NHS
United Lincolnshire Hospitals
NHS Trust

Minutes of the Public Trust Board Meeting

Held on 25 May 2018

New Life Centre, Sleaford

Present

Voting Members

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

Non-Voting Members

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

Mr John Bains, Healthwatch Chair
Miss Lucy Ettridge, Associate Director Communications and Engagement
Mrs Jayne Warner, Trust Secretary
Mrs Sue Bennion, Head of Midwifery (Item 9.5)

Mrs Catherine Greaves, PA (Minutes

Apologies

Dr Chris Gibson, Non-Executive Director

358/18 **Item 1 Introduction**

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

359/18 **Item 2 Public Questions**

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

Question 1 - My son was born at 30 weeks by emergency c-section due to severe pre-eclampsia. If his birth was delayed to transfer us to another hospital both of our life's would have been at risk. He required 4 minutes of CPR and ventilation provided by our specialist doctors and nurses. It took 12 hours for him to be stabilised on neonatal before he could be transferred to neonatal intensive care at Leicester royal. If the neonatal and children's services were to close who would be there to save the life's of baby's born too soon like my sons. Many thanks for trying to save our services.

The Medical Director acknowledged the importance of the question and responded that the key thing is that babies were born in a place where the right support services were available. The key to achieving this was careful assessment during the antenatal period to ensure that mothers, likely to have babies who require support, had their babies delivered in a location where all facilities were available.

Question 2 - The latest email to ULHT members contains a link that requests us to take part in an online "survey" on the Pilgrim Paediatric and Maternity services. We have great concern about a glaring omission of a question "preference" option in the survey main, KEY question for an opinion on service provision.

The omission is of a fourth preference option for "a retention and commitment to support the current LOCALLY DELIVERED FULL "status quo" services comprising Consultant led Maternity and Consultant led Paediatrics and all planned and emergency children's operations" as contracted and Commissioned by the CCG.
The glaring omission misleads a member and the survey outcome would, on the face of it, unfairly give ULHT "carte blanche" to use the limited, biased response data to change the CURRENT CCG commissioned services. There is no any a meaner would know that they could ignore the three offered preferences and their is no "free text" box to counter the offered options and opinion the "status quo".

So the question:-

Why is ULHT endorsing a SURVEY that disingenuously IGNORES the CURRENT SERVICES as a preference answer, and therefore seeks to elicit opinions from members not to support the status quo and instead pick an option that implies not only the potential for a massive service CHANGE to services....(.using a limited non public consultation) .....but, implicitly undermines the Board when both the MP and ULHT have publicly stated that "we are committed to retaining Paediatric and associated neonatology and maternity services at Pilgrim". .... furthermore, we must presume the deliberate omission of the "Status quo" was for a reason..... and the Board is asked if they are interested in seeing fair play and wish to publicly back up their statement, and take action showing that they do not condone contradictory (to their public statement) tactics, by immediately censuring the biased survey and order it withdrawn and discarded as inadmissible, and a breach of NHS Consultation guidelines under service change Consultation - or otherwise leave the Board open to challenge.

The Director of Nursing confirmed that a response to this question as sent via the Communications Team and relayed the response to the Trust Board.

Regarding the ranking exercise question, I need to make it clear that the idea here was not to test out the options we are looking at, it is testing out people's preferences and priorities. We recognise and accept that everyone would prefer (and therefore would choose) having care provided as it is now. That includes us. What we are trying to test is which models of care delivery would be preferable if that wasn't possible. I have made an effort to re-word the beginning of this question (and put in a comments box as you suggest) to try and make it clearer.

This exercise is not intended as a consultation. We are engaging with our public on the provision of paediatric services in the short term, this isn't about a long-term model. Any consultation on the long-term future of services will be carried out by the CCGs, not ULHT. ULHT are committed to providing obstetric and paediatric services at Pilgrim. The purpose of these questions is to elicit information from our public that will help us in developing temporary models of care and our plans. We need to do this in an informed way, and gathering intelligence from a large number of people via a survey helps us to do this, along with the focussed face-to-face engagement we are carrying out. The results will inform the equality impact assessment and we will have to lessen the impact of any potential changes to people within the 9 protected characteristics. We have been

clear that our preferred option would be for the service to remain as it is, if it is safe to do so.

The full results can be published if you wish .

Regarding the budget, no budget has been moved. No decision has been made on short-term options but our preferred option is to maintain services at Pilgrim. This isn't about money but about an imminent patient safety issue. This is also the cheapest option and as highlighted in the April board report, we estimate that moving services away from Pilgrim will cost us £6m a year, so will increase our deficit not reduce it.

The results of this survey will not be used to shape the STP. It's to inform our current piece of work, not long term planning. The STP is being led by CCGs, and reviewing potential short-term options has nothing to do with the STP. We will share results with them though.

To address some of your concerns I have slightly altered some questions and added a few additional ones in, so please feel free to have a look and use it to share your views (you may have to delete cookies from your computer if you have completed it before, to ensure it lets you do it.) The link is here: https://www.surveymonkey.co.uk/r/YBGC9LT

Question 3 - Given the low A&E performance against the 4hour wait are you utilising the Ambulatory care facilities to its full capacity to free up beds, particularly the recently opened service by Simon Stevens in 2016 at Grantham Hospital.

The Chief Operating Officer confirmed there is a focus to increase use in ambulatory care since they have opened. The ambulatory care units are not operating to capacity due to staff availability. The plan remains to utilise the units as much as possible. As outlined, the units have a large part to play in treating people in more up to date pathways of care.

Question 4- Women and Children's Services Pilgrim Hospital - Under the options in the Board Paper for the above, please can you explain the impact on maternity services in terms that the public can relate to? Instead of the general statement "high risk births", can you please explain comprehensively the individual situations (e.g. planned or emergency caesarean, induction, epidural etc) and risk factors that would no longer be possible to accommodate at the Pilgrim under each option.

The Medical Director responded that there were 2 aspects to the question, one in relation to the language the Board use which the Board are working on. Secondly, for clarity, the Medical Director confirmed the "High Risk" means a pregnancy where there is a likely need for intervention i.e. increased monitoring/caesarean.

Question 5 - As we have reached 21 months of no overnight emergency care and as from the end of this month, the minor injuries service (6.30pm until 11.30pm) will cease, leaving Grantham and District residents with only the out of hours GP (which is one county wide after 11pm)

It is imperative that we have an extension of evening hours at our A&E.
Many of our residents have no access to transport, so will be unable to travel to the next nearest minor injuries service at Newark, or get to Lincoln or Boston, after 6.30pm.

So please can we have some clarity over our chances of getting an extension of hours before the 2 yr anniversary of overnight closure?

The Chief Operating Officer responded. The minor injury service is provided by LCHS commissioned by South West CCG. The Chief Operating Officer had not been notified of change, however the Trust had been made aware of the intention of the CCG to cease the service. The Chief Operating Officer confirmed he was seeking clarity around this and ongoing discussions are taken place regarding the service on the Grantham Site. In terms of extension of hours, the Trust had been clear in the previous board that the hours could not be extended. A model would be designed and agreed under the Acute Service Review.

Question 6 – The Prime Minister said in Parliament on Wednesday, in answer to a question on NHS services that the provision of health care is the responsibility of the Local Health Trust and CCGs.

I'm aware you are in special measures but, surely this doesn't override what's required locally.

With this in mind will the Trust now publish their plans for Grantham Hospital? and, in particular the overnight provision of A&E services.

The Chief Operating Officer responded that the Trust are very keen to share plans for all sites and the plans would form part of the Trust Board Agenda in the next couple of months.

Question 7 – In your Annual report and accounts 2016-2017 on page 85 it shows that one director earned a salary of between £110,000 -£115,000 and also pension related benefits of between £115,000 and £117,500, (and also £13,000 in expenses) making a total of between £230,000 and £235,000. In contrast non-executive members earn between £5,000 and £15,000. Can you therefore tell me when will the Annual report and accounts for 2017 - 2018 be published so that the people of Grantham in light of the loss of our overnight A&E Department can then view all of the directors salaries and the total amount the Trust Board is paid to then be able to make our own judgement as to whether we have been short changed in our community? Thank you.

The Director of Finance, Procurement and Corporate Affairs responded that within the 16/17 annual report and accounts all salaries are noted and this will continue as is required. The Director of Finance, Procurement and Corporate Affairs added, by way of explanation that pension related benefits are a national calculation not direct to an individual, paid by the Department of Health. The Director of Finance, Procurement and Corporate Affairs highlighted an error in the question as the expenses were £1,300 not £13,000. In answer to the question, all salaries are benchmarked against other organisations and comparable to other Trusts. As a final point, the Director of Finance added that the annual report and accounts for 17/18 will be in the public domain for the Annual General Meeting in September. The Trust are currently working with the Communications Team and other providers to secure the date for the AGM.

Question 8 - 1) If the issue with maternity, neonatal and children's services at Pilgrim Hospital is just about staffing, why were there various news articles, including from the BBC, from over a year ago stating that there were plans to close these services and centralise them in Lincoln to save money, with no mention of recruitment problems?

2)If, as stated by United Lincolnshire Hospital Trust executives at the public meeting at Boston Grammar school, the trust had known about the staffing issues twelve months ago, why was more not done to rectify it then? Who is responsible and is there any accountability?

3)Has NHS England completed an impact assessment on the effects of closing these services at Pilgrim Hospital, and if so why can't we see it?

4)Many local people and campaigners believe that these services are being stopped at Pilgrim Hospital because of The Sustainability and Transformation Plan and not due to a recruitment problem. Can ULHT tell us clearly what parts of the STP have already been implemented in Lincolnshire without consultation with the staff and public?

The Chief Executive responded and advised he would prepare a response to the further question in writing. However, in response to the first point, the Trust has spent a lot of time trying to place media statements in context and we cannot say why the media reported this. The Trust have been very public about recruitment issues, particularly at Pilgrim and in Paediatrics and it has been well documented. The Chief Executive added that the Trust remains committed to sustaining the service in the short, medium and long-term. Centralising does not necessarily save costs, if the Trust centralise it will lose £6m. The Chief Executive confirmed the remainder of the response will be given in writing.

Question 9 - Today talking to paediatrics they are of the opinion that nothing is happening as the powers the be want Boston to stop treating child and change it to a midwifery lead unit. Are the doctors correct is nothing happening, going to change? Why is moral so very low within the children department?

What will happen if the plans go ahead and families lose their children in circumstances that would be have a different outcome with services as they are? Why are our local children not as important as other areas?

What will happen to the staff many of whom I owe both of my children's lives too, if they have to have another hour travel either side of their 12-13 hour shift? Surely this will lead to more accident, low morale, ill health and so on?

Is Lincoln unit be enough to cope with all the extra patients they still receive, if they have to shut their doors where our children end up how far is 'safe' to travel?

My son is having to wait a month for a blood test at Boston, if he and many others like him are having to travel to Lincoln are they able to cope with appointments?

What will happen to those who can't drive/afford the bus fare due to low income?

It has been reported the the board have said it is unsafe for Boston to shut how can they go against their recommendations?

Due to extra ambulances being needed for transportation where will these come from? Where is the money being for and for these and staff?

The Director of Nursing responded. The Director of Nursing recognised the low

morale around pressures and uncertainty which have had a significant impact. The paediatric report details how long issues have been occurring with staffing, driven by shortages nationally around nursing and Middle Grade Doctors. The current issues are down to the departure of Middle Grade doctors who have left for career opportunities, rather than morale, however as an organisation as a whole there is low morale, lack of vision and lack of certainty around services going forward. The Trust is in Special Measures which does not make staff feel positive about the Trust. The Staff Survey broken down by directorate shows that the recommendations for working for the Trust are higher than other areas for Children's Services and Stress etc is lower. The Trust Board are aware of the issues around morale and are meeting with staff around the strategy, and working to take more care of well-being and stress issues. The Trust are about to start a serious of listening events with a combination of teams, with Directors and Trade Unions to combat the challenges.

Question 10 - In view of the continuing threat to key services at both Grantham and Boston Pilgrim Hospitals such as A&E and Orthopaedic Trauma at Grantham and Paediatric and Maternity services at Pilgrim allied to the fundamental threat to services and jobs contained in the draft STP coupled with the impact that remaining in both financial and special measures will have upon the sustainability and viability of ULHT with no sign that these will be exited does the Board think it a useful term of expression to call local campaigners and elected politicians scaremongers and conspiracy theorists when all that they are doing is highlighting to the residents of Lincolnshire the very real threat to the provision of NHS services that exists. Surely a better approach would be a full, honest, open and meaningful public consultation to address the public's very real concerns together with being honest and open regarding the plans for the provision of NHS to the residents of the county.

The Chief Executive responded that he agreed about the need to be open and was pleased with the amount of people attending at the meeting. The Chief Executive was not aware that the Trust had called anyone scare mongers. As a Trust we are not the whole STP, just one part of it. The responsibility for consultation sits within the CCGs. The Chief Executive reiterated that in spite of lack of detailed STP, the Trust would bring it's Vision to the public domain in the next couple of months to try and address the lack of clarity. The Chair went on to say that it is the Chairs intention to have open and honest dialogue and to try and bridge the gap between the Board and the Public.

Question 11 - Please provide the Risk Assessments for the transfer of Paediatric services to Lincoln County Hospital.

The Medical Director responded that the Risk Assessments were a work in progress. There is a Quality Impact Assessment contained within the Board Papers which were a work in progress linking into individual pathways and plans.

Question 12 - Looking at 9.1 Appendix 4.... page 8....It clearly states that Boston and the East Coast are being classed amongst the 10% most deprived in the country.
Given that we have a high Immigrant population too ,that relies on Boston Pilgrim Children's Services, many without transport ,and that countless children attend Pilgrim in A & E during the summer months from Skegness and that there are no facilities at Skegness Hospital for Maternity emergencies either.
Also looking at the distances in detail if Boston Pilgrim were to close!
Does the Board realise there could be fatalities across the whole structure ,if the

Children's Ward was to close.
No Neonatology, Midwifery Led Unit and gestation age from 30 to 34 weeks by the 1st of August 2018. Premature babies that have been born recently at 31 weeks, would not stand a chance of survival .
Please would the board clarify this situation and how they are going to deal with the deaths of mothers and children if this happens:

The Medical Director provided a response. The Medical Director stated that the Trust understand these genuine concerns and the Trust genuinely hold these concerns too. The Trust were working to provide a safe a service as possible. There are options in the Board papers which continue to be developed. The principle effort is to maintain services, however the Trust also need to prepare contingency plans in the event that this is not possible.

Question 13 - Does the board agree that the unique geography of Lincolnshire dictates a public commitment to a long term, consultant-led women's and children's service at Pilgrim Hospital, and is it clear that the STP will support this, using a team that operates across both major ULHT sites?

The Chief Executive responded that it was absolutely the intention of the Board to maintain the current range of services for Women and Children at Pilgrim. The question was how this could be delivered – this could be by possibly using a team that operates across both sites. There would be the need for an operating change in the medium to long-term and there would be an additional need to recruit as a properly constructed full women and children's service would require additional staff, an increase to current staff complement which is a further challenge.

The Chair added that she is grateful for the continued interest people are taking in the Trust Board meeting. The Trust are facing challenging and interesting times and welcomed the fact people are reading the Trust Board papers and submitting questions.

Letter received from Councillor Macey

The Chair referred the Trust Board to a letter received from Councillor Carl Macy which included Health Scrutiny issues for the Board to attend to. The letter referred to Children's Services at Pilgrim particular the recruitment of staff, hospital transfer arrangements, patient choice, transport, impacts on staff, learning from others. The Chair reassured the public members that the Trust Board will continue to provide assurance around the plans and decision making and will continue to provide information around developments. The Trust welcomed the letter from the Health Scrutiny Committee for Lincolnshire addressing their concerns. The Lincolnshire East CCG have also sent a letter urging the Trust do all it can to continue the services at Boston.

360/18 **Item 3 – Apologies for Absence**

Apologies were received from Dr Chris Gibson, Non-Executive Director.

361/18 **Item 4 – Declarations of Interest**

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

362/18 Mrs Libiszewski confirmed she is Non-Executive Director of Lincolnshire Community Health Services. The Interim Chair confirmed she is the chair at Lincolnshire Community Health Services.

363/18 **Item 5 – Minutes of the meeting held on 27th April 2018**

Subject to the below amendment the Minutes were agreed as a true and accurate record.

364/18 The Board requested an amendment to minute 339/18. Mrs Libiszewski suggested the minute required more context as it had the potential to be misleading. The minute should read – At Boston at the time of the CQC visit there was only 1 children's nurse on duty on the ward.

365/18 **Item 6 – Matters Arising/Action Log**

990/17 – Workforce and OD Committee to receive an interim update on the Nursing Establishment Review – The matter is listed for the Agenda of the next Workforce & OD Committee on 30th May 2018.

994/17 – Formal report in relation to the Guardian of Safe working to be presented to the Workforce and OD Committee. Medical Director to write formally to Dr Varma regarding this. Mrs Dunnett questioned whether the Board should receive a report in relation to the Guardian of Safe Working and the Interim Chair agreed for it to be an agenda item in June.

Action: Trust Secretary – 19 June 2018

127/18 – Board Development session to be arrange for the Board to receive greater levels of assurance in relation to Patient Experience and Quality and Safety. Item Complete

156/18 – Corporate Risk Registers to be updated and presented at the Assurance Committees – Ongoing

254/18 – Highlight general themes within the Performance Report on Quality and Safety and report to Quality Governance – Ongoing.

263/18 – Quality Governance Committee to receive reports on Falls in April, Pressure Ulcers in May and CAUTI's in June. Complete as part of Work Programme.

264/18 – Mrs Ponder questioned whether data is included from Louth Hospital, as it is often absent from Reports. The Interim Chair confirmed that a consistent approach needs to be undertaken to agree which data is included. The Director of Finance, Procurement and Corporate Affairs updated the Board. The performance information is included in the report, however it is not separated off for Louth. The Director of Finance, Procurement and Corporate Affairs confirmed this will be done going forward.

290/18 – The Interim Chair requested the staff survey is reviewed in more details at the Workforce and OD Committee. The Committee were requested to quality assure the action plans to ensure they include the right elements to work towards.

355/18 – The Interim Chair summarised that the further information which the Board were requesting was details on the acuity of the patients, the pathways for patients, the impact for patients in the community and how these could be kept at home, different approaches for recruitment and the risks around increased use of agency and locum doctors. To be covered on the Agenda.

366/18 **Item 7 – Chief Executive Horizon Scan**

The Chief Executive updated the Board. An update had been received from NHS Improvement that there will be collaboration with NHS England to create an NHS Executive Group. The group will form an NHS Assembly to be made up of a cross-section of NHS Workers from Clinicians to volunteers. The group will have core teams in place by Summer with a hope to finalise the regions by March 19. Lincolnshire will form part of the Midlands. The main aspiration is to alleviate inconsistent views from different parts of the system and which should lead to an easier and more coordinated approach to NHS leadership.

367/18 The Chief Executive added that the national drive is to an integrated care system and the Trust are currently looking at the processes at Cumbria.

368/18 The Chief Executive advised that reports for the Financial Year are starting to emerge which show the CCGS combined deficit of £250m and underlying deficit of £750m.

369/18 **Item 8 Patient Story**

The Director of Human Resources and Organisational Development introduced the patient experience item of the agenda and confirmed that the responsibility of Patient Experience had passed over to the Organisational Development Team.

370/18 Director of Human Resources and Organisational Development updated the Board that evidence nationally shows a strong correlation between staff and patient experience. The Organisational Development Team are currently looking at ways in which data is presented around patient and staff experience, as the Trust do not always turn data into intelligence and do not always say what data is showing.

371/18 A project is underway to look at the experience of staff that are moved to cover gaps in staffing, which was a big factor of unhappiness according to the staff survey. The Organisational Development team also want to link work around the Staff Charter to Patient Experience.

372/18 There will be Staff Charter Workshops led by Organisational Development Teams with the input from Patient Safety Teams with the ambition to get as many staff through it as possible. There will be different levels of workshop. The Team will endeavour to create Champions within the organisation and the team are keen to measure success through workshops, appraisals and pulse check survey.

373/18 The Director of Human Resources and Organisation Development shared the video which will be used as part of the Staff Charter which brings to life a positive patient experience of a patient who attended at the Frailty Assessment Unit and had nothing but high praise for the team.

374/18 The Director of Human Resources and Organisational Development commented that during the video the only negative aspect was in regard to mention of agency staff, who will always be part of the workforce and commented that the Trust need to look at how it can make them feel part of the team and to display our own values.

375/18 Mr Bains expressed concern that patients were aware of who were permanent staff and who were agency staff and questioned why they were aware of this. The Director of Nursing responded that it is unavoidable as Agency staff have different uniform and their badge says agency.

376/18 The Interim Chair thanked the Director of Human Resources and Organisational for the presentation and said she looked forward to seeing how the staff charter develops.

377/18 **Item 9 Quality and Safety (SO1, SO2)**

Item 9.1 Paediatric Service Update

The Medical Director updated the Board with the latest position. The Board had previously considered a range of options for paediatrics and at that time the Board took the view that all efforts must be made to continue the service and that the Board require further information. The paper circulated is in response to their previous discussion. The Medical Director reiterated that this was not a position the Board wanted to be in and in the Board discussions they would consider the risks and consider how it responds to balance the risk. The Medical Director noted the importance of the questions from public, staff and key stakeholders and stated that the Board do not underestimate the importance of these discussions. The Interim Chair at this point urged the Board to challenge and scrutinise the paper. In addition to the paper quality and equality impacts had to be assessed. The overarching consideration is how the Trust will provide the safest level of care.

378/18 The Board fully acknowledged the level of anxiety to residents and the population of Boston and noted the formal representation from the HSC and CCGs.

379/18 The Medical Director advised that events are moving quickly and things had moved on even since the paper was published. The key to the problem is workforce and Paediatrics had had an issue for a long time, initially with nursing staff however the focus turned to Middle Grade doctors in December 2017, with a further deterioration throughout 2018.

380/18 The Medical Director gave some context around the issue with the Junior Tier, Middle Grade Tier and Consultant Tiers. The main issue had been with the Middle Grade Tier. The usual expectation would be 2 from deanery and 6 employed directly by the Trust. Presently there is 1 from the deanary who is on long-term sick, 3 full time and 1 part time middle graces. There is also a Junior Doctor Rota. The Trust have been successful in obtaining 2 middle grade doctors from Agency on a 6 month contract, however the difficulty is having confidence that they will arrive at the Trust and have the skills required. The Trust would like to have a consultant present on the Paediatric unit to cover most of the activity and have obtained an additional Consultant to assist with this. The Medical Director advised he is receiving support from a leading Paediatrician from NHSI.

381/18 The Medical Director also warned the Board that Health Education East Midlands have

recently advised that they may withdraw the doctors in training at Pilgrim and discussions are now being held at the highest level to address the concerns raised by Health Education East Midland. The Medical Director confirmed that no one in the country operated a Paediatric Service without a Tier 1/Junior Doctors rota. The Medical Director advised that due to the high risk the Trust are currently working up a contingency plan, which would look at stopping inpatient paediatrics and would also look at whether the Trust could sustain the neonatal rota. The Trust would only be able to do that if it had support from the wider health economy i.e. Nottingham and Leicester, however currently they were unable to provide assistance due to their own shortages.

382/18 The Medical Director went on to state that last year there were 1489 births at Pilgrim and the Trust would need to look at how these patients would be cared for. Contingency plans would involve estates work at Lincoln and modified facilities at Pilgrim which would pose a problem due to capital. The Medical Director confirmed that the Trust had engaged a programme director to work the plans up. The Trust had expected a review by the clinical senate commissioned by NHSE and NHSI to look at the issue however it had been decided that would be of little benefit. The Trust had commissioned the Royal College who have attended at Pilgrim and Lincoln.

383/18 The Interim Chair noted that it is clear the Trust had moved forward in terms of middle grade doctors however noted the real challenge was now maintain trainee doctors supported by HEE.

384/18 The Chief Executive added that the focus does not shift from middle grades, it is now both middle grades and junior doctors causing the concern. The Chief Executive reiterated the role of Health Education England which is the body that funds and supports professional trainees within the system. Their role is to ensure that trainees are supervised and given sufficient support to progress and learn. The Chief Executive had escalated the issue and a crisis meeting would take place with the Medical Director of NHS Improvement. HEE need to be confident Junior Doctors will be supported. The Trust continue to monitor the position on a daily basis.

385/18 The Interim Chair questioned whether there had been any change to activity at Pilgrim and the Chief Operating Officer responded there had not.

386/18 The Interim Chair questioned what the position was with nurse staffing. The Director of Nursing confirmed that nursing levels had improved and beds at Pilgrim had been able to increase to 12, which helped address the issue that the trainees will not get the experience and also enabled surgery to take place.

387/18 Mrs Dunnett stated that she would be supportive of any way in which the Trust could achieve Option 1. Mrs Dunnett added that she is pleased the Royal College are reviewing. Mrs Dunnett sought assurance in relation to Option 1 about activity levels and understanding establishment based on 19 beds at Lincoln and Pilgrim. There is a need to make sure when presenting information it actually reflects the known demand. Also within Option 1 Mrs Dunnett questioned whether there was a minimum level of service that would address the patient safety risks and questioned what that would look like. The Medical Director responded that the full bed base was 19 at each site. 38 beds in total, however the reality is the Trust have managed with fewer. There is a big seasonal difference with much bigger demand in winter. Running a ward with 4 beds does not help the current position, as the number of nurses would not be sufficiently different. In terms of contingency plans and working with other providers the Trust have

made contact with the wider health economy and undertaken an initial risk summit. Peterborough have sufficient capacity to increase deliveries but they do not have staff support it . In order to do it they would have to recruit staff from Pilgrim Hospital. The Medical Director reiterated that this would be a contingency plan only.

388/18 Mrs Dunnett requested an update in terms of activity and would like to see the range of what is possible. Mrs Dunnett responded that her request was not specifically in relation to Option 1 and questioned what is the minimum you could run on and what establishment. The Medical Director responded it is 6 middle grades and 6 juniors and then consultants to supervise, there would be a need to increase the consultant care to ensure safety.

389/18 The Chief Executive added that there is lots of national guidance of what the service should look like, to which the Trust already does not comply. There comes a point where the Board need to decide how far away from the national standard that they are prepared to move.

390/18 Mr Bains added that he was concerned to hear of the potential withdrawal of Trainee Doctors. The Chief Executive responded that as a Trust we are working with HEE and the GMC who are part of the System Improvement Board and it was an absolute surprise to realise that we were not just talking about middle grade issues but also Juniors.

391/18 Mrs Libiszewski questioned whether there was a risk of nursing trainees being withdrawn and whether anything had been received from the NMC. The Director of Nursing confirmed there were no student nurses in Paediatrics.

392/18 Mrs Libiszewski questioned whether there was the potential to move over any staff from Lincoln to support the Pilgrim site. The Chief Operating Officer responded that Lincoln was up to establishment, however the vast majority of those are Trainee doctors and not able to move between sites, however this would be considered as part of the proposals.

393/18 Mrs Ponder questioned what had been done to recruit further staff to fill the gaps. The Director of Human Resources and Organisational Development responded that the Trust continue with rolling adverts through NHS Jobs and the use of a recruitment agency. The Trust have had 5 applicants seeking to interview, another 7 doctors who are being pursued through agency, 2 of which have withdrawn and taking 2 through the visa process and awaiting decisions. There are a further 3 which the team are still gathering information on. It is a fragile process and there is scope for candidates not to arrive.

394/18 Mrs Ponder questioned whether there is anything that can be done to expedite the visa process. The Director of Human Resources and Organisational Development responded that the biggest issue is getting applicants to provide the information.

395/18 The Chief Executive advised that local MPs are supporting the Trust with any blockages.

396/18 Mr Bains questioned why a Middle Grade doctor started at Boston in Neonates with no relevant experience, how did he get that far through the process. Mr Bains was concerned that people are being offered work and the offers were not pursued. Mr

Bains added he is extremely concerned about the knock on effect to surrounding hospitals as their response is going to be vital in assuring things work. Mr Bains was also very concerned about specifics around ambulance transfers and private ambulance services. The potential for dangerous situations is very significant. Communication was raised as an issue and if the Trust have to go for a different option it is vital that people do not turn up for a service that is not available. Those that will be most affected are those who cannot afford it.

397/18 The Interim Chair raised issues around agency and the fact that they contract for a day, week or month and are employed at short –notice. The situation is that they can also leave quickly. That is how they work and a large part of the concern. The other issue is their capability.

398/18 The Interim Chair referred back to transport and questioned what conversations have taken place. Dr Hepburn responded that conversations had taken place with EMAS who will have a relatively limited role, and were exploring private ambulance transfers. The Trust have put out some questions to providers to see what is possible.

399/18 The Interim Chair summed up the conversation. In terms of progress the Trust have managed to recruit additional consultants and looked at the middle grade rota which had improved and the Trust are able to provide greater assurance consultants will be able to manage middle grade even on agency. However the big challenge is around the potential removal of Junior Doctors. The Trust need to further explore what is available at Lincoln, however note it will not mitigate all of the concerns. The key issue at the moment is Junior and Middle Grade rotas. The key bit is we have not yet assured consultant staff at Pilgrim. The consultants are not confident in being able to make the service work.

400/18 The Trust are still looking at rotas up until 1 August, which is the critical date. There is time yet to have conversations, however time is getting shorter and shorter. The Interim Chair added that at the moment the Trust need to make all efforts to continue to run services at Pilgrim Hospital irrespective of challenges, there is more to be done to sustain the workforce and resolve issues with Middle Grades recognising the concerns of the Paediatric Consultants. The Board recognised the amount of time the Medical Director and Chief Executive were spending with the Paediatric Consultants.

401/18 The Board acknowledged the need to make all efforts possible to maintain the service but still need to work up the contingency plan.

402/18 The Board to work up a contingency and full implementation plan for the next board meeting in June to provide assurance to the Board that a back-up plan is in place.

Action: Medical Director – 29 June 2018

403/18 The Board endorsed proposal and course of action.

404/18 **Item 9.2 Assurance and Risk Report Quality Governance Committee**

Mrs Libiszewski, Interim Non-Executive Director presented the assurance report to the Board. The Quality Governance Committee had met on 10 May 2018. The Committee were asked to agree the Quality Account priorities which it did, however the Committee were concerned around deliverability of priority 5 around 7 day working.

405/18 Mrs Libiszewski advised of the lack of assurance in respect of GDPR compliance . The Committee remained concerned that despite some progress the timeframe and work required still meant that the Trust was at risk of not being compliant. Mrs Libiszewski had escalated the risk to the SIRO. Mrs Libiszewski highlighted the greatest risk is around the appointment of the DPO.

406/18 Mrs Libiszewski referred to the revised clinical governance structure and reiterated that there is more work to be done. The failure to appoint to the significant role for Associate Director of Clinical Governance remains a concern.

407/18 The Committee received an update in terms of the Quality Impact Assessments and received a Quality and Safety Improvement plan and assurance around moving some elements to "Business as Usual", which is crucial to ensure issues do not step backward. The Committee required further triangulation and direction with regard to the Patient Experience Committee. The Committee felt the report received was descriptive and not assuring, which would be addressed within the review of the reporting structure to the Committee moving forward. The Committee received an update in respect of mortality deaths associated with patients suffering from mental health issues and the Committee had asked for further detail to explain the high level of mental health deaths reported and a review of the guidance provided in this area, as there is inconsistency with other Trusts.

408/18 Mrs Libiszewski advised that the Committee did not receive the risk register, however had asked for the risk register in June, regardless of how far it has progressed. The Committee remain concerned that there is no oversight of overall risk.

409/18 The Interim Chair referred to the appointment of the Associate Director of Clinical Governance and questioned where the Trust were in respect of this appointment. The Medical Director responded that there were 2 further candidates shortlisted and interviews will take place as soon as possible.

410/18 The Interim Chair referred to the DPO Role and questioned the current position. The Medical Director confirmed there is now an interim DPO in place.

411/18 The Interim Chair endorsed Mrs Libiszewski' s comments around the Risk Register and agreed the Board need to get together to complete the BAF and risk work.

412/18 The Director of Nursing referred to ward rounds and advised that she was meeting with the Quality and Safety Manager to look at what can be done regarding the 15 steps process, as the Committee Chair had requested this be considered.

413/18 Mr Bains added as a general point that it appears that there are a lot of areas that are listed as not assured and questioned whether this was normal. The Interim Chair responded that she was satisfied that there is a clear plan in place to improve.

414/18 Mrs Libiszewski added that the Board need to be in a position that we are clear on what actions are being taken.

415/18 The Trust Board received the assurances from the Committee.

416/18 **Item 9.3 Performance Report – Quality and Safety**

The Director of Finance, Procurement and Corporate Affairs provided the Board with the draft proposal for the content and layout of the revised Integrated Performance Report.

417/18 The Director of Finance, Procurement and Corporate Affairs advised the Committee that the version of the report circulated was the first iteration. The Board had recognised the previous report was not fit from two aspects 1) that it did not allow easy triangulation of information and had inconsistencies and 2) there were data quality issues. The issues around data would take longer to resolve through a Data Quality Improvement Plan. The refreshed process will enable triangulation with national and local targets and also show performance by clinical directorate. The report is based on best practice guidelines.

418/18 The Director of Finance, Procurement and Corporate Affairs requested comments, bearing in mind that the report was not finished.

419/18 The Director of Nursing referred the quality section and advised that issues continue with falls and pressure ulcers, root cause analyses are taking place to identify causes and trends. Reviews and RCAs have been completed for the 68 C Difficile cases in 17/18. The Director of Nursing confirmed that a pressure ulcer plan will be taken to Quality Governance in June. The Director of Nursing added that there were not enough pharmacists on wards which was resulting in poor practice in respect of drug cards. A plan had been put in place with Pharmacy and in March the position had reduced by 67% which is extremely positive, the intention is to get the incidents down to 0. The Director of Nursing also added that NHSI had now scored Infection Prevention Compliance in the Trust as Green with a further review in 6 months.

420/18 Mr Hayward noted that the patient base is getting older and questioned how many pressure ulcers is people of this category and whether it is in line with national average. The Director of Nursing responded that the Trust do have a demographic and on review of national data the Trust are above the national average, however the Trust have had more this year that last. The Director of Nursing's ambition would be to irradiating pressure ulcers, however you cannot stop the deterioration of some patients skin.

421/18 Mrs Dunnett questioned whether the rights actions are in place to address the downward trend in sepsis. The Director of Nursing responded that one of the issues with the deterioration in sepsis screening was because of a change in guidance and the new guidance not being put in without sufficient training. The Trust are now looking at the training and would expect an improving trajectory.

422/18 Mr Bains referred to pressure ulcers and questioned the spike at the end of March at Pilgrim. The Director of Nursing responded that there are two issues with pressures ulcers in A & E. The difference between Lincoln and Pilgrim is that the tool that should be used when people attend A & E is not consistently used at Pilgrim. The Director of Nursing reassured the Board that there is a Tissue Viability Specialist going to Pilgrim to ensure all staff are retrained and updated on the processes. The Director of Nursing added that it is difficult to compare the statistics as the Trust use a different system to most, however it does not stop the Trust knowing there are too many. The Director of Nursing confirmed that pressure ulcer mattresses had been ordered for A & E across all sites.

423/18 Mrs Libiszewski referred to the number of Never Events and questioned the accuracy. The Medical Director confirmed the numbers within the report are correct.

Action: Director of Nursing/Medical Director – 29 June 2018

424/18 **Item 9.4 Trauma and Orthopaedic GIRFT Review**

The Chief Operating Officer provided the Board with an update on the clinically-led Trauma and Orthopaedic GIRFT report in order for the Board to support the proposed direction of travel proposed. The Chief Operating Officer confirmed that the update is an extension from the discussions at the previous Trust Board in April. The review is being led by clinical teams who are currently looking at a plan for Winter. The review started with an extreme view of splitting elective orthopaedics and trauma and that was the initial intent behind the trial. However, following a review as to whether or not the initial plans were feasible it was decided they were not. The paper circulated details the suggested model.

425/18 The Chief Operating Office referred to the report and the plan for activity against actual in the table. The Trust underperformed by 852 against plan. The Trust cancelled 900 patients in 17/18, some on multiple occasions which is not acceptable. The Chief Operating Officer highlighted to the board that there will be no removals of any services there will be a redistribution of activity. Fractures of the neck of femur will be referred to Lincoln and Pilgrim as agreed by the clinical body. The biggest change will be moving elective operations to Grantham from Lincoln and Pilgrim , which will provide an increased guarantee the procedures will take place.

426/18 The Chief Operating Officer referred to the next steps and added that this process had given a good example of how the Trust has been through a difficult period with the clinician team and coming out the other end with a great model and investment in Grantham. The move will also lead to additional theatres in Grantham

427/18 Mr Hayward added that he fully supported improvements to effectiveness however Mr Hayward expressed concerns around resource and recruitment and questioned what level of confidence the Trust had on achieving these. The Chief Operating Officer responded that it is difficult to recruit and there were still concerns around this. The contingency would be to work with agencies to see if the skills are out there and make block bookings.

428/18 Mrs Dunnett requested further assurance in the update for Board in July to include the impact on staff, how many vacancies, bed bases at Grantham and nursing capacity.

429/18 Mrs Libiszewski referred to Louth Day Case model and questioned whether it would have an impact on paediatrics. The Chief Operating Officer responded that there would be no impact as paediatrics are operated on at Lincoln.

430/18 The Interim Chair commented that the whole patient experience is very important. The Chief Operating Officer responded that the Trust are exploring if there is anything it can put in place to assist patients to get to their surgery i.e. the elderly or frail.

431/18 The Chief Executive highlighted the need for good communication to patients when they go through the pathway so they know what is happening.

432/18 The Chief Executive congratulated the tremendous work by the clinicians on the

Trauma and Orthopaedics review.

433/18 The Interim Chair added that it was absolutely the right thing to do, however the Board need to set the success criteria and ensure people understand why they need to go to alternative sites. It is really important that the Board make the point that it is a trial and be clear about what is going to happen. It is about redistribution of activity around the Trust.

434/18 On the above basis the Board were supportive of the proposed direction of travel.

435/18 **Item 9.5 Maternity Safety Strategy – CNSTI Incentive Scheme**

The Head of Midwifery provided the Board with an assurance report of the Trust compliance with the 10 CNST criteria for the maternity service. The National Maternity Safety Strategy set out the Department of Health's ambition to reward those organisations that have taken action to improve maternity safety. This Clinical Negligence Scheme for Trusts (CNST) discretionary incentive scheme is being trialled for 2018/19. Maternity Safety is an important issue for all CNST members as obstetric claims represent 10% of the volume of claims and 50% of the value. All maternity services have to benchmark themselves against the 10 CNST criteria by 29th June 2018. From the Trusts maternity services benchmark data, the Trust maternity service is green against 8 criteria and amber against 2 criteria. Identified plans are in place to achieve full compliance and were evidenced in the paper.

436/18 The Director of Nursing added that the Trust have to submit the report on 29 June and are still working on non-compliant areas.

437/18 Mrs Libiszewski questioned who rated the criteria and whether there was an objective independent person as part of the planning. The Head of Midwifery confirmed that the rating had been done with the Nursing Director in relation to the evidence. The paper has gone to Heads of Service and the Trust had not been asked to complete an external assessment.

438/18 The report provided assurance that the maternity services are adhering to national safety criteria. The Board noted the potential to improve the organisations financial position by achieving a potential 10% reduction in the CNST premium £6,697,904 for 2018/19, which will equate to a potential saving for the organisation of £669,790.

439/18 The Board noted the assurances given against the standards.

440/18 **Item 10 Workforce SO4**

Item 10.1 Performance Report Workforce

The Director of Human Resources and Organisational Development updated the Board. There had been a reduction in sickness rates in April which had been reducing for 4 months and are now the lowest on record since records began 10 years ago, which is extremely positive and needs to be sustained. The Board were advised that vacancy and turnover rates were increasing. These vacancies were particularly around vulnerable services. The Trust were working on an employment brand for the Trust. The Trust need to be clear on what it is offering to encourage staff to come. The team are currently reviewing nurse retention and looking at best practice from elsewhere.

441/18 The Trust Board received the report and noted the good news around sickness rates.

442/18 **Item 10.2 Staff Engagement/FTSU**

The Trust Secretary provided the Board with an update. At the start of May the national Freedom to Speak Up Guardian's Office and NHS Improvement announced the publication of guidance for NHS Trust and NHS Foundation Trust Boards on Freedom to Speak Up. The guidance had been produced jointly and sets out expectations of boards and board members in relation to Freedom to Speak Up. The National Guardian's Office have confirmed that they will be setting up training webinars for Guardians to discuss the new guidance.

443/18 An assessment against the guidance would be provided as part of the next quarterly report.

444/18 The Board received the Quarter 4 data on speaking up for the Trust.

445/18 **Item 11 Finance and Performance (SO3 / SO5)**

Item 11.1 Assurance and Risk Report FSID Committee

Mrs Ponder updated the Trust Board and apologised for the late circulations of the report to the Board.

446/18 The Committee were not assured by the Month 1 Finance position. The Committee were reassured that outpatient and theatre programmes and service reconfiguration would help to support and improve the financial position.

447/18 The Committee could not provide the Board with assurance on recovery of CQUIN targets and delivery. The Trust are already behind plan and the Committee had requested additional focus on maximising income.

448/18 The Committee could not provide assurance on the overall cash position and had requested a review of income received from overseas visitors.

449/18 The Committee could not provide assurance around delivery of the financial efficiency plans. The Committee received an update in relation to progress of plans for 18/19 and there is a current confidence of achievement of £21m. The Committee requested further assurance around delivery with a breakdown by scheme.

450/18 The Committee were assured that fire works were being completed, however they were made aware of issues with contractor compliance.

451/18 The Committee received assurance from the digital board and an update on compliance with GDPR and were assured there has been an appointment for a Data Protection Officer.

452/18 The Committee were advised that the Trust had achieved 4 of the 9 cancer targets, with the biggest concern around the Breast 2 week wait. The good news was that the number of 104 day waits had been reduced to 0.

453/18 The Urgent Care Improvement Plan was on trajectory. The Committee were not assured by the position with ambulance handover, however improvements plans were in place.

454/18 The Committee were updated that the diagnostic 6 week wait was improving and on track for recovery in June.

455/18 The Committee worked through the corporate risks and reviewed assurance ratings for risks.

456/18 Mrs Dunnett questioned where there was a lack of assurance, were the Committee assured on the plans in place. Mrs Ponder responded that the Committee were satisfied by the plans in place however until plans deliver we cannot be fully assured.

457/18 The Interim Chair commented that she would like to be assured that there had been a review of the Financial Efficiency Programme in granular detail.

458/18 The Board received the assurances provided by the Committee.

459/18 **Item 11.2 Performance Report Finance and Operations**

The Director of Finance, Procurement and Corporate Affairs provided a brief update. Disappointingly the Trust's position was worse than plan. The in-month and year to date position was a deficit of £8.8m (before technical adjustments), which is £1.4m adverse to the planned in-month deficit of £7.5m.

460/18 The Financial Plan for 2018/2019 included anticipated borrowing costs of £5.9m based upon interest rates of 6%. The Trust have received notification that rates would be reduced from May.

461/18 The Director of Finance, Procurement and Corporate Affairs referred to Capital and the significant plans in place, noting that the paper required more focus in this area which will be provided in future.

462/18 The Director of Finance, Procurement and Corporate Affairs updated the Board that the Workforce Committee will be monitoring the position with Agency, given the significant reduction plan as detailed in the report.

463/18 Mrs Dunnett referred to the 18/19 budget. £79.4m deficit was in the plan submitted but had not been accepted by the regulators at this stage. The Interim Chair responded that it was not unreasonable for the Trust to receive challenge on the plans.

464/18 The Chief Operating Officer highlighted performance against the 2 week standards being an ongoing challenge. For April/May the Trust are going to be less than 5% against a standard of 93%, which will be featured in the next Board paper. Ongoing conversations are taking place with local providers, CCGs and NHSI regional team and it has been agreed to stop out of area referrals coming in to the service. The Trust believe they have secured 2 breast radiologists, one starting in early June and one mid-June, however another substantive is leaving, so whilst there would have been an improvement this will have an effect.

465/18 The Chief Executive confirmed that he had raised the issues with the CCGs that it is

really important that people being referred know the waiting times that will be experienced.

466/18 The Trust are still achieving 62 day performance.

467/18 The finance and performance report was noted.

468/18 **Item 11.3 Annual Plan**

The Director of Finance, Procurement and Corporate Affairs presented the final Integrated Business Plan for Board approval and added the document was a key component to change which needed to be brought into the public domain. There is now an operational plan in place and once signed off it will cross reference with the Performance Report**.**

469/18 The Board approved the Annual Plan.

470/18 **Item 12 Strategic Risk Management Report**

The Board took the report as read and noted the draft Corporate Risk Register. All committees are working to ensure that it correctly reflects the risks the Trust face as an organisation.

471/18 The Trust Board agreed there needed to be an exercise to build on this during the Board Development Programme.

472/18 The Board noted the improved report however noted there was still further work to be undertaken.

473/18 **Item 12.1 Report from the Audit Committee**

The Trust Board noted the report received from the Audit Committee.

474/18 **Item 13 Strategy & Policy**

Item 13.1 Board Forward Planner

For information.

475/18 **Item 13.2 ULH Innovation**

For information.

476/18 **Item 14**

Any Other Notified Items of Urgent Business

None.

477/18 **Item 15**

The next meeting will be held on Friday, 29 June 2018

Signed as a true record _____Chairman

Date _____

NHS
United Lincolnshire Hospitals
NHS Trust

Attendance

Voting Members	6 Jun 2017	4 July 2017	1 Aug 2017	5 Sept 2017	3 Oct 2017	7 Nov 2017	15 Dec 2017	26 Jan 2018	23 Feb 2018	29 Mar 2018	27 Apr 2018	25 May 2018
Elaine Baylis								X	X	X	X	X
Chris Gibson				X	X	X	X	X	X	X	X	A
Geoff Hayward	X	X	X	X	A	X	X	X	X	X	X	X
Penny Owston	X	X	X	X	X	X	X	X	X			
Gill Ponder	X	X	X	X	A	X	X	X	X	X	X	X
Kate Truscott	A	X	X	X	X	X	X	X	X			
Jan Sobieraj	X	X	X	X	X	X	X	X	A	X	X	X
Suneil Kapadia/ Neill Hepburn	X	X	X	X	X	X	X	X	X	X	X	X
Interim Director of Finance	X											
Karen Brown		X	X	X	X	X	X	X	X	X	X	X
Michelle Rhodes	X	X	X	X	X	X	X	X	X	A	X	X
Kevin Turner	X	A	X	X	X	X	X	X	X	X	X	A
Sarah Dunnett	X	X	X	X	X	X	X	X	X	X	X	X
Mala Rao	X	X	X	X	X	X	X	A	A	X	X	
Elizabeth Libiszewski										X	X	X

X In attendance
A Apologies given