

**United Lincolnshire Hospitals**   
NHS Trust

Minutes of the Public Trust Board Meeting

Held on 4 October 2016

Boardroom, Lincoln County 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  
Mr Geoff Hayward, Non-Executive Director  
Dr Suneil Kapadia, Medical 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 Mark Brassington, Chief Operating  
Officer  
Mr Martin Rayson, Director of Human  
Resources and Organisational Development

**In Attendance**

Miss Lucy Ettridge, Associate Director of  
Communications  
Mr Chris Farrah, Associate Director  
Estates and Capital Planning(Item 9.3  
only)  
Mrs Pauline Mountain, Healthwatch  
Mrs Jennie Negus, Deputy Chief Nurse  
(Pilgrim)  
Mr Kevin Thoy, Environmental Services  
Manager (Item 9.3 only)  
Mr Terry Vine, Matron ( Item 8.1 only)  
Mrs Jayne Warner, Trust Secretary  
(minutes)

**Apologies**

Mr Paul Boocock, Director of Estates and  
Facilities  
Mr Preston Keeling, Healthwatch

629/16      **ITEM 1. INTRODUCTION**

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

**Director of Human Resources and OD** The Chair welcomed Mr Martin Rayson to his first meeting of the Board. Mr Rayson joined the Trust as Director of Human Resources and OD. The Board recorded their thanks to

Mrs Louise Ludgrove for her role in the interim.

**Chief Operating Officer** The Chair congratulated Mr Mark Brassington on his appointment to the substantive Chief Operating Officer role following a recruitment process.

**AGM** The Board noted that the Annual General Meeting had taken place at Bishop Grosseteste University. This had been well attended with a question and answer session with the Executive Directors.

**Lincolnshire Hospitals Band** The Chair advised that he had spent a very pleasant evening as a guest of the band who were celebrating their 40th year.

630/16 **ITEM 2. APOLOGIES FOR ABSENCE RECEIVED**

Apologies were received from Mr Paul Boocock Director of Estates and Facilities and Mr Preston Keeling Healthwatch.

631/16 **ITEM 3. DECLARATIONS OF INTEREST**

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

632/16 **ITEM 4. MINUTES OF THE MEETING HELD ON 6 SEPTEMBER 2016**

The minutes of the meeting held on 6 September 2016 were approved as a true and accurate record.

633/16 **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.

634/16 **ITEM 6. CHIEF EXECUTIVE'S UPDATE AND ENVIRONMENTAL SCAN**

**Planning** The Chief Executive advised the Board that the planning process for Trusts for 2017/18 had been brought forward. Planning guidance had been issued and the Trust was working through this. A paper would be presented to the November meeting with details received to date. An updated standard contract was out to consultation.

**Fire Safety** The Board noted that departmental visits to review fire safety were now taking place.

**Junior Doctors Strike** These remained deferred.

**ULHT Learning Week** This had been well attended.

635/16      **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.

636/16      The impact of the overnight closure at Grantham had remained within expected levels. The Board were advised that the Fighting for Grantham Hospital campaign group had raised an issue about the impact on patients from the NG34 postcode area. The Trust had reviewed the data and identified that Grantham Hospital was receiving six less patients from the NG34 postcode. There had been no change in admissions from this postcode.

637/16      The Board were advised that the recruitment drive continued alongside extensive engagement activities. The Trust had attended the meeting of the Health Scrutiny Committee, the Kesteven Council Meeting and had met with nine community groups. Six further meetings were in the diary. The Board were advised that at their meeting on the 1<sup>st</sup> November the Board would be asked to review the situation again and receive a recommendation for action going forward.

638/16      Mrs Dunnett asked whether it was clear yet which recruitment activities would convert in to people in posts. The Chief Operating Officer advised that it was too early in the process to confirm numbers. Between December and August the Trust had advertised eight times, producing fifteen applicants of which three were appointable and one had actually accepted and been appointed in to post.

639/16      Mrs Pauline Mountain ( Healthwatch) advised that the Chief Operating Officer and Medical Director had attended a Healthwatch meeting which had been very helpful and well received they were thanked for their honesty.

640/16      Mr Hayward asked whether a communication plan had been produced ahead of the next decision in November. The Board were advised that there was an extensive plan which had built from the learning of the earlier decision.

641/16      Mrs Dunnett stated that it would be helpful if quality data could be provided to demonstrate that there had been no change in quality indicators during the period. The Board were advised that there had been an increase in the number of patients who did not wait, however the Board needed to be clear that the actions being taken were focussed on sustaining the services at Lincoln County Hospital and Pilgrim Hospital Boston.

**RESOLVED**

642/16      The Board noted the latest position with emergency care and the assurances on actions being taken to continue to monitor with a further decision being required at the meeting on the 1<sup>st</sup> November 2016.

643/16 **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 was joined by Mr Terry Vine, Matron Acute Paediatrics.

644/16 The Board watched a video describing the Soundwell Project on which the Trust had collaborated with Soundlinks to facilitate work with staff, patients and families in the Trust using music as a distraction technique for sick children. Mr Vine described how proud the staff involved were with what had been achieved and work was now moving on to how this could be further rolled out. The work had so far included 1000 patients.

645/16 The Chief Executive questioned how the project had been initiated and the methods used to get staff to participate. Mr Vine stated that play leaders in the Trust had been involved at the earliest stages and they had taken a whole team approach. The project had then become a good news story and attracted wider interest. The Chief Executive advised the Board that Mr Vine had played a key role in ensuring that the project had been so successful.

646/16 The Director of Nursing advised the Board that Mr Vine was leaving the Trust for a new challenge and asked them to join with her in thanking Mr Vine for his hard work and tremendous contribution to the Trust over the years.

647/16 The Deputy Chief Nurse introduced the patient experience report.

648/16 The Deputy Chief Nurse advised that the lessons learned forum had met and were now working on finalising the first complaints, litigation and incidents report which would be considered at its meetings.

649/16 The Board were advised that the Trust was alerting on the Friends and Family Test and recovery plans were being put in place. The core reasons were around waiting times.

650/16 In October the Trust had finally achieved the target of zero overdue complaints. Work continued to focus on this area.

651/16 A volunteer strategy had been drafted this would be presented to the Executive Team during October and presented to the Trust Board at its November meeting. Mrs Ponder asked whether the Trust had contacted any of the large local employers with a view to encouraging their staff to volunteer. The Deputy Chief Nurse advised that the Trust had been in contact with Siemens and was using the WRVS who have a system of corporate networking.

652/16 Dr Grassby asked whether any student bodies had been approached. It was agreed that Dr Grassby would approach the Student Union at Lincoln University.

**Action: Deputy Chief Nurse 1 November 2016**

- 653/16 The Trust would be taking part in FAB Change Day on the 19<sup>th</sup> October with a number of activities planned. Mrs Owston queried whether those teams who received high numbers of compliments could be asked to share good behaviours. The Deputy Chief Nurse advised that part of the FAB days was learning from others and sharing.
- 654/16 Mrs Owston questioned the message surrounding an example of a safeguarding complaint. The Deputy Chief Nurse agreed to share the details with Mrs Owston for clarity.
- 655/16 **RESOLVED**
- The Board noted the patient experience report.
- 656/16 **Item 8.2 Quality Report**
- The Medical Director introduced the Quality Report.
- 657/16 The Board were advised that the validated HSMR figure for 2015/16 would be 101. Most recent data for the Trust is showing 88. The Board were advised that Lincoln continued to show an elevated HSMR.
- 658/16 The SHMI figure for the Trust was 111. This was expected to fall but had not. The Trust continued to have discussions with stakeholders about the numbers of deaths outside of hospital.
- 659/16 The Medical Director reported that Sepsis screening continued to be below where it should be.
- 660/16 Mr Staniland questioned whether the areas where e-obs had been introduced had seen an improvement in the regularity and timeliness of observations. It was agreed that this would be taken to the Quality Governance Committee for further discussion.
- 661/16 Mrs Owston queried the number of residual/ default codes which were being applied. The Medical Director advised that the Trust continued to promote coding masterclasses to highlight to staff the importance of accurate and detailed coding.
- 662/16 Mrs Dunnett stated that Pilgrim appeared to be an outlier in terms of pressure ulcers. It was agreed that this would also be considered in more detail by the Quality Governance Committee.
- Action: Director of Nursing 1 November 2016**
- 663/16 Mrs Truscott questioned whether any links could be identified from the safety quality dashboard to those areas where staffing levels were highlighted as a risk. The Medical Director advised that it was difficult to correlate this information. The nurse staffing paper picks this up but cannot prove an absolute link.
- 664/16 **RESOLVED**

The Board noted the quality report.

665/16 **ITEM 9. STRATEGIC ITEMS**

**Item 9.1 Lincolnshire Health and Care (LHAC)**

The Board were advised that the timetable for production of the Sustainability and Transformation Plans required a draft plan to be produced by the end of October. The STPs were subject to national communications guidance with an expectation that organisations would be able to engage more actively after the draft plans had been approved.

666/16 **RESOLVED**

The Board noted the update in respect of LHAC.

667/16 **Item 9.2 Approach to Engagement**

The Associate Director of Communications and Engagement introduced a report detailing the approach that the Trust would take to meaningful public engagement commencing with engagement on the Trust 2021 strategy.

668/16 The Board were advised that whilst the Trust held numerous engagement events these were all adhoc and the paper outlined a more defined approach. NHS England had published robust guidance to support this. The Board were advised that the only reasonable justification for not consulting on service change was where patient safety was a genuine risk.

669/16 Mr Staniland questioned where the Trust demonstrated that it accepted and responded to input from Healthwatch and the Health Scrutiny Committee. The Chief Executive advised that this would be picked up through Executive Team or Trust Board. Mrs Mountain advised that Healthwatch raised issues with the Trust through the Deputy Chief Nurse and that there was a statutory 20 days to respond.

670/16 Mrs Dunnett stated that the paper highlighted the importance of evidencing and keeping record of engagement.

671/16 The Associate Director of Communications and Engagement advised that the Trust planned to do some work to reinvigorate the locality forum process.

672/16 The Chair questioned how “early” engagement was defined. It was essential that engagement was during the formative stages of decision making so that the decision could still be influenced. He suggested the use of ‘proactively engaged’ rather than ‘early’.

673/16 The Chair asked for reflection on the Trust membership. The Trust had 1300 registered members with 90 of those classed as active. The Chair questioned whether the membership was adequately reflective of the Trust with so many local people signing the petitions relating to Grantham. The Associate Director of Communications and Engagement advised that the membership was largely white, affluent and older. The Trust needed to target women,

young families and BME membership.

674/16 The Board agreed that it would be useful to hold a Board Development session to consider the membership issue and determine targets for the Trust.

**Action: Trust Secretary 1 November 2016**

675/16 **Item 9.3 Sustainable Development Management Plan**

Mr Chris Farrah, Associate Director Estates and Capital Planning and Mr Kevin Thoy, Environmental Services Manager joined the meeting for this item.

676/16 The Board were asked to support the Sustainable Development Management Plan outlining the Trust commitment to ensuring that sustainable development becomes central to the way the Trust carries out its business across the organisation. The Board were advised that energy usage and carbon reduction were key statutory requirements of the sustainable development unit within NHS England.

677/16 The Board were advised that the key elements of the plan were high quality environments, energy efficiency and services resilient to climate change. This would be achieved through key action areas of behavioural change, improved awareness and communications, transportation.

678/16 Mrs Dunnett questioned whether the funding for the elements of the action plan were within budgets and if the savings generated were in the efficiency programmes. The Interim Director of Finance advised that the principle of invest to save was being applied to parts of the capital programme. The capital required was fairly minimal but the potential gains were significant.

679/16 Mrs Ponder asked for assurance that any independent advice required would not outweigh the benefits. The Environmental Services Manager advised that the cost of this had been built in to the capital required.

680/16 The Deputy Chief Executive requested that the plan be mapped in a 5 year time frame so that it could be aligned with the 2021 plan and that KPIs also be linked.

681/16 The progress of the plan would be monitored through the Estates and Finance Service Delivery and Improvement Committees.

682/16 The Chair volunteered to be the Champion for the Plan.

**RESOLVED**

683/16 The Board supported the Sustainable Development Management Plan

684/16 **Item 9.4 Winter Plan**

The Chief Operating Officer introduced the plan to deliver safe, high quality care to patients through the Winter period.

The Chief Operating Officer advised that the Trust remained under pressure

- 685/16 despite additional actions being taken to manage demand. The Trust had seen continued pressure through the Summer months. The Trust was working on improving the process for escalation.
- 686/16 The Board were advised that the plan supported seven day pharmacy and therapy services and the transfer of escalation beds in to permanent bed stock. The plan included frailty schemes for Lincoln and Pilgrim. The plan for Grantham includes maximising the ambulatory care service.
- 687/16 The Chair asked how safety was being prioritised. The Chief Operating Officer stated that this was achieved through high impact actions with senior review in place for every patient every day, planned day of discharge from admission.
- 688/16 Mrs Dunnett asked for assurance of the community initiatives being committed. The Chief Operating Officer advised that the clinical assessment service had been delayed but it was planned that this delay would be recovered. Going forward there were three areas of priority discharge hub, trusted assessor and discharge to assess. Some of these schemes were not yet in place.
- 689/16 The Chief Executive stated that the low confidence in the schemes needed to be reflected through the A&E delivery board. Planning assumptions had been that the Trust would stay within contracted activity.
- 690/16 Dr Grassby noted that the plan included increased staff in A&E and suggested this methodology could be applied at other times to provide longer term mitigation.
- 691/16 Mrs Mountain stated that many patients were concerned about discharges late at night. The Chief Operating Officer explained that there was a standard for this with cut off points for discharge. It was noted however that assessment units did still need to discharge.
- 692/16 The Director of Nursing added that an internal review had been commissioned of discharges and actions would come from that.
- 693/16 **RESOLVED**
- The Board noted the actions being delivered as part of the Winter Planning.
- 694/16 **Item 10.1 Integrated Performance Report**
- The Chief Operating Officer presented the Integrated Performance Report to the Board for the period to 31 August 2016.
- 695/16 The Board noted the Trust performance against the four priority deliverables within the Sustainable Transformation Fund.
- 696/16 The Trust continued to experience significant pressure within urgent care. Performance against the A&E four hour wait was at 77.8%



- 697/16 The Trust did not achieve the 6 week diagnostic standard for August. The Trust was working with other providers to achieve recovery in October.
- 698/16 The Trust had only achieved 4 of the 9 cancer standards for July. 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. The Board noted that the issues within the service had been previously outlined. The Trust had introduced the Somerset System for monitoring.
- 699/16 The Trust was aiming to achieve recovery in RTT in October but would need to increase activity by 10% to achieve this which was high risk.
- 700/16 Mrs Owston noted that in previous months the issues with the EMRAD and PACS systems had impacted on some of the targets and asked what the current status of these systems was. The Deputy Chief Executive advised that the systems were stable, there were still some delays but risk assessment processes were now being used to identify the issues with highest priority.
- 701/16 The Chief Operating Officer advised that plans were fragile and the Trust had asked for support from the community.
- 702/16 **RESOLVED**
- The Board noted the Trust Performance Report.
- 703/16 **Finance Performance Report**
- The Interim Director of Finance and Corporate Affairs presented the Month 5 financial performance.
- 704/16 The Board was advised that the Trust had agreed a control total deficit of £47.9m for 2016/17 including the STF. The month 5 position was in line with plan with a deficit of £21.1m.
- 705/16 The Board was advised that the income generated in month 5 was above plan. The Board were advised that the Trust had not been advised of whether the STF had been achieved and were asked to delegate authority to the Chief Executive and Interim Director of Finance to agree the revised loan facility.
- 706/16 The Board were advised that the risks to the financial plan remained the delivery of the contract, delivery of the STF and confidence in achieving the efficiency programme.
- 707/16 Mrs Dunnnett asked for assurance that the profiling around the arrival of overseas nurses had been adjusted to account for the delay in arrival. The Interim Director of Finance advised that this had been factored. The Trust would underspend on pay but was requiring agency staffing above the planned levels.

708/16      **RESOLVED**

The Board noted the Month 5 financial position and delegated authority to the Chief executive and Interim Director of Finance to agree a revised loan facility for the Trust.

709/16      **Human Resources Performance Report**

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

710/16      The Board were advised that turnover for the organisation was reasonable however this remained a focus.

711/16      Sickness absence reduction appeared to have plateaued and the policy had been revised as a result.

712/16      The Board were advised that the data for medical appraisal was missing from the report. This stood at 92% compliance. The Trust had introduced a pay progression policy linked to appraisal.

713/16      Equality data would be included in the report on a quarterly basis.

714/16      Mrs Ponder questioned whether the targets were reflected in the manpower budgets. The Director of Human Resources agreed to confirm that this was the case.

715/16      **RESOLVED**

The Board noted the performance report.

716/16      **Item 10.2 Nurse Staffing Monthly Report**

The Director of Nursing presented the nursing workforce report.

717/16      The fill rates across the Trust remained high. Hotspots were highlighted. Risk summits were being held for Carlton Coleby and Dixon Wards to examine skill mix and agency usage. The analysis of data from these areas had been shared with the CQC.

718/16      The Board were advised that vacancy rates were slightly up but breaches of the agency cap remained static and the Trust was incentivising the use of the Trust Bank.

719/16      Mrs Owston asked whether consideration had been given to splitting the mix of patients seen on Dixon Ward. The Director of Nursing advised that the level of detox patients on the ward was falling but that the ward did still require support. There had been difficulty recruiting nursing staff so the Trust

had started to block book staff for this area.

720/16 **RESOLVED**

The Board noted the monthly nurse staffing report.

721/16 **Item 10.3 Quality Governance Committee Assurance Report**

Mrs Owston reported the Quality Governance Committee Assurance Report from the meeting held on 27 September 2016.

722/16 The Board were advised that the issue with recruitment of a microbiologist by Path Links continued. 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.

723/16 **RESOLVED**

The Trust Board noted the Quality Governance Committee Assurance Report.

724/16 **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 27 September 2016.

725/16 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 a recommendation should be made to the Board that the risk register rating for issues around backlog maintenance should be increased to 16.

726/16 **RESOLVED**

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

727/16 **Item 10.5 Risk to escalate to Risk Register**

There were no further risks to escalate.

728/16 **Item 10.6 Trust Innovation**

The Associate Director of Communications shared with the Board the Lincoln Care Home Service. The Board were advised that a multi-disciplinary team were assessing patients in nursing homes across the county with the aim of reducing admissions to hospital.

729/16 The Board placed on record support for the innovative scheme and congratulated those involved.

730/16 **RESOLVED**

The Board celebrated the success of the new service.

731/16 **ITEM 11. ANY OTHER BUSINESS**

There were no further items of business.

732/16 **ITEM 12. DATE, VENUE AND TIME OF NEXT MEETING**

The next meeting will take place on Tuesday 1 November 2016 in the Committee Room 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	2 Feb 2016	1 Mar 2016	5 April 2016	5 May 2016	7 June 2016	5 July 2016	2 Aug 2016	6 Sept 2016	4 Oct 2016
Prof Dean Fathers			X	X	X	X	X	X	X
Ron Buchanan	X	X							
Dr Paul Grassby	X	X	A	X	X	X	A	X	X
Geoff Hayward	X	X	X	A	X	X	X	A	X
Penny Owston	X	X	A	X	X	X	A	X	X
Gill Ponder	X	A	X	X	X	X	X	X	X
Kate Truscott	X	X	X	X	A	X	X	X	X
Tim Staniland	X	X	X	X	X	X	X	X	X
Jan Sobieraj	X	X	X	X	X	X	X	X	X
Dr Suneil Kapadia	X	X	X	X	X	X	X	A	X
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	X	X	A	X	X	X	A	X	X
Pauleen Pratt									
Kevin Turner	X	A	X	X	X	X	A	X	X
Sarah Dunnett,							X	X	X

X In attendance  
A Apologies given