

United Lincolnshire Hospitals 
NHS Trust

Minutes of the Public Trust Board Meeting

Held on 2 August 2016

Committee Room 1, Pilgrim Hospital, Boston.

Present

Voting Members

Professor Dean Fathers, Chair
Mr John Barber, Interim Director of
Finance and Corporate Affairs
Mrs Sarah Dunnett, Non- Executive
Director
Mr Geoff Hayward, Non-Executive Director
Dr Suneil Kapadia, Medical Director
Mrs Gill Ponder, Non-Executive Director
Mr Jan Sobieraj, Chief Executive
Mr Tim Staniland, Non-Executive Director
Mrs Kate Truscott, Non-Executive Director

Non Voting Members

Mr Paul Boocock, Director of Estates and
Facilities
Mr Mark Brassington, Chief Operating
Officer
Mr Keith Darwin, Associate Non-Executive
Director
Mrs Louise Ludgrove, Interim Director of
Human Resources and Organisational
Development

In Attendance

Miss Lucy Ettridge, Associate Director of
Communications
Mr Preston Keeling, Healthwatch
Mrs Jennie Negus, Deputy Chief Nurse
(Pilgrim) (Item 7 only)
Mrs Penny Snowden, Deputy Chief Nurse
Mrs Jayne Warner, Trust Secretary
(minutes)
Mrs Tina White, Deputy Director of
Operations (Item 7 only)

Apologies

Dr Paul Grassby, Non-Executive Director
Mrs Penny Owston, Non-Executive Director
Mrs Michelle Rhodes, Director of Nursing
Mr Kevin Turner, Deputy Chief Executive

462/16 **ITEM 1. INTRODUCTION**

The following matters were noted in the Chair's opening remarks:

National Events The Chair had attended the NHS Governance Conference and NHS Improvement Chairs Forum.

Stakeholder Meetings The Chair had continued his introductory meetings with key stakeholders, meeting Stephen Phillips MP and accompanying Matt Warman MP to Skegness Hospital.

Department Visits The Chair had completed a patient safety walkround on Ward 7A and attended the Long Service Awards and Senior Clinical Leaders Forum at Pilgrim Hospital.

463/16 **ITEM 2. APOLOGIES FOR ABSENCE RECEIVED**

Apologies were received from Dr Paul Grassby, Non-Executive Director, Mrs Penny Owston, Non-Executive Director, Mrs Michelle Rhodes, Director of Nursing and Mr Kevin Turner, Deputy Chief Executive.

464/16 **ITEM 3. DECLARATIONS OF INTEREST**

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

465/16 **ITEM 4. MINUTES OF THE MEETING HELD ON 5 JULY 2016**

The minutes of the meeting held on 5 July 2016 were approved as a true and accurate record.

466/16 **ITEM 5. MATTERS ARISING/ACTION LOG**

There were no new matters arising.

467/16 **ITEM 6. CHIEF EXECUTIVE'S UPDATE AND ENVIRONMENTAL SCAN**

NHS England and NHS Improvement Publication Strengthening Financial Performance and Accountability in 2016/17 The Chief Executive noted that the publication of the financial reset. The Board noted that the Trust was not placed amongst those Trusts flagged with the poorest performance.

Junior Doctors The Board noted that the latest version of the junior doctors contract had been rejected. It was not yet known what the consequences of this would be. It was likely that this would have impacts for patients and financially.

National Infrastructure Fund The Board noted the suggestion from Simon Stevens to establish a national infrastructure fund and how this could benefit trusts with issues linked to the age of their estate.

Sustainability and Transformation Plan Lincolnshire had made a draft submission of the STP by the deadline of 30 June. This had galvanised the system and work continued to address the unresolved financial position.

Staffing Issues The Chief Executive highlighted the escalating pressure on the Trust in terms of staffing and the questions that this now raised in relation to patient safety. The Board was advised that the Trust had held a risk summit as the Trust now had less than half of the required medical staff within the A&E departments. It was the responsibility of the Board to act where it was considered that a safe service could not be provided.

Director of Human Resources The Chief Executive advised that the Trust had appointed a new Director of Human Resources, Mr Martin Rayson, who would join the Trust on 26 September 2016. In the interim period Mrs Louise Ludgrove would be joining the Trust.

Director of Nursing The Chief Executive advised the Board that Mrs Michelle

Rhodes had been appointed as the substantive Director of Nursing. As a result of this appointment the post of Chief Operating Officer would now be advertised.

Lincoln Locality Forum The Chief Executive had attended the Lincoln Locality Forum where the Trust Medium Term Plan had been discussed.

468/16 **ITEM 7. Patient Experience**

Item 7.1 Patient Experience at Trust Board

Mrs Jennie Negus, Deputy Chief Nurse and Mrs Tina White, Deputy Director of Operations joined the meeting for this item.

469/16 The Deputy Chief Nurse introduced the patient experience report.

470/16 The Board was advised that monthly reports had been developed which were shared across the sites.

471/16 The Board was advised that there had been a significant reduction in the number of overdue complaints. The report included benchmarking of the Trust against a TDA tool on patient experience and the Trust was in the middle ground. The Board was advised that ombudsman data was also considered at the Patient Experience Committee.

472/16 The Lessons Learned Forum had held its first meeting. An action learning log had been established and it was planned to share a learning story after each meeting across the Trust.

473/16 The Trust was alerting on Friends and Family data against the TDA benchmarking. It was noted that this data had not been updated since April. Mrs Dunnett asked what was being done to address this. The Deputy Chief Nurse highlighted the "You said we did" campaign. Ownership was being given at operational level and the data was being integrated with the Trust's own performance data.

474/16 The Board was advised that the Trust Patient Experience Strategy had been revised and would be launched during September.

475/16 Mr Keeling commented that a number of volunteer leavers were reported with the reason "other" and questioned what the real causes behind these were. The Board was advised that an exit interview process was being introduced. The Chair noted that, when speaking at an event, the Chelsea and Westminster Chair had stated that trusts should target 50% of their workforce numbers as the level of volunteers. Mr Darwin added that the hospice had large numbers of volunteers but the infrastructure to support them was required. The Deputy Chief Nurse agreed to bring more detail back on volunteers in the next report.

Action: Deputy Chief Nurse 6 September 2016

476/16 The Deputy Director of Operations described a patient story which highlighted

the need for clear communication of prognosis and future care.

477/16 The Deputy Director of Operations advised that action had been taken by Consultants and the Heads of Nursing to make sure that consultant names were visible on all patients beds and that there was a method for families to contact them directly. Ward leaders were now attending consultant ward rounds so that the plan for each patient was communicated.

478/16 Mrs Dunnett asked whether the changes were being introduced across all sites. The Deputy Director of Operations advised that this was now an expected standard. Mrs Truscott queried whether patient care plans were shared. The Deputy Director of Operations advised that this did not happen at present but could be looked at going forward.

479/16 **RESOLVED**

The Board noted the patient experience report.

480/16 **Item 7.2 Quality Report**

The Medical Director introduced the Quality Report. The Board noted that HSMR for the Trust was 95. Septicaemia was falling and medication errors had also fallen. Mrs Dunnett observed that Lincoln was an outlier particularly in respect of sepsis. The Medical Director agreed that Lincoln had been an outlier and a number of actions had been taken in response to this including the appointment of a sepsis nurse and working with the ambulance service. The actions had shown an improving trend but not as significantly as the Trust would like. Mrs Dunnett asked whether there was anything else that could be done. The Medical Director advised that the most important criteria was recognising the signs and acting immediately. A sepsis event was planned to reinforce this learning.

481/16 The Chair asked if there were any actions the Board could take to support the improvement. The Medical Director asked that Board members talk to staff about the rates in their areas and the use of Sepsis 6.

482/16 Mrs Truscott queried whether staffing levels were having an effect on the levels of observations being completed. Mr Staniland responded that the Quality Governance Committee was hoping that the introduction of electronic observations would help bring improved regularity and frequency.

483/16 Mrs Dunnett asked what the target was for mortality reviews. The Medical Director advised that the Trust reviewed all coroner reported deaths.

484/16 Mrs Ponder sought assurance on hand hygiene compliance and questioned how this was measured on the wards. The Deputy Chief Nurse explained that this was done by observation. Mrs Truscott noted that not all data was being submitted and this needed to be addressed.

485/16 The Deputy Chief Nurse agreed to ask the Infection Prevention Control team to produce a plan to improve submission rates for the data. This would be monitored by the Quality Governance Committee.

Action: Deputy Chief Nurse 4 October 2016

486/16 The Chief Executive observed that this would not be addressed with compliance regimes as these had been tried and had failed. It was important that the Trust looked at enabling conditions to encourage the right behaviours.

487/16 **RESOLVED**

The Board noted the quality report.

488/16 **ITEM 8. STRATEGIC ITEMS**

Item 8.1 Lincolnshire Health and Care (LHAC)

The Chief Executive advised the Board that the options appraisal event had been deferred. The timetable had slipped and the process was now at risk of running up against May 2017 elections. To achieve the autumn consultation there would now need to be a shortcut of some elements. The Chief Executive shared his concern that the STP had not been discussed publicly and that this was an approach that had been taken nationally. Mr Keeling commented that rumours circulated when the public were not kept informed.

489/16 Mr Staniland reported that at the STP meeting there had been increased challenge in the system and that this was no longer aimed at the acute providers.

490/16 The Chief Executive added that a radical solution would be required and that the output from the local authority joint strategic needs assessment would also need to be included in the LHAC process.

491/16 **RESOLVED**

The Board noted the update in respect of LHAC.

492/16 **Item 9.1 Integrated Performance Report**

The Chief Operating Officer presented the Integrated Performance Report to the Board for the period to 30 June 2016.

493/16 The Board noted the Trust performance against the four priority deliverables within the Sustainable Transformation Fund. The Board was advised that the Trust had achieved the Q1 trajectory for diagnostics.

494/16 The Trust did not achieve Q1 trajectory for the Cancer 62 day standard. This continued to be the most challenged area. The Trust had agreed a set of interventions for Q2. The Trust was reviewing actions at weekly meetings and had instigated a rapid improvement event in radiology. The Chief Operating Officer advised that there were issues with the breast service and the numbers of breast radiologists would impact on performance as the system had no resilience. Mr Keeling questioned why radiologists were leaving. The Board was advised that there was a national shortage and the Trust continued to look to Europe to meet its needs.

- 495/16 The Trust had met trajectory for RTT for Q1 but the Board was advised of the risk to capacity in Q2.
- 496/16 The Q1 A&E trajectory had been met despite the Trust experiencing the busiest ever Q1 in its A&E departments. Mrs Ponder questioned what was driving the increase in attendances. The Chief Operating Officer explained that there had been a 2% growth in attendance at a national level and the East Midlands had seen a 6% growth. The drive was thought to be access to primary care and the community sector.
- 497/16 Mrs Dunnett questioned the progress with actions to respond to the challenges. The Chief Operating Officer advised that the standard remained extremely challenged in July and would require some significant changes in urgent care. Plans to move forward would be discussed at the Finance, Service Improvement and Delivery Committee.
- 498/16 **RESOLVED**
- The Board noted the Trust Performance Report.
- 499/16 **Finance Performance Report**
- The Interim Director of Finance and Corporate Affairs presented the Month 3 financial performance.
- 500/16 The Board was advised that the Trust had agreed a control total deficit of £47.9m for 2016/17 including the STF. The month 3 position was marginally better than plan with a deficit of £12.4m and the Trust had secured Q1 STF funding.
- 501/16 The Board was advised that the plan trajectory relied on the Trust increasing income streams and reducing pay costs over the year. The Interim Director of Finance highlighted the challenges to maintaining the position. Strong financial management would be required and progress with the financial efficiency programme.
- 502/16 The Board had previously been advised of the risks to the financial efficiency programme and the programme had been restructured.
- 503/16 The Interim Director of Finance and Corporate Affairs highlighted the continuing challenge of reducing agency costs. The Trust continued to overspend on agency and underspend on payroll.
- 504/16 The Board was advised that the Trust continued to make use of a temporary loan as the cash and capital issues remained unresolved.
- 505/16 Mr Hayward stated that the shortfall in income was approximately £1m and that this would be difficult to recover. The Interim Director of Finance and Corporate Affairs advised that this was being rebalanced as it was felt that the Trust had been over optimistic in its plans for income growth. Expenditure

reduction was being considered. The Trust was delivering contracted income but had not achieved new income streams. Orthopaedics was a real issue for the Trust linked to the pressures on urgent care. The Trust continued to work to achieve shorter lengths of stay to release bed days.

506/16 Mrs Dunnett stated that a RAG rating on schemes would be helpful. The Board was advised that it had been agreed to provide this to the Finance, Service Improvement and Delivery Committee with a summary to the Board. Five of the six business units were in financial balance.

507/16 Mr Keeling asked whether backlog maintenance was statutory. The Board was advised that the Trust had £55m overall backlog maintenance with £6m prioritised for 2016/17.

508/16 Mr Hayward observed that the cash position would become tighter and asked how this was monitored going forward. The Board was advised that the Finance, Service Improvement and Delivery committee would receive a quarterly report.

509/16 **RESOLVED**

The Board noted the Month 3 financial position.

510/16 **Human Resources Performance Report**

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

511/16 The Board was advised that the Trust had submitted its WRES on time.

512/16 The report highlighted a revised confirm and challenge for sickness hotspot areas.

513/16 Mrs Truscott advised that her challenge on taking over chairing the Workforce and Organisational Development Committee was to ensure that the Committee moved away from operational management and focussed on assurance. There also needed to be a renewed focus on increasing attendance.

514/16 The Interim Director of Human Resources and Organisational Development highlighted the instability within the Human Resources team as an issue.

515/16 **RESOLVED**

The Board noted the performance report.

516/16 **Item 9.2 Nurse Staffing Monthly Report**

The Deputy Director of Nursing noted the recent guidance which had been issued from the national quality board and advised that the Trust was starting to embed the guidance.

- 517/16 The Deputy Director of Nursing highlighted Ward 4A at Pilgrim Hospital as a hotspot and advised that a risk summit had taken place which resulted in 5 beds being closed. Work was being undertaken to look at increasing the non registered workforce.
- 518/16 The MEAU at Lincoln County Hospital was also being considered for different staffing models following three reported falls with harm.
- 519/16 **RESOLVED**
- The Board noted the monthly nurse staffing report.
- 520/16 **Item 9.3 Quality Governance Committee Assurance Report**
- Mr Staniland reported the Quality Governance Committee Assurance Report from the meeting held on 26 July 2016.
- 521/16 Mr Staniland highlighted to the Board that the Committee had been concerned at the lack of consultant microbiologists following a discussion on water safety. The Trust continued to have ongoing discussions with the Trust with responsibility for property services at Louth.
- 522/16 The Board was advised that Path Links had agreed to provide named cover by the end of the week. Mrs Dunnett asked how the risk was being managed. The Director of Estates and Facilities advised that the Water Safety Committee was keeping the situation under review. There was no immediate risk to patients.
- 523/16 The Committee had noted that funding had been agreed for fridge temperature mapping which was the last matter to be resolved to allow the Trust to maintain its drug licence.
- 524/16 Mrs Dunnett raised the lack of assurance in respect of duty of candour. The Deputy Chief Nurse advised that a task and finish group had been established to monitor and review.
- 525/16 **RESOLVED**
- The Trust Board noted the Quality Governance Committee Assurance Report.
- 526/16 **Item 9.4 Finance, Service Improvement and Delivery Committee**
- Mr Staniland presented the Finance, Service Improvement and Delivery Committee Assurance Report from the meeting held on 26 July 2016.
- 527/16 The matters discussed had been covered during discussions of the financial performance paper.
- 528/16 **RESOLVED**

The Trust Board noted the Finance, Service Improvement and Delivery Committee Assurance Report.

529/16 **Item 9.5 Audit and Risk Committee**

Mr Hayward presented the Audit and Risk Committee Assurance Report from the meeting held on 11 July 2016.

530/16 The Committee had highlighted the issues with the completion of the Quality Account. The level of limited assurance internal audit reports being received remained a concern and could impact on the Head of Internal Audit opinion. The themes being highlighted in the reports were data quality, culture and use of IT.

531/16 **RESOLVED**

The Board noted the Audit and Risk Committee Assurance Report.

532/16 **Item 9.6 Emergency Preparedness, Resilience and Response**

The Chief Operating Officer introduced a report detailing the outcome of a self assessment against compliance with the core standards for emergency preparedness. The Trust could demonstrate compliance against 10 of the 11 standards.

533/16 The review had highlighted issues of resilience within the emergency planning team and this was being addressed with recruitment to an additional post.

534/16 Plans were in place for core areas but these would not provide full business continuity.

535/16 **RESOLVED**

The Board noted the assessment.

536/16 **Item 9.6 Risk to escalate to Risk Register**

The Board had no further risks to escalate to the risk register.

537/16 **Item 9.7 Trust Innovation**

The Associate Director of Communications shared with the Board the new service launched at Lincoln County Hospital - the first corneal endothelial transplantation performed by Dr Khan, Consultant Ophthalmic Surgeon.

538/16 **RESOLVED**

The Board celebrated the success of the new service.

539/16 **ITEM 11. ANY OTHER BUSINESS**

There were no further items of business.

540/16 **ITEM 12. DATE, VENUE AND TIME OF NEXT MEETING**

The next meeting will take place on Tuesday 6 September 2016 in Training Room 1, Grantham and District Hospital.

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	1 Dec 2015	2 Feb 2016	1 Mar 2016	5 April 2016	5 May 2016	7 June 2016	5 July 2016	2 Aug 2016
Prof Dean Fathers				X	X	X	X	X
Ron Buchanan	X	X	X					
Dr Paul Grassby	X	X	X	A	X	X	X	A
Geoff Hayward	X	X	X	X	A	X	X	X
Penny Owston	X	X	X	A	X	X	X	A
Gill Ponder	X	X	A	X	X	X	X	X
Kate Truscott	X	X	X	X	X	A	X	X
Tim Staniland	X	X	X	X	X	X	X	X
Jan Sobieraj		X	X	X	X	X	X	X
Dr Suneil Kapadia	X	X	X	X	X	X	X	X
David Pratt	A	A	A	A	A	A	A	A
Peter Hollinshead/ Jason Burn/ John Barber (Interim Directors of Finance)	X	X	X	X	X	X	X	X
Michelle Rhodes	A	X	X	A	X	X	X	A
Pauleen Pratt	X							
Kevin Turner	X	X	A	X	X	X	X	A

X In attendance

A Apologies given