

Minutes of the Public Trust Board Meeting

Held on 26 January 2018

New Life Centre, Sleaford.

Present

Voting Members

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

Miss Lucy Ettridge, Associate Director
Communications and Engagement
Mrs Jayne Warner, Trust Secretary
(minutes)
Mrs Barbara Dempster, Healthwatch
Mrs Rebekah Calladine, Community
Midwife (item 8)

Apologies

Dr Paul Grassby, Associate Non-Executive
Director
Mrs Penny Owston, Non-Executive Director
Professor Mala Rao, Non-Executive Director
Mr John Bains, Healthwatch Chair

01/18 **ITEM 1. INTRODUCTION**

The Chair welcomed the members of the public to this her first meeting as Interim Chair for the Trust.

02/18 **ITEM 2. QUESTIONS**

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

- 03/18 Question: The ULHT Board built up the hopes of the Grantham community with numerous promises that you would reinstate OUR A&E 24/7, only to renege on those promises and you let us down in a manner that no other organisation has ever let us down before. Will you therefore unreservedly apologise to the Grantham community for these broken promises?
- 04/18 The Chief Executive acknowledge the disappointment and anger which had been felt by the Grantham public about the decision and about the trust which they had in the Board. The Chief Executive reminded the meeting about why the decision had been taken initially and reiterated that the Board's concerns and decisions were always focussed on patient safety.
- 05/18 Question: Can we have a timeline for the public consultation for the longer term solutions to Grantham A&E? And what is your preferred option to the long term model at Grantham?
- 06/18 The Deputy Chief Executive responded that the Trust was working with the CCGs to get a rapid conclusion to the issue. It was anticipated that a set of options would be agreed by March/ April 2018 which would then follow a process of due diligence. It was likely that public consultation would be the end of 2018 but the Trust could not be more definitive as this was not in their gift to determine.
- 07/18 Question: Given the fact that Lincoln County Hospital is currently under "severe pressure" in A&E as reported by Simon Evans, and the advice from Simon Evans is and I quote "Our advice is to please consider if you could be helped by visiting your local pharmacy, by contacting your GP, or attending a walk-in centre or urgent care centre before attending A&E", how can the board justify the so called "temporary" closure of Grantham A&E followed by the imminent closure of the Lincoln walk-in-centre?
- 08/18 The Chief Operating Officer responded that there had been no material impact on attendances at Lincoln A&E following the reduction of opening hours at Grantham. The Trust is not responsible for the walk in centre and continues to work with other providers and the CCGs to direct the public to the most appropriate services available including those in a non acute setting.
- 09/18 Question: At the recent Health Scrutiny Meeting held last week an update paper on the STP identified the financial gap facing the NHS in Lincolnshire at around £100m per annum on a recurrent basis. In the Trust Board Finance papers the ULHT control total is reported as a £77m deficit for 2017/18 reducing to a £56m deficit for 2018/19. Can the Board provide a reassurance that these control totals are realistic and achievable based on £100m deficit being reported by the PCT's in their STP update paper?
- 10/18 The Director of Finance, Procurement and Corporate Affairs responded that the figure in the STP paper referred to the financial gap for seven organisations in the county. £77m remained a challenging and ambitious target for which the Trust had plans in place but there were significant risks around winter.

- 11/18 Question: As you are failing month after month to achieve the target of 90% 4 hr or less waiting times at A&E in Lincoln and Boston can you inform me what action you will be taking to rectify this or is it the case that you are just unable to cope with the number of patients presenting themselves for treatment.
- 12/18 The Chief Operating Officer acknowledged that the Trust was not meeting the 95% target for A&E in January at any of its sites. The Trust continued to see many patients that could be seen elsewhere but also much higher numbers of patients who arrived by ambulance. The Trust was working with commissioners but still needed to do more.
- 13/18 Question: The minutes of your meeting on 15th December 2017 record (minute 953/17) that the ULHT Board agreed:
- not to change the current opening hours at Grantham A&E
 - that the Trust should accept the advice to move to a single A&E team
 - that the Trust should urge the CCG to move at a pace to review urgent care across Lincolnshire.
- 14/18 Can the Board thus advise its future action plan in relation to these decisions, with specific reference to ULHT's shortcomings in consultation and communication noted to in the Independent Clinical Senate Review Panel report (22nd November 2017), specifically:
- 15/18 4.22 lack of any mention or reference to any discussion with other parts of the system such as out of hours, community care providers, GPs and primary care on managing the impact of change in (Grantham A&E) opening hours
- 16/18 4.26 lack of any clear timelines of plans for public consultation on the STP, including a longer-term solution for A&E services across the area
- 17/18 4.31 the need to plan as soon as possible appropriate consultation, on the short, medium and long term plan for urgent, emergency and planned health care across the entire STP patch, with the public, patients, relevant stakeholders, neighbouring STPS and the Health Scrutiny Committee?
- 18/18 Can the Board also provide documented evidence of the fact of, and outcomes from, the "significant engagement with patients and the public" referred to in paragraph 4.35 of the ICSR report?
- 19/18 The Medical Director referred to the earlier response of the Deputy Chief Executive and confirmed that the senate panel had heard from the CCGs, a GP from Grantham and that discussions continued with the CCGs to identify a future model.
- 20/18 **ITEM 3. APOLOGIES FOR ABSENCE RECEIVED**
- Apologies were received from Mrs Penny Owston, Non Executive Director, Professor Mala Rao, Non Executive Director, Dr Paul Grassby, Associate Non-Executive Director and Mr John Bains Chair Healthwatch.

21/18 **ITEM 4. DECLARATIONS OF INTEREST**

The Interim Chair Mrs Elaine Baylis declared her role as Chair of Lincolnshire Community Health Services NHS Trust and also as Vice Chair of Lincolnshire Action Trust.

22/18 **ITEM 5. MINUTES OF THE MEETING HELD ON 15 DECEMBER 2017**

The minutes of the meeting held on 15 December 2017 were approved as a true and accurate record subject to the following amendments

Minute 988/17 – should read “The Director of Nursing stated that the establishment was not affordable but that the Trust could not afford not to staff at these levels.”

Minute 990/17 – should read “Acuity of patients would be subject to an independent review but was not included in the establishment numbers.”

Minute 1023/17 – should read “2WW was improving but demand had increased by 13% with no additional capacity”.

ITEM 6. MATTERS ARISING/ACTION LOG

Minute 663/17 patient experience report to focus on FFT for paediatric patients at Quality Governance Committee. The Director of Nursing confirmed that this was complete and could be removed from the log.

Minute 693/17 quality and safety reports to include previous months data. The Director of Nursing confirmed that additional data had been included in the agenda item for the meeting. This item was complete.

Minute 742/17 Review of capital programme to agree release of any additional funding. The Deputy Chief Executive advised that there had been no confirmation of the additional funding and that it was unlikely to happen during 2017/18 therefore the capital programme would be reviewed. The Trust had submitted a statement highlighting the issues this raised. The action would be updated but remain on the log.

Minute 785/17 Microbiology cover. The Director of Nursing was able to confirm that the Trust had made a joint appointment with Nottingham and this action was now complete.

Minute 809/17 Revalidation improvement plan. The Workforce and OD meeting had been deferred to February but the matter was on the work plan. The item was closed.

Minute 961/17 Training needs for medical equipment to be added to risk register. The Director of Estates and Facilities confirmed that the specific issue for the equipment was recorded on the register however the discussion at Board had been in relation to a wider issue of manual handling. Work in relation to this was ongoing. The Chair agreed that this item should be closed

as a Board action.

Minute 962/17 assurance on extent of medical equipment and training. The Medical Director confirmed that this was a piece of work which had been given to the Interim Director of Clinical Governance to review and would be reported through the Quality Governance Committee.

Minute 991/17 Nursing establishment report had been shared with the Clinical Directorates. This item was complete.

Minute 994/17 Report from Guardian of Safe Working. The Medical Director had written formally to Dr Varma about the assurance required. This item was on the agenda for the February meeting of the Workforce and OD Committee.

23/18 **ITEM 7 CHIEF EXECUTIVE HORIZON SCAN**

The Chief Executive advised the Board that the CQC had announced that in the light of the national pressures being experienced across the NHS there would be a deferral of their routine reviews.

24/18 The Board were informed that the NHS Improvement planning guidance for 2018/19 was yet to be received and this was concerning in terms of planning for the Trust.

25/18 The Board were advised that the Trust had welcomed the news of the Brexit Citizens Deal which allowed existing workers to stay. The Trust continued to rely heavily on European staff in its workforce.

26/18 The Chief Executive advised that the occurrence of flu in Lincolnshire had not been at the levels seen elsewhere in the country but that precautions continued to be taken as there may still be a peak in the coming weeks.

27/18 The Board noted that the Trust continued to experience winter pressures in line with those being experienced across the country. The Trust had seen a 12% increase in admissions during November 2017 and had called two critical incidents at Lincoln County. The Chief Executive highlighted the pressure which had been put on staff and the tremendous effort that had been seen by them. The situation had been very challenging but staff had been flexible in moving around to ensure that patients were kept safe.

28/18 The Interim Chair echoed the comments made by the Chief Executive and the appreciation of the efforts made by staff and asked that a message of thanks be passed to staff on behalf of the Trust Board.

Action: Chief Executive 23 February 2018

29/18 **Item 7 2021 Strategy Update**

The Deputy Chief Executive presented a report providing the Board with an update on progress with the launch of the 2021 strategy and next steps.

30/18 The Board were advised that the 2021 strategy had been launched across the

- 31/18 Trust and the feedback suggested that it had been well received by staff. At the meeting of the 2021 Programme Board there had been a discussion about how the Trust took the next step and moved to greater ownership and leadership by senior leaders within the Trust.
- 31/18 2021 champions had been identified and people reference groups were being established. The Deputy Chief Executive highlighted to the Board the growing impatience of staff on the lack of clarity around clinical services.
- 32/18 The Board would use 2021 as a framework for moving the Trust forward. The Board Development session in February would see the strategy used to set strategic objectives enabling development of the Board Assurance Framework.
- 33/18 The Trust acknowledged the difficulties of attempting to engage with staff whilst in the middle of winter pressures. Mrs Dunnett questioned the capacity of the Trust to move the strategy forward and asked whether the Trust had questioned what it would ask staff to stop doing to create the space to work in different ways. The Deputy Chief Executive acknowledged that this would be difficult and that this would be something to clarify at the Board Development session.
- 34/18 Mr Gibson commented that the NHS was facing enormous change and it was extremely positive that staff in the Trust had an appetite for this.
- 35/18 The Deputy Chief Executive advised that the clinical services redesign programme would lead to a plan for each service for the medium to long term and part of that would be a debate on reconfiguration. The Trust had started this work with considering the clinical strategy with the clinical teams. This had now moved to clinical service review considering good practice, resources and configuration. The next stage would be to consider how the Trust could provide the services. None of this would be completed independently and needed to be aligned with the STP.
- 36/18 Mr Hayward questioned how the Trust would ensure that it maintained engagement with staff. The Deputy Chief Executive confirmed that this would be followed up through a number of channels including patient safety visits to departments, but that the most positive way that staff would be engaged would be through the shaping of their service plans going forward.
- 37/18 The Chief Operating Officer highlighted the importance of demonstrating as a Trust Board the importance of the 2021 strategy and ensuring that it was aligned with the quality improvement programme. The Chief Executive commented that the strategy was part of the agenda for the Senior Leadership Forum. The Deputy Chief Executive advised that as the strategy progressed the communication plan would be synchronised with that of the STP and the whole community and would give a clear message for the STO and the Trust. The Interim Chair commented that this was a great opportunity for patients in Lincolnshire to change things for the better. The more that the Trust was aligned with the STP the less confusion would be created for the people of Lincolnshire. The Interim Chair stated that this would be her focus ensuring that the Board agenda was shaped around the strategy with the

38/18 Board modelling the behaviour of the leadership framework with 2021 being led by the Board.

RESOLVED

The Board:

- Noted the progress since the launch of 2021
- Agreed the next steps
- Responded that the Board would be actively engaged with shaping the strategy going forward.

39/18 **Item 9 Patient Story**

Ms Rebekah Calladine, Community Matron Midwifery joined the meeting to present the patient story.

40/18 The Board heard the story of an expectant first time mother who had requested a home birth. The Board were advised that the South of the County has a good home birth rate. The story told how following the birth during a routine post-natal visit by a community visit the midwife was concerned that the baby may have been developing sepsis. The baby was admitted to Pilgrim by a 999 ambulance and subsequently transferred to the Queens Medical Centre at Nottingham. It was eventually confirmed that the baby had strep b. The mother had given permission for the story to be shared and had written to the Trust stating that she believed that the prompt actions of the midwife had saved her baby's life.

41/18 The Director of Nursing commented that the Board had previously asked for assurance about safety for home births and this story had been presented to demonstrate the excellent home care that can be provided to mothers in Lincolnshire. The Director of Nursing asked MS Calladine to pass on her personal thanks to the team involved.

42/18 The Interim Chair thanked Ms Calladine for sharing the story and added that this demonstrated the Trust and confidence which mothers could have in the quality of the service.

43/18 **Item 9 Quality and Safety**

Item 9.1 Assurance and Risk Report Quality Governance

Dr Gibson presented the assurance report from the meeting of the Quality Governance Committee on 11th January 2018.

44/18 The Committee had highlighted for the attention of the Trust Board the quality parameter – harm per 1000 bed days. The Committee had been advised that the formula being used to calculate this had been incorrect and therefore corrected values showed poorer performance. The Deputy Chief Executive advised that the data was being rebased to the start of the financial year and the learning from the issue was the introduction of additional checking mechanisms. The Committee had agreed that the following actions would be taken. The Deputy Chief Executive would be asked to take another look at the issue to satisfy the Board that it had now been addressed. The figures would be recalculated for 2017/18 and clarity would be sought on what notifications the Trust needed to make to advise of the error.

45/18 The Chief Executive stated that the concern was that the Trust had not been tracking harms when it should have. The Director of Nursing advised that the Board could be assured that the revised data had all been reviewed the trend was as expected and the actions which would have been expected had all been taken despite the error in the data.

46/18 The Committee had highlighted concerns about the changed date for Trust Board and the committee to allow reporting of data. The Chief executive responded that this had been implemented in response to the clinical governance review to allow timely discussion at assurance committees and board.

47/18 Mrs Truscott asked for clarity on the development of an accountability framework for sepsis. Mr Gibson stated that this related to personal accountability.

RESOLVED

The Trust Board noted the

- Assurances received by the committee.
- Those areas where assurance had not been received and the actions initiated by the committee in response to this
- The risk register and strategic risk register/ BAF review

48/18 **9.2 Performance Report Quality and Safety**

The Medical Director and Director of Nursing presented the quality section of the integrated performance report by exception.

49/18 The Medical Director advised the Board that the Trust remained an outlier for HSMR and SHMI. The Medical Director highlighted respiratory illness as a particular area of concern. The Trust had sought an external review of biliary

tract disease as this was another outlier area. The review had now commenced.

50/18 The Medical Director highlighted the mortality reduction actions being taken and the learning from deaths dashboard now incorporated within the report.

51/18 Mrs Dunnett welcomed the completion of external reviews and asked how assurances would be received once the reviews were completed. The Medical Director advised that the output from these reviews would be reported to the Quality Governance Assurance Committee. The Interim Chair advised that it was important that the Committee focussed on some of the headline areas from the Quality report.

52/18 Mrs Ponder commented that there were a number of mortality reviews where grading had not been completed and asked what was behind this. The Medical Director agreed to ask the question and report back.

Action: Medical Director 23 February 2018

53/18 The Chief Operating Officer asked in the light of the coding and documentation issues that were being identified in some of the financial turnaround work whether the Trust would still have been alerting for mortality had the coding been correct.

54/18 The Deputy Chief Executive responded that the review which is underway is still in the early stages. The review involves examining the co-morbidity form on patient notes and its completion. One of the issues highlighted is the lack of documentation. The Chief Operating Officer raised a concern that the review did not address the root cause of the coding issues. The Interim Chair asked that greater clarity about the coding review be provided and the timescales and that the matter be delegated for consideration at the Quality Governance Committee.

Action: Penny Owston 23 February 2018

55/18 The Director of Nursing reported that there had been an increase in falls reported. The Director of Nursing commented that falls reporting was being reviewed as the report was not easy to follow, reporting used by other Trusts was being considered.

56/18 The Board were advised that there had been a slight decrease in the number of pressure ulcers.

57/18 The Director of Nursing explained that there had been an error in the graph and the number of medication incidents with severe harm should have been 1. Work was underway reviewing these incidents and picking up the poor attendance at the medicines optimisation committee.

58/18 The Board were advised that the Trust had identified a further case of MRSA during January and the number of patients with clostridium difficile for 2017/18 was 57. The Trust currently had 7 patients with active flu.

59/18 Mrs Dunnnett referred to the safety thermometer data and noted the actions being taken in respect of the Pilgrim site but asked whether the Trust were assured that the right actions were in place. The Director of Nursing commented that a deep dive of the Pilgrim data was underway, but added that winter pressures meant that there had been difficulties on all sites and it was perhaps unsurprising that a recovery had not been seen.

60/18 Mrs Truscott noted that catheterisation seemed to be a concern and asked whether improvements were being seen. The Director of Nursing responded that the Trust were trying to refocus and improve the trials without catheter.

61/18 The Director of Nursing highlighted the uptake of the flu vaccine at 78%.

RESOLVED

The Board noted the performance report for quality and safety.

62/19 **Item 9.3 Quality and Safety Improvement Plan**

The Director of Nursing presented the latest iteration of the Quality and Safety Improvement Plan. In addition to the summary report the Board were presented with a more detailed update.

63/18 The Interim Chair noted the number of meetings involved in the assurance methods and questioned whether there were better ways of providing assurance. The Chief Executive responded that the meetings were all served by one set of reports. The Interim Chair commented that as a Board in special measures it was important to review the way that the process operated.

RESOLVED

The Board noted the assurances given and the progress of the Quality and Safety Improvement Plan.

64/18 **Item 11.2 Performance Report Workforce**

The Director of Human Resources and OD presented the workforce section of the integrated performance report by exception.

65/18 The Board were informed that there had been little movement in the key workforce indicators. The vacancy rate for allied health professionals and unregistered nurses had improved but the Trust continued to struggle in other areas.

66/18 The Trust continued to track leavers.

67/18 Sickness levels for the Trust had increased in December but not to the levels which had been seen in December 2016. The Trust was exploring the use of a first day reporting system.

The Chief Executive stated that the level of voluntary turnover was reducing however wards were reporting that the Trust was losing experienced staff. The Director of Human Resources and OD commented that a review of length of service data had shown that a number of long term staff had left in December

but this may just be linked to choosing the end of the year to retire. The Director of Human Resources and OD stated that the Trust continued to work on development pathways for nurses and also at how to retain staff.

68/18 The Deputy Chief Executive commented that core learning was green however the Trust remained challenged for core learning in fire safety and IG training which impacted on the IG toolkit compliance. The Director of Human Resources and OD stated that core training was higher than it had been for some years and the training packages had been improved.

69/18 Mrs Ponder asked if there were any themes emerging from exit interviews with staff. The Director of Human Resources and OD advised that the lack of development opportunities and the level of stress and pressures being faced were common themes. The Director of Human Resources and OD referred back to his earlier comment about development pathways for nurses.

70/18 Mrs Dunnett commented that the Trust has had some success in recruiting overseas doctors and asked for assurance that the appropriate support was in place for them when they arrived. The Director of Human Resources and OD responded that the Trust had learnt from previous cohorts and was in touch with various networks which already existed in the medical community.

71/18 The Interim Chair commented that whilst there were challenges it was clear that progress could be seen. It was important that the Trust continued to focus on caring for its staff and the opportunities for personal development.

RESOLVED

The Board noted the workforce performance report.

72/18 Item 11 Finance and Performance

Item 11.1 Finance, Service Improvement and Delivery Assurance Committee

Mrs Ponder presented the Finance, Service Improvement and Delivery Assurance Report from the meeting held on 16th January 2018.

73/18 The Committee remained unassured with respect to the achievement of the Trust financial plan. The Committee had reviewed in detail the financial recovery plan and considered whether any of the ongoing actions were likely to impact on the financial position at the start of 2018/19. The Committee had noted that the Trust continued to work to introduce service line reporting.

74/18 The Committee had been assured on the progress with the fire safety enforcement actions.

75/18 The Committee had considered the 2021 strategy and had asked for future milestones.

76/18 The Committee had also asked for assurances to be provided on the

production of a business case for health records digitalisation. The Chief Executive commented that the Trust had responded to a request from NHS Improvement to outline those schemes which the Trust would need support to deliver. A case for schemes amounting to £53m had been prepared which included the digitalisation of health records.

RESOLVED

The Trust Board noted the Assurances received by the committee. Those areas where assurance had not been received and the actions initiated by the committee in response to this The risk register and strategic risk register/ BAF review

77/18 Item 11.2 Performance Report Finance and Operations

The Director of Finance, Procurement and Corporate Affairs presented the month 9 financial performance. The month 9 position was a deficit of £64.2m against a revised outturn deficit of £77m. The Director of Finance, Procurement and Corporate Affairs highlighted the significant risks faced by the Trust in the final quarter of 2017/18 and the current winter pressures being experienced.

78/18 The Board were advised that the Trust had delivered £8.7m of the financial efficiency programme. The Director of Finance, Procurement and Corporate Affairs highlighted the Trust cash position. The efficiency savings being made were not cash backed and therefore the Trust would need a loan requirement to get to the year end. The Trust had no guarantee that this would be approved and were continuing to work on alternative solutions.

79/18 Mr Hayward expressed his concern at delivery of the savings for the year and asked what the real confidence level was that it could be achieved. The Director of Finance, Procurement and Corporate Affairs responded that the recovery plan approved in December was broadly on track and active plans were in place for those areas which were most at risk.

80/18 Mrs Dunnett asked what the Director of Finance, Procurement and Corporate Affairs felt was the vulnerability around the current control total. The Director of Finance, Procurement and Corporate Affairs stated that the Trust would deliver what was within its control. There were a number of risks which would impact at the end of the year which included £5-£6m winter pressures, and contract challenges up to £1.2m.

81/18 The Interim Chair acknowledged that the Trust had committed to £77m however it still had to get through the winter period.

82/18 The Chief Operating Officer advised the Board that the Trust was in an escalation process for 62 day classic standard for cancer and the challenges and actions had been discussed at the Finance, Service Improvement and

Delivery Committee. Pathology continued to be an issue and the Trust was working with Pathlinks to address the issues.

- 83/18 System escalation had been stood down for the Trust in respect of urgent care. There was still oversight but not the weekly meetings. The Chief Operating Officer advised that the data presented was for the Trust but in future the data would include type 3 performance. The action plan for urgent care had been shared with the Finance, Service Improvement and Delivery Assurance Committee. The Chief Operating Officer recorded his thanks for the system support which the Trust had received in working to move patients through the system.
- 84/18 Dr Gibson asked what would be the long term plan for the pathology service. The Chief Operating Officer explained that future contracting would be more explicit and the options were being explored as part of a national process.
- 85/18 Dr Gibson noted that the media had reported nationally the issues in urgent care and areas being used as escalation areas without the necessary equipment and staff and asked if this had been an issue for the Trust. The Chief Operating Officer responded that this had been an issue balancing the risks of a full emergency department against the risks of moving patients elsewhere. Escalation beds were open on the Lincoln site and the risks were being mitigated but there was still an increased clinical risk.
- 86/18 Mrs Dunnett expressed her concern that the Pilgrim site performance against the A&E standard had fallen so low. Mrs Dunnett asked for assurance that the system plans were still fit for purpose. The Chief Operating Officer responded that the actions being taken were the right ones but in order to address the problem required a reconfiguration of the hospital site. The Trust still had fundamental issues with the workforce and the environment not being adequate to deal with the level of demand. Mrs Dunnett questioned whether the wider system still felt assured by the plan. The Chief Executive responded that the action plan was for the whole of the Lincolnshire system and some of the plan was to support patients better in the community.
- 87/18 The Director of Nursing stated that the Trust was working with NHS Improvement who had completed an external clinical review at Pilgrim and had identified lots of good practice and some issues to pick up.
- 88/18 The Deputy Chief Executive commented that the pressures on A&E had increased over a number of years and Trusts faced balancing patient safety against performance. To address the issues would require a step change when 10% of patients seen did not need to be seen in a hospital setting. The Interim Chair observed that this was a good challenge as the whole system needed to take responsibility for changing.

RESOLVED

The Board noted the Finance and Operational Performance Report.

89/18 **Item 11.3 Financial Recovery Plan**

The Director of Finance, Procurement and Corporate Affairs introduced a report updating the Trust Board on progress in relation to the 2017/18 financial recovery plan and the 2018/19 plans.

90/18 The Board noted that at month 9 £8.7m of savings had been confirmed. Initial work was underway to produce a 2018/19 plan to deliver £30m and a control total of £56m deficit.

91/18 The Board were asked to formally agree the adjustment of the 2017/18 control total from £75m deficit to £77m deficit in line with the agreement with NHS Improvement.

RESOLVED

The Board noted the work on the plans for 2018/19 and agreed the revised control total.

92/18 **Additional Agenda Item
Upward Report from Audit Committee**

Mrs Dunnett provided a verbal report from the Audit Committee meeting on 23 January 2018.

93/18 The Board were advised that this had been the first meeting with the newly appointed external auditors for the Trust PWC. The Committee had agreed the external audit plan for 2017/18 and had noted the increased risks associated with the final accounts audit as a result of the Trust being in special measures. The Committee were assured that appropriate plans were in place for the year end accounts process.

94/18 The Committee had considered their terms of reference and had agreed to increase the required attendance for Non-Executive Directors.

95/18 The Committee had agreed an internal audit plan for 2018/19. Limited assurance had been received on some internal audit reports which would be passed to the relevant assurance committees to monitor.

96/18 The Committee had received an action plan to support the income work being completed and had raised concerns about the ability of the Trust to deliver the plan.

97/18 The Committee had escalated concerns about the pace of delivery of risk management improvement programme.

The Board noted the verbal update.

98/18 **Item 12 Strategic Risk Management Report**

The Medical Director presented the strategic risk register and Board Assurance Framework.

99/18 The Medical Director advised that the Board continued to review what information it needed as a Board to get assurance. The Interim Chair stated that the Board Assurance Framework was the key document through which the Board was able to discharge its responsibilities by understanding the risks to achieving its strategic objectives. The Interim Chair stated that the report needed to be developed so that the Board could use the BAF to provide greater levels of assurance.

100/18 The Deputy Chief Executive advised that deep dives from the assurance committees had been used to escalate issues through the BAF. The Interim Chair advised that the Board needed to be able to see in month changes and be able to map what they have seen to what the assurance levels are.

102/18 The Interim Chair stated that it did not feel like the document was where it needed to be and it would require some greater focus going forward.

103/18 The Interim Chair noted that some elements of the BAF were not adequately populated and asked for the Executive Directors to take action to ensure that this was addressed for the next meeting.

Action: Executive Directors 23 February 2018

RESOLVED

The Board noted the current strategic risk register and BAF and the further work required. A revised and fully populated BAF would be in place for April 2018.

104/18 **ITEM 13 STRATEGY AND POLICY**

Item 13.1 Staff Engagement

The Director of Human Resources and OD updated the Board on increasing levels of engagement within the Trust People Strategy

105/18 The Director of Human Resources shared progress with introducing a structured approach to staff recognition.

106/18 The Chief Operating Officer asked if there was a way that the clinical and non-clinical split of the staff awards could be reviewed as staff did not like it.

107/18 The Director of Nursing shared with the Board the daisy award which was an internationally recognised nursing award which the Trust was planning to introduce.

RESOLVED

The Board noted the steps being taken for staff recognition and engagement.

108/18 **Item 13.2 Trust Innovation**

The Associate Director Communications and Engagement shared details of the new one stop foot clinic set up in Lincolnshire to help prevent amputations for patients with diabetes.

RESOLVED

The Board noted the development

109/18 **Item 13.3 Planning for 2018/19**

The Director of Finance, Procurement and Corporate Affairs advised that the update had been covered within earlier items on the agenda.

110/18 **ITEM 14. ANY OTHER BUSINESS**

There were no other items of business.

111/18 **ITEM 17. DATE, VENUE AND TIME OF NEXT MEETING**

The next meeting will take place at 9.15am on Friday 23rd February 2018 in The New Life Centre, Sleaford.

EXCLUSION OF THE PUBLIC

In accordance with Standing Order 3:1 and Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960: To resolve that representatives of the press and other members of the public be excluded from this part of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Signed as a true record _____ **Chairman**

Date _____

Attendance

Voting Members	7 Feb 2017	7 Mar 2017	4 Apr 2017	9 May 2017	6 Jun 2017	4 July 2017	1 Aug 2017	5 Sept 2017	3 Oct 2017	7 Nov 2017	15 Dec 2017	26 Jan 2018
Elaine Baylis												X
Chris Gibson								X	X	X	X	X
Geoff Hayward	X	A	X	A	X	X	X	X	A	X	X	X
Penny Owston	X	X	A	A	X	X	X	X	X	X	X	X
Gill Ponder	X	X	A	X	X	X	X	X	A	X	X	X
Kate Truscott	X	X	X	A	A	X	X	X	X	X	X	X
Tim Staniland	X											
Jan Sobieraj	X	X	X	X	X	X	X	X	X	X	X	X
Suneil Kapadia/ Neill Hepburn	X	X	X	X	X	X	X	X	X	X	X	X
Interim Director of Finance	X	X	X	X	X							
Karen Brown						X	X	X	X	X	X	X
Michelle Rhodes	X	X	A	X	X	X	X	X	X	X	X	X
Kevin Turner	X	X	X	A	X	A	X	X	X	X	X	X
Sarah Dunnett,	X	X	A	X	X	X	X	X	X	X	X	X
Mala Rao				X	X	X	X	X	X	X	X	A

X In attendance
A Apologies given