

## **Minutes of the Public Trust Board Meeting**

**Held on 31 August 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  
Dr Chris Gibson, Non-Executive Director  
Dr Neill Hepburn, Medical Director  
Mrs Liz Libiszewski, Interim Non-Executive  
Director  
Mr Alan Lockwood , Interim Non-Executive  
Director  
Mrs Gill Ponder, Non-Executive Director  
Mrs Michelle Rhodes, Director of Nursing  
Mr Jan Sobieraj, Chief Executive  
Mr Kevin Turner, Deputy Chief Executive

#### **Non-Voting Members**

Mr Paul Boocock, Director of Estates and  
Facilities  
Mr Martin Rayson, Director of Human  
Resources and Organisational Development

#### **In attendance:**

Mr John Baines, Healthwatch  
Mrs Jayne Warner, Trust Secretary

#### **Apologies**

Mr Mark Brassington, Chief Operating Officer  
Mr Geoff Hayward, Non- Executive Director

### **780/18 Item 1 Introduction**

The Chair welcomed members of the public to the meeting and thanked them for the questions which they had submitted. The Chair alerted the public to the fact that the Trust was considering a review of the way it handled questions at the meeting. The Trust did not wish to discourage the submission of questions but would consider if questions from those not attending could be responded to in writing to reduce the time taken in the meeting and would revisit the range of questions and how they related to the agenda items.

### **781/18 Item 2 Public Questions**

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

Question 1 - For us in Grantham, we are used to having to travel to access more complicated care from our A&E, due to these types of circumstances, a friend in Skegness, highlighted a further barrier we face;  
When we access our local A&E's, we are assessed and sometimes referred on to a larger A&E (Lincoln or Pilgrim) When we get to that A&E, we then have to wait again before being seen by a Dr, this adds extra delay to us receiving treatment compared to those who live near to Lincoln and Pilgrim, who only have the one

wait.

Usually this means a lengthy wait in pain or with poorly children but for my friend it meant a 24hr delay in them receiving antibiotics for suspected sepsis!  
Is there any way that poorly patients can be fast tracked to a ward from ambulance transfer? So those of us that do not live locally to a large A&E, don't have to wait twice?

The Director of Nursing explained that the Trust were doing what the question was suggesting by increasing pathways for patients that take them directly to the ward. The Trust continues to work on this approach and is learning from the experiences of other Trusts. The Director of Nursing apologised for the experience described and agreed that if details were shared this incident would be reviewed.

**Question 2 – As family-integrated care and breastfeeding support are essential features of neonatal care in the 21st century, how much extra parent accommodation are you providing in line with the increase in neonatal unit cots at Lincoln, as outlined in the papers for this meeting?**

The Director of Estates and Facilities advised that the Trust had three new accommodation rooms in line with Department of Health guidelines.

**Question 3– Regarding question 5 of your answers to the Health Scrutiny Committee for Lincolnshire, how will the removal of 800 births per year affect the training of obstetricians at Pilgrim Hospital? Where is your detailed impact assessment on staff and patients for such a move please?**

The Medical Director responded that the Quality Impact Assessment had been made public with the Board papers at a previous meeting. The Trust had now put in place a temporary solution and this model was working. The model applied a gestational age of 34 weeks for births at Pilgrim Hospital and this would have a minimal impact on training for obstetricians.

**Question 4 – Can you explain why the “future capacity plan” is being implemented already please (Aug 2018 onwards, as per the board paper). Is this part of the contingency plan? Do you consider that the contingency plan is necessary now, and are you in effect implementing the contingency plan, and along with it a future service model which centralises consultant-led maternity to Lincoln?**

The Medical Director responded that the future capacity plan described in the papers requires building and other works. The Trust was making preparation in case the plan was needed to ensure that patients were kept safe.

**Question 5– Are A&E, Ambulances & the 111 service still sending people to the PAU? As a few families have reported ridiculous waits with children in A&E then once on PAU, there’s been only themselves on it?**

The Director of Nursing confirmed that children were still going to the Paediatric Assessment Unit. The Trust was aware that there had been increased waits in A&E and the Trust were working to address this. The Director of Nursing advised

that without details it was not possible to respond about a specific patient.

**Question 6 – How many babies (neonates) have been transferred out of Lincolnshire since 1st August not because they needed a higher level unit, but due to lack of available cots at Lincoln County?**

and

**Question 7 – How many infants & children have been transferred out of Lincolnshire since 1st August not because they needed a higher level unit but due to a lack of available beds at Lincoln County?**

The Medical Director confirmed that there had been no neonatal babies transferred since 1<sup>st</sup> August and no children had been affected in this way. Bed capacity had not been affected in this way.

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

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

**Question 9– It is now over 2 years since ULHT disgracefully turned its back on the people of Grantham and closed our overnight A&E, so following the bank holiday weekend, Pilgrim Hospital Boston and Lincoln County Hospital have been under extreme pressure, resulting in lengthy waits, so surely it doesn't take a rocket scientist to work out that if Grantham Hospital A&E was reopened 24/7 then this would relieve the pressure on the other two Hospitals and put patients first, so what is ULHT's latest poor excuse for not reopening Grantham's overnight A&E or is Boston A&E next in the firing line to be closed in the evenings?**

The Medical Director explained that the Trust would require more staff to safely run three A&E departments overnight. The Trust has not been able to recruit the additional staff. The focus for the Trust is always safe staffing levels and appropriate supervision.

**Question 10 - Why did the ULHT not consider local public transport when making decisions about future healthcare arrangements in Lincolnshire?**

The Deputy Chief Executive responded that the Trust recognised the challenges of transport in rural communities. Changes were never made in isolation but the Trust had to balance patient safety and timely access against the transport considerations.

**Question 11 - Can the board outline what work has been done with Health Education England to ensure that the progress made on retaining trainee doctors at Pilgrim Hospital continues, so that paediatric services can be further improved from their current levels?**

The Medical Director advised that Health Education East Midlands had been part of the task and finish group and had visited both the Lincoln and Pilgrim sites and

were satisfied with what was in place. The new model of care provided enhanced work in A&E and acute care and provided more relevant skills. Work had commenced to appoint a HEEM fellow to improve the training offered.

**782/18 Item 3 Apologies for Absence**

Apologies for absence were received from Mr Geoff Hayward, Non-Executive Director and Mr Mark Brassington, Chief Operating Officer.

**783/18 Item 4 Declarations of Interest**

There were no new declarations of interest.

**784/18 Item 5 Minutes of the meeting held on 25<sup>th</sup> May 2018 for accuracy**

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

Item 685/18 – The sentence should read “Mr Lockwood questioned whether there will be an action plan with line by line actions with responsibilities.”

Item 739/18 – The final sentence should read “The Director of Finance, Procurement and Corporate Affairs expressed concern around the forecast month 4 position”

Item 768/18 – The sentence should read “The Committee had received the Internal Audit progress report.”

**785/18 Item 6 Matters arising from the previous meeting/Action Log**

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

**786/18 Item 428/18 – Action to be amended. Action relates to Trauma and Orthopaedics, not Paediatrics.**

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

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

**787/18 Item 7 Chief Executive Horizon Scan**

The Chief Executive advised the Board that the development of a long term plan for the NHS continued and it was anticipated that this would be shared in November. The Trust would need to ensure that this was linked to its planning

processes. There were five emerging themes from the reporting performance, cancer focus, mental health, integrated health and social care and prevention.

788/18 The Chief Executive highlighted five financial tests and the expectation of a new financial regime, the use of money productivity and efficiency systems, eliminating provider deficits, reducing unwarranted variation, demand management effectiveness and review of the way tariff operates.

789/18 The Chief Executive highlighted the publication by NHS Digital of statistics showing a continued reduction in NHS substantive staff. The Board were advised that the draft workforce strategy from Health Education England had not been published.

790/18 The Chief Executive informed the Board that the Trust now had 10 wards which had achieved the Green rating in ward accreditation as the Trust continued its push to raise standards of care. The Chair commented that this was fantastic news and congratulated the wards on their hard work and commitment.

791/18 The recently launched staff recognition process had received 500 submissions.

The Trauma and Orthopaedic trial was going well. August had been more challenging and an update would be brought to the Board.

792/18 Mrs Dunnett asked whether the Board felt it would be helpful to have a spotlight on the Pilgrim site to consider the impact of the pathways and quality of care. The Chief Executive replied that this may be best timed in 2 or 3 months. The Chair responded that the Board would need to consider and confirm the timing of any review and how it would want to evaluate.

793/18 **Item 8 Patient /Staff Story**

The Director of Nursing introduced two of the Trusts Quality Matrons Mrs Jennie Deeks and Mrs Nicolene Atkinson. The Board were advised that this had been a new role introduced to work across all sites and 3 of the 5 matrons appointed had come from outside the organisation.

794/18 The Quality matrons explained to the Board the role that they had taken across the Trust since their appointment supporting wards to make improvement.

Mr Bains questioned if there were any links between the wards using large numbers of agency staff and the achievement of ratings in ward accreditation. The Quality Matrons advised that this was difficult to correlate. The Director of Nursing stated that a pattern that could be seen was the link between strong leadership and the achievement of ward accreditation ratings. Some areas with high vacancies were still achieving the standards.

795/18 Mr Bains asked whether the patient voice was taken in to account in the accreditation. The Quality Matrons explained that during the ward visits patients, families and carers were spoken with.

Dr Gibson asked if there was a noticeable difference in terms of patient experience on the wards which had achieved the accreditation. The Quality Matrons stated that the wards were calmer, cleaner and the care was more consistent. The

accreditation provided uniformity of standards and organisation.

- 796/18 The Director of Estates and Facilities questioned whether the PLACE data could be linked and the Director of Nursing agreed this would be possible.
- 797/18 The Deputy Chief Executive questioned the involvement of doctors in the process. The Quality Matrons stated that this was now being picked up at doctors induction to show how they could impact. Mrs Dunnett commented that the change could be seen on ward visits.
- 798/18 Mrs Libiszewski asked how the specific specialist areas such as infection control, safeguarding. The Quality Matrons confirmed that this was increasing with teams receiving targeted support in some areas.
- 799/18 The Chair thanked the Quality Matrons for the support they were giving to improving quality and recognised that the Trust still had some way to go in terms of the governance.
- 800/18 **Item 9 Providing consistently safe, responsive, high quality care SO1**

#### **Item 9.1 Paediatric Service Update**

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

- 801/18 The Board were advised that since the previous Board meeting the interim model had been implemented. This model gave an enhanced service for children in the A&E department at Pilgrim Hospital, an acute assessment unit and the Trust had maintained a gestational age of 34 weeks at the Pilgrim site. A Paediatric Assessment Unit was running with a length of stay capacity of 12 hours.
- 802/18 The Board were advised that 10 patients had been transferred in the first week of the model, 9 to Lincoln and 1 to QMC. All transfers had been made using the transport solution that had been put in place and had been monitored.
- 803/18 The model had been included on the risk register and the risks assessed. There had been no incidents recorded as a result of the clinical model. The Medical Director advised that the staffing model was still fragile.
- 804/18 Staff and public engagement events were continuing. Mrs Dunnett requested that a future paper reflect the feedback from staff and patients

#### **Action: Medical Director 28 October 2018**

- 805/18 Mrs Dunnett questioned the timeline for moving towards a sustainable solution. The Medical Director responded that the emphasis was on a safe and stable model. The current situation is stable however winter would bring additional pressures. The Trust was keen to move to one team working across two sites, a model which the Trust wanted for more of its services. The Trust was working with medical teams to achieve this. The longer term plan was with the CCG and the

Acute Service Review and STP. The Trust was using that work to inform the plans.

- 806/18 The Trust had commissioned the Royal College of Paediatricians to complete a review and confirm that the model is adequate. This report was still awaited. The current model was likely to be in place in to 2019. Any timeline moving forward has to be based on staffing going forward.
- 807/18 Mrs Dunnett stated that the Trust carried the risk for the service and that the Trust required support from the system. The Director of Nursing highlighted to the Board the risk within the leadership of the service. It was currently without clinical director, the general manager was moving on. NHS Improvement had identified an additional senior nurse to support the service.
- 808/18 Mrs Ponder questioned the costs of supporting the additional model and questioned whether specialist recruitment support could be used. The Director of Human Resources responded that the Trust had already engaged specialist agencies to recruit in paediatrics. The Board were advised that the Trust was also using specialist agencies to recruit from outside the UK.
- 809/18 The Interim Chair acknowledged that the Trust had made progress but noted the remaining risks. The Trust were keen to get a longer term sustainable service and a consultation would take place in 2019. The Trust remained committed to provide a paediatric service at Pilgrim Hospital. The Trust recognised the costs attached to this and that the priority must be patient safety.

810/18 RESOLVED

The Board noted

- the performance of the temporary model
- the continued work on contingency options
- current and future capacity requirements
- the risks relating to the model
- that the transfer arrangements would be considered after the initial 6 weeks
- the financial impact of the model.

811/18 **Item 9.2 Assurance and Risk Report Quality Governance Committee**

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

- 812/18 Mrs Libiszewski advised that the Infection prevention and control annual report had been considered by the Committee and was now presented to the Board.
- 813/18 The Committee had not been able to give assurance to the Board in respect of the Heal and Safety Annual Report. The committee escalated its lack of assurance in respect of prosecutions and regulatory matters and recommended that the Board receive a report in respect of this at a future meeting.

**Action: Director of Estates and Facilities 26 October 2018**

814/18 The Committee continued to monitor progress against the Quality and Safety Improvement Plan

The Committee reported that it had received an improved report on patient experience.

815/18 The operational and corporate risk reporting had improved. The committee remained concerned that the Board Assurance Framework remained difficult to use and that future objectives must be truly smart. The Non-Executive Directors agreed to meet to review the Board Assurance Framework and identify improvements.

816/18 The Committee reported that the Committee was still waiting to receive the terms of reference of the Quality Governance Oversight Group.

817/18 Mrs Libiszewski noted that the Committee would be keen to see a quarterly update of how the Trust had responded to national learning and recommendations.

818/18 The Board noted the assurances provided by the Quality Governance Committee and the escalation of the Health and Safety matters.

**819/18 Item 9.3 Quality and Safety Improvement Programme**

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

820/18 The reporting included all must do and should do actions from the CQC reports. The Interim Chair noted that the route for this would be through the Quality Governance Committee.

821/18 Mrs Ponder asked for clarity on locums attending training. This was clarified for the Board and the wording would be amended.

822/18 The Interim Chair questioned if the data quality issues were being addressed. The Board were advised that there had been issues with the support post but the work was progressing.

**823/18 Item 9.4 Infection Prevention and Control Annual Report**

The Director of Nursing advised that the report had been considered at the Quality Governance Committee. The report highlighted the key achievements. The Interim Chair noted the significant progress made.

The Board received the infection prevention and control annual report.

**824/18 Item 10 Providing services by staff who demonstrate our values and behaviours SO3**



**Item 10.1 Assurance and Risk Report from the Workforce and OD Committee**

This item was deferred.

**826/18 Item 10.2 Staff Engagement**

The Director of Human Resources and OD presented a report on actions being taken to retain staff.

827/18 The Board were advised that retention issues were not unique to the Trust. The report identified the Trust priorities. Work was ongoing on improving the consistency of exit information to help enable the identification of the sore reasons why staff left the Trust.

Progress with this work would be reported through the Workforce and OD Committee.

**828/18 Item 11 Providing efficient and financially sustainable services**

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

Mrs Ponder provided the Board with the assurance and risks arising from the Finance, Services Improvement and Delivery Committee meeting. The Committee remained not assured in respect of the Trust Financial Recovery Plan. Mrs Ponder advised that the Committee had heard from the Turnaround Team on the progress being made.

829/18 The Committee were still not satisfied that they had sufficient oversight of the CQUIN tracking to enable them to be assured that the programme would be delivered.

The Committee had been pleased to hear that the Trust was receiving support from NHSI in respect of charges for overseas visitors.

830/18 Mrs Ponder advised that the Committee were unassured in relation to the risks reported and would be commencing a process to complete a deep dive in to each risk area. Ensuring that all risks were reviewed over each quarter.

The Board received the report from the Finance, Service Improvement and Delivery Committee.

**831/18 Item 11.2 Draft Winter Plan**

The Deputy Chief Executive introduced the winter plan which detailed the proposed additional measures to be put in place and performance expectations for the management of winter pressures. The Board were advised that the plan was still in draft as the Trust were awaiting national guidance however it was unlikely to significantly alter the content. The plan was provided to give assurance to the Board with a final version being brought to the September meeting.

832/18 The Board were advised that the Finance, Service Improvement and Delivery

Committee would have a role to play in terms of monitoring actions taken. The Trust were already under pressure. Length of stay was in the upper quartile for Trusts and the Trust needed to continue work to reduce delayed transfers of care.

The Deputy Chief Executive advised that the plan had risks attached and some of the actions described had costs attached. The risk mitigation would also be monitored through the Finance, Service Improvement and Delivery Committee.

- 833/18 The Director of Nursing highlighted a specific risk in the plan where matrons and heads of nursing were taken out of their normal roles to cover the site sister which was not a funded post.

The Interim Chair questioned the data and ensuring that there was a single source of truth. The Chief Executive responded that the urgent care board had reviewed the data to ensure that the time periods being used were consistent across the system.

- 834/18 Mrs Dunnnett noted that there were lead times for the actions and asked if the plan was realistic. The Deputy Chief Executive responded that the plan was high risk but realistic. Mrs Dunnnett challenged whether the Trust would deliver all those actions that were entirely within its gift. The Deputy Chief Executive responded that there was confidence in delivery however the Board needed to be mindful of external factors such as a surge in demand. The Chief Executive added that the risk register entries relating to the winter plan could be strengthened.

**Action: Chief Operating Officer 28 September 2018**

- 835/18 Dr Gibson asked for assurance that system leaders were signed up to the top four interventions. It was confirmed that the plan formed part of the system wide plan.

Mr Bains challenged whether the STP actions were working. The Deputy Chief Executive responded that there had been lots of good work but at present the actions were not keeping pace with demand.

- 836/18 The Interim Chair stated her nervousness that the required grip and control was not in place. The Board would need to consider going forward whether the Finance, Service Improvement and Delivery Committee had the capacity to give oversight to the Winter Plan.

The Interim Chair stated that it might be helpful to invite the CCG lead to present the system plans to a future board meeting.

**RESOLVED**

- 837/18 The Board noted the position of the Winter Plan and would receive a further version at its next meeting.

**Item 11.3 Trust Operating Model**

- 838/18 The Chief Executive presented a report detailing the latest position with development of the revised substantive operating model for the Trust. The Board were advised that the launch date for the model was April 2019 and had been

aligned with the interim arrangements which were being put in place to increase accountability.

RESOLVED

The Board noted the latest update on the Trust Operating Model.

**839/18 Item 11.4 Operational Plan update on actions**

The Director of Finance, Procurement and Corporate Affairs presented an update on actions agreed within the 2018/19 operational plan. The report would be presented on a quarterly basis to the Board.

The Interim Chair stated that this report needed to be aligned to the Board Assurance Framework and that the RAG ratings needed to be considered against this.

840/18 Mrs Dunnett challenged whether the amber rating for action relating to the A&E 4 hour standard was correct, suggesting that this should be red. The Director of Finance, Procurement and Corporate Affairs agreed to review the criteria for the ratings for when the report was presented in November.

**Action Director of Finance, Procurement and Corporate Affairs 30 November 2018**

**841/18 Item 12 Performance**

**Item 12.1 Integrated Performance Report**

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

842/18 The Medical Director highlighted that the Trust were working with a Kettering Trust to take learning in respect of mortality. Mrs Dunnett stated that she was concerned that the Trust could not be clear if it had an issue or if the concern was simply coding related.

843/18

The Director of Nursing advised that the Trust was performing better than the national average for the number of falls but that the level of pressure ulcers being seen in the Trust was still not reducing at the level the Trust would want.

The Director of Nursing highlighted that the RAG rating for CAUTI on the report was incorrect. The Trust had now linked a quality matron to this work who was implementing an action plan.

844/18 The Board noted that the Trust was no longer receiving best practice tariff following the loss of JAG accreditation. The Board were advised that this was directly linked to waiting list numbers which had now improved and as a result JAG would revisit.

The level of appraisals completed continued to decline and work had commenced

to link incremental progression.

845/18 The Trust continued to push recruitment and was looking to identify external support to achieve the agency reduction plan.

846/18 The Board questioned where the Trust were on fire training. The Director of Human Resources and OD advised that managers receive regular updates on core learning for their teams.

The Director of Human Resources and OD advised that a set of workforce KPI's would be agreed at the next Workforce and OD Committee meeting.

847/18 The Director of Finance, Procurement and Corporate Affairs advised that the Trust financial position was £3.4m adverse to plan for the year to date. The Trust had under delivered against its financial efficiency programme by £1.8m and a deep dive had commenced in to the key variances. The Financial Turnaround Director had reviewed the plans and as a result had reduced the plans by £13m. Further opportunities were being considered.

848/18 The Trust would have to reconsider a set of unpalatable actions.

The Interim Chair stated that the Board would need to understand those schemes which had been discounted and why they were no longer tenable. Mrs Libiszewski added that the Board needed to consider its appetite for risk and how this linked with the quality impact assessment process. The Interim Chair stated that pay costs were driving the financial position and as a result the Board would need to consider the risks that it was prepared to take.

849/18 The Board noted the performance report.

## 850/18 **Item 13 Risk and Assurance**

### **Item 13.1 Risk Management Report**

The Medical Director provided the Board with the Risk Management Report with details of the current level of risk exposure as recorded in the Trust Corporate Risk Register and identification of the top risks for the Trust. The Board assurance framework continued to require work on the assurance sections.

851/18 The Interim Chair highlighted that the Board remained not assured against the risks to the strategic objectives with all 3 strategic areas remaining RAG rated as red.

852/18 The Director of Estates and Facilities commented that the details on the framework against objective 2e still required update.

853/18 RESOLVED

The Board noted the Board Assurance Framework and current level of risk exposure.

854/18 **Item 13.2 Risk Management Strategy and Policy**

The Medical Director presented the draft risk management strategy and policy. After consideration the Board agreed that further discussion of risk appetite and the impact and implications would need to be completed at a Board Development session before the documents could be approved.

855/18 **Item 14 Strategy and Policy**

**Item 14.1 Board Forward Planner**

The Board noted the planner.

856/18 **Item 14.2 ULH Innovation**

The Board noted the innovative partnership working to reduce ambulance handover times.

857/18 **Item 15 Any Other Notified Items of urgent Business**

There were no further items of urgent business.

858/18 **Item 16**

The next meeting will be held on Friday 28<sup>th</sup> September 2018 in the Boardroom, Lincoln County Hospital.