

TRUST BOARD OF DIRECTORS (PUBLIC)

Minutes of the Public Meeting held on Tuesday 31st October 2017 at 9.00 am
 In the Boardroom, Scunthorpe General Hospital

For the purpose of transacting the business set out below

Present:

Mrs A Shaw	Trust Chair (Chair)
Dr P Reading	Chief Executive
Dr K Wood	Acting Medical Director
Mrs T Filby	Chief Nurse
Mrs J Adamson	Director of People and Organisational Effectiveness
Mr M Hassall	Director of Finance
Mr S Shreeve	Non-Executive Director
Mrs L Jackson	Non-Executive Director
Mrs S Cousland	Non-Executive Director
Mrs S Hills	Non-Executive Director
Mr A Bramley	Non-Executive Director

In Attendance:

Mrs W Booth	Director of Governance & Assurance & Trust Secretary
Mr O Hasan	Turnaround Director
Mr M Duffield	Head of Communications & Engagement
Mrs C Pacey	NHSI Improvement
Mrs D Rojahn	Minute Taker

Cumulative Record of Board Director's Attendance (2017/18)

Name	Possible	Actual	Name	Possible	Actual
Mrs A Shaw	7	7	Mrs S Cousland	7	5
Mr P Reading	3	3	Mrs S Hills	7	7
Mr R Sunley	7	5	Mr A Bramley	7	7
Mrs J Adamson	7	7	Mrs T Filby	7	7
Mr L Roberts	7	5	Mrs W Booth	7	7
Mr S Shreeve	7	7	Mr M Hassall	4	4
Mrs L Jackson	7	5	Dr K Wood	1	1

Business Items

1	Chairs Opening Remarks Anne Shaw welcomed everyone to the meeting and declared the meeting open at 9.00 am.
2	Apologies for Absence No apologies received as there was full Board attendance. Kate Wood is Acting Medical Director as Lawrence Roberts is absent due to illness.

3	<p>Declarations of Interest</p> <p>Anne Shaw invited members to draw the Board's' attention to any conflicts of interest relating to specific agenda items or to any updates to their formal annual declarations. None were received.</p>
4	<p>To approve the minutes of the previous Public meeting held on the 26th September 2017 – NLG(17)411</p> <p>The minutes were approved as a true and accurate record of the meeting and will be duly signed by the Chair.</p>
5	<p>Matters Arising - None to report</p>
6	<p>Trust Board Action Log – Public – NLG(17)412</p> <p>Members received and reviewed the Action Log and updates were provided as required</p>
7	<p>Chief Executive Briefing – NLG(17)413</p> <p>Peter Reading referred to his paper and advised the Board the report had changed slightly as the Ward Visits listings had been deleted as he felt the CEO's briefing was not the right place for it. He then briefed the Board on the paper.</p> <p>Peter Reading stated that the Winter Plan is of enormous national and local importance and the message from Jeremy Hunt is that emergencies and urgent care come first above anything else this winter. The winter plan which has been developed jointly with our partners has been well received by NHSI and NHSE. Peter Reading further advised that he now chairs the A & E delivery board and the Trust will need to work hard with our partners to ensure the required actions are progressed at pace. He said that there is a huge amount of goodwill around this work.</p> <p>Peter Reading also reported that there had been a visit by Ted Baker, the Chief Inspector of Hospitals from CQC on the 19th October. Claire Pacey advised the Board that Professor Baker was very particular about the things he wanted to see and that she felt heartened as he understands the amount of cultural change which needs to happen to embed the improvements being made. He wants the Trust to focus on the immediate safety issues, the culture and the strategy going forward and how this can be expressed by the organisation and how the staff can also understand this.</p> <p>Peter Reading confirmed that the Doctors recruiting Doctors initiative has had some effect and the numbers of Doctors joining the Trust increased substantially in September and October and continues to increase.</p> <p>Anne Shaw updated the Board on the meeting that she and Peter Reading had with the local MP's in Westminster last week. They were very supportive and have agreed to undertake some action on our behalf in support of some of the Trust's concerns going forward. The feedback from the MP's was that it had been a very helpful meeting. After this meeting they then met with NHSI which was very productive.</p> <p>Peter Reading added along with Anne Shaw he had met with Kathy McLean, Stephen Hay and Lyn Simpson from NHSI and had requested that they consider managing the Trust through a single recovery plan and monitoring report, which they have agreed to. Peter Reading said that the intention was to have a single report which goes to the Trust's Board, the three members of NHSI's board listed above and also to the System Improvement Board.</p> <p>7.1 Update on changes to Improving Together Programme Infrastructure & Support Arrangements – NLG(17)414</p> <p>Obi Hasan referred to the paper advising that there were three sections and that he intended to</p>

	<p>highlight some of the key points. He explained that a report is received from each of the Senior Responsible Officers (SRO's), of which there are 5 and that throughout the meeting each SRO will provide their update as per the agenda.</p> <p>With regard to Finance he said that the final version of the recovery plan is going to NHSI on the 7th November 2017 for approval. Obi Hasan advised that at the next Trust Board meeting in November he will be reporting on RAG delivery as the results become available which in turn will help with providing more accurate delivery forecasts.</p> <p>Obi Hasan explained that at present there were only a few pipeline schemes, as indicated in the report, as most had been used already, but that this is an ongoing campaign. He said that he, Marcus Hassall, Brian Shipley, Mike Smith were working with the divisions and within those divisions there are project managers continually looking for new schemes and ideas.</p> <p>Sue Cousland asked about the quality impact of the schemes and where this was being considered and where was it being reported. She said that the Trust is trying to deliver in the hardest part of the year and we need to ensure that quality is not being affected.</p> <p>Obi Hasan said that all of the schemes have to be quality impact assessed by the Chief Nurse and the Acting Medical Director and these happen on a regular monthly basis. Kate Wood, the acting medical director verified this and said that there had been a couple which they had declined but that was more to do with the lack of detailed information provided. Sue Cousland wanted to know where the Board was sighted on these.</p> <p>Tara Filby said that it was being reported through the Quality & Safety Committee and there had been a quarterly report put together by the PMO team and the reporting of this will be fed in regularly to the Q&S Committee. A discussion followed whereby Obi Hasan agreed to include the QIA figures within the monthly report detailing what had gone through and what had been pushed back.</p> <p>Obi Hasan continued to brief the Board with the remaining highlights covering Governance and Reporting, and Delivery. As part of Governance update, Anne Shaw clarified that the Trust Board would see the diagrammatic QIA process in the report next month. With regard to the delivery highlight Anne Shaw asked if the people supporting this on an interim basis would leave the Trust with a forward Blue Print. Obi Hasan said that part of the remit was a buddying process so this would be captured via that process.</p> <p>Linda Jackson queried the EY personnel and how assured are we of their capability with regard to the delivery side of the process.. Obi Hasan said that they had had some concerns over the last few weeks and he has discussed this with both Marcus Hassall and EY about the type of person required. EY have undertaken to ensure they deliver to the expectations they have been set and they are going to be performance managed on a weekly basis. Peter Reading reaffirmed this and said that he, Obi Hasan and Marcus Hassall were having a weekly meeting and any concerns raised were being fed back to the EY partners.</p> <p>Stan Shreeve commented that the highlight report and the documents attached to it were first class and hoped this style of reporting continued.</p> <p>The Trust Board was happy to endorse the ToR.</p> <p><i>The Board noted the report</i></p>
8	<p>Fit & Proper Persons Test: Chair's Annual Declaration – NLG(17)415</p> <p>Anne Shaw confirmed that the report provides the Chairman's Annual Declaration in respect of compliance by all Executive & Non-Executive Directors with the Fit & Proper Persons Test. There were no issues to report.</p> <p><i>The Board noted the report</i></p>
9	<p>Division of Responsibilities between the Chair and Chief Executive – NLG(17)416</p>

	<p>Anne Shaw asked the Board if the paper could be taken as read. Sandra Hills raised a question with regard to Peter Reading's role and accountability and what happens if Peter Reading is unavailable. Peter Reading confirmed that the Deputy Chief Executive would act up subject to his availability and, if for any reason they were both unavailable, they would have a designated named Director 'acting up'. It was agreed to add this in the paper.</p> <p><i>Board approval was given providing the addition of the amendment required.</i></p>
10	<p>Final Board Assurance Framework (BAF) – NLG(17)417</p> <p>Wendy Booth shared the latest version of the BAF and confirmed that it incorporate the changes as agreed by the Trust Board at the previous meeting. However, Wendy Booth also referred to discussions with GGI in respect of how the report could be further simplified. It was agreed that a final version would be submitted to the December 20`17 meeting.</p> <p>Tony Bramley had a specific question regarding the detail of medical education in junior doctor's and if this was appearing in the BAF / risk register, as this had been highlighted as a significant issue. Wendy Booth agreed to check up on this.</p>
11	<p>Audit, Risk & Governance Committee Highlight Report & Board Challenge – NLG(17)418</p> <p>Stan Shreeve as Chairman of the committee said that the report could be taken as read. This was the second meeting in the new form and it seems to be working well. The committee is going to have a serious look at the Internal Audit report at the next meeting to see if it is still relevant. He advised members that in the new year they will be holding their traditional strategy meeting about next year's internal audit work programme. Attendance and progress has been very good.</p> <p><i>The Board noted the report</i></p>

Quality & Safety

12	<p>Patient Story & Reflection – Verbal</p> <p>Apologies from Tara Filby on behalf of Jo Loughborough as she was not aware that the meetings had now moved to an a.m. start. The agenda had been distributed to all attendees on the 23rd October 2017.</p>
13	<p>Quality Special Measures</p>
13.1	<p>To receive the minutes of the System Improvement Board held on Tuesday 3rd October 2017 – NLG(17)419</p> <p>The minutes of the Board were duly noted. Sandra Hills made reference to the minutes where it stated that "In terms of the winter plan, a £3.8m gap has been identified" and wondered if this would impact on the Trust. Peter Reading advised that £2.2m of this figure was the Trust's and he said that a slightly larger figure had been submitted. They had been told there were certain things which could not go into the winter plan but the Trust thought it needed to spend more to get through winter and this figure is about £4.4m. This is still sitting with NHSI and the Department of Health and he is not expecting to hear an announcement of how much the Trust will get until after the budget. As NLaG is a category 4 system there is a lot of pressure to get additional support; he advised that he had spoken to Lyn Simpson at NHSI and she is doing her utmost to get as much as possible for the Trust.</p>
13.2	<p>Final Published Reports from the CQC Unannounced Inspector Visit in June 2017 – NLG(17)420</p> <p>Wendy Booth asked the Board to formally take receipt of the final published reports from the unannounced visit by CQC on the 15th June 2017 and reminded members that this visit was to specifically review the progress with the issues within the section 29a warning notice. She added that attached to the report is the CQC's press release which confirms the improving picture. Finally, she further added that feedback from the CQC engagement meeting held last week confirmed that it will be 12 months before the next CQC inspection takes place and this is from</p>

13.3	<p>when the Trust went into special measures in April 2017. However, CQC would return should any significant concerns be brought to their attention about any of the Trust the services in the meantime.</p> <p>Feedback from the visit by Professor Ted Baker, CQC Chief Inspector of Hospitals – Verbal</p> <p>This had been covered earlier in the Chief Executive's briefing to the Board.</p>
14	<p>Integrated Performance Report – Quality & Safety – NLG(17)421</p> <p>Tara Filby advised the Board the paper referring to the section on Q & S could be taken as read and proposed to mention the key highlights.</p> <ul style="list-style-type: none"> • Mortality continues to be an issue and it continues to deteriorate across the range of mortality indicators. A mortality clinical lead has been identified. • Reduction in the VTE performance with risk assessments undertaken • C.Diff – one lapse in care but remains below the threshold • Caring Domain – have seen improved positive performance in the response rate of friends and family test in A&E – continues to be monitored • Mixed Sex Accommodation continued to have some breaches in September, same wards as last month where they struggle to provide single sex accommodation <p>Tony Bramley referred to page 3 of the report - "The forecast performance for September is 68.7% improving to 76% October all things being equal." and asked if this had been evidenced yet as it was a large rise. Richard Sunley advised that the numbers required some clarification. The 104 days is the figure which they are focusing on and suspects the percentage recorded will deteriorate before it improves markedly. Peter Reading said it is about managing the numbers as the patients on a 62 day wait increase whilst trying to resolve the 104 day waits – so it actually gets worse before it gets better.</p> <p>Sandra Hills commented that she thought that it should be possible to model the figures to give some further insight and clarification.. Richard Sunley said that they now had somebody who had joined them very recently, who had done this type of work previously and would be reviewing cancer services. The current level of reporting is very detailed but it is not giving the required detail.</p> <p>Peter Reading asked Tara Filby for clarification on mixed sex accommodation. There are only 2 areas, Ward 22 and CCU, in the Trust where there are continued breaches and asked why that is. The Coronary Care Unit at DPoW is down to the layout, it is open plan and they are looking at getting some more fixed screens between bays but that does mean that patients will have to walk past members of the opposite sex to access bathroom facilities.. The solution to this is to do with C Floor configuration which is being looked at and this is being led by Pam Clipson, Director of Strategy and Planning. Tara Filby explained ward 22 configuration and type of patient which required high observation.</p> <p>14.1 Monthly Capacity & Capability on our Wards – NLG(17)422</p> <p>Tara Filby presented the monthly report which outlines those wards where staffing capacity fell short of what was planned and how any risks were mitigated. The report shows an overall achievement of fill rate for inpatient wards with a continued high reliance on the use of temporary staff including agency staff (both on and off framework).</p> <p>The overall fill rates show an increase in month in the RN fill rates. The CHPPD remains the same.</p> <p>Midwife to birth ratios in month are 1:30 DPoW, 1:24 SGH.</p> <p>For areas that are under the 80% fill rate, mitigating actions have been taken including over-fill of</p>

health care assistant shifts to maintain patient safety and temporary bed reduction.

Anne Shaw asked a question with regard to teams on the ground and if the relationship between the Operational matrons and Quality matrons was improving across ops and Tara's directorate. Tara Filby said that there were improvements in some areas and she is looking at reviewing the role of both the Quality & Operational matrons to ensure they have the right level of accountability; this will commence shortly.

Sue Cousland said that this would be supported by the initiative which Tara Filby has introduced whereby Quality Matrons will be doing some clinical shifts and feels that this is starting to build bridges from feedback she has received.

Sandra Hills referred to the chart in section 8 on Maternity and asked what the purpose was of having a Trust wide figure as there appears to be quite a large difference in some instances. Tara Filby said that these differences occurred in the model of care, the competency of staff and staff morale. The Trust wide figure is viewed externally.

14.2

Quarterly Nursing Update – NLG(17)423

Anne Shaw made reference to the Q2 report and Tier 1 Dementia training which the Trust Board has not had for some time. There is a Dementia awareness briefing in November and Tara Filby will look to see if there is any opportunity to do some training then.

Tara Filby presented the paper to the Board and highlighted a couple of key points:

- Staffing levels - The Trust has been invited to take part in phase 2 of the NHSI retention collaborative support workshop
- Nutrition - The Trust has been selected to join an NHS Improvement Collaborative, focusing on Nutritional assessment and interventions. A team is currently being selected to take part in the 180 day improvement project. This is due to commence in November 2017
- An award has been received from Grimsby Institute for supporting learners in practice. The Team will be launching a campaign: 'Our Students, Our Future' to demonstrate the Trust's commitment to Student Nurses as our future recruits.

Sandra Hills wanted to know what the nurse leadership was proactively doing around flu and winter planning. She said that she was aware that agencies are already blocking shifts for the Christmas period and wondered whether we are also being more proactive?. Tara Filby said that in terms of block booking staff that this was being done particularly for wards with high vacancy rates and those which require specialist support and that they are trying to block book agency earlier. In terms of flu Tara Filby said that her team had been very proactive in recruiting additional vaccinators.

Sandra Hills said that she had been getting feedback through the workforce committee that senior nurses on the wards were refusing the vaccination and are accusing people of bullying and harassment. Tara Filby said that they were trying to tackle that and making sure staff understood about protecting ourselves, patients and families.

Jayne Adamson said that there is anecdotal evidence of difficulties around some of the ward area; it is when they are asked to sign when they decline and their reason for declining. Jayne Adamson said that the flu teams have found this quite difficult in some of the areas. In terms of percentages the figure is at 57% Trust wide for the end of October. Doctors are up at 71%, Allied Health professionals are at 89%, Nursing 47% - the most challenging area is the nursing. Tara Filby said that this is an issue nationwide, not just here. Peter Reading said that he and Jayne Adamson are in close contact with regards to this and are supporting the new head of occupational health. He said 70% is the national target and we will probably achieve that but for us it is not good enough.

15	<p>Improving Together Update – Quality & Safety – NLG(17)424</p> <p>Tara Filby reported that the highlight report had been discussed in terms of progress at the Quality & Safety committee; the area highlighted was around safe medical staffing behind the plan. The project lead has met with Kate Wood and the AMD's and believes that it has injected some positive impetus into the plan. Tara Filby advised the Board that the key activities achieved were in the report.</p>
16	<p>Quality & Safety Committee Highlight report & Board Challenge – NLG(17)425</p> <p>Tony Bramley, Chairman of the committee advised that there was nothing to add as the items had been covered off earlier by Tara Filby.</p>
17	<p>Mortality Assurance & Clinical Highlight report & Board Challenge – NLG(17)426</p> <p>Sue Cousland, Chair of the committee, highlighted that the main concern was cardiology and again they have not seen an update report. Sue Cousland reported there had been discussions outside the meeting and thought that they had an agreed position moving forward and were going to start reporting cardiology again but that she also understands that Pete Bowker – Associate Chief Operating office (ACOO) has a different view on how that should take place. A discussion took place and the board was briefed with regard to this issue.</p> <p>Sue Cousland said that her other concern with cardiology is that she has not had sight of the CQC outlier alert in relation to heart valve disorders. She said that she is receiving assurances that this is being worked up but has not seen the letter and so is not aware of timescales and they need further information on this. Sue Cousland said that on a more positive note the position of Dr Menon as Clinical Lead for Mortality has been well received.</p> <p>Kate Wood said that, as she understands, it is about carving out time so that people from cardiology can attend the structure judgement review meeting where the cases are discussed in detail and believes that the conflict is operational. Peter Reading said that this was a managerial issue and needed to be taken up by the AMD supported by Kate Wood.</p> <p>Anne Shaw asked if in the meantime assurance could be provided to Sue Cousland before the next Board meeting.</p>

Strategy

18	<p>Improving Together Update – Service Strategy – NLG(17)424</p> <p>Richard Sunley advised that he had nothing to report as the detail would be covered in the following presentation for the update on the Haematology Service.</p>
18.1	<p>Haematology Update - Dr Stuart Baugh AMD Medicine Group – Verbal</p> <p>Stuart Baugh informed the Board that this service should have 4 consultant haematologists across sites and that it currently only has 2 and this will reduce to only one consultant from 16th November 2017 who currently works from the Scunthorpe site. This gives NLaG some immediate problems around patient management and in particular the chemotherapy regimens. Stuart Baugh said that they have been in discussion with Hull hospitals (HEY) about potential partnership / network solutions.</p> <p>The service will be supported by locums from the beginning of November this is not a long term solution but will help to stabilise some of the services currently covered. The immediate concern is the in-patient service at DPoW. The proposal is as of mid-November complex patients undergoing these regimes will start to transfer to Hull. Start Baugh said that over the last 6 months this would have affected 28 people and the intention would be to transfer from the Grimsby site to start with as the situation is stable at Scunthorpe ; however going forward this</p>

will need reviewing. Weekly meetings are taking place to ensure the transition is as smooth as a possible.

Stuart Baugh advised the Board that they went before the Overview and Scrutiny committee at the North Lincolnshire council on the 30th October 2017 and they had some concerns regarding transport which needs resolving. At the centre of this the most important thing is that the patient remains safe at all times.

Anne Shaw thanked Stuart Baugh for his presentation and noted that the Board did have some awareness of this and asked the Board for any questions or observations.

Stan Shreeve said that this seems to be the only practical solution available in the short term and asked if this will become permanent going forward. Stuart Baugh said that NLaG would link with Hull as the tertiary solution and that this fits with the STP and Cancer Alliance and are not looking elsewhere at the moment.

Stan Shreeve said that Hull's capacity has always been a limiting factor and is NLaG happy with the measures they are taking to make this a sustainable long term solution and are we getting the right support from the STP for that to be developed and can we have some assurance from that. Stuart Baugh said that the STP for cancer is the Humber Coast and Vale Cancer Alliance and that he is the Clinical Director for this.

Tara Filby was concerned about the service delivered to Louth and the out-patients seen there and how this would be delivered going forward. Stuart Baugh stated that trying to service 4 sites with one permanent consultant is very challenging and we need to consider how many sites we can service.

Linda Jackson wanted to know what communication had taken place with the haematology team now there is a final decision. Stuart Baugh said that the Business Manager had been talking regularly, at weekly meetings, with the Clinical Nurse specialist and the ward sisters. The important thing to note that oncology services are not changing from as they are at the moment.

Peter Reading said that in terms of the minutes of this meeting that this was seen as a formally supported Board decision and that a note was sent out yesterday to Board members regarding this. He also said that in terms of engagement with other parties that there had been a series of meetings with the CCG's, both North Lincs. and North East Lincs. Healthwatch and also the North Lincs. OSC Chair so people have been engaged around this. He also said that with the transport issue we would have to have individually tailored arrangements for the 28 patients which are affected; it is essential we do not let any of our patients down.

Sue Cousland said that she would like to see NLaG looking at future solutions. Given the shortage of haematologists and the excellent base of nurse specialists could we not look at nurse consultant basis alongside some of the other national models? Stuart Baugh said that Hull are very keen to share the expertise of the specialist nurses in Grimsby with the specialist nurses at Castle Hill as they recognise they have more skills and he would be very keen to support the nurses to go over there and share that knowledge.

Anne Shaw said that discussions had been ongoing for some months across the Trust about developing a charitable funded cancer centre, and the last meeting took place a couple of months ago. There is substantial funding available and this decision should feed into forward planning for the centre development. One of the recommendations from the last meeting was to visit the Harrogate Centre and the view was that there was something about their model which should work for us.

Anne Shaw asked the Board if they were supportive of the actions required for haematology services in both the short term and the medium to longer term based on the discussions that had just taken place.

The Board approved the proposal

Leadership, OD & Culture

19	<p>Integrated Performance Report – Workforce NLG(17)421</p> <p>Jayne Adamson referred to the paper and said that for the first time in 9 months the vacancy rate had improved. As of the end of September the medical vacancies is 23.53% which has decreased by 2.13% and the same change has also occurred with nursing although very small but significant. In terms of this re medical staff, there were 16 started and in the pipeline between October 2017 and February 2018 there a further 53 expected..</p> <p>In terms of turnover there was also a slight decrease and the overall figure is at 11.28%. Jayne Adamson mentioned the report that came out from the Health Foundation recently and it showed Yorkshire and Humber the lowest in terms of turnover at 13% compared to some of the London Trusts up at 25 – 26%. The key issue for NLaG is retention, as many are leaving as are joining.</p> <p>Jayne Adamson said as part of the finance Improvement a ‘hotspot dashboard’ is being designed and this is a multiple variety of measures which will help determine which parts of the organisation have the biggest need, so that they can be offered help and support with some of the challenges they may face and that she should be able to bring something to the Board in November. She said that they have a draft retention strategy but some of that is more medium to long term and the key issue is what can be done in the shorter term.</p> <p>Sandra Hills wanted to know how the organisation was communicating the success of people being recruited. Peter Reading said that he thought that this should be incorporated into the presentation into the senior leadership community and the subsequent briefing taking place on Thursday 2nd November 2017.</p>
20	<p>Improving Together Update – OD & Culture NLG(17)424</p> <p>Jayne Adamson referred to the paper and said that the Board would be able to see within the paper what they had been doing over the last month, much of which was around LiA and there would be an update to the Board later on this. Jayne Adamson said that they were developing a Board approach to the OD & Culture workstream with leads for each of the different elements and although they have been concentrating of late on LiA and some of the staff engagement work there is other work to be done also, some of which is critical.</p>
21	<p>Board Development Update – Verbal</p> <p>Jayne Adamson said that this is linked to the output of the GGI report. For the first 6 months of this financial year there were a number of Board development activities and other than the insights development (now pushed back to January 2018) the Board has achieved what it said it would do. This included the development of the Strategic Objectives and also the Barrett Value diagnostic and then a whole Trust diagnostic. Jayne Adamson said that there will now be another piece of work which will come out of the GGI report and therefore what the Board Development programme may be collaborative with both GGI and East Lancs.</p>
22	<p>Listening into Action (LiA) – September 2017 – NLG(17)427 & 427a</p> <p>Jayne Adamson referred the Board to the paper and said that she did not intend to go through it as it was self-explanatory but that she had wanted to give some context as to why they are doing what they are doing. She said that she had linked it to the staff survey results but has also tried, under point 4, to explain some of the complexity they are doing in terms of the OD pillars in the organisation, and that this does require further work.</p> <p>LiA is a 12 month programme that is being carried out within the organisation and Jayne Adamson said that they had been feeding back to staff on the Crowd fixing feedback and the LiA pulse checks results and actions.</p> <p>There are 5 key areas outlined in the paper, which have come from the crowd fixing events. These are for the Trust to work on and response teams are being set up for progressing this.</p>

	<p>Jayne Adamson said that there was an additional paper, a synthesis of all the results that came through the crowd fixing events which has gone out to the leadership teams and there are at least 60 to 70 quick wins which will be communicated in different ways and there are about 55 people who have said that they would like to be involved.</p> <p>Anne Shaw said that the Board support for the programme has always been there and asked the board for any questions or observations.</p> <p>Kate Wood said that as a clinician she had been heavily involved in LiA for a few months and expressed her concern that there were many people who wanted to be involved, and that there was support at Executive level, but there was a block at the middle level which needs addressing. Peter Reading thought that this was an interesting observation and that this was entirely consistent with what a number of people were finding, that we have enthusiastic staff who are not being effectively supported, led by the tier in the middle and this is where the challenge is and where the OD work has got to focus.</p> <p>Anne Shaw made reference to Jayne Adamson's paper under the 'from – to' chart, that this is potentially incredible powerful. She also said that she had spoken to staff that at times had been denied the opportunity to engage with LiA by their line managers for no apparent reason. Jayne Adamson said that some of the sponsor groups are trying to deal with this and the LiA lead spends a lot of time trying to resolve this issue.</p>
23	<p>Workforce Committee Highlight Report & Board Challenge – NLG(17)428</p> <p>Sandra Hills as Chair of the committee presented her report to the Board and stressed how disappointed she was that for the 3rd consecutive month the meeting was not quorate and that this is very concerning, particularly as workforce is very challenging. The view was taken that as some decisions needed to be made they would work around this by taking actions outside of the meeting.</p> <p>Sandra Hills also stressed that the work plan for the committee has 59 areas of focus and that the capacity is a real challenge. Work is needed on prioritising the workload.</p> <p>Peter Reading said that he would find it helpful if after sub-committee meetings where he is not present, that if there are any issues they feel are not being addressed by people in managerial positions, that the Chairs of the committees let him know so that he can take action to resolve these.</p> <p>Sandra Hills said that the issues are usually raised at the SMT meeting but would ensure Peter Reading is kept informed.</p>

Access & Flow

24	<p>Integrated Performance Report – Performance & Access – NLG(17)421</p> <p>Richard Sunley referred to the report and proposed to highlight the key points to the Board. A & E figures to date for October are at 91% compared to 87.4% in September. The target is to maintain at least 90% for quarter 3 and 4. Operationally an unplanned care board has been set up with 6 main streams working on relevant areas to ensure throughout the year unplanned care at performance.</p> <p>RTT figures are at 73%, the target should be 92%. Richard Sunley said that they had received some useful reviews, from an external company, regarding the waiting list and that this has been moved into an intensive support team to work through and he is more hopeful about the direction this is now moving in. To clarify for the Board Anne Shaw said that Richard Sunley is more hopeful by the end of November the first piece of work for 8 key specialities and that by the end of January 2018 we would be able to see how our current capacity is against the current demand.</p> <p>Richard Sunley that there had been a number of difficulties around CT and MRI, particularly at</p>
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<p>24.1</p>	<p>DPoW, and this would affect cancer waits. They are looking at improving the CT coverage area at DPoW as the current CT scanner now requires replacement and capital is required from the STP to do this.</p> <p>Peter Reading said that this had been discussed at the TMB meeting yesterday and it was agreed that rather than waiting for the STP decision, they should push ahead with this. He also said if NLaG was successful in getting the funds from the STP to pay for it that is fine but if not it will be paid for out of the Trust's own capital; the important thing is not to delay.</p> <p>Winter Planning Update – Presentation</p> <p>Richard Sunley said that for the first time there is a single plan across the system to match capacity and demand and also a plan for rapid escalation as and when it is required. Key to all of this is that there is focus and the three areas requiring this are:</p> <ul style="list-style-type: none"> • Ambulatory care at both SGH & DPoW and the target is to reach the national average of 30% • Red to Green - key to this is the need for sufficient nursing coverage • GP streaming <p>He said that externally they are looking at working with partners around spot purchase of beds and how we manage elective care post-Christmas and the potential need to cancel elective work. Outliers at Scunthorpe as of yesterday were zero in terms of surgical patients.</p> <p>Sandra Hills asked if Richard Sunley if there was capacity in the system more broadly to address the shift of that activity. Are there others who may be able to provide that? Richard Sunley said that there was a commissioning issue and it is more likely there will be no elective work over this period.</p> <p>Peter Reading advised the Board that the steer from NHSI is to anticipate advanced cancellations. The early warnings are that emergency pressures are building up and not to wait until the last minute but to plan ahead. A formal decision has not yet been taken about elective cancellations around Christmas but it almost certainly will and this will be enforced by a national message on this.</p> <p>Anne Shaw asked if this message was being picked up by the local CCG's and is it being fed into accountable care partnerships at either end. Richard Sunley said that they are aware of what will have to happen.</p>
<p>25</p>	<p>Improving Together Update – Access & Flow – NLG(17)424</p> <p>Richard Sunley presented the paper to the Board and briefly mentioned that there are 6 streams of work on unplanned care and 5 streams identified on planned care. He said that they are struggling to get the information input to support the KPI's, but they are making progress and it is not stopping them pushing forward on each of those streams.</p>

Finance

<p>26</p>	<p>Financial Special Measures Update – Verbal</p> <p>Marcus Hassall said that they are busy working towards the next key marker point with NHSI which is Stephen Hay's visit on the 7th November 2017 at which point they are hoping to agree and sign off the FRP. He said that NHSI had been very engaged with them and is very supportive. Marcus Hassall said that they had been busy adding details and getting plans turned to green and stress testing all of the numbers.</p> <p>On the 25th September 2017 NLaG showed a deficit of £43.4m after recovery and we require £13.2m savings delivery in year; every piece of analysis undertaken since then shows that this number is right at the top end of what can be delivered. He stressed that as an organisation we cannot be asked to go further and that the meeting on the 7th November needs to be more of a confirmation of plans which have been agreed.</p>
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	<p>The team has now been mobilised to start delivering the FRP, which Anne Shaw said she was very pleased to hear. He said that the plans and commitment are there and they now need to start seeing the delivery happening in terms of key KPI's. He also stated that he believes that what we have in terms of a recovery plan is robust and that it was also good to have that same feedback from EY.</p> <p>Anne Shaw said the point which he had made about building the business case for NHSI around the figures and why they are what they are is really important, as Stephen Hay has to take these figures back to the Department of Health and Treasury.</p> <p>Peter Reading said that the Trust is still in a difficult position and the figure that the Department of Health has is the one that was given last December which was a projected overspend of £23.5m; there is a £20m gap which they have to find elsewhere and there is a difficult story for NHSI to tell as to why the deterioration is of that order.</p>
27	<p>Integrated performance Report – NLG(17)421</p> <p>Marcus Hassall presented the finance section of the paper to the Board. The key highlights are as stated in the paper and said that the deficit is £23.1m at mid-year. The underlying position after September's data is still consistent from what they had from the end of August and October needed to start showing some recovery impact but as yet he has not found anything.</p> <p>The core issues are:</p> <ul style="list-style-type: none"> • Expenditure – directly tied to the use of temporary staffing for med & nursing. • Pay pressure – mainly around failure in the first half of year to mobilise the savings on admin categories. • Continuing pressures on estates and IM&T maintenance and infrastructure to ensure it is fit for purpose • Travel Cost increase – resulting from the final grievance • Management consultancy costs – as a result of being in FSM <p>The question is how quickly can we mobilise the action plans we have in place?</p> <p>Tony Bramley said accepting all of this that there is only so much that can be done in 17/18, but what does the base look like in 18/19. He understands the focus is about saving money in the current year but in the long term is how we look structurally so different for next year and thereafter.</p> <p>Peter Reading said that at the moment we need to drive delivery this year but we do need to have a clear plan for next year. One benefit we should get from this year's work on the short term is that the full year effect benefit is almost larger due to some of the things we are doing this year.</p> <p>Obi Hasan said that he believes this year is about getting stability and credibility as a management team; that we can control and manage the finance, the quality and the operational pressures. This plan can only be delivered if the executive leadership stick together, and there will be some crucial decisions to make. The delivery is a pretty tough ask but we will be expected to do it.</p> <p>Anne Shaw asked in terms of the executive decisions would they be made with the Improving Together board or the Finance Improvement Board. Peter Reading said that if they are large enough to merit they will be made at the TMB Board.</p> <p>Stan Shreeve said that he was confident the Trust can deliver. He had asked for the agency spend graph to go into the last presentation as this tells the Trust what we can do. It shows the back end of last year when they were trying to mobilise CIP, it had a very good trajectory and the activity levels are no higher. What we didn't have last year was mobilisation throughout the organisation and with the structures that are now in place there is a much better chance of achieving this.</p>

	Jayne Adamson was concerned that we are in very challenging times and that perhaps it is not clear enough to the people who work for the Trust and asked how as a Board it communicates effectively the challenges we are facing. A detailed discussion followed.
28	Improving Together Update – Financial Improvement Plan – NLG(17)424 Marcus Hassall advised the Board that this had already been covered previously.
29	Finance, Information & Performance Committee Highlight report & Board Challenge – NLG(17)430 Linda Jackson, Chair of this committee presented her paper to the Board and briefly highlighted the key points. Linda Jackson asked the Board if they would approve the change of name of the committee to Finance & Performance from Finance, Information and Performance. The Board approved this.
30	Charitable Funds Committee Highlight Report & Board Challenge – NLG(17)431 Anne Shaw as Chair of the committee said that the paper could be taken as read and that they had agreed to fund a handyperson.

Items for Approval

31	Protocol for Reserving matters to a Private Trust Board meeting - NLG(17)432 Wendy Booth said the paper was self-explanatory and said that it was intended to provide guidance for directors on matters which should be discussed in private.. The Trust Board approved the updated protocol.
32	Items for Information – (see separate Appendix A) Sub-committee and other supporting papers were noted.
33	Matters to be included in the Board briefing for Governors Haematology Update Improving Together Trust Board Development Workforce & OD – Report from Jane
34	Any Other Urgent Business There was no other urgent business
35	Date and Time of the Next Meeting: Date : 28 th November 2017 Time : 9.00 am Venue : Main Boardroom Diana, Princess of Wales Hospital Anne Shaw thanked members for their attendance and closed the meeting at 12 noon