

Minutes of the Public Trust Board Meeting

Held on 29 March 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 Elizabeth Libiszewski, Non-Executive
Director
Mrs Gill Ponder, Non-Executive Director
Mrs Mala Rao, Non-Executive Director
Mr Jan Sobieraj, Chief Executive
Mr Kevin Turner, Deputy Chief Executive

Non Voting Members

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

In Attendance

Miss Lucy Ettridge, Associate Director
Communications and Engagement
Mrs Jayne Warner, Trust Secretary
(minutes)
Mr John Bains, Healthwatch Chair
Ms Victoria Bagshaw, Deputy Chief Nurse

Apologies

Mrs Michelle Rhodes, Director of Nursing
Mr Paul Boocock, Director of Estates and
Facilities

201/18 **ITEM 1. INTRODUCTION**

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

202/18 **ITEM 2. QUESTIONS**

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

203/18 Question: With the fantastic news of the approval of the Lincoln medical school, giving Lincolnshire a real opportunity to train medical student; Would you agree that all 3 hospitals (Lincoln, Boston and Grantham) need to provide many opportunities for these students to train in? And could you let us know if this has helped our desire to retain as much A&E

services at Grantham?

- 204/18 Dr Hepburn echoed the comment that this really was fantastic news about the Lincoln Medical school and highlighted this as a positive step forward due to the key part student's play in raising standards and bringing new developments. The Trust does have a desire to retain the A&E, as it does to retain the entire workforce. Dr Hepburn confirmed that it would be 7 years before the Doctors could be part of the workforce.
- 205/18 Question: When the next vacancy arises on the ULHT Board, if I were to apply, would my chances of success be seriously diminished because I live in Grantham, and what would I need to do to justify my existence if I was a board member earning substantially more than the Prime Minister, and would I need to worry about not having a pension pot that would adequately meet my humble needs?
- 206/18 The Interim Chair confirmed that any Board positions are advertised nationally and are open to all to apply. There is no disadvantage to applicants due to their race, gender or nationality. Terms and conditions of the national guidance are adhered to. Info on remuneration for Board members is published annually and Director performance is reviewed regularly.
- 207/18 Question: The old part of Grantham Hospital is deteriorating quickly, what is going to be done about this, or is the plan to let it fall down and then sell the land off for housing.
- 208/18 The Director of Finance, Procurement and Corporate Affairs responded that the Trust is still developing the estate strategy for Grantham. The Trust has a responsibility to manage the estate. The old hospital can make a positive contribution but not for healthcare. The Director of Finance, Procurement and Corporate Affairs reiterated the Trust commitment to communicate and engage with local people going forward.
- 209/18 Question: In the light of ULHT's decision to reduce Pilgrim hospital's paediatric inpatient beds from 19 (as at June 2017) to 8 (as announced 28th Feb 2018) on the premise that planned paediatric surgery will all take place at Lincoln in future, please could you confirm the arrangements for monitoring numbers and impact on patients and their families when all 8 beds are full, but a child is unwell enough to require admission?
- 210/18 The Deputy Chief Nurse responded that the Trust was focussed on providing the right care for young people in the right environment. If the Trust changed plans in place this would be a clinically led decision. A recent review had taken place of all children on the elective waiting lists and the sickest children had been prioritised and sent to the correct place for treatment.
- 211/18 Question: At its last meeting, on 23rd February 2018, the ULHT Board responded to 10 questions from the public, all of which related to Grantham and District Hospital's A & E department. In summary, the Board's responses, as recorded in the minutes of that meeting, to those questions are:
- Changing the opening hours of Grantham A&E has allowed us to provide better patient care in Lincoln A&E where the most serious cases go

- This is the safest option for the provision of emergency care in Lincolnshire
- The Board remains committed to Grantham hospital, but will only provide services that are safe
- No time frame has yet been agreed for the plans being developed by ULHT and CCGs to be concluded and released for consultation
- Work is continuing between CCGs and ULHT to find a workable solution to the overnight closure of Grantham and District Hospital's A&E, but what is finally agreed may differ from the level of service provision that was in place when the overnight closure was instigated
- The classification of Grantham as a Minor Injuries Unit (as reported at a meeting for Pharmaceutical Needs Assessment) was wrong – the designation of Grantham and District Hospital's A & E has not changed; the department is working to plan and functions well above a Minor Injuries Unit
- The workforce and facilities are always under constant review
- The future of 24-hour A & E at Grantham would be considered by Clinical Commissioners and no decision has yet been made
- A & E facilities at Lincoln and Pilgrim are too small to deal due to the demand on services.

212/18 The main issues faced is the lack of appropriately trained workforce and by opening Grantham overnight would stretch services further.
The Board's own Integrated Performance Report for February shows that you

- Achieved less than 70% of the 4-hour waiting target
- Achieved less than half of the National Cancer targets
- Achieved "green" on only one of the 6 areas reported on, with 4 of the remaining five being "red".

Those statistics would not seem to support the contention that this is providing "better patient care" anywhere in the county.

213/18 In relation to Grantham and District A & E, can the Board advise:

- a) Is there a nominated individual (whether on the Board or on the Senior Management Team) with specific responsibility for monitoring and managing the overnight closure, and, if so, who is it? And if there isn't an individual with specific responsibility for this, why not?
- b) What data, factors, information, etc, are used to inform the "constant review"? How is this review undertaken and what criteria are used in evaluation? How is information about the process and outcomes communicated, and to whom?
- c) What, specifically, is the continuing work to find a workable solution to the overnight closure, and how does this differ from the work with CCGs to develop longer term plans?
- d) What options for Grantham and District A & E are being considered, in the short, medium and long terms? What consultation has taken place with specific regard to these options?
- e) What definition of "temporary" you are using?

214/18 The Medical Director responded to the questions in turn:-

- a) The Medical Director is responsible for monitoring and managing the overnight closure.
- b) A paper is regularly received at the Public Trust board which explains the criteria involved in the evaluation process.
- c) The Trust wants to maintain the service, linked in with other hospital services. The Trust work with other organisations in Lincolnshire within a process led by a Lincolnshire Clinical Commissioning Group.
- d) The Trust regularly consults with patients and the formal consultation is

led by the CCG.

- e) The definition of temporary is a short-term, interim stop gap. This has been longer than anticipated due to a clear set of options not yet being evolved.

215/18 Question: The Chief Executive of South Kesteven District Council wrote on behalf of members to the Department for Health outlining our concerns on the overnight closure of Grantham Hospital. A letter was received from Steve Barclay MP Minister of State for Health in which he quoted the Independent Panels view that it was not in the interests of patients safety in the shorter or longer term to re open A&E at Grantham. The CEO was advised to raise further concerns with the Trust Board, do you agree then that Grantham will never return to a 24/7 A&E?

216/18 The Medical Director responded that A&E is a much more complex service and has changed. The question really is will there be urgent care provided in an appropriate fashion.

217/18 Question: Regarding the review of ULHT estates has there been any decision made on Grantham's old hospital building? We have always been advised that the future of Grantham was bright and a day surgery unit here in Grantham was planned, yet to date no decision has been made. Can you give me an update please?

218/18 The Chief Operating Officer acknowledged this is a similar response to the one provided earlier by the Director of Finance. It was noted that the plans previously submitted had now changed although there was still a plan for Grantham as an elective Hub but not a stand alone day surgery. It was highlighted that within 6 months' time it was hoped to have an increased Orthopaedic provisions at Grantham.

219/18 **ITEM 3. APOLOGIES FOR ABSENCE RECEIVED**

Apologies were received from Mrs Michelle Rhodes, Director of Nursing and Mr Paul Boocock, Director of Estates and Facilities

220/18 **ITEM 4. DECLARATIONS OF INTEREST**

The Interim Chair confirmed she was a member of the Lincolnshire Health and Wellbeing Board. Mrs Dunnett recorded a declaration of the company MS Dunnett Ltd. Professor Rao confirmed that she was no longer an Honorary Consultant and would provide the date ceased to the Trust Secretary.

221/18 **ITEM 5. MINUTES OF THE MEETING HELD ON 23 FEBRUARY 2018**

The minute of the meeting which took place on 23rd February 2018 were agreed as a true and accurate record subject to the following amendments

Minute 118/18 should read Deputy Chief Executive not Chief Executive.

Minute 11/18 should read "the plan was for a £435m deficit and is now just below £1billion deficit."

Minute 141/18 should read “Dr Gibson requested more analysis”.

222/18 **ITEM 6. MATTERS ARISING/ACTION LOG**

Minute Ref: 742/17 – The Trust had been successful in achieving £2.1million of capital considered. This had been considered at the Finance Service Improvement and Delivery Committee. The item could now be closed.

Minute Ref: 975/17 – Considered at Clinical Cabinet. The Director of Nursing and chair of the Quality Governance Committee now revising to provide greater perspective. This item would stay open until complete.

Minute Ref: 990/17 – Workforce and OD Committee to receive update on nursing establishment. Deputy Chief Nurse provided an update and formal report planned for July 2018. The Chief Operating Officer confirmed the Board did receive the nurse establishment review although further work was required. Continual review of establishments to take place in line with national quality board. A formal update will be provided at the May meeting of Workforce and OD Committee.

Minute Ref: 994/17 – Guardian of Safe Working – A meeting had taken place between the Guardians and the Medical Director and new data software was in place. Mr Hayward highlighted the report did not provide assurance and Professor Rao queried whether the Guardians are able to undertake the requirements in their current workload. Mrs Dunnett highlighted that the Trust is not currently meeting the statutory reporting requirements and highlighted the need to review the capacity to meet the role.

The Medical Director confirmed the guardians have agreed time within their job plans and administrative support and software is provided. The Director of Human Resources and OD confirmed support had been identified to support the work with the guardians. The Interim Chair requested an update is provided at the next meeting.

Action: Medical Director – 27th April 2018

Minute Ref: 147/18 – Clinical Governance Plans – The Medical Director advised that details had been circulated to Board members and an update would be provided through the Quality Governance Committee.

Minute Ref: 163/18 – Patient Experience Data – Director of Human Resources and OD confirmed work is progressing on experience data for the Integrated Performance Report and will be brought to the next meeting. The Director of Finance confirmed the performance meetings are also being reviewed.

223/18 **ITEM 7 CHIEF EXECUTIVE HORIZON SCAN**

The Chief Executive informed the Board that there was excitement around the long term funding plan for the NHS although it was not clear when this would commence.

224/18 Communications are being distributed relating to the NHS 70th Birthday.

225/18 The consultation on a pay award for NHS Staff had commenced. Notification had been received that this would be fully funded.

226/18 The Chief Executive advised that the Trust does not have an issue in this area but welcomed the midwifery recruitment in terms of Better Births.

227/18 The Board were informed of the National Data Choice initiative whereby patients are able to opt out of their data being shared. There was a national push to ensure that patients are aware of their rights. Dr Gibson added that it was vital that patients understood the benefits of their data being shared.

228/18 The Board were notified that a new GP contract had been agreed with a 3.4% uplift, although this does not include working hours.

229/18 The Chief Executive welcomed the news of the Lincoln Medical School whilst acknowledging the considerable amount of work needed to deliver. The focus would be on doctors in the community which is the right focus. The Chair agreed to write to the Vice Chancellor of Lincoln University to congratulate them on the successful bid.

230/18 The Board were informed of the positive feedback following the Long Service Awards which were well attended.

231/18 The Chief Executive confirmed the Trust had been allocated a loan of £26million for the fire work to be undertaken in response to the enforcement notices.

232/18 The CQC would be conducting there well led review of the Trust on the 10th - 12th of April. This had already commenced with unannounced visits and staff focus groups.

233/18 The Chief Executive highlighted the frailty of the paediatric service at Pilgrim and that as had been previously reported to Board the maintenance of staffing levels continued to be an issue. The Trust had attended a risk summit and further discussions would take place when the options had been developed.

234/18 Mr Bains questioned whether there was an update on the Care Portal. The Deputy Chief Executive confirmed that the challenge is for the inter-operability of the portal.

235/18 **Item 8 Patient Story**

Kelly Harwood, Matron for Surgery and Orthopaedics at Pilgrim attended along

with Jo Allbones, Sister for Ward 3A to present the patient story. The patients family also attended the meeting.

- 236/18 The Board were provided with an overview of the patient story, of which concerns were raised surrounding the poor care of Mr Garfoot and the poor response to the first complaint raised by his family. Mr Garfoot had a number of falls whilst an inpatient at Pilgrim Hospital of which his family were not always notified. A Serious Incident Investigation took place and actions and improvements noted. Pilgrim hospital was now most improved in falls in the region, and work was ongoing to improve further.
- 237/18 The Board expressed condolences to Mr Garfoot's relatives and highlighted that the lessons learnt would be taken very seriously. The Board were aware that presenting the story was difficult for staff and that the experience for Mr Garfoots family had been very distressing.
- 238/18 Mr Garfoots granddaughter thanked Kelly Harwood for the support she had given them. The family felt shocked and saddened following their loss, and felt Mr Garfoot was let down and not cared for adequately.
- 239/18 The Board were informed of the narrative verdict from the Coroners inquest and that it highlighted that the basics must not be missed.
- 240/18 The Interim Chair apologised on behalf of the Board and hoped that the family were assured about the way this was now being treated. It was highlighted that all must be conscious that behind every set of data is a patient and learning must be shared across the organisation. Mr Rayson apologised for the inadequacy of the initial complaint response. The Deputy Chief Nurse advised that Mr Garfoots story had been incorporated in falls work across the whole organisation.
- 241/18 Mrs Ponder questioned the lessons learnt as part of the complaints handling process. The Chief Executive responded that complaints were quality assured by monitoring rejections of complaints but the Trust needed to look at other methods questioned how the complaints are quality assured and whether the rejection of complaints is monitored.
- 242/18 The Deputy Chief Nurse highlighted that the Ward Accreditation process will pick up much of what was missed in the care of Mr Garfoot and had been highlighted to all Sisters and Matrons. The learning from this had been included in the falls collaborative work.
- 243/18 The Interim Chair thanked the family for attending noting how difficult it must have been to hear the issues again and stated that the Board would welcome them back at any time to check up on how the actions were progressing.

244/18 **Item 9 Quality and Safety**

Item 9.1 Assurance and Risk Report Quality Governance

The Chair welcomed Mrs Libiszewski to her first Board meeting as Interim Non Executive for the Trust.

- 245/18 Mrs Libiszewski provided a verbal Assurance Report to the Board from the Quality Governance Committee meeting which took place on 23rd March 2018. It was noted that the meeting had been quorate but due to a change of date had been poorly attended.
- 246/18 The Committee had been limited in the assurances which they had received. Limited assurance was given in respect of falls, pressure ulcers and infection control.
- 247/18 The Committee received lots of information in respect of patient experience however this could not be triangulated so could not be assured.
- 248/18 An update was provided on SI investigation and incidents, of which the backlog was being addressed.
- 249/18 Duty of Candour compliance was improving but had not reached the target trajectory.
- 250/18 The Committee had been updated on the Trust plans to comply with GDPR. A further progress report had been requested for April. The Deputy Chief Executive confirmed assurance could not be given for GDPR. If an individual was recruited it would put the Trust in a better position but would not meet the timescales so a level of risk was highlighted. The issue had been capacity. The Trust had failed to recruit and was now sharing an individual with another organisation. Mrs Ponder challenged the recruitment to a new post when the organisation remained so financially challenged. The Deputy Chief Executive confirmed that the appointment was temporary to achieve compliance but this would be reviewed beyond that. The appointment also brought external expertise which was not within the organisation.
- 251/18 Mrs Libiszewski confirmed as new Committee Chair she would oversee work to review the reporting in to the Committee.
- 252/18 Dr Gibson questioned whether the sub-committee Chairs ought to attend the Committee meetings to present rather than provide a report. The work programme requires review and terms of reference need to be re-considered.

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 committee review of the risk register and Board assurance

framework.

253/18 **Item 9.2 Performance Report Quality and Safety**

The Medical Director presented the quality and safety elements of the performance report. The Trust is currently within expected boundaries for HSMR but an outlier for SHMI. There is a variation between sites reflective of their case mix. The Trust are poor at recording co-morbidities. The Medical Director highlighted that the narrative for mortality was misaligned for each of the sites on the report. Respiratory Care had now been placed in to the review programme for mortality and a review is taking place as to how the care is provided. The learning cascade from review is being improved through the Speciality Governance process.

254/18 Mrs Dunnett highlighted that several specialities have been alerting for over 3 months, including Gastroenterology and Aneurysms and requested whether high level findings could be reported to Quality Governance Committee. The Medical Director stated reports could be produced to highlight general themes.

Action: Medical Director 10 May 2018

255/18 The Chief Operating Officer noted the coding is below average so this would impact on the reports and further work is required to review this.

256/18 The Chief Operating Officer questioned whether work is underway to review the increase in mortality at weekends. The Medical Director responded that the Trust needs to move to 7 day working and that this was one of the themes of the mortality strategy. The Board were informed that benchmarking did not show the Trust as an outlier, but there is a considerable amount of work to undertake partly due to acute services on each site.

257/18 Professor Rao stated that she had seen a model of weekly meetings and asked if the Trust used this. The Medical Director confirmed the peer review was complimentary but a death review is yet to be undertaken although recruitment was underway for a Medical Examiner. The Board were advised that all SI's were reviewed twice each week to identify quick actions.

258/18 The Deputy Chief Executive questioned how much assurance is provided from the speciality governance arrangements. The Medical Director confirmed there is a lot of work still to be done to develop and embed. Mortality was a key part of the toolkit for speciality governance.

259/18 Mr Bains asked how locum staff were involved in education and training. The Medical Director acknowledged that the process was much less robust for locum staff and further guidance is due to be published. If locums had been involved in an SI then the Trust could write to the responsible officer for the locum.

260/18 The Deputy Chief Nurse highlighted the work still to be undertaken in relation to Falls and how this was being incorporated into the strategy. Detailed report will be taken to the Quality Governance Committee to review further. The Trust was

below the national average for falls and some of the work to mobilise patients early could increase fall at the lower harm levels. Mrs Dunnnett questioned where the Trust sits when reporting harm, as have traditionally been low reporters. The Deputy Chief Nurse confirmed this will be picked up within the more detailed reporting processes.

261/18 The Board considered pressure damage and it was confirmed that the narrative within the report was not currently aligned to the graphs. Concerns were raised around the timely reporting of pressure ulcers. Mrs Dunnnett noted the 35 avoidable pressure ulcers. Mr Hayward requested evidence that the actions being taken are having an effect and providing better care. Dr Gibson noted that the data for Pilgrim highlighted an issue not seen at the other sites and this may be an indication that specific intervention is needed in this case.

262/18 The Deputy Chief Nurse confirmed there was a revised approach to the Pressure Ulcer review committee whereby nursing leaders were held to account. Continued monitoring of pressure ulcers takes place and a trajectory is set for each area and ward. The Board were assured that the Ward Accreditation process and the quality matrons were supporting this process.

263/18 The Interim Chair noted the actions to be taken although was not assured that they were currently having a positive impact but was reassured that this had been recognised. The Interim Chair asked when the information would all be brought together. It was confirmed the Quality Governance Committee would receive the following Reports; Falls in April, Pressure Ulcers in May and CAUTI's in June.

Action: Director of Nursing 10 May 2018

264/18 The Board were provided with an update on Medication Incidents. The Trust was developing a better reporting culture, including a controlled drug audit. Mrs Ponder questioned whether data is included from Louth Hospital, as it is often absent from reports. The Interim Chair confirmed that a consistent approach needs to be undertaken to agree which data is included. The Deputy Chief Nurse agreed to confirm if this was the case.

ACTION: Deputy Chief Nurse – 27 April 2018

265/18 The Deputy Chief Nurse confirmed that the Trust is currently over trajectory for Infection Prevention and 5 further cases are being considered on lapses in care by the CCG. The Trust continued to drive bare below the elbow. Public Health England did not consider the Trust as an outlier.

266/18 The Trust is part of a national masterclass with NHSI to improve the position on CAUTI and a review will be undertaken on the Trusts current performance against the national best practice.

267/18 Mrs Libiszewski asked when individual performance actions would be taken rather than an improvement action and felt that the Trust should review this in the future.

268/18 The Interim Chair summarised that the Trust faced real challenges in the performance around quality and safety but recognised the actions being taken to improve.

269/18 **Item 9.3 Quality and Safety Improvement Plan**

The Deputy Chief Nurse presented highlights from the programmes within the plan. The Trust was reporting positive sign up to the Quality Improvement workshops for staff aimed at improving the safety culture of the organisation.

270/18 Challenges were still arising in relation to Programme QS16 – ED at Pilgrim. The Interim Chair queried when the Board would receive a narrative for this. The Chief Executive confirmed there is new information as part of the CQC visits and this would be drafted during April.

271/18 Mrs Ponder challenged the improved RAG ratings for two of the programmes. The Deputy Chief Nurse confirmed the milestones are reviewed on a weekly basis and this may alter the RAG rating if milestones have been hit. Consideration would be given to how this could be avoided.

272/18 **RESOLVED**

The Board noted the latest position against actions within the quality and safety improvement plan.

273/18 **Item 10.1 Workforce and OD Committee Assurance Report**

Mr Hayward provided the Board with a verbal update following the Workforce and OD Committee on the 26th March 2018.

274/18 Mr Hayward advised that the Committee were responsible for two of the strategic objectives within the board assurance framework.

275/18 Mr Hayward reported that the committee were not assured that the Corporate Risk Register was up to date and embedded.

276/18 The Committee had not been assured on the reporting from the Guardian of Safe working which had already been highlighted.

277/18 The Committee had requested a deep dive in to pay awards.

278/18 The Committee had considered the detail of the staff survey and were concerned that board visibility was still an issue.

279/18 **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 committee review of the risk register and Board assurance framework.

280/18 **Item 10.2 Performance Report Workforce**

The Director of HR and OD presented the workforce performance report. The Board were advised that the Trust had not achieved the required reduction in agency spend and that vacancy rates had increased. The Trust faced a continued challenge to recruit medical staff. Cohort of recruitment exercises were being run.

281/18 The Board were informed that the People Strategy is drafted and work is ongoing to look at the capacity to deliver this.

281/18 Mrs Dunnett queried whether additional support is provided to staff on the Wards where staffing levels are low. It was confirmed that additional leaderships support is provided and ensuring they are more visible. The nurse leadership were working to identify wards with concerns before the point of failure. The Chief Executive added that there had been lost of work reminding staff how to escalate issues.

282/18 The Board were informed the staffing for Paediatrics is low against the full bed base at Pilgrim, although this had now been reduced to 8 beds to mitigate.

283/18 The Interim Chair recognised the challenges faced and highlighted the need to see progress being made. It was noted that the Trust is still an outlier for sickness absence and questioned if the Workforce and OD Committee had recently reviewed this.

284/18 **RESOLVED**

The Board noted the workforce and OD performance.

285/18 **Item 10.3 Staff Engagement – Staff Survey**

The Director or HR confirmed this had previously being considered at the Workforce and OD Committee prior to being brought to Trust Board. An increase in response rate had been seen compared with previously years but the results of the survey were poor.

286/18 Following a review of the themes, outlining the core issues to be addressed a number of actions had been developed. It was reported there was a need to identify the quick wins which can improve staff health and wellbeing within the existing financial constraints.

287/18 Mrs Dunnett commented that at the big conversation sessions staff had expressed a need for certainty and an understanding of what future plans mean for them. The Board had to keep working on making itself visible. Mrs Dunnett also commented that the impact of financial special measures should not be underestimated. Mr Hayward noted this had been a theme at the big

conversation that he attended also.

- 288/18 The Interim Chair acknowledged that the Trust continued to move towards this as part of the STP. The Chief Executive commented that the conversation needed to move to how staff would help make the Trust a better organisation. The Interim Chair agreed that this should be part of the Board discussions moving forward as part of the 2021 strategy.
- 289/18 The Chief Executive highlighted there are better systems in place but if staff morale hasn't changed then it is less likely to have an impact.
- 290/18 The Interim Chair requested this is reviewed in more detail at the Workforce and OD Committee. The Committee were requested to quality assure the action plans to ensure they include the right elements to work towards. The Chief Executive highlighted the need to ensure the annual plan incorporates the issues raised.

Action: Chair Workforce and OD Committee 30 May 2018

291/18 **RESOLVED**

The Board noted the staff survey results and requested assurance on actions from the Workforce and OD Committee

292/18 **Item 11 Finance and Performance**

Item 11.1 Finance, Service Improvement and Delivery Assurance Committee

Mrs Ponder presented the Board with the assurance report from Finance, Service Improvement and Delivery Assurance Committee which took place on 20th March 2018.

- 293/18 The Committee had requested further assurance on fines not yet transacted this year.
- 294/18 The Committee had received assurance on the progress being made on the fire enforcement plans.
- 295/18 The Committee could not gain assurance on the financial recovery, annual plan progress and the risk register and processes.
- 296/18 The Board were informed the deficit is £82.4million not £84.4million as recorded in the report.
- 297/18 There is a risk for the Trust of not accepting control total.

298/18 **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 committee review of the risk register and Board assurance framework.

299/18 **Item 11.2 Performance Report Finance and Operations**

- 300/18 The Director of Finance presented the performance report to the Board. At month 11 the Trust is currently at £79million deficit. The effects of Winter had a big impact with a potential further deterioration in the year end position.
- 301/18 The Board were advised that the cash position in the report was misleading due to the timing of transactions and that this remained a risk for the Trust.
- 302/18 Mrs Dunnett reported there had been lots of discussion outside the Board about the financial plans and what 2018/19 will look like. Mrs Dunnett stated it would create a bigger challenge for the Trust next year as some of the savings are not recurrent.
- 303/18 Mrs Dunnett asked for assurance that there was a robust programme to deliver the capital programme going forward. The Board were advised that robust discussions have taken place at the Finance, Service Improvement Delivery Committee and plans are in place, along with engagement with contractors the issue had been capital which had now been agreed.
- 304/18 The Interim Chair noted that the Trust is going to exceed predicted control total.
- 305/18 The Chief Operating Officer provided an overview of operational performance. The RTT data is for January not December and RTT has improved in February. The risk of a deteriorating position due to the snow in February/ March was highlighted.
- 306/18 Cancer achieved 5 out of 9 targets in January. Breast services faced ongoing challenges. The Trust had initiated a harm review programme for delayed patients.
- 307/18 62 day was ahead of trajectory although this may increase due to the winter cancellations. Trajectory is for recovery by June.
- 308/18 Urgent Care. A&E attendances are 6.2% up in February compared to last year. The Community schemes expected a reduction but the Trust has seen an increase of 100 extra patients. Bed occupancy was above 100% due to escalation beds and stretched staffing.
- 309/18 The Board were advised that the Trust's position relative to other organisations had improved. The Trust would hold a full winter debrief to confirm that plans were ok.
- 310/18 Mrs Dunnett questioned whether the Board would have sight of the Emergency Department Debrief and asked if an independent review would be considered. The Chief Operating Officer advised that the debrief would feed in to the emergency planning committee and further options considered, system support

was being provided.

311/18 Mrs Libiszewski asked where the harm review was considered and was advised that this was part of the SI process.

312/18 **RESOLVED**

The Board noted the financial and operational performance.

313/18 **Item 12 Strategic Risk Management Report**

314/18 The Medical Director presented the Risk Management Report to the Board. The Board were advised that the cleansing process was continuing with increased pace and that there was still issues with the risk registers.

315/18 Overall there were 3 risks which were rated as 25 within the corporate risk register. Fire, Pharmacy, stroke. The Interim Chair challenged when the Board would have a register which it could rely on. The Medical Director advised that it was anticipated that there would be an improved report at the next meeting.

316/18 The Board requested the report is reviewed and presented in a different way for the next Board meeting which will include the divisions directorates and specialities.

317/18 The Interim Chair summarised the elements of the board assurance framework and commented that it did not seem that discussions required any movements to be made by the Board in respect of the entries. The Interim Chair reflected on the reports which had been relied upon for each strategic objective and risks.

RESOLVED

318/18 The Trust Board noted the latest position of the corporate risk register and board assurance framework.

319/18 **ITEM 13 STRATEGY AND POLICY**

Item 13.1 Board forward planner

The Board noted the forward planner.

320/18 **Item 13.2 – Fit and Proper Person Annual Compliance Check**

The Board noted the annual compliance check.

321/18 **Item 13.3 ULH Innovation**

The innovation report was noted.

322/18 **ITEM 14. ANY OTHER BUSINESS**

The Interim Chair expressed thanks to Professor Rao for the different

perspective she had brought to the Board meetings and wished her well in the future.

323/18 ITEM 17. DATE, VENUE AND TIME OF NEXT MEETING

The next meeting will take place at 9.15am on Friday 27th April 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	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	23 Feb 2018	29 Mar 2018
Elaine Baylis										X	X	X
Chris Gibson						X	X	X	X	X	X	X
Geoff Hayward	X	A	X	X	X	X	A	X	X	X	X	X
Penny Owston	A	A	X	X	X	X	X	X	X	X	X	
Gill Ponder	A	X	X	X	X	X	A	X	X	X	X	X
Kate Truscott	X	A	A	X	X	X	X	X	X	X	X	
Jan Sobieraj	X	X	X	X	X	X	X	X	X	X	A	X
Suneil Kapadia/ Neill Hepburn	X	X	X	X	X	X	X	X	X	X	X	X
Interim Director of Finance	X	X	X									
Karen Brown				X	X	X	X	X	X	X	X	X
Michelle Rhodes	A	X	X	X	X	X	X	X	X	X	X	A

Agenda Item 5

Kevin Turner	X	A	X	A	X	X	X	X	X	X	X	X
Sarah Dunnett,	A	X	X	X	X	X	X	X	X	X	X	X
Mala Rao		X	X	X	X	X	X	X	X	A	A	X

X In attendance
A Apologies given