

Minutes of the Public Trust Board Meeting

Held on 26th October 2018

New Life Centre, Sleaford

Present

Voting Members:

Mrs Elaine Baylis, Interim Chair
 Ms Karen Brown, Director of Finance,
 Procurement and Corporate Affairs
 Mr Geoff Hayward, 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 Mark Brassington, Chief Operating Officer
 Mr Martin Rayson, Director of Human
 Resources and Organisational Development

In attendance:

Mrs Jennie Negus, Deputy Chief Nurse (Item 8)
 Mrs. Kat Mayer, Ward Sister (Item 8)
 Mrs Barbara Dempster, Healthwatch
 Mrs Jayne Warner, Trust Secretary
 Mr Leon Rudman, Interim Deputy Trust Secretary
 (Minutes)

Apologies:

Mrs Sarah Dunnett, Non-Executive Director
 Dr Chris Gibson, Non-Executive Director

969/18 **Item 1 Introduction**

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

970/18 **Item 2 Public Questions**

The Interim Chair advised that seven public questions had been received. The Interim Chair thanked the public for their questions, which demonstrated that the Board papers were being read and carefully considered.

971/18 The meeting paused for questions from members of the public relating to the Agenda.

972/18 **Question 1 - In 2016 I attended the opening of Grantham Hospital new Ambulatory Care Unit which was opened by Simon Stevens the Chief Executive of NHS England. At the time the unit was described as a significant development for patients. I have been informed that this unit is not running at full capacity and only open 5 days a week. I put this question to Simon Evans Director of Operations at last week's Health Scrutiny Committee when he was talking about increasing the use of this facility with extra staff. With winter approaching is it not a good idea to increase the hours at Grantham Hospital which will ease pressure elsewhere?**

973/18 The Chief Operating Officer advised that since the unit had opened, the Trust had

- struggled to maintain the service, due principally to difficulties with staffing. It was noted that the decision had been taken to move to operating the service on a 5-days-a-week basis in order to enable the ACPs to complete their training before coming back onto the rota. It was noted that an average of 3 patients per day were currently being directed through the Emergency Assessment Unit on weekends. The Chief Operating Officer confirmed that the position remained under review.
- 974/18 **Question 2 - Freedom for staff to speak out has been raised with the board on a number of occasions. Harassment bullying and Intimidation are issues raised by staff in the past on several occasions. Add to that a lack of communication and involvement it's no wonder staff can feel demoralised.**
- 975/18 **In the last week this subject has been raised to me by staff at Grantham Hospital again and, whereby you have previously stated that this was completely unacceptable. Why is it that this message has not reached those staff who work within Grantham Hospital. What measures have been put in place to deal with this situation because it's obviously not very effective that staff feel their opinions are not sought and they are afraid to speak out for fear of victimisation.**
- 976/18 The Director of Human Resources and Organisational Development advised that the Trust continued with measures to drive further improvement and confirmed that a proactive project, to get staff feedback about bullying, was underway with the chaplaincy. It was noted that the profile of Freedom to Speak Up continued to grow and regular events were held with staff. The Director of Human Resources and Organisational Development encouraged anyone to whom staff were raising issues to recommend that the staff get in touch with the Freedom To Speak UP Guardian.
- It was agreed that Questions 3 and 6 would be answered together**
- 977/18 **Question 3 - Since the trial was arranged and expected to start in August this year, I am concerned to read in the board papers that vacancy rates have increased in Orthopaedics? I have heard that the theatres have been underutilised and subsequent clinics (like fracture clinic) have had to make cancellations due to not having Doctor cover?**
- 978/18 **Can you please explain why this has not been as successful as it should have been? And please can we have an update on the trial and some assurances for Grantham patients that we will retain X-ray & Plaster room and that fracture clinic will be sufficiently staffed at Grantham?**
- 979/18 **Question 6 - ULHT announced and implemented a trial to change approaches to orthopaedic surgery in August 2018. There is reliable information that this trial is effectively a farce, and that ULHT has lied about what happens and how it is managed. Basically, despite ULHT promises, trauma cases which should be dealt with at Grantham are routinely being diverted/sent to Lincoln. Not good. Further, the "elective surgery" model seems to be that consultants (based at Boston or Lincoln, not Grantham) perform the surgery, but then disappear back to Boston or Lincoln, and have no further role in the care of the patient after surgery. This is left to middle-grade doctors, who often find it difficult to get help, advice or support from the consultants in post-surgery care. This is against national guidance – this care should be consultant led.**

- 980/18 **The net result is that patient care suffers, national guidelines are ignored, and staff – nursing and middle-grade doctors – are demoralised and leaving the Trust, further contributing to staffing pressures. Yet again, it seems, the people of Grantham and District have been misinformed and lied to by the ULHT Board, who seem determined to do everything they can to run services at Grantham into the ground, so that they can be closed down and deny patients access to the local care they deserve. What is the Board going to do about this?**
- 981/18 The Chief Operating Officer advised that it was intended that an update with regards to the trial would be presented at the November Board. It was noted that the trial was proceeding broadly as planned and that trauma patients were still attending Grantham, where on-call consultant advice from both Lincoln and Pilgrim was available. The Chief Operating Officer advised that there had always been movement of trauma patients from Grantham and that operations were still taking place 6 days-a-week.
- 982/18 The Chief Operating Officer advised that one fracture clinic had been cancelled in the last 4 weeks, but that during the same period the Trust had doubled the number of orthopaedic operations. It was noted that the workforce was now more mobile between sites and the Interim Chair commented that the Board remained supportive and were looking forward to receiving the formal update report in November.
- 983/18 **Question 4 - Following Health Secretary visit to Boston. And advising the trust to increase the wage package to recruit. How much have the trust increase in percentage the advertise amount. Or are they not going to follow the advice given?**
- 984/18 The Director of Human Resources and Organisational Development advised that the Trust considered all options and operated within national guidelines. It was noted that pay was only a single element of the overall package and that the Trust had to be mindful of creating inequalities. The Director of Human Resources and Organisational Development confirmed that the Trust had some success with regards to recruitment and continued to explore further opportunities where appropriate.
- 985/18 ***Question 5 - “The Panel considers that the time has come for an open and honest appraisal, both of the options for future emergency care delivery at Grantham and more widely across Lincolnshire. An alternative to the current approach is needed that reflects the prospective staffing position for emergency care provided by the Trust. Recognising that the staffing threshold currently required to restore the service at Grantham is unlikely to be achieved in a sustainable way CCGs, as commissioners of these services, must as a matter of urgency work with the local providers (including mental health care and community providers as well as ULHT) and the HSC to engage and consult the public across Lincolnshire on current services and what might be achievable and sustainable in the future. Drawing on the work already done for the sustainability and transformation plan for the area, a plan of action for the whole health economy is required that will implement safe and sustainable urgent and emergency services and bring about an early end to the current uncertainty.”***
- 986/18 **This is the final paragraph of the letter dated 22nd March 2017, from IRP Chairman, Lord Ribeiro, in relation to the overnight closure of Grantham A&E in August 3016. Since this date what has ULHT done to comply with**

- this advice, with particular reference to its request that it should be dealt with as “a matter of urgency” and to “bring about an early end to the current uncertainty?”**
- 987/18 The Deputy Chief Executive advised that the Trust had participated in the Acute Services Review, which had been led by the CCGs and included, among other things, discussions around the services at Grantham Hospital. It was noted that the Trust did not work in isolation and that colleagues had also provided regular updates to the Health Scrutiny Committee. The Deputy Chief Executive confirmed that there was a commitment to consult formally on options in Spring 2019, but that the Trust would like to engage informally before then.
- 988/18 **Question 7 - The minutes from the September board meeting and the Paediatrics paper for presentation today at the October board meeting, appear to be at odds regarding the number of IR1’s raised in relation to the interim model. Please note the distinction between total IR1’s for the W&C directorate, and those attributed to the interim model.**
- 989/18 **The Sept minutes say that none of the 114 IR1’s raised were in relation to the interim model, but the paper for today says that there have been 114 without qualifying it. Please could you re-confirm how many have been raised in relation to the interim model and expand on the reasons for these IR1’s, e.g. how many are due to exceeding the 12 hour limit at Pilgrim PAU, and a breakdown of the other reasons please.**
- 990/18 The Medical Director confirmed that the Datix entries had been reviewed and that of the 114 incidents, none had resulted in harm to patients and the two low harm incidents were not attributable to the interim model. It was noted that a line-by-line review had taken place.
- 991/18 **Item 3 Apologies for Absence**
- Apologies for absence were received from Mrs Sarah Dunnett, Non-Executive Director and Dr. Chris Gibson, Non-Executive Director.
- 992/18 **Item 4 Declarations of Interest**
- There were no declarations of interest which had not been previously declared.
- 993/18 **Item 5 Minutes of the meeting held on 28th September 2018 for accuracy**
- The Minutes were agreed as a true record subject to the amendment below: -
- 994/18 Item 909/18 – The following words be added to the end of the sentence: “not due to lapses in management.”
- 995/18 Item 920/18 – That the second sentence be amended so as to read: “...that the Trust had **now** moved into the second quartile...”
- 996/18 Item 963/18 – That in the first sentence the word “Committee” be substituted with the word “Group”
- 997/18 **Item 6 Matters arising from the previous meeting/Action Log**

Item 579/18 – It was noted that this was still work in progress and that with a Financial Advisor in place, a comprehensive paper would be presented at the next Board Meeting. It was agreed that the item would remain open until then.

- 998/18 Item 813/18 – Health & Safety (Lack of Assurance). Item included on Agenda
- 999/18 Item 886/18 – The Medical Director confirmed that community teams remained under a lot of pressure and that a rapid response team, which would include ACPs, had recently been developed to deal with minor and moderate cases.
- 1000/18 Item 904/18 – It was agreed that the Guardian of Safe Working Report would be presented to the next Workforce and Organisational Development Committee before being presented to the Board.
- 1001/18 Item 911/18 – The Director of Estates and Facilities advised that he was aware of where the high level compliance gaps were. It was noted that the Trust had applied for funding to support the maintenance program and that work was currently underway in preparing a full asset survey with Grantham expected to be complete before the year end, with Lincoln and Pilgrim sites to follow. The Interim Chair requested that the work be completed before the end of the financial year. Mrs Ponder confirmed that the matter had been a regular topic of discussion within the Finance Service Improvement Delivery Committee.
- 1002/18 Item 942/18 – Winter Plan. Item included on Agenda - Complete.
- 1003/18 Item 957/18 – Below plan capital spending. The Director of Finance, Procurement and Corporate Affairs advised that a paper would be presented to the Executive Team next week, ahead of being presented to the Board in November. In response to concerns raised by Mr Hayward in respect of timings, the Director of Estates and Facilities confirmed that he was sufficiently informed with regards to capital allocation.
- 1004/18 Item 961/18 – BAF Strategic Objectives – Item included on Agenda - Complete.
- 1005/18 Item 964/18 – Draft Committee Terms of Reference – Item included on Agenda - Complete.
- 1006/18 **Item 7 Chief Executive Horizon Scan**
- The Chief Executive confirmed that payment system reform proposals for 2019/20 had been published. It was noted that the proposals included shared incentives, reflections of the true cost of care, and marginal rates for electives. The Chief Executive commented on the likely difficulties this might present for the contracts team but welcomed the general direction of travel. The Deputy Chief Executive noted that the new tariffs were still very contractual and noted that too much time was being spent on resolving queries between organisations, when it might be better focussed elsewhere. The Deputy Chief Executive was mindful of the need to find the capability and capacity to do things differently and Mrs Libiszewski noted that the STP had changed the title of one of the work streams to reflect the fact that it was not hospital-centric, which was encouraging.
- 1007/18 The Chief Executive confirmed the Care Quality Commission had published its annual *State of Health Care and Adult Social Care in England for 2017/18*. It was noted that there had been some slight improvement in quality nationally.

- It was noted that the National Centre for Rural Health & Care had been formally launched in Parliament and that the All-Party Parliamentary Group on Rural Health and Social Care had announced an all-party parliamentary enquiry into rural health. It was noted that Duncan Selbie had delivered a keynote speech. In response to comments from Mr. Lockwood, the Chief Executive commented that the Trust was digitally immature and the Deputy Chief Executive noted the progress which had been made in the move towards, among other things, E-Prescribing and E-Health Records. The Chief Executive commented that for rural Trusts especially, more could be done to use technology to shrink the space between provider and user. Mr. Lockwood commented that the Trust really ought to be seen to be leading these sorts of digital initiatives.
- 1008/18 The Chief Executive reported on the recent visit from the Secretary of State for Health and Social Care. It was noted that the Secretary of State had appreciated the difficulties that the Trust faced in terms of recruitment. The Chief Executive was unsure as to whether there would be any formal follow-up arising from the visit.
- 1009/18 **Item 8 Patient Story**
- Mrs Kat Mayer, Ward Sister presented the 'Patient Story' to the Board.
- 1010/18 Mrs. Mayer told the story of George, an autistic 16 year old with cerebral palsy, epilepsy and learning difficulties. George had presented at Lincoln A&E on and had been transferred to Navenby Ward via MEAU.
- 1011/18 George had been experiencing hallucinations, hearing voices and had been violent and aggressive towards his parents. Although his moods remained volatile, George was medically fit for discharge after four days and was awaiting a suitable placement.
- 1012/18 George's parents continued to stay with him 24/7 on Navenby Ward, a 23 bed acute medical adult ward specialising in diabetes/endocrine.
- 1013/18 On day 13 George's behaviour led to Mrs. Mayer contacting the Trust's director of Nursing and additional specialist help was provided. George turned 17 on day 27.
- 1014/18 Mrs. Mayer informed the Board that George was often more manageable when he could be outside and that work had, with the help of donations and volunteers, commenced (and subsequently completed) on 'Georges Garden' an outside space adjacent to the Ward.
- 1015/18 George was finally discharged from the Ward on Day 45, more than 40 days after being medically fit.
- 1016/18 Mr. Lockwood commented on the lack of suitable in-patient beds nationally, and Mrs. Mayer confirmed that George's learning difficulties added an additional layer of complexity.
- 1017/18 The Director of Nursing commented on the issues surrounding Transitional Care and noted that the lack of adolescent space was something the Trust was aware of and had included on its risk register. Mrs. Libiszewski noted that the Trust should not lose sight that support was required from the Lincolnshire Partnership NHS Foundation Trust and that although, as acknowledged by the Director of Nursing, the Trust had to be able to properly care for young adults whilst they were in our care, in further developing adolescent care, the Trust ought to be

mindful of not developing a Learning Disability or Mental Health Service.

- 1018/18 The Director of Estates and Facilities noted that the Trust could take significant learnings from George's Garden and Mrs. Mayer commented that such spaces, in addition to bringing staff, patients and volunteers together, would have a positive impact on the mental health of patients, be useful for dementia patients and provide options for fast-track weddings. It was agreed that the Director of Estates and Facilities would progress the matter further with Mrs. Mayer.

Action: Director of Estates and Facilities - 7 January 2019

- 1019/18 The Chief Executive congratulated Mrs. Mayer on an excellent presentation and commented that it needed to be shared as widely as possible.
- 1020/18 The Interim Chair acknowledged that the risks faced by staff and that all those involved had shown fantastic leadership. The Interim Chair also congratulated Mrs. Mayer on behalf of the Board, on being named the Sun Newspaper's Nurse of the Year.

Item 9 Providing consistently safe, responsive, high quality care SO1

1021/18 Item 9.1 Paediatric Service Update

The Medical Director highlighted the main points of the report. It was noted that the interim model was still in place and that the service was still heavily dependent on locums; with concerns regarding middle-grade doctors remaining.

- 1022/18 The Medical Director reported that during 10 weeks since the new model had been introduced, more than 600 patients had been seen, with 82 having been transferred using the dedicated ambulance. Of those 82, it was noted that only 6 transfers had occurred solely as a result in the increase in the gestational age from 30 to 34 weeks.
- 1023/18 The Board considered the current transport arrangements and it was noted that the revised contract, to the end of December 2018, provided for one ambulance on each 12 hour shift, with an additional ambulance on a 12 hour shift from Noon until Midnight to meet any increases in demand. The Board discussed the possibility of enhancing transport to meet the needs of level 1 patients. In response to a question from Mrs Libiszewski, the Medical Director confirmed that moving children with respiratory problems did not represent a safety issue and that under the model, such children would stay at Pilgrim Hospital, with the clinician exercising the appropriate judgement.
- 1024/18 The Board were advised that incidents continued to be tracked through Datix and the Medical Director confirmed that there had not been any incidents of harm attributable to the model.
- 1025/18 The Medical Director advised NHSI were now sufficiently assured with regards to the new model that the weekly stakeholder meetings had been discontinued. It was noted that a broadly supportive report had been received from the Royal College of Paediatrics, and that the recommendations contained therein would be presented to the Quality Governance Committee, before being presented to the Board.
- 1025/18 In response to a question regarding timescales from Mr. Hayward, The Medical

Director confirmed that the long term plans would need to go through the NHSE gateway before they went out for public consultation. It was noted that the key to the model was the workforce; particularly the training of ACPs. The Medical Director commented on the need, due to the fragility of the services, to develop the two sites one team model.

- 1027/18 The Interim Chair noted the continued fragility of the service and commented that the fact that the model was operating successfully was a credit to all those involved.

Following due discussion and consideration, the Board:

- Acknowledged the performance of the interim model during the last 8 weeks of operation, the number of completed transfers, activity on each site, the issues encountered, and the actions undertaken to resolve those issues;
- Acknowledged that contingency options continued to be developed and that the contingency plan to centralise consultant-led maternity services onto the Lincoln site also continued to be developed;
- Carefully considered the risks raised in the paper relating to the medical, nursing, managerial and leadership challenges that remain during the operation of the interim model and also for the likely future model in the coming months; and
- Considered each element of the model that has been discussed in the paper for mitigating the immediate risks relating to the medical staffing challenges.

1028/18 **Item 9.2 Assurance and Risk Report Quality Governance Committee**

The Board received the upward assurance report from the Quality Governance Committee.

- 1029/18 Mrs Libiszewski advised that the Committee had reviewed the draft quality strategy and had requested that, given its significance as one of the underpinning strategies for 2021, consideration be given to the Trust's post-special measures ambitions.
- 1030/18 The Board were advised that the Committee had considered and discussed the new Medical Examiner's appointment in the context of the Trust's performance in relation to sepsis and had been assured in relation to the position in respect of pressure ulcers.
- 1031/18 Mrs Libiszewski reported that the Committee had sought further information with regards to Medical Device training and the use of restraints.
- 1032/18 Mrs Libiszewski confirmed that the Committee had received and reviewed two reports on Stillborn and Perinatal Mortality, both of which had been alerting. It was noted that a further report, containing actions, would be brought before the Board in due course.
- 1033/18 The Interim Chair noted the assurances provided by the Quality Governance Committee and commented that the Committee appeared to be getting to grips

with the fundamental issues.

1034/18 Item 9.3 Quality and Safety Improvement Programme

The Director of Nursing reported the latest position of the Quality and Safety Improvement Plan.

1035/18 It was noted that there was a wider piece of improvement work around the Pilgrim Hospital ED that in future it would be monitored through the Quality Governance Committee and reported up to the Board.

1036/18 In response to an observation by Mr Hayward, the Director of Nursing commented that, excepting Pilgrim ED, plans were in place to mitigate the known issues and that progress could be seen.

1037/18 The Deputy Chief Executive commented on the data quality and noted that this was due to the project lead not being in place and Mrs. Ponder noted that there were a number of milestones for which dates had passed. Mrs Libiszewski advised that the plan had been discussed at the Quality Governance Committee where it had been noted that there was no sense as to the effectiveness of the actions which had been completed.

1038/18 The Board noted that the programme was still very much a 'work in progress' and that the dashboard and narrative required further refinement. The Interim Chair acknowledged the progress which had been made to date and commented that she looked forward to further improvement.

Item 10 Providing services by staff who demonstrate our values and behaviours SO3

1039/18 Item 10.1 Staff Engagement Report

The Board noted the Update on the NHSI 90 Day Retention Project. Mrs Ponder commented that progress in some areas seemed slow and the Director of Human Resources and Organisational Development confirmed that the Trust was making progress and that there was an awareness of what needed to be done in terms of improving flexibility. Mr. Lockwood suggested that more impetus was required and that additional input from Board Members could be beneficial.

1040/18 In response to a question from the Interim Chair, the Director of Human Resources and Organisational Development advised that reducing the vacancy rate would have a significant impact on reducing staff turnover as staff often felt under pressure due to staff shortages, which created a downward spiral.

1041/18 The Chief Executive commented on the difficulty in extracting staff from rotas in order to facilitate professional development. Following due discussion, it was agreed that the Chief Executive would take the issues highlighted from the debate on the report in further detail and report back to the Board.

Action: Chief Executive – 7th January 2019

1042/18 Item 10.2 Freedom To Speak Up Quarterly Report and Self-Assessment

The Trust Secretary introduced the report and the draft self-assessment toolkit

- which had been completed and presented to the Executive Team. It was noted that a more detailed action plan was required to tackle those areas where shortfalls had been identified; however, it was noted by the Trust Secretary that not many (if any) Trusts would be able to currently demonstrate that they met all of the obligations set out in the toolkit.
- 1043/18 Mr Hayward commented that the Board needed to better understand what was happening as there was a tendency to 'look down' and Mrs. Ponder advised that more work was required around evidence; a point that the Trust Secretary confirmed has been picked up in the last Executive Team Meeting.
- 1044/18 In response to comments from Mrs Ponder, the Interim Chair suggested that if any Board Members had additions to propose, they should feed these through to the Trust Secretary.
- 1045/18 Mr. Lockwood noted that in many other organisations the Freedom To Speak Up Guardian was independent of the Executive and wondered whether this was something the Trust should consider. The Chief Operating Officer agreed that given the level of trust in the organisation, it might be appropriate to consider an independent appointment. The Trust Secretary confirmed that there were procedures in place which allowed people to bypass her and report their concerns directly to Mrs. Ponder. The Interim Chair commented that there were a number of different models in use across various trusts and the Chief Executive noted that the Trust Secretary performing the role meant that concerns could be escalated to the Executive for action very promptly.
- 1046/18 The Trust Secretary suggested that a network of Guardians in the Trust needed to be established and reported that other trusts had appointed 'Champions' which fed into the Guardian and provided greater choice for staff.
- 1047/18 Following due consideration, IT WAS AGREED that the Report/Toolkit was an accurate representation of the Trust's current position.
- 1048/18 **Item 10.3 Equality, Diversity and Inclusion Annual Report**
- The Director of Human Resources and Organisational Development confirmed that the 2017-18 report had been considered by the Workforce and Organisational Development Committee and was being presented to the Board for approval.
- 1049/18 The Director of Human Resources and Organisational Development confirmed that the Report outlined the progress which the Trust had made. It was noted that there was still work to do in terms of embracing equality and diversity and embedding it.
- 1050/18 Mrs Ponder commented on the opportunity to link Staff Networks to Freedom To Speak Up in terms of identifying future champions. The Trust Secretary confirmed that the opportunity was currently being explored.
- 1051/18 The Interim Chair confirmed that the Board were assured of the progress which had been made and following due consideration, IT WAS RESOLVED THAT the Equality, Diversity and Inclusion Annual Report (2017-18) be and is hereby approved and adopted.

Item 11 Providing efficient and financially sustainable services

1052/18 **Item 11.1 Assurance and Risk Report: Finance, Service Improvement and Delivery Committee**

Mrs Ponder provided the Board with the assurance and risks arising from the recent Finance, Service Improvement and Delivery Committee meeting.

1053/18 Mrs Ponder advised that the Committee had not been assured with regards to the CQUINS and had requested that deep-dives be conducted on the three most important areas.

1054/18 It was noted that whilst the Committee remained unassured with regards to contract negotiations, they were assured with regards to the coding backstop arrangements which had been put into place. It was further noted that the Committee had identified a potential banding/Staffside issue, which had been causing delays in required changes to the coding team. It was agreed that the matter would be referred to the Workforce and Organisational Development Committee to seek assurance.

1055/18 Mrs. Ponder confirmed that the Committee remained unassured with regards to the lack of progress in respect of the Financial Turnaround and advised that The Committee had sought confirmation that the schemes which constituted the plan had been subject to the Quality Impact Assessment process; with some having been rejected as a result. The Chief Operating Officer advised that there were not any schemes coming forward at this point which were not considered high risk.

1056/18 It was reported that the Committee had recommended for approval the capital and revenue loan drawdowns which would be considered by the Board in due course.

1057/18 Mrs Libiszewski questioned whether, given the Trust's current position, the upward assurance reports provided sufficient detail on the financial position and were fit for purpose. The Chief Executive confirmed that he expected the Recovery Plan to have progressed sufficiently so as to enable greater assurances to be given at the next meeting.

1058/18 The Interim Chair noted that there were a number of significant critical points on which the Committee were not receiving assurance and sought confirmation from Mrs Ponder that the Committee had the resources necessary to discharge its responsibilities. Mrs. Ponder advised that the issue was not necessarily one of capacity (for the Committee) but rather a lack of progress in the areas in which the Committee sought assurance. Mr. Hayward confirmed that workforce issues persisted across all assurance committees.

1059/18 **Item 11.2 National and Local Planning Update 19/21**

The Director of Finance, Procurement and Corporate Affairs advised that the report was presented for information and was self-explanatory. It was noted that the guidance, in respect of the planning and contracting cycle, would be received in the days before Christmas; with a response due by mid-January. The Interim Chair confirmed that a 'single system plan' had been agreed in principle and the Deputy Chief Executive commented that he expected progress towards integrated working would be incremental.

The Board noted and received the report.

1060/18 **Item 12.1 Integrated Performance Report**

The Board considered the Performance report and highlighted those areas not reported in the upward reports from the committees.

- 1061/18 The Medical Director advised the Committee that the Trust was an outlier on the Summary Hospital-level Mortality Indicator and that it was not entirely clear as to why this would be the case. It was noted that many patients were multimorbid and that work was ongoing in respect of coding. The Medical Director confirmed that NHSI were satisfied that the Trust were taking appropriate action.
- 1062/18 The Medical Director provided an update in respect of the significant reduction in mental health deaths which had been queried at the last Quality Governance Committee. It was noted that a new baseline had been established following the exclusion of certain conditions. It was further noted that a number of other similar exercises were ongoing.
- 1063/18 The Director of Nursing confirmed that performance in relation to Pressure Ulcers and falls was better than the national average, even though there was a possibility that the Trust had been over-reporting certain types of pressure ulcers. It was noted that the matter would be further discussed at the next Quality Governance Committee meeting.
- 1064/18 The Interim Chair commented on the satisfactory progress that was being made in relation to the Friends and Family Test.
- 1065/18 The Director of Human Resources and Organisational Development confirmed that work was ongoing in respect of sickness and appraisals and that this was being driven by the divisional MDs as it was not something that could be done centrally.
- 1066/18 In considering the Care Hours Per Patient Day, Mr. Hayward observed that the comparative figures were absent. The Director of Nursing was instructed to provide the appropriate benchmarks and context. The Chief Executive commented on the importance of reviewing trends and trajectories, rather than just snapshots.

Action: Director of Nursing – 30th November 2018

- 1067/18 The Director of Finance, Procurement and Corporate Affairs advised that the Trust's cash position was, in light of NHSI's rejection of the Trust's revised financial plan, looking increasingly exposed. In response to a question from the Interim Chair, the Director of Finance, Procurement and Corporate Affairs advised that staff wages would be prioritised in the unlikely event that terms could not be agreed with NHSI.
- 1068/18 The Board discussed and considered the risk mitigations in respect of maintaining services in the unlikely event that it became necessary.
- 1069/18 Mr Hayward suggested that the Risk register be updated to reflect the potential risks.

Action: Director of Finance, Procurement and Corporate Affairs – 30th November 2018

- 1070/18 The Board received an update in respect of Planned Care and it was noted that a further comprehensive report would be considered at the next meeting of the

Finance Service Improvement Delivery Committee.

1071/18 The Board noted the continued fragility around some services. It was reported that Cancer had seen improvements, despite continued fragility due to the availability of radiologists. 62 day performance was above the national average with the performance plan continuing to deliver.

1072/18 **Item 13 Risk and Assurance**

Item 13.1 Board Assurance Framework and Corporate Risk Report

The Board considered the report and the Medical Director highlighted the main points; noting that, as expected, there remained a number of high risks.

1073/18 The Board discussed the emerging risks and Mrs Libiszewski suggested that these should all be considered through the assurance committees.

1074/18 Following due consideration, the Board agreed that they could be confident that the risk Register accurately recorded and reflected the known risks.

1075/18 The Interim Chair led a thorough review of the Board Assurance Framework.

1076/18 Mrs Libiszewski commented that the BAF was driven by the way in which the objectives were written and that there were lessons to learn in how 2019/20 objectives, which should be system facing, could be *SMARTened* up so that they did not have to be rewritten in order to be met. It was agreed that the Deputy Chief Executive would revisit the draft priorities.

Action: Deputy Chief Executive – 30th November 2018

1077/18 **Item 13.2 Audit Committee Report**

The Board noted the report which, in Mrs Dunnett's absence was taken as read. Mr. Hayward drew the Board's attention to the postponement of the risk management review.

1078/18 **Item 13.3 Board Committee Terms of Reference**

The Board noted the draft terms of reference for the Audit Committee and each of the assurance committees. The Trust Secretary received feedback from the Directors and it was noted that the purpose of the Committees, as described in the terms of reference, were by no means exhaustive.

1079/18 The Chief Executive suggested that the Trust's statutory obligations, in respect of Caldicott Guardians and SIRO, be explicitly included in the FPEC Terms of Reference.

1080/18 It was agreed that the Trust Secretary would make final amendments before the Terms of Reference were shared more widely with those who report to the Committees.

Action: Trust Secretary – 30th November 2018

1081/18 Item 14 Strategy and Policy**Item 14.1 Board Forward Planner**

The Board noted the planner.

1082/18 Item 14.2 ULH Innovation

The Board received and noted the positive report and extended their congratulations to Deborah Birch.

1083/18 Item 15 Any Other Notified Items of urgent Business

The Board noted the announcement of the retirement of the Chief Executive in 2019.

1084/18 Item 16 Date of Next Meeting

It was noted that the next meeting would be held on Friday, 30th November 2018 at 9.15 a.m. at Lincoln County Hospital.

Voting Members	7 Nov 2017	15 Dec 2017	26 Jan 2018	23 Feb 2018	29 Mar 2018	27 Apr 2018	25 May 2018	29 June 2018	27 July 2018	31 Aug 2018	28 Sept 2018	26 Oct 2018
Elaine Baylis			X	X	X	X	X	X	X	X	X	X
Chris Gibson	X	X	X	X	X	X	A	X	A	X	A	A
Geoff Hayward	X	X	X	X	X	X	X	X	X	A	A	X
Gill Ponder	X	X	X	X	X	X	X	X	X	X	X	X
Jan Sobieraj	X	X	X	A	X	X	X	X	X	X	X	X
Neill Hepburn	X	X	X	X	X	X	X	X	X	X	X	X
Karen Brown	X	X	X	X	X	X	X	X	X	X	A	X
Michelle Rhodes	X	X	X	X	A	X	X	X	A	X	X	X
Kevin Turner	X	X	X	X	X	X	A	A	A	X	X	X
Sarah Dunnett	X	X	X	X	X	X	X	X	X	X	X	A
Elizabeth Libiszewski					X	X	X	X	X	X	X	X
Alan Lockwood								X	X	X	X	X