

**NLG(17)465**

DATE OF MEETING	28 November 2017
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Dr Peter Reading, Chief Executive
CONTACT OFFICER	Wendy Booth, Director of Governance & Assurance and Trust Secretary
SUBJECT	Minutes of the System Improvement Board (SIB) held on Tuesday, 7 November 2017
BACKGROUND DOCUMENT (IF ANY)	N/A
PURPOSE OF THE PAPER:	For Information
EXECUTIVE SUMMARY (PLEASE INCLUDE A BRIEF SUMMARY OF THE PAPER, KEY POINTS & ANY RISK ISSUES AND MITIGATING ACTIONS WHERE APPROPRIATE)	The report provides the minutes of the SIB held on Tuesday, 7 November 2017. It is proposed that these minutes are shared monthly to ensure the Trust Board is sighted on the external discussions, challenge and expectations in respect of quality and financial special measures
HAVE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	N/A
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	N/A
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	NO
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	N/A
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	NO
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	N/A
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	N/A
THE PROPOSALS OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S)	YES
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER ENSURE COMPLIANCE WITH THE REGULATORY OR GOVERNANCE REQUIREMENTS LISTED	Ensures the Trust Board is sighted on the expectations of NHSI and other stakeholders in respect of the quality and financial special measures regulatory regime
THE PROPOSALS OR ARRANGEMENTS OUTLINED IN THIS PAPER TAKE ACCOUNT OF REQUIREMENTS IN RESPECT OF EQUALITY & DIVERSITY	YES

ACTION REQUIRED BY THE BOARD

**The Board is asked to note the report**

# North Lincolnshire & Goole System Improvement Board Meeting

7 November 2017

## 1 **Welcome and Introductions**

Warren Brown welcomed all attendees to the meeting. The attendance list is attached as an appendix to these minutes.

## 2 **Minutes and action log review from previous meeting**

The minutes of the previous meeting were reviewed and agreed. The action log was reviewed and updates provided as follows:

- Action 7 - completed, update provided
- Action 10 – completed, update provided
- Action 14 – Closed as relates to action 10
- Action 17 – not yet completed, to remain on action log
- Action 18 – Close and remove – relates to action 10
- Action 19 – to be discussed at next SIB
- Action 20 – ongoing
- Action 21 – complete, duplicate of action 7
- Action 22, not yet completed to remain on action log

## 3 **Trust update**

### 3.1 **Improving Together**

The Improving Together programme update was noted and questions invited. The draft level 1 KPIs were shared. However, further work is required to refine the KPIs, agree thresholds and provide assurances around data collection. The measures (with narrative alongside performance rated as red) will be presented and discussed by exception at the monthly SIB. Detailed level 2 KPIs have also been developed however these are not intended for sharing outside of the organisation with the exception of the PSG which may wish to look at these in detail. Peter Reading referenced a meeting with Lyn Simpson, Stephen Hay, Kathy Mclean and Warren Brown where it was agreed that the trust would produce a recovery plan covering both quality and finance which will include a summary of the key indicators against which the trust would be measured- these indicators will derive from the Improving Together level 1 KPIs and will be shared at the next SIB.

Concerns were flagged about the trust's ability to achieve the RTT performance trajectory. Richard outlined two key pieces of work which need to take place to support turnaround. The first piece of work relates to demand and capacity (completion of which is scheduled for the end of November) and the second, efficiencies. A group has been set up and extra support bought in to look at a number of themes which will deliver RTT. When the demand and capacity work has been completed then timescales to see a turnaround in RTT performance can be set.

**Action:** Trust to share the summary of Recovery Plan KPIs at next SIB.

### **3.2 Clinical Haematology**

The trust presented a paper to SIB which was noted. The interim changes will mean that HEY will provide care for all patients requiring inpatient admission. Mobilisation will take place over three phases commencing on 17 November. The strategic direction is to create a Humber wide Haematology service on a Hub and Spoke model, similar to that in place for oncologists. It is envisaged that the changes will have the biggest impact at the Grimsby site due to the loss of one of their consultants. A lot of work is still to be done with patients and their pathways. Key risks identified include reliance on locums (both York and Hull have recruitment challenges), medical staffing in Haematology and patient transport. The transport of carers and relatives was also flagged as a potential a reputational risk. To provide further assurances Peter Reading has requested a patient by patient plan for the first wave of patients. Julie Warren has raised concerns about transport with Richard Barker. The SIB expressed their gratitude to Hull for their support with the Haematology service.

### **3.3 Clinical Harm Review**

A progress report was presented to SIB and noted. Since the last SIB this has moved on considerably with the appointment of a Clinical Harm Director and the development of the Electronic Reporting System to keep track of the patients being reviewed. To date 17000 patients have been clinically reviewed. The third phase of the review involves approximately 10.5k patients and once this concludes the trust will be in a better position to start thinking about a trajectory to manage the backlog as part of 'normal' business. The trust does not currently monitor the available slot issues (ASI). It was suggested that ASIs are monitored through the Planned Care Board going forwards.

**Action:** System to monitor ASIs through the Planned Care Board.

## **4 System update of transformation**

### **4.1 Humber wide acute services review, including update from heatmap**

A service review report was presented and noted. The report outlined the background to the review, scope and principles. In terms of reporting to SIB, it was agreed that SIB should receive a general line of sight as the review was not accountable to the SIB and needed to play out through the STP. The next review meeting is scheduled to take place on 16 December with Moira Dumma as the new Chair. Peter Reading referred to a discussion about service strategy at a recent Board seminar which was attended by clinical leaders from within the trust. After the discussion it was concluded that the strategic direction for the trust may be to have a primary partner (HEY) for the majority of services, with other partners being involved where this is more appropriate. Peter noted that urgent pieces of work are needed in terms of sustainable models in Scunthorpe, DPoW and Goole.

### **4.2 Key barriers for discussion with system partners**

No items were raised for discussion

### **4.3 Maternity**

Richard Young provided an overview of the work currently being undertaken by the system in terms of reviewing maternity services. It was agreed by the SIB that the immediate actions to ensure safety in the short to medium term will be overseen by the Patient Safety Group, and the longer term strategic plans will be discussed as part of the broader Humber wide Acute services review.

## **5 Updates from sub-groups**

### **5.1 Patient Safety Group**

Patient Safety Group Update Report was presented and an update was provided against the status of each activity. The PSG are conducting deep dives on the areas highlighted as higher risk and where necessary these will be escalated for action. The PSG presented the outcomes of the Quality Risk Profile. This showed a number of escalating risks, which the PSG is sighted on, and a number that were de-escalating. From an NHSE National Quality Board perspective, the trust remains at risk summit level but it was acknowledged that this is to be expected at this stage. A stocktake paper against all the actions relating to the CQC inspection was tabled at the last SIB, this was reviewed in detail at the PSG and will be reviewed on a regular basis going forwards.

### **5.2 Finance**

The finance progress report was presented and noted. There is a £26m gap at NLAG and £6m gap at North Lincolnshire CCG. A meeting is scheduled with Stephen Hay this afternoon to discuss the trust's recovery plan. Areas to highlight:

- In terms of NHSE and NHSI support - the system need to take a collective approach
- The incentive contract has not yet been signed and may need to be re-worked
- As a community there is a need to ensure we work together to manage pressures, including winter

### **5.3 Communications**

A verbal update was provided. The collaboration between partners is improving. The trust and CCGs have produced a draft strategy to communicate service changes however further work is required to develop this. It was noted that future press releases should be joined up to prevent the media playing partners off against each other. Overall external communications are improving however the trust stated that its key focus is on internal communications as these need to be further strengthened, which should in itself improve external perception.

## **6.0 Work with existing groups**

### **6.1 A&E Delivery Board**

The trust reported 91.5% performance against the emergency care standard for the quarter and has been ranked in the top 60 out of the 137 trusts nationally which is a significant improvement. However there was general acknowledgement that this improvement is still fragile and that

there will need to be significant focus over the winter period.

The changes that have been implemented in relation to A&E delivery were acknowledged and it was noted that having fortnightly A&E Board meetings has helped in terms of maintaining focus and momentum. Deep dives are taking place to ensure the winter plan is delivered, however finances continue to be a concern and this has the potential to impact on the actions that the system is able to take to mitigate winter pressures.

## **6.2 Planned Care Board**

The progress update for the Planned Care Board was noted. Risks and mitigations were discussed and noted. A discussion will take place at the next Planned Care Board around urgent pathways for those who don't qualify for the 2 week wait pathway over winter where the focus on maintaining A&E delivery may have a knock on effect on planned care activity. It was acknowledged that there is a need to ensure capacity is right so that patients at serious risk of rapid deterioration are managed appropriately. This will also provide confidence to primary care colleagues.

## **7.0 Any Other Business**

No items raised

**Date of next meeting: Tuesday 5 December 2017, Quarry House, Leeds**

## **Attendance list**

### **NHSI:**

Warren Brown (Chair)  
Claire Pacey  
Deborah Turner  
Owen Southgate  
Helen Dabbs  
Beverley Bray  
Bev Benjamin

### **Trust:**

Peter Reading  
Marcus Hassall  
Tara Filby  
Richard Sunley  
Kate Wood  
Kathryn Hellier

## **East Lancashire NHS Trust**

### **NHSE:**

Rabinder Bhachu  
Zena Robertson  
Julie Warren

### **CCGS**

Peter Melton  
Helen Kenyon  
Richard Young  
Emma Latimer

## **North East Lincolnshire Council**

Stephen Pintus

### **Healthwatch**

Paul Glazebrook