

United Lincolnshire Hospitals 
NHS Trust

Minutes of the Public Trust Board Meeting

Held on 6 September 2016

Training Room 1, Grantham Hospital.

Present

Voting Members

Professor Dean Fathers, Chair
Mr John Barber, Interim Director of
Finance and Corporate Affairs
Mrs Sarah Dunnett, Non- Executive
Director
Dr Paul Grassby, Non-Executive Director
Mrs Penny Owston, Non-Executive
Director
Mrs Gill Ponder, Non-Executive Director
Mrs Michelle Rhodes, Director of Nursing
Mr Jan Sobieraj, Chief Executive
Mr Tim Staniland, Non-Executive Director
Mrs Kate Truscott, Non-Executive Director
Mr Kevin Turner, Deputy Chief Executive

Non Voting Members

Mr Paul Boocock, Director of Estates and
Facilities
Mr Mark Brassington, Chief Operating
Officer
Mrs Louise Ludgrove, Interim Director of
Human Resources and Organisational
Development

In Attendance

Mr Richard Andrews Associate Medical
Director
Miss Lucy Ettridge, Associate Director of
Communications
Mrs Jennie Negus, Deputy Chief Nurse
(Pilgrim)
Mrs Jayne Warner, Trust Secretary
(minutes)

Apologies

Mr Geoff Hayward, Non-Executive Director
Dr Suneil Kapadia, Medical Director
Mr Preston Keeling, Healthwatch

541/16 **ITEM 1. INTRODUCTION**

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

Stakeholder Meetings The Chair had continued his introductory meetings with stakeholders, meeting local Housing Associations, Age UK, Boston Borough Council and had attended the members locality forum.

Department Visits The Chair had visited the Ophthalmology and Audiology departments, surgical wards, endoscopy department and Obstetrics and Gynaecology.

The Chair advised that he had been invited to take part in a peer governance

review of a Trust in Essex.

542/16 **ITEM 2. APOLOGIES FOR ABSENCE RECEIVED**

Apologies were received from Mr Geoff Hayward, Non-Executive Director, Dr Suneil Kapadia Medical Director and Mr Preston Keeling Healthwatch.

543/16 **ITEM 3. DECLARATIONS OF INTEREST**

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

544/16 **ITEM 4. MINUTES OF THE MEETING HELD ON 2 AUGUST 2016**

The minutes of the meeting held on 2 August 2016 were approved as a true and accurate record subject to the amendment of minute 483/16 to read all deaths not just coroner reported deaths.

545/16 **ITEM 5. MATTERS ARISING/ACTION LOG**

There were no new matters arising.

Item 385/16 the Board development session to discuss workforce planning would now take place in September.

546/16 **ITEM 6. CHIEF EXECUTIVE'S UPDATE AND ENVIRONMENTAL SCAN**

Junior Doctors The Board noted that the proposed junior doctors strike planned for the week commencing 8 September had been called off. Plans had been put in place ahead of the decision to call of the action. The Trust would continue to move to implement the new contract. The Chief Executive advised that there were no issues locally with relationships with the junior doctors.

Workforce The Board noted that workforce issues continued to drive service decisions across the NHS. The Board would receive a further update on service matters at the October meeting.

National Improvement and Leadership Development Framework This would be launched in October.

HEE The Chief Executive advised that the number of training boards had been reduced to four. The Local Workforce Action Boards would consider areas including the attraction strategy for Lincolnshire, workforce supply and demand, talent academy, culture and OD and transforming roles.

Hospital Chains Four Trusts had been given permission to develop chains.

Chief Operating Officer The Chief Executive advised the Board that the Chief Operating Officer post was to be advertised during September.

Clinical Management Board The first meeting of the CMB had taken place. This would meet monthly going forward.

547/16 **ITEM 7. Emergency Care Update**

The Chief Operating Officer presented a report updating the Trust Board on the provision of emergency care at the Trust hospitals and the next steps being taken to ensure continued patient safety.

548/16 The Board were advised that the original decision had been taken as a result of concerns for patient safety. The Trust had a lower level of middle grade doctors than was considered safe and was experiencing deterioration in ambulance handover times, delayed first assessment of patients and a significant deterioration in the A&E waiting time standard.

549/16 The Board were advised that following the discussion which had taken place at the Trust Board meeting on 2 August 2016 the Trust had engaged in a series of briefings and discussions throughout August. This had included a range of stakeholders including staff, patients and the public. The Trust had received feedback following these discussion and the documents which had been shared were included with the Trust Board report for information.

550/16 When the Trust had received authorisation from NHS Improvement to take action to address the issues a revised model for Grantham was established and a communication plan put in place. The Trust engaged with its 1000 strong Trust membership.

551/16 On the 11th August the operating model going forward was agreed with East Midlands Ambulance Service, the Clinical Commissioning Groups and staff groups. An equality impact assessment was carried out.

552/16 The revised opening hours were implemented on 17 August.

553/16 On the 23 August the Trust received a letter before action on behalf of Councillor Morgan representing SOS Grantham Hospital. The Trust has responded to the letter and awaits further communication. The Trust has continued to engage with 36 groups during the closure period.

554/16 The Board were advised of the implications of the closure which had been observed. Grantham A&E was seeing 20 less attendances each day which was within the expected limits. The peaks in attendances were happening earlier in the day. Presentations at the out of hours service were within the normal variations.

555/16 The Board were informed that one in six of the rota shifts at Lincoln were now being filled by Grantham staff.

556/16 The Trust had recruited an additional middle grade at Pilgrim Hospital Boston and a further recruitment process was in progress.

557/16 The Trust continued to work with NHS England to agree when the decision could be reversed, however, the Board were advised that this may not be achieved before 17 November.

558/16 The Board agreed that the Quality Impact Assessment should be shared with members of the Quality Governance Committee and the Equality Impact

Assessment shared with the Workforce and OD Assurance Committee

Action: Chief Operating Officer 4 October 2016

559/16 Mrs Dunnett asked that headline messages from the KPIs be presented to the October Trust Board meeting.

Action: Chief Operating Officer 4 October 2016

560/16 Mrs Truscott questioned whether the Trust could have done anything to ensure that the message was given earlier. The Chief executive responded that the Trust had been clear in the recruitment issues that were escalating but this had gone largely unnoticed.

561/16 The Chief Operating Officer stated that the Trust is continuously mitigating against significant risks to the organisation all the time. It was suggested that it would be helpful to consider a report on some of the more fragile service areas for review by the Board. It was agreed that this should be considered by the Quality Governance Committee and then Trust Board.

Action: Chief Operating Officer 25 October 2016

562/16 The Chief Executive advised the Board that it was still early days in terms of assessing impact of the changes. The Trust was presenting at the Health Overview and Scrutiny Committee during September and continued to review the rotas.

563/16 Mrs Ponder asked when the Trust would get feedback from the ambulance service on impacts on patients. The Chief Operating Officer advised that the Trust was in contact with the ambulance service on a daily basis. There had been no issues which had been escalated at present. Initially there had appeared to be a higher number of inter hospital transfers but this had calmed.

564/16 **RESOLVED**

The Board noted the latest position with emergency care and the assurances on actions being taken to continue to monitor on a daily basis.

565/16 **ITEM 8. Patient Experience**

Item 8.1 Patient Experience at Trust Board

Mrs Jennie Negus, Deputy Chief Nurse joined the meeting for this item. The Deputy Chief Nurse introduced two graduate management trainees who were currently on a placement within the Trust.

566/16 The Deputy Chief Nurse introduced the patient experience report.

567/16 The Board were advised that the complaints team continued to work on clearing the back log of complaints and shared with the Board the data of complaints being responded to within agreed timescales, which continued to improve.

- 568/16 The Lessons Learned Forum had held its first meeting. The Trust was also developing a complaints and litigation report to allow the triangulation of data collected through patient experience. This report would be presented to the Quality Governance Committee.
- 569/16 The Trust remains in the 20% of lowest performing Trusts in terms of percentage recommends for the Friends and Family test. The Deputy Chief Nurse felt that this reflected the pressures being felt in some of the Trust departments. This area was reported on an exception basis within the Integrated Performance Report to the Finance Service Improvement and Delivery Committee.
- 570/16 Patient Opinion had recorded some negative comments in relation to Grantham during July five of which referenced the A&E department, but this had balanced during August.
- 571/16 Mrs Dunnett asked for assurance that the backlog of complaints would be cleared by October. The Deputy Chief Nurse confirmed that this was the target and that the Trust had now identified where the delays were being experienced.
- 572/16 Mrs Owston noted that the friends and family responses around emergency care had fallen and questioned whether this was linked to staff being anxious and uncertain. The Interim Director of HR and OD advised that the Trust were meeting regularly with staff to support them and would continue to monitor morale.
- 573/16 **RESOLVED**
- The Board noted the patient experience report.
- 574/16 **Item 8.2 Quality Report**
- The Associate Medical Director Mr Richard Andrews introduced the Quality Report. The Board noted that mortality remained within expected limits and continued to fall. The Board noted the difference in mortality rates between sites and the Associate Medical Director explained that this was reflective of the acuity of cases seen at each site. The Trust had responded to challenges in these areas at the mortality reviews. Case mix was very different for each of the three Trust sites. Mrs Owston confirmed that the Quality Governance Assurance Committee had reviewed the extent of mortality reviews for Lincoln
- 575/16 The Board noted that the data relating SHMI continued to lag and as a result the Trust expected to see this drop early in 2017. The Deputy Chief Executive observed that the focus had been on in hospital mortality and questioned whether similar rigour was applied for processes relating to out of hospital. The Associate Medical Director advised that inappropriate admissions continued to be pushed back to the CCGs.
- 576/16 The Trust continued to alert for perinatal conditions and septicaemia. The Associate Medical Director reported that perinatal conditions were linked to coding and the Trust was confident that this would improve. A sepsis task

and finish group had been established and mortality was starting to fall.

577/16 Falls continued to be an area of concern and targeted work was being carried out in highlighted areas of the Trust.

578/16 The Director of Nursing advised that hand hygiene data was currently including a 0% return for non-submitted data which was skewing the figures and this was being addressed.

579/16 Mrs Ponder noted that medication incidents for Grantham were higher than the other sites. It was agreed that this would be taken to the Quality Governance Committee for further consideration.

Action: Director of Nursing 4 October 2016

580/16 **RESOLVED**

The Board noted the quality report.

581/16 **ITEM 9. STRATEGIC ITEMS**

Item 9.1 Lincolnshire Health and Care (LHAC)

The Chief Executive advised the Board that the options appraisal event had been cancelled. This had been as a result of attendance levels and readiness. The workstreams continued. There was no further update at this stage.

582/16 Mrs Owston questioned whether there had been any public engagement or an engagement plan. The Board were advised that the options had not been subject to wider conversations at this stage.

583/16 **RESOLVED**

The Board noted the update in respect of LHAC.

584/16 **Item 10.1 Integrated Performance Report**

The Chief Operating Officer presented the Integrated Performance Report to the Board for the period to 31 July 2016.

585/16 The Board noted the Trust performance against the four priority deliverables within the Sustainable Transformation Fund.

586/16 The Board were advised that the Trust had not met the standard for RTT incompletes during July. There were six specialties that were experiencing significant pressure as a result of a mix of issues including demand and availability of workforce. Actions were in place to recover the position and the Trust was targeting recovery during September.

587/16 The Trust did not achieve the 6 week diagnostic standard for July. Performance was achieved in all areas apart from Urodynamics, neurophysiology and echocardiography. Actions were in place for recovery

which was still at risk in September and more likely to be achieved by October.

- 588/16 The Trust had only achieved 4 of the 9 cancer standards for June. It was planning to achieve the standards by September, but at that stage would still not be able to meet the cancer 62 day standard.
- 589/16 The Trust had seen a 7.2% increase in attendances to A&E during July and a 1.5% increase in admissions. The number of medically fit for discharge patients had also risen with the Trust struggling to move patients in and out of services. The Board were advised that delivery of the A&E trajectory was reliant on out of hospital providers supporting the management of attendances at the front door. Mrs Dunnett questioned whether the increase in July was a one off or if the trend was continuing. The Chief Operating Officer advised that there were high levels of attendance being recorded across the system. Mrs Dunnett questioned how the community would be held to account for delivery of managing attendances. The Chief Executive responded that the System Resilience Group was the forum where all providers were being held to account. There was awareness through this group that not all of the issues were solely the responsibility of the Trust to manage.
- 590/16 The Board were advised that Winter Plans were being put in place and these would be presented to the October Trust Board.
- 591/16 Dr Grassby noted that 30% of A&E attendances were recorded as having no diagnosis and no treatment and questioned whether these attendances were justified. The Chief Operating Officer advised that these issues were being examined by the new Programme Director for Urgent Care.
- 592/16 Mrs Truscott questioned whether the issue experienced by the Trust with EMRAD had contributed to performance. The Deputy Chief Executive stated that when the system went live in June this had gone well. The level of support with issues since then had been poor and this had been escalated. The issue had been felt in Breast Services.
- 593/16 **RESOLVED**
- The Board noted the Trust Performance Report.
- 594/16 **Finance Performance Report**
- The Interim Director of Finance and Corporate Affairs presented the Month 4 financial performance.
- 595/16 The Board was advised that the Trust had agreed a control total deficit of £47.9m for 2016/17 including the STF. The month 4 position was marginally behind plan with a deficit of £16.9m.

- 596/16 The Board was advised that the Trust income was lower than planned but was being largely offset by an underspend in expenditure. The Board were alerted to the risk to delivering the full year plan as the Trust was unlikely to deliver the additional levels of income which had been planned.
- 597/16 The Board were advised of the management actions being taken to respond to the perceived risks. The efficiency programme was being refreshed. The overall financial plan was being reset to map to the end of the year. The Trust would be pushing for maximum improvement out of the financial improvement programme and had made an appointment to this.
- 598/16 The sustainable transformation funding had been achieved in full for quarter 1. The Trust was assuming the cancer 62 day trajectory would not be achieved for quarter 2.
- 599/16 Dr Grassby noted that there were numerous plans but that very few were currently delivering and questioned whether expectations had been too ambitious. Mr Staniland responded that the Finance Service Improvement and Delivery Committee had questioned this and were reviewing the process monthly. The programme had been developed too close to the start of the financial year and the Trust was now working to a two year planning process.
- 600/16 The Interim Director of Finance and Corporate Affairs advised that a reset of the financial plan would be presented to the Trust Board in October following agreement by the Finance, Service Improvement and Delivery Assurance Committee.
- 601/16 **RESOLVED**
- The Board noted the Month 4 financial position.
- 602/16 **Human Resources Performance Report**
- The Interim of Human Resources and Organisational Development presented the Human Resources Performance Report.
- 603/16 The Board were advised that a new pay progression policy had been agreed.
- 604/16 The Workforce and OD Assurance Committee were considering those areas which were flagging as hotspots.
- 605/16 Mrs Dunnett observed that the Board were well informed about nurse staffing but that it would be helpful to have information for the future on medical staffing also. Mr Hayward also reiterated a request for age profiles of staff. The Interim Director of HR and OD advised that these requests could be addressed by a comprehensive workforce plan. It was agreed that this would be considered in more detail at the September board development session.
- 606/16 The Interim Director of Human Resources and Organisational Development highlighted the planned Equality and Diversity Conference scheduled for 19

October 2016 and encouraged Board members to attend.

607/16 **RESOLVED**

The Board noted the performance report.

608/16 **Item 10.2 Nurse Staffing Monthly Report**

The Director of Nursing informed the Board that 100 newly qualified nurses had been appointed by the Trust.

609/16 The fill rates across the Trust were being maintained and the Trust position was good relative to other Trusts across the East Midlands. The level of vacancies was up slightly but the breaches of the agency cap were continuing to be reduced.

610/16 The Director of Nursing explained that new models for staffing were being encouraged. Two pharmacy technicians had been appointed on MEAU and this model was being evaluated.

611/16 **RESOLVED**

The Board noted the monthly nurse staffing report.

612/16 **Item 10.3 Quality Governance Committee Assurance Report**

Mrs Owston reported the Quality Governance Committee Assurance Report from the meeting held on 30 August 2016.

613/16 The Trust had received a fire safety report following a visit to the Pilgrim site by Lincolnshire Fire and Rescue. The Grantham site had also been visited but this report was awaited. A number of issues had been highlighted. Board members were asked to be aware of fire issues when they were conducting their walkrounds on the site. A programme of training was in place and an action plan was being developed.

614/16 The Board were updated on the situation relating to the recruitment of a microbiologist by Path Links. The Trust was able to access on call advice but no longer had a microbiologist on site. The Trust continued to press for the matter to be resolved.

615/16 **RESOLVED**

The Trust Board noted the Quality Governance Committee Assurance Report.

616/16 **Item 10.4 Finance, Service Improvement and Delivery Committee**

Mr Staniland presented the Finance, Service Improvement and Delivery Committee Assurance Report from the meeting held on 30 August 2016.

617/16 The Committee had escalated the increased risks to delivery of the financial plan and the poor performance against the constitutional standards. The Committee had agreed that the risk register rating for the issue should be increased.

The Committee brought to the attention of the Board the statutory maintenance levels being achieved and highlighted the level of repairs needed across the Trust.

618/16 **RESOLVED**

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

619/16 **Item 10.5 Workforce and OD Assurance Committee**

Mrs Truscott presented the Audit and Risk Committee Assurance Report from the meeting held in July 2016.

620/16 The Committee had highlighted the recruitment action and the need to keep the momentum going.

621/16 **RESOLVED**

The Board noted the Workforce and OD Committee Assurance Report.

622/16 **Item 10.6 Risk to escalate to Risk Register**

The Board asked for assurance that performance and financial risks and those relating to statutory maintenance were adequately reflected in the Risk Register.

623/16 **Item 10.7 Trust Innovation**

The Associate Director of Communications shared with the Board the new clinical research facility which had opened at Pilgrim Hospital providing resources to run comprehensive research studies and clinical trials at the hospital benefiting staff and patients.

624/16 The facility was part of the attraction strategy for new staff.

625/16 The Chief Executive stated that the next step was to address ensuring that the research carried out benefitted a rural community.

626/16 **RESOLVED**

The Board celebrated the success of the new service.

627/16 **ITEM 11. ANY OTHER BUSINESS**

There were no further items of business.

628/16

ITEM 12. DATE, VENUE AND TIME OF NEXT MEETING

The next meeting will take place on Tuesday 4 October 2016 in the Boardroom Lincoln County 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	6 Sept 2016
Prof Dean Fathers				X	X	X	X	X	X
Ron Buchanan	X	X	X						
Dr Paul Grassby	X	X	X	A	X	X	X	A	X
Geoff Hayward	X	X	X	X	A	X	X	X	A
Penny Owston	X	X	X	A	X	X	X	A	X
Gill Ponder	X	X	A	X	X	X	X	X	X
Kate Truscott	X	X	X	X	X	A	X	X	X
Tim Staniland	X	X	X	X	X	X	X	X	X
Jan Sobieraj		X	X	X	X	X	X	X	X
Dr Suneil Kapadia	X	X	X	X	X	X	X	X	A
David Pratt	A	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	X
Michelle Rhodes	A	X	X	A	X	X	X	A	X
Pauleen Pratt	X								
Kevin Turner	X	X	A	X	X	X	X	A	X
Sarah Dunnett,								X	X

X In attendance
A Apologies given