Affairs added that there was an element omitted from the report in respect of the cash loan and the requirement of £4.6m and questioned whether the Board can agree the drawdown.
- 726/18 The Board agreed the further drawdown on the cash loan.
- 727/18 Mrs Dunnett questioned whether the Winter Plan will come to Board. The Chief Operating Officer responded that the report will go to FSID for scrutiny and then on to the Board.
- 728/18 The Interim Chair expressed her nervousness around planning for winter across the whole system. The Interim Chair agreed to request that the system put an action plan in place around system winter planning.

Action: Interim Chair 31 August 2018

- 729/18 The Board received the report from the Finance, Service Improvement and Delivery Committee.
- 730/18 **Item 12 Performance**

Item 12.1 Integrated Performance Report

The Director of Finance, Procurement and Corporate Affairs provided the Committee with an update. The report had been scrutinised by the relevant

assurance committees.

- 731/18 The Interim Chair requested focus on outliers and pressure points.
- 732/18 The Medical Director highlighted that mortality remains an issue with the Trust being an outlier for SHMI, which is a complex issues and a lot of effort is going into trying to resolve. The Trust had been offered support from NHSI.
- 733/18 The Deputy Director of Nursing referred to falls, where there is ongoing improvement. The Deputy Director of Nursing updated the Board that the 3 serious incidents in relation to falls have been withdrawn and therefore there were no serious incidents for falls in May. The Deputy Director of Nursing confirmed that plans are in place to address pressures ulcers and review by Quality Governance Committee. The Deputy Director of Nursing added that C-Difficile remains an area of concern and this had been reflected back to the Quality Governance Committee and additional plans have been put in place. The peak in C-Difficile had been seen nationally.
- 734/18 Mrs Dunnett referred to Grade 4 pressure ulcers and questioned why the Trust were getting these. Mrs Dunnett also referred to the Sepsis data which was inconsistent. The Deputy Director of Nursing confirmed she would go back and review the sepsis data and agreed that the position with Pressure Ulcers remained unacceptable.

Action: Deputy Director of Nursing 31 August 2018

- 735/18 The Interim Chair expressed dissatisfaction with the inconsistent reporting of data.
- 736/18 Mrs Libiszewski raised the issues of inconsistency in reporting of never events and expressed concerns around the inconsistent data. The Medical Director was asked to ensure this was addressed.

Action: Medical Director 31 August 2018

- 737/18 The Director of Human Resources and Organisational Development went on to highlight aspects of workforce performance the vacancy position and the drop in appraisal rates. A new process for appraisals had been incorporated which has caused a dramatic drop in reporting which is being investigated.
- 738/18 Mrs Dunnett asked for assurance on nurse staffing fill-rate information. It was agreed for the Director of Finance, Procurement and Corporate Affairs to ensure this was included in the report.

Action: Director of Finance, Procurement and Corporate Affairs – 31 August 2018

- 739/18 The Director of Finance, Procurement and Corporate Affairs went on to update around the finance aspect of the report which had been revised with advice from the NHSI Turnaround Team. The Finance Team are still working on the narrative in the report and triangulation. The Director of Finance, Procurement and Corporate Affairs confirmed that Service Line Reporting was now being reviewed by FSID and financial awareness being raised. The Director of Finance,

Procurement and Corporate Affairs expressed concern around the Month 4 position.

- 740/18 The Interim Chair responded that the Trust are not where it needs to be and the Board need absolute clarity around expectations. The runrate needs addressing without compromising quality and safety. The Interim Chair questioned whether there is anything more the Board can do to add financial focus.
- 741/18 Mrs Ponder responded that she was reassured by the focus of the Turnaround Director and individual plans should enable additional information and assurance. Mrs Ponder added that she was also concerned by the financial position given the Trust were nearly half way through the financial year.
- 742/18 The Chief Executive added that the Turnaround Director had stated that the Trust should not expect a rapid reduction and the pay bill is the big issue. There is also challenge around how the Trust improve performance. The Chief Executive warned the board that the last half of the year would be difficult. The Chief Executive added that recruitment, quality improvement, deficit reduction and performance all add to improvements.
- 743/18 Mr Hayward went on to refer to agency costs and the variations between bank and agency and questioned what was happening.
- 744/18 The Chief Executive firstly responded that when the Trust increased the bank because fill rate is less than 100% there was still a requirement for agency. Until the fill rate changes it will be the case. The Trust are getting quality gain but no financial gain.
- 745/18 The Chief Operating Officer referred to the vacancy rates for April, May and June and the step changes which drove the costs. The Trust needs further clarity around what is driving the workforce costs and triangulation of data. The Interim Chair added that the organisation needs more analysts in order to be able to undertake detailed work on the data.
- 746/18 The Director of Human Resources and Organisational Development confirmed that information is available and reviewed by the Workforce Oversight Group.
- 747/18 The Chief Operating Officer presented the operational performance. The Trust were on track to deliver RTT.
- 748/18 The Chief Operating Officer confirmed a positive position in diagnostics with the team achieving above the national benchmark. The Board noted the positive work being undertaken and sent thanks to the diagnostic team.
- 749/18 The Chief Operating Officer advised the number of attendance into the Emergency Department was up by 17% by the end of month 3, compared to last year this was an increase of 7.5%. There is challenge around workforce in the Emergency Department with the vacancy rate at Pilgrim 35% for Emergency Department nurses and the position is deteriorating daily. There were also concerning workforce issues with middle grade doctors and consultants within Pilgrim and Lincoln Emergency Department.

750/18 The Chief Operating Officer advised that Board that a report on super stranded patients will be incorporated into the August Integrated Performance Report.

751/18 The Interim Chair requested that the Urgent Care Paper which is shared with the Finance, Service Improvement and Delivery report is incorporated with the Performance Update to the Board for information.

Action: Chief Operating Officer – 31 August 2018

752/18 The Chief Operating Officer highlighted to the Board the risk around Cancer and the unprecedented level of referrals for 2ww – double the national growth in Urology and Oncology. The Chief Operating Officer reassured the board that there was a significant focus in this area. The Trust were looking to obtain additional support, however this would be as a cost.

753/18 The Interim Chair questioned whether Healthwatch and primary care were sited on the issues. The Chief Operating Officer responded that there was a regular Cancer System Group which met and included a representative from Healthwatch, however the Chief Operating Officer could not confirm whether there was a Primary Care representative and would confirm the position.

Action: Chief Operating Officer – 31 August 2018

754/18 The Chair requested a view of what is driving the increase and who was doing what to try and overcome the issues.

755/18 The Board noted the performance report.

756/18 **Item 13 Risk and Assurance**

Item 13.1 Risk Management Report

The Medical Director provided the Board with the Risk Management Report with details of the current level of risk exposure as recorded in the Trust Corporate Risk Register and an update on progress with implementation of the full rebuild of corporate and operational risk registers throughout the Trust.

757/18 The Medical Director advised the board that the report was still a work in progress however the report is starting to ring true with what is being seen on the shop floor. The relevant sub-committees had reviewed risks relevant to their areas. The front page of the report summarises areas of the greatest risk and detail within the risk register.

758/18 The Director of Estates and Facilities added that his team have not yet been through the new process and the scores for that area would be updated.

759/18 The Board received the report noted the corporate risks and thanked the Risk Manager for his continued work.

760/18 **Item 13.2 BAF**

The Trust Secretary provided the report in order to enable the Trust Board to

consider the Board Assurance Framework (BAF) for 2018/19, including strategic objectives and associated risks aligned to the corporate risk register.

- 761/18 The report was a work in progress and the Quality Governance Committee are ahead with their aspect of the report.
- 762/18 Mrs Libiszewski commented that it is difficult to spend the time required on the BAF given the current volume of the agenda. Mrs Libiszewski suggested the BAF is reviewed outside of the meeting and then presented back.
- 763/18 The Interim Chair agreed that would be a pragmatic way for all of the Committee's to work on the BAF.
- 764/18 Mrs Ponder agreed that she would welcome discussion outside of the Committee to agree a consistent format for reporting.

Action: Non-Executive Review – Trust Secretary 31 August 2018

765/18 Item 13.3 Audit Committee Report

Mrs Dunnett provided the Board with a verbal report from the Audit Committee. The Committee had formally received the external auditors annual audit letter which will be published on the Trust website as required.

- 766/18 Mrs Dunnett updated that the closedown process for 17/18 did not go as well as it could have done and therefore Committee had reviewed a report on improving the closedown process for 2018/19, making improvements on the production of the Annual Report and Quality Account. The Committee were assured there were plans in place to make a step change.
- 767/18 Mrs Dunnett confirmed that it had received a report from Price Water House Cooper including a technical update and the Committee had requested assurance on the Trust's implementation of EU network information security directive, and an update on controls in place to prevent facilitation of tax evasion, namely IR35 and arrangements with medical and bank agencies.
- 768/18 The Committee had received the interim audit progress report and whilst good progress was made on audit delivery the Committee were disappointed to note that a number of internal audit reports had limited assurance opinions, namely Duty of Candour; Partnership Governance; Patients Property and Monies and Cyber Security.
- 769/18 The Committee remained concerned about the level of assurance over trust-wide systems in relation to the BAF and given the number of Limited Assurance the Committee requested that the Board had a discussion to consider these findings, and whether a different approach is required to strengthen the internal control environment.
- 770/18 The Committee received a report from the counter fraud team which referred to matters for consideration by the Workforce and Organisational Development Committee to ensure the Trust strengthen controls and follow through management actions.

- 771/18 Mrs Dunnett confirmed that as good practice the Audit Committee will undertake a self-assessment and will shortly review all of the terms of reference and findings of the self-assessment and feedback with the new terms of reference.
- 772/18 Mrs Dunnett update that it had received the results summary of the Costing Assurance review undertaken by Ernst and Young as part of a national programme.
- 773/18 The Committee were assured of progress being made on risk management improvement plans, with action plans now being completed and agreed to recommend to the Board in August a new Risk Policy and Strategy, with a number of caveats, which can be discussed next month.
- 774/18 Mrs Dunnett had two areas to highlight to the Board for discussion in another forum. One around the year end process and involving stakeholders in the process, particularly around the quality account. Also, as part of fraud prevention, there is an action plan to flag to the Executive Team's attention which raised a number of concerns around where people could address concerns and feel confident to do so in relation to fraud within the Trust.
- 775/18 The Interim Chair recommended that the Board apply its minds as to how it plans for the year end process, quality account and annual plan and review the whole integrated planning framework.

Action: Director of Finance, Performance and Corporate Affairs - 31 August 2018

776/18 **Item 14 Strategy and Policy**

Item 14.1 Board Forward Planner

The Board noted the planner.

777/18 **Item 14.2 ULH Innovation**

The Board would like an update on the nurse training programmes from HCA, Nurse Cadets, ACPs and Nurses as detailed in the report by Deborah Bates.

778/18 **Item 15 Any Other Notified Items of urgent Business**

There were no further items of urgent business.

779/18 **Item 16**

The next meeting will be held on Friday 31st August 2018 at the New Life Centre in Sleaford.