

Minutes of the Public Trust Board Meeting

Held on 5th February 2019

New Life Centre, Sleaford

Present

Voting Members:

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

Non-Voting Members:

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

In attendance:

Mrs Jennie Negus, Deputy Chief Nurse (Item 8)
 Mrs Barbara Dempster, Healthwatch
 Mrs Jayne Warner, Trust Secretary

Apologies:

Mr Geoff Hayward, Non- Executive Director

Mrs Catherine Greaves, Personal Assistant
 (Minutes)

079/19	<p>Item 1 Introduction</p> <p>The Chair welcomed members of the public to the meeting.</p>
080/19	<p>Item 2 Public Questions</p> <p>The Chair expressed her thanks to the members of the public who had submitted questions.</p> <p>The meeting paused for questions from members of the public relating to the Agenda.</p> <p><i>Question 1 from Jody Clark - With the A&E departments in Lincolnshire having a busy January, we saw ambulances queuing to admit patients after 6.30pm at Grantham, when it closed. The staff didn't finish until the early hours of the next morning! The response was But, United Lincolnshire Hospitals Trust said Grantham A&E was "no exception" to additional pressures during the winter and that other organisations face the same issue. But the other organisations or other A&E's have not been under part time hours for two and a half years. It comes as the trust closed the department overnight back in August 2016 in a move which it said was "temporary". So my question is, what numbers of patients did Lincoln, Boston and Grantham see in January 2019, on a daily basis?</i></p>

081/19	<p>The Medical Director responded: The patient attendances for ED were Grantham 2014; Lincoln 7002 and Pilgrim 5098. The number of attendances per day compared to January 2018 were 5 more at Grantham; 16 more at Lincoln and Pilgrim had not significantly increased.</p> <p>Question 2 from Rosalyn Early – Regarding neonatal services at Pilgrim - what contingency plans do the Trust have in an emergency situation that's unforeseen?</p> <p>The Medical Director responded. The neonatal unit at Pilgrim is always staffed with Neonatal qualified nurses and with doctors capable to enable care in an emergency situation.</p>
082/19	<p>Question 3 from Emma Wilcock – Since the interim model commenced on August 6th 2018, how many babies have been born under 34 weeks at Pilgrim and stayed at Pilgrim rather than being transferred and how many expectant Mothers have be transferred away from Pilgrim under 34 weeks to deliver?</p> <p>The Medical Director responded that since the interim model had been in place there had been 20 babies born at Pilgrim between 30 and 34 weeks gestation, of those 20, 3 remained at Pilgrim and 17 were transferred. There had also been 10 expectant mother transferred to other hospital during the period since the interim model had been introduced.</p>
083/19	<p>Question 4 from Rachel Bray – “The choice of restraining straps used to secure the mother and child to the ambulance stretcher trolley did not meet normally accepted health and safety requirements. The contractor is aware of this and has taken appropriate action” Clive Brooks, 1 Feb 2019 following a complaint. what has been put in place since this was brought to your attention with the contractor, as surely these scenarios should have been in place from the start, and how many children & mothers have been potentially put at risk due to this?</p> <p>The Director of Nursing provided a response to the question. The Director of Nursing acknowledged that in question did not describe good experience of transfer from Pilgrim to Lincoln. The issue was the way in which the Trust transport Children across the County. On the occasion in question the issue was not the choice of strap – which is a strap used universally, it was the incorrect use of the strap. The Director of Nursing confirmed that she was satisfied that the appropriate action had been taken with the ambulance provider and that the situation would not occur again.</p>
084/19	<p>Q5 from Alison Marriott – Since the interim model has been in place for Paediatrics at Pilgrim Hospital, how many women are giving birth there each month? And how many at Lincoln County? How many at Diana Princess of Wales Grimsby, and how many at Peterborough City?</p> <p>The Medical Director provided a response. There had been 156 babies born in August; 141 in September; 148 in October; and 138 in January. 140 on average.</p> <p>The Medical Director confirmed he had requested the data from Peterborough and Grimsby Hospitals and once he was in receipt the information this would be fed back.</p>

085/19	<p>Ward Accreditation</p> <p>The Board presented a Ward Accreditation Certificate to Neustadt Welton Ward. The Certificate of Achievement was received by Lorraine Bailey.</p>
086/19	<p>Item 3 Apologies for Absence</p> <p>Apologies had been received from Mr. Hayward, Non-Executive Director.</p>
087/19	<p>Item 4 Declarations of Interest</p> <p>There were no declarations of interest which had not been previously declared and recorded.</p>
088/19	<p>Item 5 Minutes of the meeting held on 7 January 2019 for accuracy</p> <p>The Minutes of the meeting held on 7 January 2019 were agreed as a true record.</p>
089/19	<p>Item 6 Matters arising from the previous meeting/Action Log</p> <p>Item 022/19 – Data on training in de-escalation and restraint to be provided confirming that all staff who required the training are compliant. The Medical Director confirmed that the details would form part of the Safeguarding Upward Report to the Quality and Safety Oversight Group.</p> <p>Item 028/19 – Disconnect between the Paediatrics Program risks and Corporate Risk Registers the Task and Finish Group be charged with reviewing the matter. The Medical Director confirmed that he had raised the matter with the Risk Manager and Paediatric Project lead. The Task and Finish group have their own risk register and the corporate and main risk register and are able to access both to ensure consistency.</p> <p>Item 039/19 – The focus on CQC actions should move from assurance to accountability. It was agreed that a review of the governance arrangements would be conducted. Mrs Libiszewski would be considering how the Quality Governance Committee could support the work.</p> <p>Item 048/19 – Site focus should not be lost with the move to TOM. The Chief Executive updated the Trust Board that the action would be covered under the TOM section of the Agenda.</p> <p>Item 056/19 – RAG ratings within IPR to be reviewed as these did not correlate with data. The Acting Director of Finance and Procurement confirmed that the IPR was being updated and will be updated further when the TOM was in place. The Chair reiterated that the Trust needed just one set of reliable data.</p>
090/19	<p>Item 7 Chief Executive Horizon Scan</p> <p>The Chief Executive provided the Board with an update. The NHS long-term plan formed part of the Agenda for the Board meeting. Workforce was flagged as a big issue – a Task and Finish Group had been put in place with a focus on medical staff.</p> <p>The Chief Executive highlighted the national level integration of NHSI and NHSE expected to go live on 1 April 2019.</p>

	<p>The Chief Executive added that there had been a piece of work commissioned by NHSE around how GP Partnerships operate. This will look at how they work within the single system plan and review looking after patients in the community. The Chief Executive will monitor the impact for the Trust carefully.</p>
091/19	<p>The Chief Executive referred to issues that were current locally. The Trust had entered the 1st wave Nursing Associate pilot and 40 nursing associates had entered the system. There had also been 103 nursing posts offered by the Trust out to newly qualified nurses.</p>
092/19	<p>The Chief Executive added that the Trust had been working very hard on attracting additional capital for energy efficiency and had been successful. The work would involve extensive work on changing light fittings across the trust on turning them into LEDs.</p> <p>The Chief Executive acknowledged the winter pressures and that the NHS was experiencing a tough time. The Chief Executive thanked all staff for their continued support, dedication and commitment in a challenging environment.</p>
093/19	<p>Item 7.1 NHS Long Term Plan Overview</p>
	<p>The Chief Executive provided the Board with a summary of the NHS Long Term Plan for the NHS to improve the quality of patient care and health outcomes. The plan sets out how the £20.5 billion budget settlement for the NHS, announced by the Prime Minister in summer 2018, will be spent over the next 5 years.</p>
094/19	<p>The Chief Executive pointed out that the plan considered how the system locally and nationally could work better. The aspirations within the plan were very noble and not just surrounding acute care. The big focus is on best start in life – supporting people to age well and how the system can supply care.</p>
095/19	<p>The Chief Executive referred to section 10 of the report which included a provisional list of changes. There were things that the policy makers would want the local system to do within the current legislation, which could include changes in the way CCGs work and also look at how locally organisations construct themselves.</p>
096/19	<p>The STP work is broadly in keeping with the long-term plan and the plan will be an opportunity to take details in to planning processes both as a Trust and a System. The ask of policy makers is to come up with an implementation plan by spring which will drive the planning process.</p>
097/19	<p>Dr Gibson welcomed the report and referred to hospital emergency care and the offer for out of hospital urgent care. The Chief Executive responded that there was a lot of narrative around different urgent care centres, urgent treatment centres, A & E and Trauma Centres which will be really helpful in signposting people in the correct direction. It is an exciting opportunity to streamline the right model of care.</p>
098/19	<p>The Chair added that the Commissioners have a fully worked up model for urgent care treatment centres however the challenge remained capital. The Chief Executive responded that A & Es would still be required in hospitals however it was about reducing pressures on the acute hospitals.</p>
099/19	<p>The Chief Operating Officer added that the Trust meet the specifications of what is being requested but did not necessarily meet the impact. The Trust need to look</p>

	at how it can do the same day emergency care effectively, working on how it can maximise the ambulatory care offer.
100/19	The Chair referred to the Technical and Scientific developments in reducing face to face care and questioned whether there was any possibility of the Trust working on Pilot schemes. The Chair agreed that the Trust need to be innovative and identify any schemes available.
101/19	The Chair referred to the NHSI accelerated turnaround process for the 30 Trusts in the worst financial position and questioned whether the Executive Team knew what this would mean for the Trust. The Chief Executive responded that the question had been asked and further information was awaited.
102/19	The Chair concluded that the Trust are well positioned to respond to the Long Term Plan and the direction of travel is in line with its own plans and the STP and ASR. The Trust will continue to move forward and ensure its plans are in line with the Long Term Plan.
103/19	<p>Item 8 Patient Safety Story</p> <p>Mandy Charles, Matron and Tracey Wall, Head of Nursing presented the patient story in relation to care of patients with learning disabilities at Grantham EAU.</p> <p>The purpose of the story was to reflect on a positive story from a member of the public of their experience on Grantham EAU.</p>
104/19	The positive story had been received following a negative experience of another patient within the unit in 2017. In 2017 EAU admitted a young patient dependent on her mother and carers for all aspects of her activities of daily living. This included administering her medications. Reasonable adjustments were made however not in a timely manner and not before concerns were raised.
105/19	Following the situation in 2017 the ward had put systems in place to improve patient experience and communication on the ward. This included a 2 bedded bay to enable families to support family members with disabilities and stay alongside them during their hospital admission where capacity allowed. There had been a review of capacity assessments and the administration of medications between the hospital and carers. These reviews following the poor experiences in 2017 had led to the improvements.
106/19	The Department were very proud that it had been able to make the gentleman and his families experience a positive one in 2018. Particularly following the challenges in 2017 and were proud of their achievement in putting the learning into place to enhance patient care.
107/19	Matron Charles commented that she was very proud of the team who had been through a difficult situation and managed to turn things around.
108/19	The Chair thanked the team for their honesty, and added that the Trust try to give good examples of where we learn from experience. The presentation had been very helpful and the team should be proud of putting their learning into action and enhancing the patient experience.
109/19	Mrs Dunnett referred to the presentation and questioned how the Trust reinforce positive stories more widely across the Trust. Matron Charles responded that feedback is shared more widely during the sisters meeting at Grantham however

110/19	<p>she was unsure that the positive story had been shared widely across the Trust. The Director of Nursing acknowledged that the Trust do not share enough across sites. However there was a steering group that reported into safeguarding which reported on what was happening across the organisation. The Director of Nursing commented that the new Trustwide Trust Operating Model Structure should allow more opportunities to feedback over the sites.</p> <p>The Board acknowledge they may be missing opportunities to share positive stories across social media.</p> <p>The Chair thanked the team for their patient experience story and for attending the Board meeting.</p>
111/19	<p>Item 9 Providing consistently safe, responsive, high quality care SO1</p> <p>Item 9.1 Paediatric Monitoring and Assurance Update</p> <p>The Medical Director provided the Board with an update regarding the interim Paediatric service model in place at the Pilgrim Hospital and the continuing work to address the significant challenges faced by the Children and Young Peoples Services, which also have clinical interdependencies within Neonatal and Maternity Services at the Trust.</p>
112/19	<p>The Medical Director reported that of the patients assessed at the Pilgrim paediatric assessment unit 190 had been transferred to other hospitals. Most patients are transferred to Rainforest Ward at Lincoln, however 52 transfers have taken place to other hospitals. 21 of which have gone to specialist units which would have happened anyway.</p> <p>The Medical Director added that the model is working well and has enabled the hospital to manage children effectively and for them to return home.</p>
113/19	<p>The Medical Director added that in terms of the births of young babies there had been 10 transfers between 40 and 34 weeks, which was a relatively small number however the Medical Director recognised the stress this carried.</p>
114/19	<p>The Medical Director updated the Board that there had been a lot of work on public engagement and there was a forthcoming meeting on 4 April with Skegness District Council.</p>
115/19	<p>The Medical Director added that the Trust are continuing to try to improve the model as there remained communication issues around the open access service which had received criticism, as some families had not received a letter with a clear plan. This was being addressed and the Trust were working with campaign groups.</p>
116/19	<p>The Medical Director assured the Board that the Trust is working in line with the Royal College Report and the Temporary model will have been in place for 6 months shortly and the Trust will review how it has gone.</p> <p>Mrs Dunnett commented that there had been a lot of concern from Skegness at the Paediatric event in January and that she was pleased the Trust were liaising with the community.</p> <p>Mrs Dunnett asked the Medical Director to confirm that no quality patient safety concerns had arisen due to the new model. The Medical Director responded that</p>

117/19	<p>there had been no safety incidents resulting from the new model.</p>
	<p>Mrs Dunnett also questioned when the role out of the Paediatric Assessment Unit at Lincoln would be in place. The Medical Director responded that the process has started but was not yet fully operational.</p>
118/19	<p>Mrs Dunnett questioned whether there had was a way to provide financial support for families who were transferred elsewhere. The Medical Director responded that the NHS does not have a remit to assist financially, however it can signpost families to other organisations/agencies.</p>
119/19	<p>Mrs Libiszewski questioned whether any discussions had taken place with the Commissioners about better service for children in the community and whether there had been any progress in this area. The Medical Director responded that the Trust are very closely involved with the CCG and there is a task and finish group looking at Long Term plans. There were concerns that providing the service within the hospital is slowing down development of services in the Community. There had been no formal change to commissioning. The Chief Executive added that the CCG had put in place an additional physiotherapy service and an update from the CCG on this service would be requested for the Board.</p> <p>Action: Chief Executive – 5 March 2019</p>
120/19	<p>Mrs Libiszewski questioned with the new Trust Operating Model starting in April how the Trust made the paediatric plans business as usual and withdraw project support. The Chair confirmed that they will be moving to a Project Board, as recommended by the Royal College however agreed that it should be business as usual. The Medical Director responded that the Project Manager finished with the Trust at the end of February and there was no plan to extend that post. The Medical Director was working with the Divisional Director for Women and Children on the plans going forward. The Chair questioned whether the work would be detailed within the review report and the Medical Director responded that it would.</p>
121/19	<p>Mrs Baylis requested a paper to the Board on how the Medical Director and Divisional Manager intend to make the plans main stream business as usual.</p> <p>Action: Medical Director – 5 March 2019</p>
122/19	<p>Mrs Ponder referred to the recruitment process and requested assurance on when the starting position will be more stable. The Medical Director responded that the Trust position is variable. There are a stream of people coming through however they are mostly from abroad and start at Tier 1. The aim is that they progress to Tier 2 however some have not. This is partly due to different ways of working and partly the skill set required is different.</p>
123/19	<p>The Chair added that the Tier 2 rotation doctors for Lincoln had reduced which had added additional pressure and questioned the impact. The Medical Director responded that all of the Tier 2 doctors are based at Lincoln but can do duties at Pilgrim. The Trust also need to recruit locum doctors to replace doctors who have not come through HEEM. The Chief Executive added that the Tier 1 doctors are provided by HEEM and at present HEMM cannot give the Trust details of the number of posts they will provide for the next rotation, therefore it is difficult to answer with confidence.</p> <p>The Chair summarised. In February 2018 the Board was in a position where potentially it would not be able to run the service. The fact that the Trust were</p>

124/19	<p>running the service on an interim basis was encouraging. Although it was recognised that this may be little consolation to those families who have had to transfer however the majority of patients could still be treated in Boston. The Trust needed to continue to be flexible and improve what happens in relation to its patients.</p> <p>The Chair added that public engagement events must continue and the Trust must use them to promote engagement and update.</p>
125/19	<p>The Chair asked the Medical Director to ensure that all families who are affected by open access do receive correspondence and information and for the Medical Director to obtain further clarification around Open Access. The Trust need to continue work on a longer term plan. Following the 6 month review by the Executive Team the Board require an update in March with ongoing quarterly reports to the Board via the Quality Governance Report, with items to be escalated within their upward reporting.</p> <p>Action: Medical Director – 4 March 2019</p>
126/19	
127/19	<p>Item 9.2 Pilgrim ED CQC Report</p> <p>The Director of Nursing provided the Board with the CQC Report following an inspection visit on 18 December 2018 to Pilgrim Hospital. The report was published on 30 January 2019.</p> <p>The Director of Nursing stated that the Trust fully accept the findings and recognised that the CQC had observed practice that the Trust acknowledged was unacceptable.</p>
128/19	<p>Item 9.3 Urgent Care</p> <p>The Chief Operating Officer introduced the report which outlined the approach to the urgent and emergency care improvement programmes; provided an update on actions relating to feedback from the CQC and reviewed how risk could be shared more proactively.</p>
129/19	<p>The Chief Operating Officer added that in context of the latest report presented to the Board from the CQC it was important to share what the Trust was doing in Urgent and Emergency Care to improve as an organisation.</p> <p>The Trust needed to improve the 3 emergency departments on 3 sites and the detailed plan will be shared at the Finance Performance and Estates Committee.</p>
130/19	<p>The Chief Operating Officer referred to section one of the Urgent Care Improvement plan which outlined the high level approach to improvement and included 5 work streams - ED, with the individual but convergent plans including Pilgrim Boston Hospital, Lincoln County Hospital and Grantham District Hospital; Assessment Function; Site Management; Inpatient/Ward Process and Discharge and Partnerships.</p>
131/19	<p>Workstream one is process driven and looks at how the Trust receive, assess, and priorities and plan for patients. Stream 2 is how the Trust strengthen frailty services. Stream 3 is site management and bringing in a single way of working. Stream 4 is in-patient and ward processes and Stream 5 is how the Trust Discharge and Transfer of Care. All of which are critical to enable the Urgent Care process to work effectively.</p>

	<p>The Chief Operating Officer paused for questions on Section 1 of the report.</p>
132/19	<p>Mrs Dunnett raised a question. How the Trust would sustain the improvement and what were the costs involved. The Chief Operating Officer responded that it would take 12 to 18 months to get to a sustainable place for Urgent Care. There is still a transient workforce and the Trust rely on a small number of leaders.</p> <p>The Chief Operating Officer responded that the costs are within the existing financial plan for 19/20 as part of the transformation monies.</p>
133/19	<p>Mrs Dunnett questioned whether the Trust had sufficient resources for moving to medium and long-term. The Chief Operating Officer responded that the plans are built on a set of assumptions. If the Trust work to the assumptions the resources should not change, however if things change there will need to be a review.</p>
134/19	<p>Mrs Libiszewski referred to information and metrics and questioned when the Board will be able to see performance information which shows the hotspots. The Chief Operating Officer responded that there is currently a review of the whole of the pathway and how the Trust use the data. Mrs Libiszewski questioned whether the improvements will translate into information for Board. The Chief Operating Officer responded yes.</p>
135/19	<p>Mrs Libiszewski referred to the governance arrangements and them not referring to Board. The Chair added that the fundamental challenge for the organisation needs to be for the Board to be absolutely signed up to all of the plan. The Board needs assurance and to understand the terms of reference and different mechanisms to enable the Board to receive clear information rather than different layers.</p>
136/19	<p>The Chair commented that the Trust are part of a wider system and need something different. The Chief Operating Officer responded that conversations are ongoing, however there is the need for a different skill set.</p>
137/19	<p>The Chair requested further information for the Board about what can be provided with the resources the Trust have and what is needed and oversight on how the Trust intend to support the plans.</p> <p>Action: Chief Operating Officer 5 March 2019</p>
138/19	<p>The Chief Operating Officer referred to Section 2 of the report which provided an update on actions relating to feedback from the CQC report. The report included a range of actions the Trust have taken against each concern raised by the CQC.</p> <p>The Chief Operating Officer updated the Board that monthly risk summits are taking place between the Trust, NHSI and NHSE.</p>
139/19	<p>The Chair questioned what the audits are reporting in respect of patient pathway. The Chief Operating Officer responded that the appropriateness of triage has improved and also there has been no change to patients' pathway. No harm has resulted as a result of the delays – audits are being completed by ED Team on a daily basis.</p>
140/19	<p>Dr Gibson referred to the CQC early warning scores and questioned whether the Trust are calculating early warning scores. The Chief Operating Officer responded yes, however more work was required around paediatric triage and</p>

	<p>work was being undertaken with Leicester in this area.</p> <p>The Chief Operating Officer confirmed that audits had shown the use of observations and the standard operating procedures.</p>
141/19	<p>The Trust have worked very hard to increase staffing in the Emergency Department and the CQC are now saying that there is sufficient staffing to meet the need of patients.</p>
142/19	<p>The Chair referred to the staff being majority locum and questioned the confidence around recruitment. The Chief Operating Officer responded that there were 28 offers out to 30 vacancies however, the team were aware of potentials hurdles to the processes.</p>
143/19	<p>The Director of Nursing referred to nursing vacancies and the targeting of recruitment around Healthcare Assistants. The Trust continue to try to recruit registered nurses however there is an issue at Pilgrim where there continued to be block booking of agency to ensure continuity of staffing.</p>
144/19	<p>Mrs Dunnett referred to the safety of patients and questioned whether there had been any serious incidents in the period since the plan was put in place. The Director of Nursing responded that a review of all of the emergency departments had been completed. There had not been an alert that there are more incidents at Pilgrim, however there will have been incidents and a report of those incidents can be provided if required.</p>
145/19	<p>Mrs Libiszewski referred to the report and there being no internal governance arrangements. The Quality Governance Committee had not been assured around reporting and raised concerns around the level of details and accuracy of reporting.</p>
146/19	<p>Mrs Ponder questioned whether cultures and values are being addressed within the Emergency Departments. The Chief Operating Officer responded that the team are tackling issues and behaviours and working proactively on these. There is some external support helping work on medical staff behaviours. From a nursing point of view there is a senior nurse available from 8:00am to 8:00pm daily picking up any issues.</p>
147/19	<p>Mrs Ponder referred to activity being 24 hours and questioned whether there should be more senior nurses overnight. The Chief Operating Officer responded that triage is picked up overnight and debated with the team in the morning.</p> <p>The Chair questioned whether this was recruitment issues. The Director of Nursing confirmed this. The Trust are unable to source senior staff.</p>
148/19	<p>The Medical Director added by way of assurance to the Board that incidents are monitored and used to inform actions around training. The big advantage of the additional medical staffing within the teams was that the Trust can now release doctors for additional training on both sites which had not been possible previously</p>
149/19	<p>The Chief Operating Officer referred to Section 3 of the report which detailed how to approach sharing the risk proactively across the whole Trust whilst the Urgent and Emergency Care Improvement Plan progressed. The paper is clear that crowding in the Emergency Department is causing issues and affecting patient experience and timeliness of care. The system need to work differently however</p>

150/19	<p>the bed occupancy is still too high. The paper showed that as an organisation the Trust have some of the highest waits for ambulance handovers. The paper looked at 5 principles looking at how the Trust could share risks at times of extreme pressure. The Chief Operating Officer was seeking support around the principles and the direction of travel : -</p> <p>Principle 1 Defining when each ED is unable to meet patients' needs due to exit block; Principle 2 Prevention of exit block; Principle 3 Better utilisation of community capacity – community pull; Principle 4 Automatic Patient Transfers at agreed time. Principle 5 Early Internal De-escalation when an ED reaches 'black' escalation.</p>
151/19	<p>Dr Gibson welcomed the clinical involvement and questioned when the QIA would be done and who would make the decision. The Chief Operating Officer responded that it was up to the Board to agree the process for risk management whether it was for escalation via ET or QGC. The Chief Operating Officer was happy to take advice from the Board in respect of QIA.</p>
152/19	<p>The Board were generally supportive of the principles however concerns were raised around Principle 4 and the risk to patients which required further input.</p>
153/19	<p>The Trust concluded that the Board noted the actions to mitigating the risks presented by the CQC report. The Board had reviewed the Urgent and Emergency Care Improvement Programme and although the focus is at Pilgrim there are issues within all 3 Emergency Departments at the Trust and the organisational response is the Improvement Plan.</p>
154/19	<p>The Board recognised the challenges at Pilgrim however noted the need to press on with recruitment and all activities to make it as safe as possible.</p>
155/19	<p>The Chair referred to Section 3 of the report, which utilised different approaches to management of risk across hospital sites.</p> <p>The Chair welcomed the report and requested that thanks be given to Dr Dan Boden for the support he had given to the team.</p>
156/19	<p>The Chair acknowledged that the Board need further conversations and requested that no trials took place without Board agreement. The Board need oversight and broadly supported the principles although required a completed QIA.</p> <p>The Chair requested the Chief Operating Officer work on the report in accordance with the discussions and provide a further update at the March Board meeting before the Board were able to agree the proposals.</p>
157/19	<p>Item 9.4 Assurance and Risk Report from the Quality Governance Committee</p> <p>The Chair of the Quality Governance Committee, Mrs Libiszewski, provided the Board with an update from the Quality Governance Committee in January.</p> <p>Mrs Libiszewski asked the Board to note the position in respect of a lower level of HSMR. The Committee were advised that NHSI were assured that appropriate action was being taken in terms of mortality. Falls remained static and an action plan was in place for the further work required.</p>

158/19	Mrs Libiszewski informed the Board that there had been a deterioration in the position for two wards in respect of ward accreditation and the committee had requested further assurance about how the process was delivering different and better outcomes for patients.
159/19	Mrs Libiszewski advised the Board the Committee had received the latest Quality Strategy and noted it needed to be aligned to the current work taking place in Board development to identify the true north for the organisation. The Committee asked that the Trust review the guidance issued to foundation Trusts in respect of the quality account and made a recommendation to the Board to follow this unless it was identified that this would impact on the Trust's ability to deliver a report in a timely and complete fashion.
160/19	Mrs Libiszewski referred to the request for the Finance, Procurement and Estates Committee to ensure that all large scheme estates projects were subject to appropriate governance arrangements including QIA as a result of a risk highlighted in terms of infection control. Mrs Ponder responded that Estates do not use the QIA process and questioned whether it should be or another adequate process.
161/19	<p>The Director of Nursing to review the link with Estates to QIA and set up a task and finish group.</p> <p>Action: Director of Nursing 5 March 2019</p> <p>The Chair responded that it would be helpful to establish a task and finish group as the Board keep coming back to the issue of QIAs and do not seem to be receiving the assurance it expects.</p> <p>The Board received the report.</p>
162/19	<p>Item 10 Providing efficient and financially sustainable services SO2</p> <p>Item 10.1 Assurance and Risk Report Finance Performance and Estates Committee</p> <p>The Chair of the Finance, Procurement and Estates Committee, Mrs Ponder, provided the Board with an update from the Committee in January.</p> <p>163/19 Mrs Ponder updated the Board that the Committee were not assured of the financial position. The Committee escalated the capital and revenue borrowing to the Board for approval. The Trust were behind on the Financial Efficiency Plans.</p> <p>The CQUIN position had deteriorated and the Committee had again asked for a review of the position and a review of where schemes could achieve the greater impact. The Committee had also requested the longer term high level financial plan.</p> <p>164/19 Mrs Ponder updated the Board that an extraordinary meeting had taken place to review the health and safety items moved across from the Quality Governance Committee. The Committee had requested specific assurances in respect of Health and Safety and a dashboard of measures.</p> <p>Mrs Ponder escalated to the Board the issue with IG Training and more generally core learning. The matter had been escalated to the Executive Team to drive further improvement.</p>

165/19	<p>Mrs Ponder added that a risk had emerged in respect of responses to subject access requests and highlighted to the Board the risks associated with the delays.</p> <p>The Committee had requested a Cancer Improvement Plan due to the deterioration in the 62 day standard.</p>
166/19	<p>Mrs Ponder advised the Board that the Committee had noted the incomplete waiting list was below the March 2019 target and there was confidence that this standard would be achieved and that 52 week waiters had reduced to 7 and the target was to achieve zero by the end of March.</p> <p>Mrs Ponder highlighted the current risk of the contracting process for the organisation.</p>
167/19	<p>Mrs Dunnett commented that she recognised that Health and Safety was a work in progress and questioned whether the Committee have got a line of sight as to compliance. Mrs Ponder responded that the Trust are moving towards a dashboard for compliance and non-compliance. The Dashboard needs to be established before there is real line of sight.</p>
168/19	<p>The Chair asked what the timescale was for the long term financial plan. The Acting Director of Finance and Procurement responded that an updated report will be received by the Committee in March.</p>
169/19	<p>The Chair referred to the contract position and asked the Chief Executive what the positive was. The Chief Executive responded that the Trust are working to change the way it operates the contracts however it is very hard. The system are collectively up against financial pressures and it is difficult to take a leap into a shared risk system. The Trust want to move towards an aligned incentive contract and hope to take some of its services in to aligned incentive arrangements, however the financial gap remains significant and these are forming part of the negotiations.</p>
170/19	<p>The Chair referred to the Subject Access Request risk and questioned whether the issue was a capacity issue. The Deputy Chief Executive responded that it was a capacity issue due to the spike in demand. A business case is being prepared to look at improvements in the capacity and process.</p> <p>The Board received the report.</p>
171/19	<p>Item 10.2 Trauma and Orthopaedic Trial Update</p> <p>The Chief Operating Officer provided the Board with an update following the implementation of the Trauma and Orthopaedic Trial.</p> <p>The Chief Operating Officer requested the Board's approval to extend the period of the trial up to 31st March 2020 in order to build on the successes to date and fully realise the opportunities.</p>
172/19	<p>The Chief Operating Officer requested Board permission to undertake a consultation with staff with a view to extending theatre operating time to maximise the opportunity of achieving up to 5 elective cases per session during the extended trial and requested the Board's approval to complete job plan reviews to align all activity in 2019/20 to the required ways of working to achieve a further increase in elective activity at Grantham.</p>

173/19	<p>More elective activity was being achieved at Grantham as a result of the trial. Prior to the Trial the activity was 52 patients and post-trial there are 117 patients a month and there had been a 10% increase in theatre efficiency.</p> <p>The Chief Operating Officer advised the next area to target was cancellations. There had been a reduction from 44 to 11 a month on average and no cancellations had been due to a lack of beds which was the aim of the trial. The Trust also wish to improve compliance against best practice tariff for fractured neck of femur.</p> <p>The Chief Operating Officer added that there are still challenges and the trial saw a slow start in August and September with improvement in October and November however a worse December than expected. There remain challenges in bringing the team together and it is believed the Trust delivered on the initial expectations from the trial however there was more to do.</p>
174/19	<p>Mrs Dunnett questioned the impact of the trial on the other sites. The Chief Operating Officer responded that electives had moved from Pilgrim and Lincoln but not all of them, it was all dependant on theatre time and job planning.</p> <p>Mrs Dunnett also referred to income and commented that whilst the Trust have made inroads she thought income would be better. The Chief Operating Officer responded that there have been movement of electives from Lincoln and Pilgrim to Grantham however there is much more the Trust can do with the bed capacity that can be freed up. The Trial was around income generation and not in relation to reallocating.</p>
175/19	<p>The Director of Nursing added that whilst the extension may have a positive impact on finances there would be a better experience for patients.</p> <p>The Board recognised the improvement at Louth but noted a dip in performance and questioned what the Trust should be trying to achieve. The Chief Operating Officer responded that he disagreed that performance was dipping. The challenge is around maximising patients at Louth. Further clarification was needed around the position at Louth.</p>
176/19	<p>Mrs Libiszewski referred to patient satisfaction testing and the potential to test it out at Grantham and Ms Dempster questioned how you measure patient experience and secondly since an increased number of operations how is this affecting the waiting time. The Chief Operating Officer responded that the waiting times had reduced significantly for Orthopaedics and outpatients and he would provide this information to Ms Dempster outside of the meeting.</p> <p>Action: Chief Operating Officer – 5 March 2019</p>
177/19	<p>The Chair crated the Board required further information to enable a decision to extend for 12 months and questioned when the trial stops being a trial. There were challenges around the course of action and how the Trust explained this to staff.</p> <p>The Chief Executive responded that there will be a formal requirement through STP. The technical isolation is in keeping with the direction for Lincolnshire.</p>
178/19	<p>Following debate it was agreed to an extension to March 2020 subject to a paper to the Board in April providing further information, with a worked through Business</p>

	<p>Case in May which gives trajectories of what is expected from Patient Experience through to income.</p> <p>Action: Chief Operating Officer – 5 May 2019</p>
179/19	<p>Item 10.3 Trust Operating Model</p> <p>The Chief Executive provided the Board with an update. The update referred to the first round of assessment centres and interviews and the further assessment centres week commencing 11 February.</p> <p>The Chief Executive highlighted the support being given to divisions to develop the Trust Governance Guide which will clearly outline how the Trust's decision-making processes work.</p>
180/19	<p>The Chief Executive requested a Board Development session to share in more details and finalise end February, early March.</p> <p>Action: Trust Secretary – 5 March 2019</p> <p>The Board noted the progress and further detail to be received in Board Development.</p>
181/19	<p>Item 11 Providing services by staff who demonstrate our values and behaviours SO3</p> <p>Item 11.1 Assurance and Risk Report Workforce, OD and Transformation Committee</p> <p>The Director of Human Resources and OD provided the Committee with an update in the absence of the Committee Chair, Mr Hayward.</p>
182/19	<p>The Committee remained concerned about progress and challenges in filling vacancies, in particular medical vacancies and were awaiting assurances around why people were leaving the Trust.</p> <p>The Director of Human Resources advised that the Committee had received a verbal update in relation to the Developing Workforce Safeguards guidance and the Committee noted the guidance and requested an update on the Trust position at their next meeting</p>
183/19	<p>The Director of Human Resources referred to the quarterly report of the Guardians of Safe Working. The Committee had considered the report and noted that although it was clear that progress had been made, the Committee were still not assured as the report did not include updates from Grantham or Lincoln. The Committee noted the plans to review and improve the position and welcomed the establishment of the Junior Doctors Committee. It had been agreed that the issues would be a prominent area of focus at the next Committee meeting in March.</p> <p>MThe Chair noted that the current processes are not working and that action something was being taken to change the position.</p>
184/19	<p>Item 11.2 Freedom to Speak Up Quarterly Report</p> <p>The Trust Secretary provided the Board with an update on Freedom to Speak Up</p>

185/19	<p>activities and the quarterly data collection submitted to the office of the national guardian.</p> <p>The Trust Secretary highlighted that numbers have increased in line with what has been seen nationally and that it was positive that staff knew the Freedom to Speak up Guardian was there. The Trust Secretary continued to raise awareness about the Freedom to Speak up Guardian at induction days and team meetings.</p> <p>Mrs Libiszewski questioned whether there are any themes coming through and how they get put into strands of work.</p> <p>The Trust Secretary responded that it needs to form part of the Workforce Plan.</p>
186/19	<p>Item 12 Integrated Performance Report</p>
	<p>The Chair acknowledged that the detail of the report was reviewed in each of the assurance committees and upward reports were received with any items for escalation. Therefore reporting at Board should be restricted to those areas not already covered.</p>
187/19	<p>Mrs Libiszewski referred to the overview report, which should guide the Board to hotspots however, the reporting was not currently clear.</p> <p>The Chair requested a Board Development session before the Trust Board meeting in May to look at reporting.</p> <p>Action: Trust Secretary – 5 March 2019</p>
188/19	<p>The Board acknowledged that HSMR was better than it had ever been, however in contrast SHMI had worsened.</p> <p>The Director of Nursing reported a deteriorating position with regard to pressure damage. There was a theme around use of equipment that had resulted a number of ulcers. The Director of Nursing will be reporting back to the Quality Governance Committee as part of the workplan.</p>
189/19	<p>Mrs Libiszewski referred to appraisals being 70% for non-medical staff and questioned how this could be improved. The Director of Human Resources and OD agreed there was a need for improvement and the issue had been raised at the Senior Leadership Forum.</p>
190/19	<p>The Chief Operating Officer questioned whether the level of information and data and progress within the workforce report in relation to Urgent Care Workforce was sufficient to provide assurance in delivering what is needed. The Director of Human Resources responded that it depended on what was required and there could be a particular focus on certain areas.</p>
191/19	<p>The Chief Executive added that it links to the True North debate on upward reporting to the Board. There are many things that are linked to plan, including a series of actions around being more attractive, however, there needs to be a review of how it is worked through. The assurance committee's should pick up issues around temporary staffing and fragility of services.</p>
192/19	<p>The Director of Nursing referred to nursing fill rates which were down on registrants but up on care staff. The Director of Nursing asked the Board to note</p>

	<p>there could be an issue with the data within the report in relation to fill rates and she would review and report back to the Board.</p> <p>Action: Director of Nursing – 5 March 2019</p>
193/19	<p>The Acting Director of Finance and Procurement reported that the Trust had delivered 3 months in line with the FRP and there is confidence the Trust will deliver the revised target of £89M.</p> <p>The Chair commented that the forecast and run-rate were very helpful.</p> <p>The Chair requested further clarity around agency rates within the report with an action plan to address this with oversight by both the Finance, Procurement and Estates Committee and Workforce and Organisational Development Committee.</p>
194/19	<p>The Chief Operating Officer highlighted the Cancer performance to the Board.</p> <p>The Chair questioned the 52 week wait position. The Chief Operating Officer responded that the capacity elements around ENT Services had almost been eliminated, however data quality issues were still arising.</p>
195/19	<p>Mrs Libiszewski requested assurance around what is being done to improve data quality.</p> <p>The Board were advised that the Audit Committee would be asked to provide assurance on Data Quality</p> <p>The Board received the performance report.</p>
196/19	<p>Item 13 Risk and Assurance</p> <p>Item 13.1 Risk Management Report and BAF</p> <p>The Medical Director provided an update. There were no significant change to the risks and emergent risks remain the same.</p> <p>The Chair questioned whether the Committees are seeing the emergent risks. The Trust Secretary responded that the Emergent Risks form part of the report circulated to each Committee.</p>
197/19	<p>The Director of Nursing advised that the patient/quality areas of the BAF were being updated.to deal with any outstanding assurance gaps and update in readiness for the Board in March.</p> <p>Action: Director of Nursing – 5 March 2019</p>
198/19	<p>Item 13.2 Assurance and Risk Report – Audit Committee</p> <p>Mrs Dunnett, Chair of the Audit Committee, provided the Committee with the upward report. At the last Committee they agreed the external audit plan for 18/19 and the Board was asked to note the highlighted audit risks.</p>
199/19	<p>Mrs Dunnett highlighted to the Board an increase in audit fees of £6750 as the Trust were now categorised as a high profile client.</p> <p>The Audit Committee had received a progress report from internal audit and the</p>

200/19 201/19	<p>Committee are scheduling an additional meeting to look at the year end issue of reports and consider outstanding actions.</p> <p>The Board were asked to note areas where the Committee were not assured.</p> <p>The Chair thanked the committee for the update.</p> <p>The Chair questioned when the Trust will have made the appointment of new internal auditors. The Acting Director of Finance and Procurement confirmed that it would be early March.</p>
202/19	<p>Item 14 Strategy and Policy</p> <p>Item 14.1 Board Forward Planner</p> <p>For Information</p>
203/19	<p>Item 14.2 ULH Innovation</p> <p>For Information</p>
	<p>Item 15 Any Other Notified Items of Urgent Business</p> <p>None</p>
	<p>Next meeting will be held on Tuesday 5 March 2019 – New Life Centre, Sleaford.</p>

Voting Members	23 Feb 2018	29 Mar 2018	27 Apr 2018	25 May 2018	29 June 2018	27 July 2018	31 Aug 2018	28 Sept 2018	26 Oct 2018	30 Nov 2018	7 Jan 2019	5 Feb 2019
Elaine Baylis	X	X	X	X	X	X	X	X	X	X	X	X
Chris Gibson	X	X	X	A	X	A	X	A	A	X	X	X
Geoff Hayward	X	X	X	X	X	X	A	A	X	X	A	A
Gill Ponder	X	X	X	X	X	X	X	X	X	X	X	X
Jan Sobieraj	A	X	X	X	X	X	X	X	X	X	X	X
Neill Hepburn	X	X	X	X	X	X	X	X	X	X	X	X
Karen Brown	X	X	X	X	X	X	X	A	X			
Michelle Rhodes	X	A	X	X	X	A	X	X	X	X	A	X
Kevin Turner	X	X	X	A	A	A	X	X	X	X	X	X
Sarah Dunnett	X	X	X	X	X	X	X	X	A	X	X	X
Elizabeth Libiszewski		X	X	X	X	X	X	X	X	X	X	X
Alan Lockwood					X	X	X	X	X	X	X	X
Paul Matthew										X	X	X