

United Lincolnshire Hospitals 
NHS Trust

Minutes of the Public Trust Board Meeting

Held on 1 December 2015

Trust Boardroom, Lincoln County Hospital

Present

Voting Members

Mr Ron Buchanan, Chairman
Professor Steve Barnett, Non-Executive Director
Dr Paul Grassby, Non-Executive Director
Mr Geoff Hayward, Non-Executive Director
Mr Peter Hollinshead, Interim Director of Finance and Corporate Affairs
Dr Suneil Kapadia, Acting Deputy Chief Executive/ Medical Director
Mrs Penny Owston, Non-Executive Director
Mrs Gill Ponder, Non-Executive Director
Miss Pauleen Pratt, Acting Chief Nurse
Mr Tim Staniland, Non-Executive Director
Mrs Kate Truscott, Non-Executive Director
Mr Kevin Turner, Acting Chief Executive

Non Voting Members

Mr Paul Boocock, Director of Estates and Facilities
Mr Mark Brassington, Director of Performance Improvement
Mr Ian Warren, Director of Human Resources and Organisational Development

In Attendance

Miss Lucy Ettridge, Associate Director of Communications
Mr Preston Keeling, Healthwatch
Mrs Jayne Warner, Trust Secretary (minutes)
Mr Jan Sobieraj, Chief Executive Designate

Apologies

Mr Keith Darwin, Associate Non-Executive Director
Mr David Pratt, Director of Finance and Corporate Affairs
Mrs Michelle Rhodes, Director of Operations

679/15 **ITEM 1. APOLOGIES FOR ABSENCE RECEIVED**

Apologies were received from Mr Keith Darwin, Associate Non-Executive Director, Mr David Pratt, Director of Finance and Corporate Affairs, and Mrs Michelle Rhodes, Director of Operations..

680/15 **DECLARATIONS OF INTEREST**

There were no interests declared in respect of the agenda items.

681/15 **ITEM 2. MINUTES OF THE MEETING HELD ON 3 November 2015**

The minutes of the meeting held on 3 November 2015 were approved as a

true and accurate record.

Minute 625/15 Should read “ The Trust remained below the ceiling for incidents of clostridium difficile”.

Minute 658/15 Should read “The Committee had noted that the levels of patient observations recorded on time were falling”.

682/15 **ITEM 3. MATTERS ARISING/ACTION LOG**

Minute 529/15 An update on international recruitment was to be considered later in the meeting. This action was therefore complete.

Minute 540/15 The Acting Chief Nurse explained that the authors of the quality report were working with ICT to produce the data requested and it was anticipated that this would be included in the report to the next meeting. The unvalidated data for October was that the level of complaints represented 0.02% of the total patient contacts.

Minute 549/15 Ceiling on agency usage was included on the agenda. The action was therefore complete.

Minute 615/15 The Director of Human Resources and Organisational Development advised that a full review of the incident had been completed and an action plan was being produced. The Board was advised that charges had been brought against the individual involved in the attack with a view to prosecution.

Minute 632/15 The Director of Human Resources and Organisational Development advised that the data would be included in the report from January.

683/15 **ITEM 4. CHAIRMAN'S UPDATE**

The Chairman briefed the Board on the outcome of the Chancellors 2015 Comprehensive Spending Review. As a result NHS England spending would increase by £8bn in real terms by 2020/21. The NHS would be required to generate £22bn in efficiency programmes. The Chancellor had made a commitment of £1.5bn to the Better Care Fund but concerns remained about the impact of cuts to public health and huge challenges remain.

The Chairman and Dr Grassby had attended the Annual General Meeting of the Grantham Hospital League of Friends. The Chairman advised the Board that the hospital had been presented with a cheque for £37,000. The Chairman asked to place on record the Board's thanks for this stunning achievement and recognition of the committed group of volunteers who had made it possible. Board members echoed the Chairman's comments.

684/15 **ITEM 5. CHIEF EXECUTIVE'S UPDATE**

Roles within Executive Team – The Acting Chief Executive informed the

Board that, following a recruitment process, Mr Mark Brassington had been appointed to the post of Director of Performance Improvement. Following the announcement that Miss Pauleen Pratt would stand down from her role as Acting Chief Nurse, Mrs Michelle Rhodes had agreed on a temporary basis until June 2016 to take on the role of Director of Nursing. Mr Brassington would until June 2016 temporarily take on the Chief Operating Officer role. Miss Pratt would remain in the Trust until June driving the portfolio improvement programme.

Chief Executive – Mr Jan Sobieraj would join the Trust from 7 December 2015 as Chief Executive and Mr Kevin Turner would return to his substantive role of Deputy Chief Executive.

HEEM Quality Visit – The Acting Chief Executive stated that the one remaining HEEM visit had been completed at Pilgrim Hospital. The informal feedback had been positive but no formal report had been received.

Lord Carter Productivity Review – The Acting Chief Executive informed the Board that the Trust had received the initial analysis of the indicators on efficiency and productivity. Initial indications were that the Trust treatment costs were higher than average. The data did not take account of the Lincolnshire issues and would be linked in to the work on tariff modification and site replication of services. The Finance, Performance and Investment Committee would monitor the work as it was taken forward.

South Kesteven District Council – The Acting Chief Executive and Deputy Chief Executive had attended the council meeting. Councillors had asked for assurance about the future of Grantham and District Hospital in response to rumours that it would be closed. The Acting Chief Executive advised that the Trust was clear about a strong future for the hospital.

Endoscopy Review – The Trust endoscopy services were subject to the Joint Advisory Group (JAG) Accreditation which took account of factors such as staffing, training and environment.

Digital Board – The inaugural meeting of the Board to drive the digital strategy had been held. The meeting was clinically led and chaired by the Deputy Medical Director.

Industrial Action – The Board was advised that industrial action by junior doctors had been suspended. The Director of Performance Improvement confirmed that the plans in place for the action meant that 345 outpatient appointments had been cancelled although as many as possible would be reinstated. Only two operations had been cancelled through planning and changes to theatre case mix. The Chairman questioned what plans were in place for the second proposed day of industrial action.

There were no questions from members of the public.

686/15 **ITEM 6. Quality & Patient Experience**

Item 6.1 Patient Story

Mrs Andrea Dean, Specialist Nurse and ULHT Patient, Val Saubergue attended the meeting for this item.

687/15 Val described to the Board her experience as a patient facing a mastectomy at Lincoln County Hospital. Following her treatment Val had started fundraising to produce patients packs for other patients going through similar experiences.

688/15 The Chairman thanked Val for an inspirational story. The Acting Chief Nurse reported that the Patient Experience Committee had been involved in the process and the Procurement Team was looking at ways to offer support to the production of the packs.

689/15 **Item 6.2 Portfolio Improvement Programme**

The Acting Chief Executive reported to the Board the high level summary position on the key programmes of work in the four improvement workstreams within the portfolio improvement programme.

690/15 The Board was advised that the quality improvement programme was rated Amber/Green, the Constitutional Standards Programme was rated Amber and the Financial Recovery and Workforce and OD Programmes were rated Amber/Red.

691/15 The Board was advised that the quality improvement programme was on track. Appraisal rates were noted to have fallen slightly and this would continue to be addressed.

692/15 The Trust had completed the preparations for the introduction of the agency spending cap. The Trust was continuing to have success with its international recruitment campaign and had appointed 18 nurses in total. The Board was advised that the introduction of an increased level of English language testing may create delays with recruitment.

693/15 The Acting Chief Executive advised that the Trust remained at risk in terms of urgent care.

694/15 The Chairman queried the resources being made available to the improvement programme office. The Acting Chief Executive advised that some short term additional resource had been arranged in the form of temporary secondments. A business case was being produced which would regularise the resourcing of the improvement hub.

695/15 **RESOLVED**

The Board noted the progress and the assurance provided on the continued work to deliver the recovery programme.

696/15 **Item 6.3 Quality Report**

The Medical Director presented the Quality Report to the Trust Board.

697/15 The Medical Director highlighted the following matters from the report. The latest HSMR data showed that for July 2015 the Trust HSMR was 80.09. The Trust continued to see a reduction in percentage crude mortality. The Board was advised that the Septicaemia diagnosis group was alerting and an in depth case note review had highlighted 50% of cases not coded accurately. The TDA had requested an update on mortality. The data held by the TDA was not consistent to the Dr Foster data. The Chairman advised that, at the Non Clinical mortality meeting, the Trust had been asked to investigate further the SHMI.

698/15 The Board was advised that Trust falls data showed the Trust as below the national average but falls with harm was above the national average and therefore an SI reporting tool had been introduced.

699/15 The Board was advised that the level of falls reported in the Trust was reducing; however the Trust was an outlier in falls with harm. These figures included falls ahead of admission.

700/15 Mrs Truscott stated that the report did not provide assurance that the actions being taken to prevent falls were having the desired effect. Members of the Quality Governance Committee were able to advise that the committee continued to drill down into the information provided.

701/15 The Interim Director of Finance and Corporate Affairs questioned whether the improvement in HSMR had resulted from improvements made in clinical coding. The Medical Director responded that this was not clear and the TDA was questioning some coding.

702/15 Mrs Ponder noted that complaints performance was poor. The Acting Chief Nurse advised that the Trust had focussed on clearing overdue backlogs and believed that the process was now improved; however timeliness remained an issue.

703/15 **RESOLVED**

The Trust Board noted the Quality Report.

704/15 **Item 6.4 Monthly Nurse Staffing**

The Acting Chief Nurse presented the monthly nursing and midwifery staffing levels for October 2015. The report detailed the monthly review of planned and actual staffing in inpatient areas and was publicly available on the NHS Choices website.

705/15 The report detailed that 4 areas had Registered fill rates below 80% and 5 areas had Unregistered fill rates below 80%. 6 areas had not met their fill rates for 3 months.

- 706/15 The Acting Chief Nurse reported that the fill rates had continued to improve during October.
- 707/15 The Acting Chief Nurse advised that data was now being collated from the payroll. The Trust was currently reporting a level of agency usage below the agreed agency cap. The Board was asked to exercise caution with the data as this was still being verified.
- 708/15 Mrs Owston questioned how the competency of agency staff was assured. The Acting Chief Nurse explained that there were mechanisms for referring agency staff if there were concerns about practice.
- 709/15 **RESOLVED**
- The Trust Board noted the nurse staffing monthly report.
- 710/15 **Item 6.5 Six Monthly Safe Staffing Review**
- The Board was advised that the six monthly report on safe staffing had been deferred to the next meeting. Work was not yet completed to ensure that the staffing data was aligned with the budget planning and financial control totals.
- Action: Director of Nursing 2 February 2016**
- 711/15 **Item 6.6 Changes in Bank/ Agency Rules and Pricing**
- The Director of Human Resources and Organisational Development introduced a report summarising the price caps for bank and agency staff and the changes required to comply with TDA and Monitor guidelines. The Board was advised that a report would be presented to the next meeting detailing the impact that the changes were having on the Trust.
- 712/15 The Board was advised that amended authorisation processes had been put in place for all bank and agency usage ahead of the introduction of the caps on 23 November 2015.
- 713/15 The Board was advised that the Trust remained at risk of exceeding the cap in December and this would require escalation to the TDA. The Chairman responded that the suppliers of agency staff still appeared to consider themselves in a strong position. The Director of Human Resources and Organisational Development stated that the Trust had written to the agencies advising of the changes; however there was a concern that not all trusts would abide by the controls and this would lead to the system failing.
- 714/15 The Acting Chief Nurse stated that the Trust continued to face a huge challenge in terms of workforce and that the risks for the Trust in achieving the reduced use of agency had been escalated through the consultation process. By April the Trust was expected to achieve agency usage below 3%.

715/15 Mrs Truscott observed that the Board had to remain clear that patient safety must not be compromised. Professor Barnett added that the way to resolve this issue would be the continued focus on recruitment as a long term aim.

716/15 **RESOLVED**

The Board agreed that reporting would be by exception and that the appropriate assurances would be provided to the TDA and Monitor.

717/15 **ITEM 7. STRATEGIC ITEMS**

Item 7.1 Lincolnshire Health and Care

The Acting Chief Executive advised that Mr Allan Kitt was now Programme Director for LHAC and work was continuing on the more detailed evaluation of the options going forward. A stakeholder event for clinicians had been called in December but little notice had been given which made it difficult to encourage clinicians to support. It remained unclear when the options would be made public.

718/15 **RESOLVED**

The Board noted the update in respect of LHAC.

719/15 **Item 7.2 Winter Plan**

The Director of Performance Improvement introduced the Winter Plan setting out the arrangements for meeting the demands of the winter pressures whilst maintaining safe outcomes for patients. The main themes of the document had been discussed at the November Board meeting and the work had built on the plans which had been put in place for Winter 2014. The Board was advised that £4m of additional funding had been agreed for winter,; however this was lower than levels for previous years and created significant levels of risk. The Trust continued to work with the CCG's to mitigate against the risks.

720/15 The Trust had highlighted particular issues for the Pilgrim site and was discussing this at the system resilience groups.

721/15 The Director of Performance Improvement advised that additional resource had been commissioned for social services and care homes but whether this would be brought on line quickly enough to ease pressure was not clear.

722/15 **RESOLVED**

The Board noted the winter plans whilst acknowledging the considerable risk to which the Trust was exposed in respect of funding.

723/15 **ITEM 8. GOVERNANCE AND ASSURANCE**

Item 8.1 Integrated Performance Report

The Director of Performance Improvement presented the Integrated Performance Report to the Board for the period to 31 October 2015.

- 724/15 The Board was advised that performance against the A&E 4 hour waiting time target was 86.4% for October below the level required for the recovery plan. The issues contributing to this performance were a rise in non elective length of stay and increased delayed transfer of care. The number of beds occupied by patients fit for discharge had spiked at 110 during the month and the number of escalation beds open had peaked at 66. Significant internal actions continued to be taken and an emergency care improvement programme review had been taken on each site.
- 725/15 A whole system discharge event had been arranged in December with a further meeting planned for January. The Trust would be taking part in a “perfect week” during February aimed at breaking the cycle and improving patient flow. Feedback from this would be provided to the Board in March 2016.
- 726/15 The Chairman commented that year on year the Trust had seen a 12.6% increase in GP admissions and questioned whether the admission avoidance schemes were having any effect.
- 727/15 The Trust had met the referral to treatment: incompletes standard but continued to highlight risks to achievement during the winter months.
- 728/15 The Trust continued to reduce the levels of cancelled patients who were not treated within 28 days; however the number not met remained too high. The Board would receive details of the actions being taken at the next Board meeting.

Action: Director of Performance Improvement 2 February 2016

- 729/15 Cancer performance continued in line with the recovery trajectory but risks to this remained for the 2 week wait breast symptomatic. Mr Grassby stated that it would be helpful to have actual and trajectory data for cancer performance.

Action: Director of Performance Improvement 2 February 2016

- 730/15 Mrs Truscott commented that the dementia data had not been updated since August. The Director of Performance Improvement agreed to follow this up.

Action: Director of Performance Improvement 2 February 2016

- 731/15 **RESOLVED**

The Board noted the Trust Performance Report.

- 732/15 **Finance Performance Report**

The Interim Director of Finance and Corporate Affairs presented the Finance Report and financial performance to month seven.

733/15 The Board was advised that the Trust was reporting a deficit of £39.494m to 31 October 2015. This position was £15.195m worse than that consistent with a £40.3m deficit for the year.

734/15 Trust income was £2.103m below plan whilst expenditure showed a £14.110m adverse variance.

735/15 The Board reported that the Trust would not deliver the control deficit total for 2015/16. The variance was as a result of unfunded escalation beds remaining open, recruitment issues and vacancies and the slippage against the cost improvement programme.

736/15 The Trust was agreeing control totals with all directorates to bring the Trust back to its forecast position.

737/15 The cash position for the Trust continued to be impacted by the deficit position. The Trust had agreed an interim revenue support loan of £35.618m with the Department of Health. The Trust must hold a minimum of £1m cash balance under the new borrowing rules.

738/15 The Chairman noted that spending on medical staffing was at its highest despite controls in place. The Interim Director of Finance and Corporate Affairs observed that this had been affected by an arrears payment issue which had distorted the monthly position. Professor Barnett confirmed that the Finance Performance and Investment Committee would have expected to see the controls having a greater effect and had asked for further details to be brought to its December meeting.

739/15 Mr Staniland questioned how the Trust would ensure that forecasting and planning for CIPs was improved given the level of savings that the Trust would be required to make in future years. The Interim Director of Finance and Corporate Affairs stated that the Trust would use the integrated planning approach and provide the Board with regular updates on progress.

740/15 **RESOLVED**

The Board noted the financial position for October 2015.

741/15 **Human Resources Performance Report**

The Director of Human Resources and Organisational Development presented the Human Resources Performance Report.

742/15 The Board was advised that the key focus for Human Resources continued to be recruitment, staffing and sickness levels. Sickness was being closely monitored through the Workforce and Organisational Development

Committee.

743/15 Mr Staniland observed that there was little information on appraisal levels for staff outside of nursing and medical. The Director of Human Resources and Organisational Development advised that there continued to be focus on appraisal in all areas. However the medical and nursing featured heavily due to contractual requirement for these appraisals to take place. The Board was advised that there had also been an internal audit review of the appraisals process.

744/15 Mrs Owston advised that the Workforce and Organisational Development Committee would be considering the detail of the staff survey and the pulse check. The Board was advised that the level of responses for the Trust at present was low.

745/15 Mrs Ponder asked if detail of the duration of the absences could be included in the absence information provided.

746/15 The Interim Director of Finance and Corporate Affairs commented that the Trust was working to ensure that the Electronic Staff Record (ESR) and budgetary data were aligned as this was not currently the case and had been highlighted as a risk.

747/15 **RESOLVED**

The Board noted the Human Resources Performance Report.

748/15 **Item 8.2 Quality Governance Committee Assurance Report**

Mrs Owston presented the Quality Governance Committee Assurance Report from the meeting held on 24 November 2015 and highlighted the following matters to the Trust Board.

749/15 The Committee had considered the action plans in place for the Trust to address the non compliance with criterion 2 of the Hygiene Code. The TDA had requested that all Board members were made aware. The Committee had received and update on duty of candour and was advised that a toolkit had now been produced for clinicians.

750/15 The Committee was now receiving updates from the Security Management Group.

751/15 **RESOLVED**

The Trust Board noted the Quality Governance Committee Assurance Report.

752/15 **Item 8.3 Finance Performance and Investment Assurance Committee**

Professor Barnett presented the Finance, Performance and Investment

Committee Assurance Report from the meeting held on 23 November 2015.

753/15 The Committee highlighted to the Board the continuing risk of the Trust not delivering its control deficit of £40.3m

754/15 The Committee had been advised of the non compliance with the requirements for identification of overseas visitors and confirmed that a business case was being prepared to respond to this.

755/15 **RESOLVED**

The Trust Board noted the Finance, Performance and Investment Committee Assurance Report.

756/15 **Item 8.4 Transformation Committee Assurance Committee**

Mr Staniland presented the Transformation Committee Assurance Report from the meeting held on 24 November 2015.

757/15 The Committee had raised concerns that some work programmes were being considered in more than one assurance committee.

758/15 The Committee escalated to the Board concerns about the ULH Way programme.

759/15 The Committee expressed concern over ownership for the developments covered by the Integrated Digital Care Strategy.

760/15 **RESOLVED**

The Trust Board noted the Transformation Committee Assurance Report.

761/15 **Item 8.5 Workforce and Organisational Development Assurance Committee**

Mrs Owston presented the Workforce and Organisational Development Committee Assurance Report from the meeting held on 10 November 2015 and highlighted the following matters to the Trust Board.

762/15 The Committee had discussed the absence of clear accountability and organisational structures that could link directly with ESR.

763/15 The Committee escalated for the risk register the modern partnership working agreement.

764/15 **RESOLVED**

The Trust Board noted the Workforce and Organisational Development Committee Assurance Report.

765/15 **Item 8.6 Clinical Executive Committee**

The Board noted the key messages from the Clinical Executive Committee.

766/15 **Item 8.7 Delegation of Authority to Audit Committee to approve accounts**

The Board delegated authority to the Audit Committee to approve the annual accounts and allow submission in accordance with national submission deadlines.

767/15 **Item 8.8 Process for Recruitment of Trust Chair**

The Board was advised of the timeline for the recruitment of the Trust Chair. The closing date for applications was 4 January 2016 and the TDA had engaged the support of the Leadership Academy for the process. Board members were asked to share the vacancy with colleagues.

768/15 **ITEM 9. OPERATIONAL ISSUES**

Item 9.1 TDA Provider Management Regime

The draft Board declarations in accordance with the NHS Midlands and East Provider Management Regime were presented to the Board. The Director of Performance Improvement pointed out that the Trust had declared non compliance with standards 5 and 10 as these related to achievement of performance targets and was at risk of non compliance with standard 4.

769/15 The timescales dictated that the report had to be completed mid-month and it had been duly signed and submitted. It was brought to the Board for endorsement.

770/15 **RESOLVED**

The Trust Board considered the declarations and the statements made and endorsed the signing and submission of the documents.

771/15 **ITEM 10. ANY OTHER BUSINESS**

Organ Donation – Mrs Owston reported that the Trust had reported 5 donors during the year resulting in 12 transplanted patients. The consented rate for the Trust was 80% which is higher than the national average.

The Chairman noted that this was the last Board meeting for Professor Barnett and Miss Pratt. Professor Barnett had been appointed Chair of West Hertfordshire NHS Trust. The Chairman thanked him for the strong contribution made at Board meetings. Miss Pratt would be taking up a temporary role as Associate Director of Improvement until June 2016. The Chairman thanked her for her energy and dynamism and contribution to

board debate.

Finally the Chairman noted that this was the last meeting at which Mr Turner would be in the role of Acting Chief Executive. Mr Turner was thanked for the sterling job he had made of taking on the challenges faced by the organisation. He had been visible to the workforce and should be proud of what he had achieved in his time as Acting Chief Executive. Mr Turner thanked the Chairman for his kind words and expressed thanks to his Executive colleagues for the support he had been given.

772/15 **ITEM 11. DATE, VENUE AND TIME OF NEXT MEETING**

The next meeting will take place on Tuesday 2 February 2016 in Committee Room 1, Pilgrim Hospital, Boston.

EXCLUSION OF THE PUBLIC

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

Signed as a true record _____ **Chairman**

Date _____

Attendance

Voting Members	5 May 2015	2 June 2015	7 July 2015	4 Aug 2015	1 Sep 2015	6 Oct 2015	3 Nov 2015	1 Dec 2015
Ron Buchanan	X	X	X	X	X	X	X	X
Dr Steve Barnett	X	A	X	A	X	X	X	X
Dr Paul Grassby	X	X	X	X	X	A	X	X
Geoff Hayward	A	X	X	X	X	X	X	X
Penny Owston	X	A	X	X	X	X	X	X
Gill Ponder		X	X	X	X	X	X	X
Kate Truscott	X	X	A	X	A	X	X	X
Tim Staniland	A	X	X	X	X	X	X	X
Jane Lewington	X	X	X	A				
Dr Suneil Kapadia	X	X	X	A	X	X	X	X
David Pratt	X	X	X	A	A	A	A	A
Pauleen Pratt	X	X	A	X	X	A	X	X
Kevin Turner	X	X	A	X	X	X	X	X

X In attendance

A Apologies given