

Minutes of the Public Trust Board Meeting

Held on 2nd April 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 Paul Matthew, Acting Director of Finance and Procurement
Mr Jan Sobieraj, Chief Executive
Mr Kevin Turner, Deputy Chief Executive
Mr Geoff Hayward, Non-Executive Director

Non-Voting Members:

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

In attendance:

Mrs Jayne Warner, Trust Secretary
Miss Victoria Bagshaw, Deputy Chief Nurse
Mrs Karen Willey, Deputy Trust Secretary (Minutes)

Apologies:

Mrs Michelle Rhodes, Director of Nursing
Mr John Bains, Healthwatch
Mrs Gill Ponder, Non-Executive Director
Mr Paul Boocock, Director of Estates and Facilities

372/19 **Item 1 Introduction**

The Chair welcomed members of staff and the public to the meeting

373/19 **Item 2 Public Questions**

Question 1 from Jody Clark - It has been 2 years and 7 months of Grantham A&E's overnight closure. That's over 2 and half years of our community having to travel, for even the simplest thing, like an X-Ray! So you can understand our upset and disappointment that, under the 'Healthy Conversations' plans, our overnight service will be reduced (No longer an A&E) and we will only be able to gain overnight access via 111! And will still have to travel for an x-ray!

As a growing community, we are getting ever decreasing hospital services, we are still double triaged when transferred and feel we are unfairly treated as a town in Lincolnshire. With appropriate staff in the building (advanced nurse practitioners with at least one member of staff able to resuscitate and stabilise) and public awareness of the services still offered; Do you agree that we should have our overnight doors open? To reduce the amount of Grantham and District residents still having to travel over 25 miles?

374/19 The Medical Director responded:

There is a proposal as part of Healthy Conversations that Urgent Care is open 24/7 with access through 111. This access route ensures that people go to the right place to get the right treatment first time. Patients conditions present with differing complications and it is important to ensure that there is no delay in accessing time critical care. Residents are

encouraged to take part in the conversations and contribute to the proposals.

- 375/19 **Question 2 from Councillor Ian Selby - “If I was to initiate a petition to parliament that all Hospital Trust Board positions become an elected position and elected by the people they serve, would ULHT Board be willing to support such a petition and thereby Grantham may then have somebody on the Board who lives in and represents our town and who may then speak up for the long overdue reinstatement of our 24/7 A&E department and if not, why not?**
- 376/19 The Chief Executive responded:
Trusts have previously had members from geographical areas sit on the Board however this did not work well. There are robust processes in place for the appointment of Non-Executive Directors who are recruited for their experience, independence and impartiality and have responsibility for the whole county. There is a challenge for Trusts to ensure that there is a balance of services across the county. Trust Boards are not able to support petitions as they are part of a broader process.
- 377/19 **Question 3 from Councillor Ray Wootten – At last months board meeting you failed to answer my question due to the imminent launch of the ‘Healthy Conversation’ It was reported in the media that Grantham Hospital would be losing more services and become an Urgent Care Centre. The article stated that cardiology, in patient care, Orthopaedic and patient resuscitation would be affected and patients lives would be lost. Can you please inform me if this is correct and that the future of Grantham Hospital is not as bright as the trust board has previously stated.**
- 378/19 The Chief Operating Officer responded:
Following on from the Medical Directors comments Healthy Conversations set out a range of proposals which starts the debate, Lincolnshire residents need to be involved to help shape the direction of travel. Grantham hospital has a significant future as part of the organisation, the way in which services are delivered however will be different and this is being explored through Healthy Conversations. The example given of cardiology, currently cardiology patients are supported by the cardiology team however there is a view that these patients actually require medical team support with specialist support from cardiology. Patients currently at Grantham will remain there but the services will be delivered differently with specialist intervention being provided when required. More complex patients will attend the Heart Centre as they do currently. There are further conversations to be had about the service delivery and this continues through Healthy Conversations.
- 379/19 **Question 4 from Councillor Linda Wootten - This is my question with reference to Grantham Hospital. Having attended the ‘Healthy Conversation ‘ in Grantham last week, I’m not satisfied that my question was answered there, especially as we now know the unit will not have open doors 24/7 but, will be subject to a 111 overnight service , so I’m asking again, would an Urgent Care Treatment centre still have Cardiology, Orthopaedic services, patient resuscitation and in patient care ?**
- 380/19 The Chief Operating Officer responded:
Again building on the previous responses there is a proposal and conversation taking place, the suggestion that has been put forward is an extended walk in service with access in out of hours to a nurse led service accessed through 111. Healthy Conversations will help to shape the future service.
- 381/19 In relation to the urgent treatment centre, this would not have resuscitation but the department would have staff who are skilled and able to support patients, there will be anaesthetist on site to stabilise patients for onward transfer as required.

382/19 Complex orthopaedics currently go to alternative sites with major traumas attending Nottingham, big bone fractures to Lincoln and Pilgrim and more simple fractures remain at Grantham. As part of a 6 month trial, which is being extended, fractured neck of femurs have been moved to Lincoln and Pilgrim due to best practice and numbers. The simple fractures will remain at Grantham and this will be explored through Healthy Conversations to determine if this will remain as is.

383/19 The Chair confirmed that item 9.3 on the agenda supports this response.

384/19 **Question 5 from Alison Marriott – In relation to the 6-month review of the paediatric assessment unit interim model at Pilgrim Hospital, please would you provide the detailed evidence base upon which ULHT has relied to reach the conclusion that Pilgrim hospital and the population here do not require an inpatient children’s ward?**

Please would you also answer the question I raised in March (on-call, one team two sites), as the response recorded in the recently-published minutes does not address the question asked. It is very vague and appears to be based on future aspirations in terms of workforce rather than current situation.

385/19 The Medical Director responded:
The evidence base used is from the Royal College of Paediatrics and Child Health, the report looks specifically at the paediatric issues faced at Pilgrim, the second piece of evidence is the Trusts experience of operating the interim model and how this has worked. Data has been generated from which the Trust has learnt and modified the service. Both the report and experiences from the interim working arrangements are included in item 9.1 of the board papers.

386/19 The statement made in relation to not needing an inpatient children’s ward indicates how children’s services used to work with both inpatients and outpatients. Most children in wards stay for a short time, paediatric assessment is one end of the spectrum and results in a short period of stay. As explained at previous board meetings the Trust is currently looking at the 12 hour length of stay and considering admissions in relation to the acuity of the patient and their requirement to stay.

387/19 The Medical Director will provide a written response to the second part of the question.

ACTION – Medical Director, 7th May 2019

388/19 **Item 3 Apologies for Absence**

Apologies were received from Mrs Rhodes, Director of Nursing, Mr Boocock, Director of Estates and Facilities, Mrs Ponder, Non-Executive Director and Mr Bains, Healthwatch

389/19 **Item 4 Declarations of Interest**

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

390/19 **Item 5 Minutes of the meeting held on 5th March 2019 for accuracy**

The minutes were agreed as a true and accurate record subject to the following amendments:

247/19 – The Chair of the Children’s and Young People Transformation Board, should read Director of Nursing for Lincolnshire Community Health Services NHS Trust not the individuals name

260/19 – Should read – ‘Pilgrim is at the higher end of performance regarding conversions from the emergency department to admission, higher performing systems admit less people than the trust currently does’

301/19 – Should read – The Chair confirmed that the Good Governance Institute will be coming to undertake a Board Risk appetite session

345/19 – Should read – The Chief Operating Officer made the Board aware that there would be a dip in performance regarding 14 day breast symptomatic and suspect pathways, 62 day performance have and will be maintained

209/19 – typographical error in last paragraph, should read ‘team’ not ‘ram’

321/19 – add ‘of the issue’ to end of sentence

391/19 Item 6 Matters arising from the previous meeting/action log

1077/18 – Staff story from a Nurse Associate, deferred to May/June 2019

66/19 – 2018/19 Annual Plan update, agenda item 12.2

178/19 – Trauma & Orthopaedic Trial, agenda item 9.3

254/19 – Urgent Care Improvement programme reporting discussed with committee Chairs, complete

297/19 – Review of annual reporting timelines undertaken. It was confirmed that delivery against the timetable was still achievable, Complete

350/19 – Review of risk register dates in relation to Estates, deferred to May 2019

392/19 Item 7 Chief Executive Horizon Scan

The Chief Executive provided an update to the Board.

393/19 The financial year 2019/20 commenced on 1st April 2019. The 2018/19 financial year had been challenging for NHS Trusts with reported deficits of £1.2b. Almost 80% of acute trusts are reporting a deficit with the system placing an emphasis of financial balance for acute trusts. A new performance regime is in place from 1st April with high expectations. There has been a 2.1% increase in admissions and over 6% increase in A&E attendances. As a Board it is important to benchmark against the national level whilst being held to account for a high level of performance.

394/19 Nationally a review of NHS performance standards has been undertaken to make them more sophisticated, further discussions are required to identify how these will be measured. The new standards will be trialled over the next few months with a report expected in the Autumn. The new standards and reporting regime are expected to be in place for April 2020.

395/19 Detail from the overarching framework from the NHS Long Term Plan is still awaited with an expectation that the implementation framework will be published in the coming months.

396/19 The formal launch of NHSX took place on 1st April and information about the purpose of the body is being pursued with a formal launch expected later this year.

- 397/19 The Healthy Conversations process is underway, four engagement events run by the Clinical Commissioning Groups supported by providers have been held and further events are planned. Hundreds of survey responses have already been received providing confidence that when this moves forward in to the formal process outcomes will be better informed.
- 398/19 Engagement is positive with 8k views of the Healthy Conversations video, there is some difficulty with the engagement process due to purdah and public services not being able to conducted consultations during this period however a summary will be published in June and presented to the Board.

ACTION – Chief Executive, 4th June 2019

- 399/19 The Chair confirmed that the Trust has work underway with the performance team to monitor what can be done in preparation for the new performance standards. The Board are also reassured that nationally other Trusts are experiencing the same challenges around performance and finance. Implementation of the long term plan will need to be seen in order to understand the impact and next steps.
- 400/19 **Item 7.1 Trust Operating Model**
- The Chief Executive provided an update in relation to the Trust Operating Model that came in to effect on 1st April.
- 401/19 The document presented brought together reports previously shared with the Board, this had been circulated through the organisation and is now working in practice. This remains a transitional period with some posts yet to be filled.
- 402/19 The Board were advised that the purpose of the document was to provide focus on patient safety and quality of clinical services being delivered and reviewed through financial, performance and quality lenses.
- 403/19 The Board had given its support to the model and the focus on the patient pathways, staff working on sites and teams operating across sites. An agile working policy was being developed to support cross site working and developments with technology for videoconferencing would support staff and reduce travel. The operating model had been designed to ensure the patient journey flows. A review would be conducted at the end of the calendar year and any necessary changes would be made. The change was an exciting prospect for the Trust and is designed to improve efficiency and effectiveness as an organisation.
- 404/19 The Chair and Mrs Dunnett expressed their excitement regarding the new operating model being in place and recognised that there would be challenges through the transitional period that would require resolving. A review of the governance processes was discussed and it was agreed this required refinement.
- 405/19 Mrs Libiszewski requested an update on the Medicines Division substantive recruitment as this was a risk area.
- 406/19 The Chief Executive advised that medical leadership was an issue for the wider NHS and there were interim arrangements in place. The Chief Operating Officer confirmed that the interim arrangements were in place on 1st April and that further interviews are planned for the end of the week.
- 407/19 Dr Gibson sought an update on the autonomy being given to the divisions in respect of finances and asked what the view was in respect of risk appetite and staff engagement.

- 408/19 The Chief Executive confirmed that work had been completed and it would be the right thing to do to incentivise creativity and innovation however this needs to be done appropriately and ensure that there is consistency with corporate behaviours and processes. The Trust must identify what good looks like and determine what success means for a well performing division, this work is being completed.
- 409/19 The Director of Human Resources and Organisational Development stated that the Trust works with one set of values and the divisions will have responsibility regarding the staff survey results, this will help to build rapport within the divisions and provide an opportunity for them to discuss the outcomes.
- 410/19 The Chair identified that the main focus for her was the organisational development support being offered and allowing this to be put in place within the divisions in a timely manner.
- 411/19 The Director of Human Resources and Organisational Development confirmed that work was being undertaken to identify a provider to support this work, it would happen quickly once the correct provider had been identified.
- 412/19 A discussion was held in relation to ensuring that process did not become bureaucratic and staff overly burdened with data collection whilst it was also identified that improvements were not likely to be seen in the staff survey for around 12 months. There would be monitoring of the processes and actions taken as risks arise.
- 413/19 The Chair thanked staff for their work in implementing the operating model and requested that the information provided to the Board now be transferred in to one formal trust document.
- 414/19 The Deputy Chief Executive confirmed that the information would be produced in a full guide and asked that comments be submitted outside of the meeting.
- The Trust Board:
- **Endorsed the model go live date of the 1st April**
 - **Agreed progress would be monitored through Trust Management Group**
- 415/19 **Item 8 Patient/Staff Story**
- The Deputy Chief Nurse welcomed Mr Steve Kirk and his son Cornell to the Board and thanked them for attending to present their story.
- 416/19 The patient, Mr Cornell Kirk shared his story with the Board when in 2010 flu like symptoms had escalated rapidly resulting in admission to Pilgrim where he suffered multiple arrests and was placed in a coma.
- 417/19 The patients father continued the story and told the Board that his son is still with him due to the number of factors that were in his favour the day that he was taken ill. The doctors advised the family that the patient was unlikely to survive due to the severity of his condition. However the doctors managed to stabilise him and transfer to ICU. Surgeons attended to review his feet due to a lack of pulse but they managed to avoid amputation. A week later the patient was transferred to a ward and a further week later was walking out of hospital on crutches.
- 418/19 The patient and his family could not thank everyone enough for the care received however the aftercare was found wanting. There was a lack of mental health support.
- 419/19 Further health issues are being experienced by the patient including suffering with chronic pain since being released from hospital, he is a patient at the pain clinic in Scunthorpe. However if

took 18 months for treatment to be received and obtaining support has been difficult.

- 420/19 It wasn't until 4 months ago that the patient was told that not only had he suffered with meningitis but he had developed sepsis. The key message from the patient was that the care received in hospital was great but that the after care left something to be desired.
- 421/19 The Sepsis Practitioner who attended with the patient identified that the main lessons learnt are in relation to the discharge.
- 422/19 Safety netting leaflets have been developed and are due to be circulated through the Trust to support staff and patients. Work is also being undertaken with student nurses to ensure that the correct input is provided at discharge.
- 423/19 A support group has been set up to enable people to share their stories and experiences, the consensus from this group is that around 90% of people are not safety netted when discharged and this is an area for development.
- 424/19 Previously counselling was provided to patients who had a stay in ICU, this is not currently the case however staff are being educated on when to give out the safety netting leaflets. There are a large number of people who are discharged from ICU to a ward and they are not told what has happened to them. There is a large gap in information sharing with both the patient and relatives.
- 425/19 The Deputy Chief Nurse identified that both nationally and locally there has been a lot of progress in the ten years since the patients experience however the Trust need to do more to ensure both patients and their families are well cared for. This is about critical care outreach teams and the discharge of patients, it is clear that if patients are treated with the Sepsis 6 bundle in a timely manner lives are saved.

The Trust Board:

- **Received the patient story**

- 426/19 **Item 9 Providing consistently safe, responsive, high quality care SO1
Item 9.1 Paediatric Monitoring and Assurance Update – 6 month review**

The Medical Director presented the 6 month review paper to the Board.

- 427/19 The service delivered at Pilgrim became fragile due to a pre-existing shortage of staff, a number of options including closure were considered for the service however the Trust developed a different model of care focusing on a 12 hour assessment/limited stay ward.
- 428/19 The service has run for 6 months with no incidents in relation to delivery. Of the numbers of children attending Pilgrim Hospital the majority remain and are cared for at Pilgrim a small number require transfer, predominantly to Lincoln. To minimise disruption to families a dedicated ambulance service has been provided.

In order to support the delivery of the service, deployment of the workforce has been altered, junior doctors are based at Lincoln and travel to Pilgrim to review patients as part of the one team many sites model. This is yet to be expanded to consultants.

- 429/19
- 430/19 The Board were advised that the interim model, although fragile was operating safely and to gain a step change a refocus of work to determine how the acute service fits with the community services would be required. Initially the model was supported by nursing staff from the community however this had the potential to destabilise the community service. The report by the Royal College of Paediatrics and Child Health (RCPCH) indicates that the model

required needed to be integrated, work is underway to roll out the 12 hour process at Lincoln whilst developing the Pilgrim system whilst working with the community to modernise the whole service.

431/19 The service is now considered stable and it was proposed to the Board that monitoring moves to quarterly reporting through the Quality Governance Committee.

432/19 Mr Hayward enquired as to the timescale for extending the 12 hour model to Lincoln and would this be modified to reflect the acuity and if there was a specific group handling the system wide transformation of the service.

433/19 The Medical Director confirmed that this would be progressed quickly over the next 2-3 months and that the way of working requires far fewer beds, the Trust has also previously been able to deliver the service on a smaller number of beds than otherwise required. In relation to the transformation of the service the system oversight is provided through the Children and Young People's Transformation Programme Board chaired by the Chief Nurse of Lincolnshire East CCG.

434/19 Moving forward the Chair requested that internal reporting is monitored through Quality Governance Committee on a quarterly basis.

435/19 Mrs Dunnnett would encourage a move towards a definitive solution for the service due to the number of risks which continue to be carried by the Trust including financial risks. If this can be moved swiftly through the system transformation group this would be beneficial. The financial risk had been indicated however the cost implication was not clear.

436/19 The Chief Executive confirmed that this would be progressed for June 2019 and the Chair stated that more information in relation to finances would be required.

437/19 Confirmation was given that the assessment completed was internal and had been fed back to the Royal College who have not provided further feedback to the Trust. The Trust are currently not in a position to move to a low acuity model as work needs refining.

438/19 An understanding of where patients are being received from would be beneficial to support conversations with commissioners. The Board need to further understand what work the Children's and Young People Transformation Group are doing to understand how this will develop across the system moving forward.

ACTION – Medical Director, 7th May 2019

439/19 Mrs Libiszewski advised the Board of discussions at the Quality Governance Committee regarding the reporting requirements, in order to ensure this was sufficient for the Board an enhanced exception report would be developed.

ACTION – Medical Director/Mrs Libiszewski, 7th May 2019

440/19 The Board agreed that the service should continue in the current interim arrangements utilising the recommendations from the RCPCH and maintaining reporting through the steering group in addition to quarterly reporting to Quality Governance Committee.

441/19 The Trust Board thanked staff for their dedication and hard work in developing and managing the changes which had been required.

The Trust Board:

- **Received the update**

- **Agreed that the interim service including paediatric ambulances would continue**
- **Requested quarterly reporting to Quality Governance Committee**

442/19 **Item 9.2 Urgent and Emergency Care Improvement Programme**

The Chief Operating Officer presented the next iteration of the programme advising the Board that the final report would be presented in May. Progress is scrutinised through the Finance, Performance and Estates Committee.

- 443/19 The paper reports the work stream and programme level ambitions, further work was required through various groups and final governance sign off had yet to take place however a commitment had been made to present this to the Board in April.
- 444/19 Further iterations of the report would be aligned with KPIs to demonstrate current position and achievements, this was expected to be in place by May. Further debate is required to determine the KPIs being tracked at programme level. The report details the key blocks of activity KPI baseline, ambition and performance against ambition.
- 445/19 The sustainability of the programme was questioned and it was confirmed that there hadn't been investment in the emergency pathway workforce. The specific investment made at Pilgrim with regards to HCAs and registered nursing had been uplifted to meet levels of demand expected to come through the emergency department, medical rotas had not been lifted further than historical models.
- 446/19 Appointments had been made to all middle grades and staff have commenced during March through this recruitment, further recruitment remains on track.
- 447/19 Capacity issues were discussed and it was confirmed that this is considered across the whole system and where possible patients are repatriated to their closest hospital. Compliance with day working for weekends is being reviewed to ensure senior presence and also criteria based discharge for teams. The Trust is not an outlier nationally however this shows more can be done.
- 448/19 Mrs Libiszewski asked for an update on the 10@10 discussed at the previous Board to understand the risk associated with the improvement programme and how the frailty model links to ensure patients are receiving the correct care.
- 449/19 The Board were advised work had commenced 1st April with the discharge hub being led by a single leader working more closely with services. The approach is being phased and has commenced at Lincoln. The process discussed at Board required formalising so that it can be progressed. Work is underway to ensure a single frailty offer across the Trust, there is a lead for care of older people and a model and internal business case are being developed, this is also part of the wider system.
- 450/19 Dr Gibson questioned the conversion rates at Pilgrim and other sites asking if there are workstreams or KPIs that are likely to inform the differences. The Chief Operating Officer confirmed that some data will be updated in the next version of the report and that streaming numbers are different at Pilgrim, presentation of the data is key to demonstrating the impact for patients.
- 451/19 The workforce is not currently set for the level of demand, for improvements to be seen introduction of streaming and achievement of targets 25% must take place. The key paediatric metrics will be developed individually and attendances will be tracked. The Trust is close to triggering a separate paediatric unit which would require a separate area and staffing, consideration needed to be given to the figures as the service may need to be delivered

differently.

452/19 The Chair indicated a preference to have the streaming data excluded from the figures to ensure clarity. The combined report previously presented with Lincolnshire Community Health Services NHS Trust was useful and the Chair asked if this was something that would be repeated.

453/19 The Chief Operating Officer stated that the report had been produced in relation to a time limited report however consideration would be given to producing some joint papers in the future.

454/19 **Item 9.3 Trauma & Orthopaedic Trial**

The Chief Operating Officer presented the update paper to the Board.

455/19 The paper provided further detail to the Board and demonstrated that the expected impact has been realised, there is positive support from both patients and the public with an increase in the number of operations. The flow of patients at Grantham and Louth had increased but there is a requirement to improve reporting on surgical site. The Board were aware of the challenges, these have been identified in the feedback however there had been a positive impact on the patients seen and staff had been supportive.

456/19 Overall the waiting list size had reduced, staff numbers had not increased and spending remained the same. The elective length of stay for orthopaedics was in the top quartiles with the lowest length of stay for elective patients and best performing for non-elective length of stays.

457/19 The trial had provided an opportunity to reduce unit costs and work was underway with procurement to reduce the number of prosthetic suppliers. The next steps would be to extend the work and put in place more robust expectations with regard to how the service would work with theatre staff and surgeons.

458/19 Mrs Dunnnett indicated that there was not enough financial data included in the report to demonstrate if there was an impact, she indicated it would be useful to get a sense of the financial position in the next 6 months to understand what is required to sustain this work moving forward and carry out a comparison.

459/19 The Chief Operating Officer stated that there had been an impact on Lincoln and Pilgrim with an increase in corresponding non-elective surgeries, this however was part of the 3 year cycle of demand that was seen by the Trust. There had been a corresponding decrease for electives at Lincoln and Pilgrim however, the Trust had not seen what was expected this may have been due to the speed of introduction. The next phase would be to formalise expectations with consultants. There was a blue print for orthopaedics that would move the service from a loss to providing a contribution to the organisation, this could not be answered specifically more however due to the finances being tied in to the contract.

460/19 There is £2.2m funding in surgical of which orthopaedics is a part, there is £5m associated with repatriation and a further potential pot that could be accessed, the aim is that orthopaedics would contribute additional activity of between £1.5 - £4m.

461/19 Work would need to be undertaken to ascertain the financial position in line with the blue print along with determining the expectations and tracking of improvement. This forms part of the clinical services review programme carried out by the Medical Director.

The Chair thanked staff for their work as part of the trial and passed on the Board

462/19 congratulations for performance so far whilst recognising there is more work to be done and learning transferred across the Trust.

463/19 As this is a trial oversight would be required by the Board however this would be provided through the Finance, Performance and Estates Committee. The required level of detail would be discussed at the committee and reports will be provided quarterly.

464/19 The Chair stated the positive news of the trial needed to be fed in to the healthy conversations work to demonstrate the impact the service is having.

The Trust Board:

- **Noted the content of the report and future quarterly reporting to Finance, Performance and Estates Committee**

465/19 **Item 9.4 R&D Update**

The Medical Director presented the paper to the Trust Board.

466/19 The Research department continues to recruit well to studies with the majority being clinical research network studies which attract an income however income is falling. To compensate for the reduction of income the number of commercial studies are growing. In order to make a step change in clinical research a strategic partner needs to be identified, exploratory discussions are underway. The result of this would require the Trust to provide patients, clinical input and space for the research to be undertaken. The benefit to the Trust would be to provide experience to staff working in a controlled environment however does not afford the opportunity to develop clinical curiosity. By developing research and development within the Trust this will start to attract the right calibre of workforce.

467/19 It was identified that the paper focused heavily on medical staff and also did not link to the transformation programme.

468/19 The Chief Executive identified that this has been discussed previously and, the Trust is pushing the barriers as far as possible within the current framework. The next step is to produce a new strategy that is more embracing. The Trust needs to be a strong partner in a competitive world.

469/19 Timing of this is difficult, there is agreement to present a new strategy to the Board however a partner needs to be engaged before this is presented. Discussions are being held with a potential partner however other providers need to be considered as this is an opportunity to rebrand the organisation in terms of a teaching, learning and research organisation.

470/19 Dr Gibson highlighted that in order to address the issue of research having a medical focus some Trusts have a lead AHP or scientist with a portfolio including research. The Medical Director confirmed that the Trust does have a lead health care scientist however we do not have staff with a large research base, the role is viewed as coordination and support. In order for the Trust to make the step change required the route forward would be through AHPs and scientists, these groups of staff are much broader with more opportunity to recruit research leaders.

471/19 The Director of Human Resources and Organisational Development confirmed that a new educational and learning strategy is being produced and underpins the desire to become a learning organisation, research will need to be included within this.

472/19 Mr Hayward made the suggestion to the Board that in order to make the Trust more attractive that a system wide approach to research could be taken.

473/19 The Chair agreed that this was a opportunity that could be considered but would need to be thought through and confirmed that the Board fully support the development of research and innovation capability.

The Trust Board:

- **Noted the update**

474/19 **Item 9.5 Assurance and Risk Report Quality Governance Committee**

The Chair of the Quality Governance Committee, Mrs Libiszewski, provided the assurance received by the Committee at the March meeting.

475/19 Key points noted included the continuation of HSMR being reported within expected limits whilst SHMI remains outside. The PLACE report had been receive by the Committee for the second time and an action plan was in place however further understanding was needed of how environmental issued would be addressed. The report would be discussed later on the agenda.

476/19 There had been no category 4 pressure ulcers reported at Grantham for the last 12 months and the team was commended. Further work around QIAs was discussed due to the Committee not being satisfied they were sighted on these.

477/19 A 5th Never Event had been reported last month and a 6th Never Event recently reported. ATAIN CNST was escalated to the Board for approval after discussion at the Committee.

478/19 NICE and best practice was discussed, due to the number of change in staffing some historical information had been lost. The Committee had asked for a governance piece in relation to corporates record holding to be undertaken.

479/19 CQUIN discussions were held in relation to a move towards local CQUINS, Board oversight was requested to ensure the financial understanding is clear.

480/19 An update in relation to 15 Steps was received and feedback provided to the Deputy Chief Nurse regarding administration support to the NEDs and Execs to ensure ongoing completion.

481/19 The Board Assurance Framework was considered and no significant updates were made, ratings remain.

482/19 The Chair wished to ensure that staff were congratulated in relation to the improved position of HSMR and noted there needed to be an understanding of the current position of the QIA process. A system needs to be in place to ensure corporate records and organisational memory is maintained.

483/19 The Trust Secretary confirmed there is an established process in place to capture corporate records and the Board asked that the issue be reviewed to ensure that corporate processes were followed.

ACTION – Trust Secretary, 7th May 2019

484/19 **Item 9.6 PLACE Report**

The Deputy Chief Nurse presented the PLACE report to the Board.

485/19 The paper attempts to articulate a more joined up approach for future reporting in regard to the

national position and where the Trust sits, a lengthy discussion was held at the Quality Governance Committee in relation to the findings and work being undertaken to ensure this is tied in to business as usual within structures and processes.

- 486/19 Mrs Dunnett was unclear about what will be done differently in the future or what work had been undertaken and asked if Charitable Funds had a role to support improvement of the environment.
- 487/19 Mrs Libiszewski stated that there needed to be clarity that these issues sit with Estates but that the nursing teams had stepped in to support as this was about the fabric of the building not supporting the PLACE standards. The work received at the Quality Governance Committee did not show how the standards would be improved and with year on year increases on certain standards the Trust will always be behind. The Trust is reporting as one of the worst in a number of areas and should consider if this is a priority against statutory obligations.
- 488/19 The Chair indicated that there is an action plan in place and a PLACE care environment steering group that reports to the estates sub group, this is reported to the Finance, Performance and Estates Committee and as such the committee should have focus on this and understand the requirements for improvements.
- 489/19 The Chief Executive identified that this was a test for the Board in relation to their True North objectives to determine if the information provided would result in action being taken without distracting from where the work of 2021 is already heading.
- 490/19 Mrs Libiszewski confirmed that the information presented to the Board was to raise awareness of the position due to the importance of the patient measure with no suggestion to divert investment to resolve the issues.
- 491/19 If improvements cannot be made then the Board need to be able to articulate this position.
- 492/19 The Board need to ensure there is an understanding of the sources of information and consider where the outcomes fit with the Trusts current position.

ACTION – Chief Executive/Deputy Chief Executive, 7th May 2019

The Trust Board:

- **Acknowledged the PLACE report and the challenge from the Quality Governance Committee as to how this fitted within the Trust commitments**

493/19 Item 9.7 ATAIN Action Plan

The Deputy Chief Nurse presented the paper to the Board highlighting the requirement for the Board to review the paper and approve the action plan.

- 494/19 The Trust were delayed making the submission and an extension had been requested from NHS England to support completion of the work prior to submission. The process would allow the Trust to move forward with the Clinical Negligence Scheme Trust (CNST) maternity incentive scheme and if the Trust can achieve all ten safety actions they will be eligible for around £700k of the incentive fund.
- 495/19 The Chair wished to be advised as to where the ratings on the action plan had been assured.
- 496/19 It was confirmed that there had been through a review process including the Clinical Commissioning Group with external validation. The extension had not yet been granted to the Trust.

The Trust Board:

- **Endorsed the submission to NHS England subject to the granting of the extension**

497/19 **Item 10 Providing efficient and financially sustainable services SO2**
Item 10.1 Assurance and Risk Report Finance, Performance and Estates Committee

The Deputy Chair of the Finance, Performance and Estates Committee, Dr Gibson, provided the assurances to the Board from the March meeting.

- 498/19 Key points noted were that the financial position delivered in line with revised forecast for past 5 months and that the Trust remained on track to deliver however remains red rated on the Board Assurance Framework as the target had been altered from that of the start of the year.
- 499/19 Progress with regard to 19/20 contracting process had been made, an update would be provided in private session. Concerns regarding fire safety capital works were discussed and further assurance had been requested by the Committee to ensure this remains on schedule.
- 500/19 The committee noted the delays in the pathology service continued to impact on delays in the cancer services however assurances were received on the overall 52 week wait target.
- 501/19 The Chair commented that the delivery of the revised forecast for a period of 5 months is a signal that good progress is being made. Staff were to be congratulated on the robust process being applied, this needs to continue to be followed through.

The Trust Board:

- **Noted the report**

502/19 **Item 11 Providing services by staff who demonstrate our values and behaviours SO3**
Item 11.1 Assurance and Risk Report Workforce and Organisational Development Committee

The Chair of the Workforce and Organisation Development Committee, Mr Hayward, provided the assurances to the Board from the March meeting.

- 503/19 Key points noted were that there was considerable concern regarding job planning and delays in completion, this would be a risk to FRP if timescales continue to drift further than end of April as advised for completion.
- 504/19 The Committee noted that good progress had been made regarding apprenticeships. A discussion regarding staff survey results took place and it was noted that overall results had worsened. The guardians of safe working process is not supporting junior doctors appropriately, work underway was underway to ensure this requirement is being met.
- 505/19 The Chair questioned if the guardians of safe working issue was highlighted on the risk register and if there is a risk of Higher Education England pursuing the Trust if there is not a guardian in place.
- 506/19 The Medical Director advised that the current guardian posts cease at the end of the month and there is a move to have an administrator to operate the reporting system and a guardian to interpret and implement changes with the clinical teams. There would be a cost pressure associated with these changes that require further exploration. There would be a member of staff volunteering for the guardian role and further consideration is being given to the administration role.

507/19 The Trust Secretary advised that there is a requirement for the Board to receive regular reports and to date a report has not been received.

ACTION – Medical Director, 7th May 2019

508/19 Mrs Libiszewski raised concerns around the gender pay gap as she felt that this should not be an issue for the Trust as ratios of males and females in medical training were equal, however the report shows the Trust has a pay gap. The Chair also requested confirmation as to whether the Board should receive a gender pay gap report.

509/19 The Director of Human Resources and Organisational Development advised that the gender pay gap information had been received by the Workforce and Organisational Development Committee and a number of indicators are reported and published. The report does demonstrate that the more senior higher paid staff tend to be male doctors and the lower levels of staff tend to be female, this is what drives the gap. If pay grades are considered on an individual basis there is no pay gap.

510/19 The Chief Operating Officer confirmed that the control over the pay gap that the Trust has is the progression within bands and if the Trust are driving the gender pay gap through promotional opportunity then this can be changed.

511/19 The Director of Human Resources and Organisational Development confirmed that the Trust makes bonus payments through the Clinical Excellence rewards and action was taken last year to ensure that there was an appropriate balance on them to reduce the pay gap. This had reduced although still remains, the Trust is not unique in this instance as the rewards are driven by length of service and progression of the medical staff.

The Trust Board:

- **Noted the report**

512/19 **Item 11.2 Staff Survey**

The Director of Human Resources and Organisational Development presented the 2018 Staff Survey results to the board.

513/19 It was acknowledged that whilst there had been some small improvements in indicators where the Trust have focused on values and patient safety overall scores have reduced by around 3%. There had been specific issues in perceived bullying and discrimination and a reduction in the health and wellbeing indicator, it is thought that this is about the feeling of the wider organisation.

514/19 The free text section highlighted car parking, most issues are reflective of the previous years survey and the issues that the Board were trying to tackle are deep rooted. Whilst action has been taken on the 2017 survey the impact on morale is not yet reflected in the survey results.

515/19 The actions required following the survey results are built in to the People Strategy to ensure that the priorities are reflective of True North, the strategy is due to be presented back to the Workforce, Organisational Development and Transformation Committee. Communications through the 2021 project will allow the Trust to demonstrate what action is being taken to improve patient care and offer support to staff.

516/19 The recent experience of visiting Northumbria would suggest that greater investment is required in leadership to ensure consistency and equip staff with leadership skills. The Trust Operating Model is an important moment in time and focuses on distributed leadership.

Currently the focus appears to be around the Executive Team and the Board, the fundamental concerns reflected in the survey need to be addressed and staff empowered as leaders.

- 517/19 The Chair commented that the results are deteriorating rapidly and they show a lack of pride and belief in staff within the organisation.
- 518/19 Dr Gibson highlighted that there appeared to be a discrepancy between the results for Lincoln and Pilgrim and suggested that there may be a need to focus on staff morale at the Pilgrim site.
- 519/19 The Chair confirmed that a lot of work had been done to improve morale at Pilgrim but that this had not yet been reflected in the survey results, there is a need to ensure that the site leadership reflects that of Trust leadership.
- 520/19 The Workforce, Transformation and Organisational Development Committee are responsible for oversight of the staff survey results and where required would determine reporting requirements to support improvement.
- 521/19 The introduction of the Trust Operating Model may offer an opportunity to increase communications and demonstrate what this means for staff at a divisional level and build a connection between wards, divisions and the Trust. True North work is being finalised and divisions are being included within the work to ensure alignment of priorities, these will then be filtered to individual staff.
- 522/19 Consideration was given to the opportunity to focus celebrating success and Healthy Conversations discussions at a site based level in order to improve morale. This would provide an opportunity to focus on the positive developments at each site and not solely focus on what remains to be done. Healthy Conversations will also provide an opportunity to right size the Pilgrim site to have a strong future and provide a clear vision that can be communicated effectively to staff.
- 523/19 The Chief Executive identified that the 2021 strategy had not yet been received by the Board, this would build on the conversations held with staff last year. This would be presented to the Board in May/June 2019

ACTION – Director of Human Resources and Organisational Development, May/June 2019

The Trust Board:

- **Received the report**

524/19 **Item 12 Performance**
Item 12.1 Integrated Performance Report

The Acting Director of Finance and Performance presented the new Integrated Performance Report format to the Board.

- 525/19 KPIs are now included within the report and demonstrate those in range at the top. Duty of Candour compliance is improving with 82% followed up in writing. A Never Event in relation to wrong site surgery has been reported with an additional never event reported since the production of the report.
- 526/19 Referral to Treatment performance was reported at 84.6% with 52 week waits being met however 62 day cancer waits had declined.

- 527/19 A year to date financial deficit of £83.7m was reported with a favourable variance to the end of year target. There was however a noticeable continued rise in agency costs to £36.8m. Planned savings of £15.1m was expected to deliver an actual saving of £15.8m.
- 528/19 Vacancy rates remain stable however pressures around agency remained. The Trust had 26 medical appointments planned in Q1 and recruitment overall remained a key element for the 19/20 plan.
- 529/19 A discussion was held highlighting some data contained within the report which did not reflect the data received by the Board Committees. There is a need to reflect on how the document is used by the Executive Team and what data sets are being utilised to ensure read across to the committees.
- 530/19 The Chair confirmed that it was helpful to have the report lined up against the True North objectives and that a decision needed to be take as to whether the report will display percentages, hard numbers or both. Further feedback regarding the report would be provided offline.
- 531/19 The Deputy Chief Executive and Acting Director of Finance and Performance would provide support to members of the Board to assist them with utilising the document.

The Trust Board:

- **Noted the report**

532/19 **Item 12.2 2018/19 Annual Plan**

The Acting Director of Finance and Procurement presented the 2018/19 Annual Plan to the Board.

- 533/19 Individual sections of the plan had been reviewed and updated by the Executive Senior Responsible Officers, the document provided a reflection on the year and also the year ahead. The annual plan through the operation plan would be focused on delivery going forward and clarity will be required next year to determine where some items sit.
- 534/19 The Chair stated that there had been a good discipline for completion of the plan this year however it had been person dependent which had caused some concerns when staff had moved on, there needs to be recognition that this is an organisational responsibility. Having said this there had been good progress in a number of areas.
- 535/19 Discussion was held in relation to some information that did not appear to be available within the plan. The Acting Director of Finance and Performance confirmed that the document would be updated.
- 536/19 Mrs Dunnett sought an update on the prescribing funding that had been bid for and the position of the Estates Strategy. The Deputy Chief Executive confirmed that the Trust had not been successful in the second wave of the bidding process and an enquiry has been placed to seek feedback on the bid submitted.
- 537/19 With regards to the Estates Strategy confirmation was provided that this is taken through the Finance, Performance and Estates Committee and will be presented to the Board in June.
- 538/19 The Chair enquired as to the process for submission of the Annual Plan. The Acting Director of Finance and Performance confirmed that this was an internal document and as such there was a further opportunity to update.

- 539/19 The Chair raised the issue around governance and implementation of the new structure as the document identifies the issue a HR process. The Director of Human Resources and Organisational Development informed the Board that this item should be updated.
- 540/19 The Acting Director of Finance and Procurement asked whether the Board given the number of comments made would like the document to be reviewed and updated and brought back in May to ensure a true balance of the level of ambition was demonstrated.

ACTION – Acting Director of Finance and Procurement, 7th May 2019

The Trust Board:

- **Received the report**
- **Agreed to receive an updated report at the May Board**

541/19 **Item 13 Risk and Assurance**
Item 13.1 Risk Management Report and BAF

The Medical Director presented that paper to the Board highlighting that there had been no change to the major risks and the Board Assurance Framework was being seen at the Board for the last time in this iteration.

- 542/19 The Chair noted that there were a number of risks with due dates that had passed, the Board had been updating the risks well until recently but there appeared to be some loss of momentum, the positive discipline of updating needs to be maintained.
- 543/19 The Board agreed that the top risks within the report were accurate.
- 544/19 The Chair enquired if the risk in relation to staff morale should be included within the Board Assurance Framework.
- 545/19 The Director of Human Resources and Organisational Development confirmed that this is included within the BAF and is rated red however is not a 20 on the risk register.
- 546/19 Aseptic pharmacy continues to be noted as an emerging risk, recruitment of an Aseptic Pharmacist is underway and should help to improve this risk.
- 547/19 The Board Assurance Framework was noted by the Board and has been monitored through assurance mechanisms during the course of the year. Progress has been made throughout the year which can be moved forward to the 2019/20 Board Assurance Framework. The Board have ended the year with a strong document in regard to achievement of the strategic objectives.

The Trust Board:

- **Received the Risk Register and were assured the risks were mitigated**
- **Received the Board Assurance Framework 2018/19**

548/19 **Item 13.2 Risk Appetite Strategy**

The Chair updated the Board in relation to the work undertaken with the Good Governance Institute.

- 549/19 The expected report had not yet been received by the Trust however the Board have a full set of documents and data which can be converted in to the Trusts risk appetite.

550/19 The Trust Secretary will work with the Risk Manager to develop this work internally. The Board agreed that there would be a challenge pushed back to the Institute regarding the output from the session.

ACTION – Trust Secretary, 7th May 2019

The Trust Board:

- **Noted the update**

551/19 **Item 13.3 Draft BAF 19/20**

The Trust Secretary present the draft 2019/20 Board Assurance Framework indication that this was a first draft and would continue to be developed with the Executive.

552/19 There was some challenge presented regarding the ambitions and metrics however the Chair identified that these could not be altered as they had been agreed previously by the Board.

553/19 Dr Gibson indicated that the Board Assurance Framework was only focused on a small number of key metrics but that there are a larger number the Trust are focusing on but not seen in the document.

554/19 The Deputy Chief Executive confirmed that the Integrated Performance Report will report all metrics but that the Board Assurance Framework only display those that the Board require a direct focus on.

The Trust Board:

- **Noted the report**

555/19 **Item 13.4 Audit Committee Report**

The Chair of the Audit Committee, Mrs Dunnett, provided an update to the Board from the March meeting.

556/19 The completion of the 18/19 Internal Audit Plan and the final reports were presented to the Committee. The external audit appointment had been agreed. The Trust were on track to produce the annual accounts report in line with the timetable and the Quality Governance Committee are monitoring the production of the Quality Account.

557/19 The remaining 3 outstanding internal audit reports would be completed in April and Grant Thornton had been appointed as the Trust internal auditors from 1st April 2019

558/19 Overall the internal auditors have given a position of limited assurance within the Head of Internal Audit Opinion to the Trust however there is an improvement trajectory.

559/19 Limited assurance was afforded to the following internal audit reports which were being monitored through the appropriate committees:

- Governance
- Fire Enforcement
- Medical Reconciliation

560/19 Further work is being undertaken to ensure the completion of the governance report action plan.

561/19 The appointment of Grant Thornton was system wide and it is hoped this will provide a fresh

view for the organisation with an opportunity to review the board assurance framework and direct internal audit work appropriately. Mrs Dunnett indicated that in order to have a clear understanding of roles and accountability there was a need for tight contract management.

562/19

Mrs Libiszewski stated that whilst the governance report was not delivered in a timely manner it had fundamental issues and gave limited assurance to both the Board Assurance Framework and Risk. It would be beneficial for the Audit Committee to consider.

**563/19 Item 14 Strategy and Policy
Item 14.1 Board Forward Planner**

For Information

The content of the forward planner, would need to be reviewed in line with the Trusts strategic objective for 2019/20

ACTION – Trust Secretary, 7th May 2019

564/19 Item 14.2 ULH Innovation

For Information

The Chair was encouraged by the information seen in relation to apprentices within the organisation. The Director of Human Resources and Organisational Development commented that this is reflective of the work of the talent academy which has attracted national interest.

565/19 Item 15 Any Other Notified Items of Urgent Business

The Chair informed the Board the Mr Lockwood’s term as an Interim Non-Executive Director had ended and wished to thank him for his support and for playing a full and active part in the business of the Board. The Board wish him well for the future.

The Chair also thanked Claire Culpin and Keira Moore for their support to the organisation and wished them well for their new appointments.

The next meeting will be held on Tuesday 7 May 2019, Boardroom, Lincoln County Hospital

Voting Members	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	5 Mar 2019	2 Apr 2019
Elaine Baylis	X	X	X	X	X	X	X	X	X	X	X
Chris Gibson	A	X	A	X	A	A	X	X	X	X	X
Geoff Hayward	X	X	X	A	A	X	X	A	A	A	X
Gill Ponder	X	X	X	X	X	X	X	X	X	X	A
Jan Sobieraj	X	X	X	X	X	X	X	X	X	X	X
Neill Hepburn	X	X	X	X	X	X	X	X	X	X	X
Karen Brown	X	X	X	X	A	X					
Michelle Rhodes	X	X	A	X	X	X	X	A	X	X	A

Agenda Item 5

Kevin Turner	A	A	A	X	X	X	X	X	X	X	X
Sarah Dunnett	X	X	X	X	X	A	X	X	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	A	
Paul Matthew							X	X	X	X	X