Agenda Item 5

Minutes of the Public Trust Board Meeting

Held on 5th March 2019

New Life Centre, Sleaford

**Present**

**Voting Members:**
Mrs Elaine Baylis, Chair
Mrs Sarah Dunnett, Non-Executive Director
Dr Chris Gibson, Non-Executive Director
Dr Neill Hepburn, Medical Director
Mrs Liz Libiszewski, Non-Executive Director
Mr Paul Matthew, Acting Director of Finance and Procurement
Mrs Gill Ponder, Non-Executive Director
Mr Jan Sobieraj, Chief Executive
Mr Kevin Turner, Deputy Chief Executive
Mrs Michelle Rhodes, Director of Nursing

**Non-Voting Members:**
Mr Martin Rayson, Director of Human Resources and Organisational Development
Mr Paul Boocock, Director of Estates and facilities
Mr Mark Brassington, Chief Operating Officer

**In attendance:**
Mr John Bains, Healthwatch
Mrs Jayne Warner, Trust Secretary
Mrs Karen Willey, Deputy Trust Secretary (Minutes)

**Apologies:**
Mr Geoff Hayward, Non-Executive Director
Mr Alan Lockwood, Interim Non-Executive Director

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| 204/19 | **Item 1 Introduction**<br><br>The Chair welcomed members of staff and the public to the meeting |
| 205/19 | **Item 2 Public Questions**<br><br>The chair expressed her thanks to the members of the public who had submitted questions, the Board provided responses to the questions posed. |
| 206/19 | ***Question 1 from Jody Clark - I have started a government petition to ask for capital investment funding for a new build hospital on one of the large developments happening locally in Grantham. I have learned from attending your meetings, about the costs in backlogs of maintenance issues and fire safety standards, as well as the expense of service reconfigurations needed under the NHS long term plans. The costs could be saved if we can get a purpose built facility instead? With capital investment funding, contributions from the developers and local council and we would fundraise to contribute. My question is, would you support me in my petition for a new build hospital? https://petition.parliament.uk/petitions/242302***<br><br>The Director of Estates and Facilities responded:<br>The NHS has a system for determining cost effective capital solutions. The Trust does have a significant amount of backlog maintenance however this is not necessarily more expensive to address than a new build. Therefore whilst we do appreciate the continued support we don't |

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| | feel that there is a need for the petition. |
| 207/19 | ***Question 2 from Councillor Ray Wootten - Last week it was reported in the media that Grantham Hospital would be losing more services and become an Urgent Care Centre. The article stated that cardiology, in patient care, Orthopaedic and patient resuscitation would be affected and patients lives would be lost. Can you please inform me if this is correct and that the future of Grantham Hospital is not bright as the trust board has previously stated over a number of years.*** |
| | The Medical Director responded:<br>The Trust haven't changed its view that Grantham Hospital has a bright future and needs to play an important role in the local community. This is shown in the recent work with elective surgery which we agreed to extend at our last Board meeting and which has benefitted local residents and those across Lincolnshire.<br>As part of Healthy Conversations 2019 led by the CCGs the Trust will take the conversation out to the public about how they can play a part in this important work. This kicks of this afternoon. |
| 208/19 | ***Question 3 from Sue McQuinn - The introduction of the ParkingEye payment system at ULHT hospitals has caused chaos. It's brought distress to people when they're possibly at their most vulnerable. What assurances can the board give that the ''glitches" that caused so many visitors and staff to be sent PCNs, erroneously, have been eradicated? What is the timescale for rolling out the pre-registration system for Blue Badge holders and how exactly will this work in practice? Also, can the board confirm that problems disabled visitors have reported in using the kiosks have been resolved? When do you expect good2go to be able to offer their app for use in conjunction with Blue Badges?*** |
| | ***Should ULHT consider suspending the system again until these (and other issues) have been resolved?*** |
| | The Director of Estates and Facilities responded:<br>Whilst there have been some technical issues with the systems these have mainly been between the cameras and pay stations, these issues have now been resolved and between January and February there has been a 70% reduction in issues, some of the issues raised have been in relation to incorrect information being entered in to the system, this will be resolved over time and future issues will be resolved as they arise. |
| | The development of the pre-registration system for blue badge holders has been completed with a role out across all sites happening in March, the app for payment will also be rolled out. The system requires those with a blue badge to register with reception and they can then pay the reduced rate at the pay station, outstanding issues with the stations have been resolved. In order to ensure that the stations are suitable for those with a disability an inspection of the equipment is being undertaken, once the report has been received any issues raised will be acted upon. |
| | ULHT will not suspend the system again as work is being undertaken with the contractors to ensure issues remain resolved. In order to ensure the system operates affectively it needs to remain live, doing so continues to offer the benefits of reduced queuing. |
| 209/19 | ***Question 4 from Alison Marriott - Please can you explain exactly what is meant by "one team, two sites"? Does it only apply to the Consultants, or does it cover any other tiers of the rota?*** |
| | ***How does it affect the ability of the on-call consultant to respond within the time scale/travel distance set out in their contracts, for patient safety at night & weekends. For example, if the consultant on-call is from the Lincoln area and has to travel to Pilgrim? Or*** |

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| | ***would this be managed so that they remain within the required radius/travel time.***<br><br>***Will it help the staffing situation at Pilgrim going forward, by making it easier to ask Lincoln Drs to work at Pilgrim?***<br><br>The Director of Human Resources and Organisational Development responded:<br>One team two sites really means an integrated team providing a service across the trust. The work is arranged in such a way to provide the specialist care required for all patients who need it in an appropriate way be an appropriate clinician.<br><br>The concept of site based doctors or nurses are outmoded as are the concepts of 'doctor and nurse jobs', these boundaries are blurred in high performing healthcare organisations. So an emergency service might be provided a team for the whole trust and that ram will be composed of clinicians from a variety of professional backgrounds. |
| 210/19 | ***Question 5 from Councillor Ian Selby – ULHT is ranked 131, bottom of 131 Trusts in the January 2019 figures that Patients treated or admitted with four hours of arrival at A&E, with an appalling and embarrassing figure of 62.7% achieved compared with the average in England of 84.4% and with the target of 95%. Furthermore the last time ULHT achieved it's target was back in September 2014 when Grantham had a 24/7 A&E Service so therefore do you now concede that it's long overdue that you reinstated Grantham's overnight A&E, and if not what are you doing to rectify this appalling and very embarrassing mess and if you are unable to rectify this appalling and very embarrassing mess then is it time for all the senior members of the board to consider resigning from their very well paid positions?***<br><br>The Medical Director responded:<br>The Trust has always indicated that it wanted to increase the hours of opening. This is still the intent when it is safe and sustainable. Healthy Conversations 2019 allows us to have the debate about what that might look like going forward. |
| 211/19 | ***Question 6 from Councillor Linda Wootten – From 2013 and Sir Bruce Keogh's review for the future of NHS services in England regarding urgent and emergency care, it has been obvious that Grantham Hospital, as the lowest common denominator of ULHTs hospitals, could be at risk of yet another downgrade.***<br>***As far as the people of Grantham and surrounding areas are concerned , we still have a fully functioning A & E Hospital, all be it only during the day.***<br>***It has been leaked that we are going to become an Urgent Care centre. Therefore Is it true that we will lose cardiology, orthopaedic services, patient resuscitation and in patient care ?***<br>***And if so , why hasn't ULHT listened to the fears of the 60,000 local people who signed a petition that went to 10 Downing Street , the Lincolnshire Health Scrutiny Committee, the people who do a weekly vigil outside of the hospital , Campaigners and all concerned parties.***<br><br>This question has been partly covered earlier by the Medical Director. We welcome the support and energy invested in Grantham and Boston and any significant change to services requires public consultation. This will be included as part of Healthy Conversations 2019 where we will have a much more open approach to the possible options. |
| 212/19 | **Ward Accreditation**<br>The Board presented Ward Accreditation Certificates to the Frailty Assessment Unit, Ashby Ward and Johnson Ward. |

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| 213/19 | **Item 3 Apologies for Absence**<br><br>Apologies were received from Mr Hayward, Non-Executive Director and Mr Lockwood, Interim Non-Executive Director |
| 214/10 | **Item 4 Declaration of Interests**<br><br>There were no decelerations of interest which had not previously been declared |
| 215/19 | **Item 5 Minutes of the meeting held on 5th February 2019 for accuracy**<br><br>The minutes were agreed as a true and accurate record subject to the following amendments:<br><br>99/19 – amend to read 'the Trust meet the specifications for same day emergency care of what is being requested'<br><br>145/19 – amended to read 'Mrs Libiszewski referred to the report and indicated that this needed to be more explicitly linked to current governance arrangements'.<br><br>177/19 – Remove second sentence of second paragraph |
| 216/19 | **Items 6 Matters arising from the previous meeting/action log**<br><br>021/19 – Greater visibility of data in relation to violent incidents against staff had been reviewed in FPEC data dashboard overhaul.<br><br>048/19 – Site focus has been maintained in Trust Operating Model - individuals will be appointed in the new structure to the Chief Operating Officers team, they will hold responsibility for activity on each site.<br><br>066/19 – Operational Plan Actions Update - Deferred to April<br><br>119/19 – Community Children's services - Will be responded to in Pilgrim update later on agenda<br><br>161/19 – QIA of Estates work - A revised Quality Impact Assessment policy will be considered through the task and finish group established<br><br>176/19 – Information regarding waiting time improvements shared with Healthwatch<br><br>192/19 – Review of fill rates undertaken and where rates are over 100% this relates to escalation beds or enhanced care. The Director of Nursing confirmed the data was accurate. |
| 217/19 | **Item 7 Chief Executive Horizon Scan**<br><br>The Chief Executive provided an update to Board. |
| 218/19 | Last year NHS England and NHS Improvement introduced the concept of a National Assembly in order to support the implementation of the NHS Long Term Plan. If there is any interest in being part of the assembly the closing date is approaching, applications can be made through the NHS Assembly website. |
| 219/19 | The final report of the Topol review has been published and details how technology can change heath care, this will be a significant report going forward and the Trust has commenced |

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| | discussions around the use of technology to support staff and patients. The report details governance and security for the use of technology in patient care and will have a positive impact for a rural trusts and help to reduce travel for patients. |
| 220/19 | The Kerr report was published at the end of 2018 aimed at NHS Improvement and NHS England policy makers and the wider NHS. The report discusses taking leadership forward in the NHS and recognises the amount of bureaucratic burden on staff and managers. The report is a reminder of the cultural impact that regulators have on Boards and locally the Trust experiences challenges due being subject to the amount of overview and scrutiny. |
| 221/19 | In relation to EU Exit the next meeting will be after the planned exit date. Assurance has been achieved in especially in relation to supplies. We are unable to say that there is complete satisfaction around the solutions but these continue to be progressed. A further update will be provided in April. |
| 222/19 | The Deputy Chief Executive Officer provided an update regarding the MRI scanner at Louth Hospital. Planning permission has been granted for the installation of the scanner for which ULH will fund building costs of £350k, funding for the scanner of £500k has come from the campaign group. The Deputy Chief Executive wished to thanks the campaigners for their ongoing support and fundraising and also Chris Bilton, MRI Service Lead, for his time and support to the project. It is hoped that building works will commence Summer 2019. |
| 223/19 | The Chief Executive indicated that further connections with the University of Lincoln are progressing and hopefully there will be new programmes for Midwifery and Children's nursing. As part of the alliance with the University there has been a global search for professor roles, candidates have been appointed for Care of the Elderly and Rural Health, the Chair in Emergency Care appointment is to follow along with others. The academic credibility within the services is developing with these appointments. |
| 224/19 | At this point there is normally an STP update however today is the launch of Healthy Conversations 2019. The Trust is an important player in these conversations however we are only a third of the health care spend in Lincolnshire as Lincolnshire healthcare is dominated by primary care. The Trust works with a range of providers and there are growing issues with the elderly population and the move to self-care. It is important to ensure that the public remind themselves of the important part acute healthcare plays whilst recognising we are only a small part. |
| 225/19 | Dr Gibson thanked the Chief Executive for his update regarding the Topol report and is pleased that the Secretary of State has put his personal support forward to this. Subsequently the Secretary of State has created NHSX, a body to focus on technology within the health sector and it is hoped that more information will follow. |
| 226/19 | The Chair thanked the CEO for his support to reduce pressure of regulatory burden on the executive boards and colleagues across all sites. The Chair also noted the positive impact of partnership working with the University of Lincoln and asked that the Trust Board support and publicise this work. |
| 227/19 | Healthy Conversations 2019 is a milestone in relation to engagement, the Trust have wanted to engage at this level for some time but have had to wait to commence the work with partner organisations. The Trust are looking forward to being able to hold the conversations with both patients and staff.<br><br>The Trust Board:<br>• **Noted the update** |

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| | **Item 8 Patient/Staff Story** |
| 228/19 | The patient story was presented by members of the Frailty Team to demonstrate the positive impact the team is having on admission avoidance and discharges. |
| 229/19 | The team began working on 7th January 2019 and utilises the support of LCHS and CCGs. Working within the Emergency Department the team are having a big impact on patients and this has been recognised by the CQC. The team are seeing 10-12 patients on a daily basis with an average of 7 discharges a day. |
| 230/19 | Patient 1 - Issues that have not previously been identified by staff were picked up by the team which is ensured a home visit and solutions were put in place in a timely manner. By working together as a team they were able to facilitate the delivery of the required equipment the next day. The patient had previously experienced multiple falls and as a result of the MDT approach by the team a full comprehensive geriatrics assessment and review was undertaken. The patient would likely have been an admission candidate however the team were able to avoid the admission and ensure support was provided at home. |
| 231/19 | Overall for the patient treatment time was reduced, he experienced immediate life enhancing support, had a positive experience and has not experienced any further falls. This is due to the integrate approach by the Trust and community services. |
| 232/19 | Patient 2 – The patient was receiving palliative care whilst residing in Boston, the patient accessed care in Kings Lynn previously for ongoing medical condition. The patient was seen in Pilgrim A&E due to a fall, the staff were advised there was currently no community support in place since being discharged from Kings Lynn. Whilst attending A&E the Frailty Team undertook a medication review, changed treatments, reduced pain killers and put the patient in touch with the Macmillan Team with fast track. Macmillan undertook an assessment of the patient and it was identified further support and palliative treatment was required. The patients family expressed to the team their gratitude for the amount of support received in such a short time period. The team were able to review the patient and symptoms as a whole and access the services required to support the patient. |
| 233/19 | The team are proud of the achievements so far and are keen to replicate the success in Boston at Lincoln. |
| 234/19 | The Frailty team are currently finalising a business case seeking £1.4m funding for the provision of an Integrated Frailty service at Lincoln and Boston.<br>The Chair stated that the service really can make an impact on the system and is pleased that the care home feedback and impact has been so positive. Mr Bains asked how the Frailty Teams involvement is triggered. |
| 235/19 | The team confirmed that patients are reviewed if they are over 65 years of age and reasons for attendance are considered, it is also complexity dependent and the team will also take medically stable patients. |
| 236/19 | Mrs Dunnett wished to understand if the funding being applied for would allow for a 24 hour service and if the service are able to offer immediate treatment for UTIs as they play a part. |
| 237/19 | The team confirmed that this will be a mandated service later in 2019 and it is hoped that the service will run from 8am – 8pm. Currently the data does not support a 24 hour service, prevention needs to be started in the community and needs to be a system wide service.<br>Mrs Libiszewski asked if the commissioners were focused on this service and if it had been identified in the commissioning intentions. |

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| 238/19 | The commissioners are focusing on this and it is one of the key areas of the contract, if this can be driven forward as a system intention it would feed in to the overall delivery of 2019/20. |
| 239/19 | The Chair and Mrs Libiszewski declared an interest due to their roles with Lincolnshire Community Health Services NHS Trust. |
| 240/19 | The Chair thanked the team for attending and presenting the service to the Board<br><br>The Trust Board:<br>• **Received the patient story** |
| | **Item 9 Providing consistently safe, responsive, high quality care SO1**<br>**Item 9.1 Paediatric Monitoring and Assurance Update** |
| 241/19 | The Medical Director indicated that the purpose of the report was to update on progress and note the change in governance processes. The Paediatric assessment unit continues to work with 1869 patients having been seen, 203 transferred, 53 of those to other hospitals and of those, 21 were transferred for clinical reasons. |
| 242/19 | The gestational age remains at 34 weeks and there have been 10 in-utero transfers, there is an emphasis on the transfers as the numbers remain small however this is a difficult time for the patients and families involved. The average length of stay for children is short with an average stay of 7.5 hours. |
| 243/19 | The Board were asked to note the change in governance for the service, concerns remain however governance should move to business as usual with reporting to the Quality Governance Committee due to the stability of the service. The six month review will be available in the next two weeks and in order for further progress to be made the service needs to be integrated, the report details the integration of the service. |
| 244/19 | Mrs Dunnett requested that as part of the six month review it would be helpful to demonstrate the staffing numbers, the base line establishment and current interim arrangements. Mrs Dunnett recognised that there had been huge advances with the recruitment of staff and indicated that it would be beneficial to understand what recruitment had taken place over the previous six months. |
| 245/19 | The Medical Director confirmed that the key to transforming is to move to a different workforce model and used the example of Northumbria Healthcare NHS Foundation Trust neonatal unit that have a nurse led model. This model has evolved through a not dissimilar crisis to that which the Trust is currently facing, there is a need for a big shift in the type of people that deliver the required service. |
| 246/19 | The Director of Nursing advised the Board that the Trust are hoping a paediatric nursing course will commence this year, the standard of placement for trainees needs to be considered as this may be seen as a risk by the Nursing and Midwifery Council due to the Care Quality Commission reporting the service as inadequate. The Trust are actively engaged with the Nursing and Midwifery Council to support the placement of students. |
| 247/19 | It was noted for accuracy within the diagram on page 12 of the report that the Chair for the Children and Young Peoples Transformational Board is Tracy Pilcher. |
| 248/19 | As part of the review the establishment for the service will be included.<br><br>Mrs Libiszewski referred to the appendix to the paper that indicated moving forward with |

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| 249/19 | admission avoidance discussing commissioning pathways and in particularly about complex long term conditions for children and enquired about the leverage the commissioner led children and young person board have in order to achieve this. |
| 250/19 | The Medical Director confirmed that the paper had been written by the Chief Nurse for Lincolnshire East CCG and describes the current state, detailing the vast amount of work to be undertaken whilst illustrating the silo working. It demonstrates the need for a seamless community approach. |
| 251/19 | The Chair drew attention to the support from Health Education England in allowing junior doctors to undertake additional work to fill some of the rota gaps. The Chair also thanked the SoS Pilgrim campaign group who have been instrumental in helping conversations with parents and patient for their help and support in bringing issues to the attention of the Trust. |
| 252/19 | The Board acknowledged the developments that have taken place over the last year to ensure service delivery can continue. Reporting will move to business as usual, any further risks will be escalated to board as required.<br><br>The Trust Board:<br>• **Noted the update**<br>• **Agreed that reporting move to business as usual**<br>• **Agreed to receive the formal six month review in April 2019** |
| | **Item 9.2 Urgent Care Improvement Programme Risk to Delivery** |
| 253/19 | The Chief Operating Officer provided an update on the Urgent Care Improvement Programme Risk to Delivery and advised the paper was an interim holding position to provide further detail and advised what would be received in future. |
| 254/19 | Further background to the structure of the programme is provided along with suggested governance, work will be undertaken with Non-Executive Directors around the information required by the quality and performance committees. Reporting will be in place for the April committee meetings.<br><br>**Action – Chief Operating Officer, 2nd April 2019** |
| 255/19 | The report does not contain a large amount of data due to the number of KPIs and measures across the programmes. Work will be completing next week to rationalise and focus the expected impact of the work streams. There will be a move from task based reporting to impact reporting identifying both successes and issues. |
| 256/19 | Mrs Dunnett wished to thank the staff that were met recently for a walk around visit, the service felt fundamentally different to previous visits conducted. Mrs Dunnett identified that the governance felt overly complex and questioned if this could be streamlined. |
| 257/19 | The Chief Operating Officer advised that the two governance streams reflect the organisations governance process and that of the Transformation and Improvement pathway which is chaired by the Lead for Medicine. This feeds the Quality Improvement Programme and regulatory action requirements for Pilgrim Hospital. This will continue currently as there are still Pilgrim specific conversations that need to continue. When embedded and there is a strengthened approach to transformations there will be an opportunity to streamline. |
| 258/19 | Mrs Libiszewski observed that there is likely to be a view on the cumbersome nature of reporting when new roles are in place, this needs to be taken forward at a local level, the complexity is |

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| | probably more than known and the board need to have more confidence in this. |
| 259/19 | Mrs Ponder identified one of the milestones to be completed in the next 4 weeks talks about a frailty service being developed in Lincoln and asked how this links with the patient story. The Chief Operating Officer confirmed that the frailty service at Lincoln is being led by the team who delivered the patient story. |
| 260/19 | A progress update regarding hospital avoidance, 5th work stream, was provided. The Board were asked to recognise that as a county the number of emergency admissions is low however this does not mean that there isn't room for improvement. Pilgrim is at the higher end of performance of conversions from the emergency department to admission, higher performing systems admit more people than the trust does. There needs to be a more substantive workforce in place to support this. Additional staff will be commencing in May/June and there is a need for a specialist registrar. Further consideration needs to be given to taking more risk based decisions. |
| 261/19 | Mr Bains raised concerns regarding the use of a stopwatch to assess patient. The Chief Operating Officer confirmed that there is a rapid assessment and treatment when entering an emergency department and it is possible to lose track of time. In order to complete the tasks in the expected time clocks are being installed to remind people to remain focused. Assessment and treatment should be completed in 15 minutes, these are currently taking 40 minutes. |
| 262/19 | The Chair acknowledged that the report presented is a midway report and it is helpful to hear the impact and benefits so far. The Board have committed a lot of time and resource to this transformation programme and it now needs to see the impact of the decisions that have been made.<br><br>The Trust Board:<br>• **Received the report** |
| | **Item 9.3 Balancing Risk across the Hospital** |
| 263/19 | The Director of Nursing presented the report to Board and detailed the following:<br>• Last months board discussed de-escalating of an overcrowded Emergency Department which has led to a number of processes to work up further<br>• Clinical Engagement with doctors and nursing workforce undertaken in relation to proposed changes<br>• Introduction of 3 systems for trial in the trust, conducted over a 6 month period to determine how these can be embedded:<br>  ○ Early internal de-escalation<br>  ○ Emergency Department Transfer Procedure (EXiT)<br>  ○ Sustaining patient flow away from the department |
| 264/19 | No definition has yet been set in relation to the when the Emergency Department becomes unsafe, work is being undertaken to determine the trigger in line with the transformation work discussed earlier. |
| 265/19 | EXiT phase 1 will use knowledge of patient flow to move the process forward. The process has been shared with ward sisters and details a reverse of the current system. Feedback from the ward sisters indicates the need to have alignment of services and for patients to be moved early in the day. There is an expectation that there will be some initial glitches when the process is introduced. There is currently a protocol in place to allow patients to sit out on the wards but there are a limited number of wards that this applies to. Additional wards will need to be risk |

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| | assessed to allow patients to sit out. Fire risks have been raised as a concern and ward sisters are working with fire officers to negate the concerns. The Board are asked to approve that the sit out arrangement be extended from 'definite discharge' patients to 'potential discharge' patients to allow this new process to work. |
| 266/19 | It is hoped that the third system regarding sustaining patient flow will fit with the other processes being implemented, this is known as 10@10 and has successfully been implemented at other trusts. The idea is that 10 patients would be transferred to base wards at 10am and 2pm to relive pressure points in the emergency department. It is proposed that a trial of 10@10 commence from 18th March, it may not be possible initially to move 10 patients so the initial numbers would be reduced with a view to building up slowly. |
| 267/19 | Clinical engagement has taken place recently to discuss the proposed processes for trial. Through this engagement a number of concerns have been raised however there was an agreement that the pressures in the emergency departments need to be resolved. Some of the concerns raised related to staffing levels, the move of patients from the emergency department first in the day, support from pharmacy and criteria based discharge. |
| 268/19 | In relation to the criteria based discharge there is not full clinical sign up across all specialities and disciplines. Johnson ward have full sign up and nurses are supported to make decisions by the doctors, this is not the case across the Trust. There would be an increase in patient flow if there was full sign up to criteria based discharge. Work is being undertaken by the Emergency Medicine Consultant to support the resolution of this with the focus being on risk sharing not risk shifting. |
| 269/19 | The Board are asked to note the information and concerns raised but support the trials going forward for a 6 month period with a review to be presented in September. |
| 270/19 | Mrs Libiszewski was pleased to be invited to the sisters meeting however was concerned that a number of issues raised were a surprise to the Director of Nursing who believed they had been resolved. There is a need to fix the issues raised or dismiss them if they are not a concern. Medical colleagues also need to be engaged to ensure they are on board and take ownership of the flow. |
| 271/19 | The Chief Operating Officer confirmed that issues raised by the ward sisters were recognised in the improvement plan and there will be a senior nurse joining the trust along with the release of an internal member of staff to support this works stream. This will ensure that all issues are considered and resolved. With regard to the medical colleagues, there are emergency department metrics and KPIs that hold the clinical teams to account for flow, this is picked up and monitored through governance structures. |
| 272/19 | The Medical Director stated that it cannot be under estimated the cultural change that this will bring to the organisation. It is a fundamental change that is needed to get the integration of the team back on track to deliver ward based business. |
| 273/19 | The Director of Nursing reflected on the comments made and stated that the review of portering services is being undertaken however this should not be looked at in isolation and the whole pathway should be considered as this will ensure delivery of the service by the appropriate staff. |
| 274/19 | Dr Gibson support the principle of the trial for 10@10 however was concerned that QIA's would need to be completed for each ward as some may not be suitable. It was confirmed that individual QIA's would be completed and that the process would be monitored through the Quality Governance Committee. |
| 275/19 | The Chair identified that there must be processes in place to mitigate risks and that this needs to |

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| | take an integrated approach, the Board are responsible for ensuring this brings an improvement and must maintain oversight to ensure there is not a negative impact of the decision taken.<br><br>The Trust Board:<br>• **Received the report**<br>• **Note the concerns and risks identified in paper and by staff**<br>• **Agreed that the 6 month trial will take place subject to the completion of all risk assessments** |
| | **Item 9.4 Pilgrim Update** |
| 276/19 | The Chief Operating Officer presented the update to the Board and highlighted the following key points:<br>• Joint paper with community colleagues to support Pilgrim Emergency Department to ensure single view of service delivery<br>• Three metrics identified to impact the support in Emergency Department:<br>  ○ Number of attendances at the department<br>  ○ Number of ambulances attending<br>  ○ Number of emergency admissions to beds<br>• Range of actions identified and put in place, all were delivered with the exception of increasing radiology at Spalding |
| 277/19 | CAS Care Home Expansion through joint working with LCHS has reduced the number of attendances at Pilgrim Emergency Department from high impact care homes. In February 2019, 91% of cases were diverted away from the emergency department. The ambulance conveyance rate does not appear however to have been impacted. The conclusion made by both ULHT and LCHS, which is not backed up by data, is that it would have been worse if the scheme was not in place, this is hard to quantify. It is a low cohort that is being targeted to reduce however once in the system they take a large amount of resource. Over the previous 6 months attendances by ambulances are at 95% of which 50% are discharged directly from the emergency department or the same day as being admitted. There is further work to be done with regards to supporting care homes more specifically and reducing the numbers of patients discharged the same day. |
| 278/19 | The second area aimed at reducing attendances at Pilgrim was to increase radiology at Spalding and Skegness. Unfortunately due to the inability to resource radiographer support from ULHT or agencies it was not possible to increase provision at Spalding. Overall the number of attendances at Pilgrim has increased by 2.4% but 100 patients per month were seen at Skegness. |
| 279/19 | The final area was additional support that our colleagues from LCHS have provided with regard to staffing emergency departments. Training and development was also offered to the teams particularly around triage, this is a critical area for the Trust. Pilgrim is seeing in excess of the 25% target for streaming at the front door. LCHS have been clear about the impact providing additional support has had and they have identified that they will not be able to continue this agreement past the end of March, this is due to additional pressures that LCHS experience over the Easter period. |
| 280/19 | Discussions have been held at the Urgent Care Delivery Board with regard to services we would like to continue as a system, these are frailty, heart and the LIVES services, a decisions needs to be made about the continuation of funding. There then needs to be an ongoing conversation about staffing of the services and how these are maintained. As it currently stands the support given by LCHS will be removed at the end of March. A risk assessment is being undertaken and initial thoughts are that removal of support should not have an impact. |

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| 281/19 | The Chair is pleased to see the broader context with the joint report, based on the simple numbers it is clear to see that the trust would have been much busier without the actions taken. |
| 282/19 | The Board acknowledged the support of LCHS and wished to thank colleagues involved with the service delivery. |
| 283/19 | Mrs Dunnett wished to raise the following questions:<br>• The exit strategy will be taking place in the next few weeks, was there assurance that from an immediate staffing perspective that areas would be covered for the Easter period.<br>• What would the service look like moving forward and what lessons had been learnt. |
| 284/19 | In terms of the emergency department the direct support to the rota, whilst helpful, has been minimal. We are able to mitigate the staffing however there is an individual who brings a specific skill set in relation to triage which cannot be mitigated. It has been agreed that they will continue to support and train members of staff with the required skills and competencies. |
| 285/19 | Moving forward there is a joint piece of work around the interface of the organisations and how discharges can be identified more proactively. |
| 286/19 | Mrs Libiszewski asked if the commissioners were considering this service from an integrated pathway perspective and if decisions were being made in the context of how patients use the system. It would be useful to ensure that the winter period will be considered to avoid a knee jerk reaction to winter pressures. |
| 287/19 | The Chief Executive confirmed that the review discussed includes an analysis of primary care and includes commissioners in the discussions<br><br>The Trust Board:<br>• **Noted the paper** |
| | **Item 9.5 Assurance and Risk Report Quality Governance Committee** |
| 288/19 | The Chair of the Quality Governance Committee, Mrs Libiszewski, provided an update to the Board from the February meeting. |
| 289/19 | Mrs Libiszewski asked the Board to note that HSMR reporting was now within expected limits however the Trust remain outside expected limits for SHMI.<br>Previous concerns have been raised with the Board around the quality improvement plans, particularly in relation to the lack of the level of assurance being received. A piece of work is being conducted and more detailed reports are being received by the committee however this month only 3 reports were received due to the remainder not being of suitable quality. |
| 290/19 | Mrs Libiszewski raised concerns from the committee regarding the quality strategy priorities as those presented were not aligned to True North. Due to the timings the committee are not able to receive the quality strategy. The Quality Account timescale is still progressing and as such there is a sense of urgency to complete True North to support the completion of these documents. |
| 291/19 | The Board were advised that the committee received notification of a 5th Never Event in the dermatology department, an investigation is underway due to the significant concern and the report will be submitted to the committee. |

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| 292/19 | The committee received the Internal Audit Governance Review report. The report clearly shows that the Trust is moving in to a new regime however there are significant issues in the report regarding governance structures, it is unfortunate that this report has been received after the True North discussions have taken place. The learning from the review needs to be taken to be shared with the other committees. |
| 293/19 | The committee wish to escalate to the Board the Quality and Safety Improvement Plan for discussion at a Board Development session and the occurrence of a 5th Never Event. |
| 294/19 | The Chair acknowledge that the issues raised are difficult to be resolved by the committee. |
| 295/19 | The Chief Executive confirmed that True North discussions at the Board Development session resulted in 8 objectives being agreed, KPIs are being developed for these. The Board have set the tone for the direction of travel and a framework has been provided to support this. |
| 296/19 | The Chief Executive enquired as to whether the timescales for the Quality Account are set and if so can they be met. Mrs Libiszewski stated that if correct governance processes had been followed the Quality Account should have already gone through a process, we need to ensure that the misalignment of the last year is not repeated going forward. In order to ensure that the Quality Account and Quality Strategy are aligned for 2019/20 the work being undertaken must be shared. |
| 297/19 | The Trust Secretary stated that in order to ensure the Board and committees can discharge their responsibilities a review of timelines for the completion of the Quality Account, Annual Report and True North needs to be undertaken. This will assist with clarity moving forward to next year.<br><br>**ACTION – Trust Secretary, 2nd April 2019** |
| 298/19 | Concern was raised regarding the delay in the Never Event being reported to the committee however it was confirmed further enquiries were made following the event, it was acknowledged that the committee should have been advised sooner. |
| 299/19 | It has previously been agreed that Never Events should be informed at the point of trigger and this needs to be reinforced to ensure timely reporting. The process needs to be clear to ensure this can be communicated to our regulators. |
| 300/19 | The Director of Nursing advised that the Trust had recently received a Provider Information Request from the Care Quality Commission in preparation for their next inspection, the return is due 26th March. |
| 301/19 | The Chair confirmed that the Good Governance Institute will be coming to undertake a Board appetite session, this would provide useful feedback to the Board.<br><br>The Board:<br>• **Noted the report** |
| | **Item 10 Providing efficient and financially sustainable services SO2**<br>**Item 10.1 Assurance and Risk Report FPE Committee** |

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| 302/19 | The Chair of the Finance, Performance and Estates Committee, Mrs Ponder, provided an update to the Board from the February meeting. |
| 303/19 | Mrs Ponder reported that for the first time the committee were reporting assurance on the Financial Recovery Plan and at month 10 the trust were £0.9m ahead of the forecast position. The Trust have been in line with the plan for 4 consecutive months but are now able to start providing assurance on delivery. |
| 304/19 | The committee were asked to support the borrowing of a further £5.612m, support was given by the committee but the level of capital borrowing has been reduced as a further £3m capital spend has been deferred to 2019/20 in relation to fire compliance works. This is due to the inability to secure contracts, the fire service have been made aware and are comfortable with the position, the funding will remain available in 2019/20 for work to be completed. |
| 305/19 | Concern remains around the CQUIN achievement with a deterioration to 86% achievement which poses a risk to the delivery of the Financial Recovery Plan. It does appear that the plan will still be delivered however the committee remain concerned. |
| 306/19 | Assurance has been given to the Financial Efficiency Programme, the delivery of £15.1m is predicted to remain on track to achieve however a request has been made that the committee focus on the 2019/20 plan to ensure these are in place for the start of the year. Assurance on benchmarking data in relation to how hospital and patient level data drive improvements has been made. |
| 307/19 | Mrs Ponder stated that there is a need to determine statutory and non-statutory estates work, assurance has been given but work is not yet finalised. Discussions will be held with the Board on finalisation of the work. |
| 308/19 | Due to the lack of assurance in relation to delivery of cancer standards the Committee had requested that the revised cancer improvement plan be presented to the March meeting. |
| 309/19 | A detailed debate regarding urgent care was held by the committee due to the lack of assurance. Planned care were able to provide some assurance round incomplete waiting list size and 52 week waiters however there was a lack of assurance about the 6 week diagnostic performance. These had fallen to the lowest level for some time. |
| 310/19 | As a result of assurances received by the committee had recommended that the Board move the RAG rating for objective 2d on the Board Assurance Framework to Amber. |
| 311/19 | An upward report was received from the EU Exit Contingency Planning Group and assurance was provided to the committee that plans and actions are being take in respect of potential risks. |
| 312/19 | Mr Bains noted that the issue in relation to diagnostic capacity sat with an external provider and requested further detail in relation to this. |
| 313/19 | The Chief Operating Officer confirmed that the service is bought in and they have experienced significant staffing issues and have a fragile infrastructure which results in the trusts waiting times increasing. Turn-around times are expected to be 10 days however currently this sits as 18-25 days. Moving forward there will be aligned incentives for improved delivery. |
| 314/19 | Mrs Libiszewski advised the Board that the Quality Governance Committee were alerted to the issue of diagnostic capacity and the potential quality impact that Brexit will have. The Chief Pharmacist was in attendance at the committee meeting and was able to provide an update on the risks, these are national risks and he was able to confirm that mitigations are in place, the |

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| | committee were assured by this update. |
| | **Item 11 Providing services by staff who demonstrate our values and behaviours SO3**<br>**Item 11.1 Flu Vaccination Information** |
| 315/19 | The Director of Human Resources and Organisational Development presented the latest flu vaccination information and letter from NHS Improvement to the Board. |
| 316/19 | Whilst the letter demonstrated that NHS Improvement was a more proactive approach to vaccinations for staff the Trust felt that there were risks associated with the suggested actions. |
| 317/19 | As such some action was taken in line with NHSI's suggestions however the Trust continued to follow processes that were already in place. The evidence suggests that the approach is the right one as 88% of frontline staff have been vaccinated. This is a positive position for the Trust to be leading the East Midlands with the vaccination rate. |
| 318/19 | Mrs Dunnett requested clarity on the figures to understand if the 569 people who didn't receive the vaccine were across the Trust and also in regard to the overall figures due to it appearing 50% hadn't receive a vaccination. Confirmation was given that this was just frontline staff who had not taken up the vaccine and that the figures shown in section 2 identify the high risk areas. |
| 319/19 | The Chair and Chief Executive recognised the positive uptake of the vaccines and congratulated the Trust on the positive position.<br><br>The Trust Board:<br>• **Noted the report** |
| | **Item 11.2 Implementation of Smoke Free** |
| 320/19 | The Director of Human Resources and Organisational Development introduced the item and stated that discussions had been ongoing for 2 years. With the implementation of a no smoking policy in line with guidance the footprint on which the Trust operates should be smoke free. There have been delays in progressing the policy due to the complexity of the ambition however time has been spent with other trusts to understand their implementation however they are also experiencing difficulties with the practicalities of the policy. However the Trust still need to take action in relation to a no smoking policy. |
| 321/19 | The Director of Human Resources and Organisational Development would like the views of the Board on how this can be taken forward and suggested that a consultation needed to take place. This will need to be an open process and recognise that people are likely to respond asking that it is not implemented.<br>The Chair sought the view of the Board and acknowledged the difficult nature. |
| 322/19 | The Director of Nursing requested that clarity be added to the policy in respect of vaping. Public Health England states that banning of vaping is not possible however it can be banned inside but not from the site. |
| 323/19 | The Director of Human Resources and Organisational Development confirmed that since the policy was written the guidance has changed and the policy will be updated. |
| 324/19 | The Chief Executive stated that the Trust must be upfront about the proposals if we consult and as they are our sites the choice to not allow vaping could be taken. It could be that there is a complete ban for smoking but there are dedicated sheds for vaping. There is a requirement to be explicit about what we are asking in a consultation and that options are provided. |

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| 325/19 | The Director of Nursing indicated that some trusts allow patients to vape inside and does appear to give some benefits. This may however be considered a fire risk. |
| 326/19 | This is going to be a challenge but the Board need to consider if this is the most important focus currently. The Chair welcomed the view of the Board members. |
| 327/19 | Mrs Libiszewski echoed the difficulty of the topic and firstly asked that the Trust ensures a meaningful conversation otherwise there would be no point to the conversation. Secondly if this is something that the Trust will pursue there needs to be an offer to people who want to stop smoking, it needs to be taken further than stop smoking week. The offer of support to stop smoking needs to be done regardless of the introduction of the policy. |
| 328/19 | Mrs Ponder echoed the sentiment of how difficult this would be and the need to offer support to people to stop smoking. |
| 329/19 | Dr Gibson stated that it is not a strange thing to find hospitals as no smoking sites and the social pressure effect if there is large signage and a ban may be beneficial. Also if people are discouraged to bring smoking materials to site and they have to walk off site to smoke this could be enough of a deterrent. |
| 330/19 | The Director of Human Resources and Organisational Development suggested a practical approach. There is a requirement to do something about people smoking at entrances to the hospitals. Perhaps a focused area for smoking but continue to push the no smoking on site, need to ensure people are not pushed on to the main roads to smoke. It may be impossible to deliver a completely smoke free area but easier to have a designated smoking area. |
| 331/19 | Mrs Dunnett suggested that the refocus on staff health and wellbeing with a system wide approach would be a positive way forward however the half-way house approach would be easier to implement and may be worth having a public area with staff being required to go off site. |
| 332/19 | The Chief Executive acknowledged that smoking is a big killer and that the Trust has a duty of care to patients and staff but that the need to become a smoke free site cannot be lost. The suggestion to consult over a longer period of time in order to engage with campaign groups and gain their support was made. Given the nature of the discussions there will never be a good time to hold the conversations however it will be beneficial to engage with staff and patients. |
| 333/19 | In order to ensure equality the Trust should aim for a no smoking site as a principle for both staff and patients but the suggestion made by the Director of Human Resources and Organisational Development should be utilised for a two-step approach if required. |
| 334/19 | The public consultation will commence and staff will be informed of the consultation, this will coincide with no smoking week for the public but there does not need to be a deadline for completion. |
| 335/19 | Regarding timings the Chief Executive stated that the offer of support to staff and the public be made whilst a listening exercise is conducted for 3 months, data can then be assimilated and changes made in July. Alternatively a three month delay could be put in place to ensure the Care Quality Commission have completed their inspection. This would assist with ensuring no further negativity from the public in relation to the Trust. |
| 336/19 | The Chair enquired as to the approach taken by Lincolnshire Partnership Foundation Trust. |
| 337/19 | The Director of Human Resources and Organisational Development advised that due to this |

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| | being a mental health trust that they take a more relaxed approach to smoking. Whilst it is acknowledged that the timing with the Care Quality Commission inspection is not ideal there may be criticism if the Trust do not take any action. |
| 338/19 | Mr Bains indicated that he was in favour of a consultation and that the outcome is likely to be predictable so need to ensure that resources are not wasted in doing this. |
| 339/19 | The Chief Executive stated that there needed to be a balance around the risk of having the conversations verses not doing anything, the policy has not yet been approved. The Chair suggested this be deferred however the Chief Executive advised this is not virgin territory but there is a need to judge the risk of the conversation with the public. Healthy Conversations 2019 could be used to support this work and the policy that the Trust will put in place. There does not need to be a decision prior to the arrival of the Care Quality Commission however conversations should be commenced. |
| 340/19 | The Chair supports a smoke free policy in the Trust but patients needs to be taken in to account. This can start through Healthy Conversations 2019 and self-care work however the sensitivity of this must be recognised.<br><br>The Trust Board:<br>• **Received the report**<br>• **Agreed to commence initial discussions over a 4 month period** |
| | **Item 12 Performance**<br>**Item 12.1 Integrated Performance Report** |
| 341/19 | The Integrated Performance report has been submitted to all committees and they have conducted the diligence and reviewed as necessary. |
| 342/19 | Mrs Libiszewski raised the issue of the requirement to submit a Provider Information Request to the Care Quality Commission and as such requested that the Board ensure the information contained in the IPR is correct. It appears that some information highlighted last month that was incorrect remains the same, whilst we continue to use this version of the IPR it needs to be accurate. |
| 343/19 | The Chair echoed the need for inaccuracies to be rectified and the Acting Director of Finance advised the Board that this was the last time the IPR would be seen in this format. |
| 344/19 | The Board agreed that there would not be double running of the IPR but a straight move to the new format would take place. |
| 345/19 | The Chief Operating Officer made the Board aware that there would be a dip in some information reported due to the move to the new format, he confirmed that the 62 day position would be maintained but there would be a radical drop in breast screening figures.<br><br>The Trust Board:<br>• **Received the report**<br>• **Agreed to a move directly to the new format IPR without double running** |
| | **Item 13 Risk and Assurance**<br>**Item 13.1 Risk Management Report and BAF** |
| 346/19 | The Medical Director provided an update. There were no significant changes to the risks, emergent risks identified were: |

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| | • Aseptic pharmacy<br>• No deal EU Exit<br>• Sustainability of paediatric services at Pilgrim<br>• E-prescribing non-delivery |
| 347/19 | The Board were advised that the no deal EU Exit emergent risk will remain for some time post end March 2019. |
| 348/19 | The Chair identified that some narrative against high risks had not been translated on to the risk register and asked if the Board were satisfied that all risks presented were correct. |
| 349/19 | Mrs Libiszewski wished to be advised in relation to the number of high level risks for estates with long due dates. It is unusual practice to have high level risks on the register for a year without understanding that mitigation is in place. |
| 350/19 | The Director of Estates and Facilities acknowledged that this length of due date was inappropriate, confirmed that risks are reviewed throughout the year and agreed to review dates<br><br>**ACTION: Director of Estates and Facilities, 2nd April 2019** |
| 351/19 | The large number of high level risks gives the wrong impression of the Trust when there are other things going on. There appears to be a lack of understanding in relation to rating risks and the governance process behind this. Concern was raised regarding the correct scoring of risks and ensuring that the risk register drives the board agenda to enable sight of the correct risks. |
| 352/19 | The Board Assurance Framework remains similar to the previous months having been reviewed at each of the Board committees. Changes to the framework noted were: |
| 353/19 | 2d – Deliver financial target agreed by Trust Board, improved rating to Amber |
| 354/19 | Moving forward the Board will utilise the Board Assurance Framework further to drive conversations and the 2019/20 framework will be framed in line with Trust North. |
| | The Trust Board:<br>• **Received the Risk Register and were assured the risks were mitigated**<br>• **Received the updated Board Assurance Framework 2018/19** |
| | **Item 13.2 TOM Ways of Working** |
| 355/19 | The Chief Executive provided an update to the Trusts Operating Model and requested that if there were any comments in relation to the governance guide and hierarchy that these be provided as soon as possible. The paper circulated to the Board provides a more formal update of the current position. |
| 356/19 | The Chief Operating Officer advised the Board that recruitment to Women and Children divisional team had been completed and that Clinical Support services recruitment appointments are underway with the aim to have two full divisions in the next day. Surgery appointments are also underway however there is a gap for the divisional nurse due to applicants withdrawing, further discussions to take place regarding this. |
| 357/19 | Work conducted through the assessment centre has identified what work needs to be done to support staff to enable them to progress in to next level roles, there is a requirement for management and leadership support. The Head of Organisational Development will work to |

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| | identify the themes coming from the assessment centres. |
| 358/19 | There has been a view from some individuals that Clinical Directors have the right to be placed in a post and not go through the appointment process. Those who have gone through the process have failed to progress through the assessment centre due to the ability to demonstrate the Trusts expected values. Conversations have been held with those individuals who have not been successful. |
| 359/19 | Mrs Ponder stated that this is the right process to go through in order to change the organisations values and the feedback needs to be given to unsuccessful staff to support and develop them. |
| 360/19 | The Chief Operation Officer confirmed that candidates who have been unsuccessful have been given the opportunity to receive feedback and to ensure their development where required. |
| 361/19 | The Director of Human Resources and Organisational Development advised the Board that any staff slotted in to new roles will still complete the assessment centre in order to ensure development areas are identified. |
| 362/19 | Mrs Libiszewski stated that the Medicine Division is a big risk for the Trust and sought assurance that the interim model will be maintained until there was successful recruitment. |
| 363/19 | Mrs Libiszewski asked if there was a development programme for business partnering in place and if as part of the process individuals who required support would be identified. |
| 364/19 | The Director of HR&OD confirmed that from a HR perspective the structure is being worked through and with a change to roles individuals are being supported to considered their workforce issues. The aim is to support staff with the skill set already in place in order to support the leadership team. |
| 365/19 | The Chair asked what organisational development support would be provided to the divisions as there is a need to focus on the teams. |
| 366/19 | The Director of HR&OD advised that a partner has been commissioned to work with the Trust in relation to organisational development. Individuals will be coached and a sense of team created, development plans will be devised with the divisional teams and common principles established. |
| 367/19 | The Chief Executive advised the Board that the Executive Team will meet with the divisional teams to ensure that they are functioning and structures are being put in place to ensure a transition plan is in place. This will be managed over the next three months to ensure it remains on track. |
| 368/19 | The Chair stated that as part of the transition plan there would need to be a decision as to who attends the Board meetings and what the expected relationships are.<br><br>The Trust Board:<br>• **Noted the report**<br>• **Agreed to receive regular updates** |
| | **Item 14 Strategy Policy**<br>**Item 14.1 Board Forward Planner** |

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| 369/19 | For information |
| 370/19 | **Item 14.2 ULH Innovation**<br>For information |
| 371/19 | **Item 15 Any Other Notified Items of Urgent Business**<br>None |
| | Next meeting will be held on Tuesday 2nd April 2019 - New Life Centre, Sleaford |

| Voting Members | 29 Mar 2018 | 27 Apr 2018 | 25 May 2018 | 29 June 2018 | 27 July 2018 | 31 Aug 2018 | 28 Sept 2018 | 26 Oct 2018 | 30 Nov 2018 | 7 Jan 2019 | 5 Feb 2019 | 5 Mar 2019 |
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| Elaine Baylis | X | X | X | X | X | X | X | X | X | X | X | X |
| Chris Gibson | X | X | A | X | A | X | A | A | X | X | X | X |
| Geoff Hayward | X | X | X | X | X | A | A | X | X | A | A | A |
| Gill Ponder | X | X | X | X | X | X | X | X | X | X | X | X |
| Jan Sobieraj | X | X | X | X | 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 | A | X | | | | |
| Michelle Rhodes | A | X | X | X | A | X | X | X | X | A | X | X |
| Kevin Turner | X | X | A | A | A | X | X | X | X | X | X | X |
| Sarah Dunnett | X | X | X | X | X | X | X | A | X | X | X | X |
| Elizabeth Libiszewski | X | X | X | X | X | X | X | X | X | X | X | X |
| Alan Lockwood | | | | X | X | X | X | X | X | X | X | A |
| Paul Matthew | | | | | | | | | X | X | X | X |