

United Lincolnshire Hospitals 
NHS Trust

Minutes of the Public Trust Board Meeting

Held on 7 March 2017

Conference Room, The Reservation, Sleaford.

Present

Voting Members

Professor Dean Fathers, Chair
Mrs Sarah Dunnett, Non- Executive Director
Dr Paul Grassby, Non-Executive Director
Mr Peter Hollinshead, Interim Director of Finance and Corporate Affairs
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 Paul Boocock, Director of Estates and Facilities
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 Preston Keeling, Healthwatch
Mrs Jayne Warner, Trust Secretary (minutes)
Mrs Sharon Kidd, Patient Experience and PALS Manager (Item 8.1)

Apologies

Mr Geoff Hayward, Non-Executive Director

116/17 **ITEM 1. INTRODUCTION**

The Chair welcomed the members of the public to the meeting.

117/17 The Chair highlighted to the Board the events which he had attended since the last meeting. This included the LGBT conference which he thanked Mr Tim Couchman for organising. The Chair had attended meetings with the Chairman of NHSI, and introductory meeting with the new MP for Sleaford and North Hykeham. The Chair had met the newly appointed Lead Chaplain for the Trust and attended a ceremony signing the Trust up to the Armed Forces Covenant.

118/17 **ITEM 2. QUESTIONS**

The meeting paused for questions from members of the public relating to the agenda.

119/17 **ITEM 3. APOLOGIES FOR ABSENCE RECEIVED**

Apologies were received from Mr Geoff Hayward Non-Executive Director.

120/17 **ITEM 4. DECLARATIONS OF INTEREST**

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

121/17 **ITEM 5. MINUTES OF THE MEETING HELD ON 7 FEBRUARY 2017**

The minutes of the meeting held on 7 February 2017 were approved as a true and accurate record with the exception of minute 082/17. This minute should include a request from Mrs Dunnnett for assurance that the levels of nursing reported were safe assurance was given by the Director of Nursing.

122/17 **ITEM 6. MATTERS ARISING/ACTION LOG**

There were no new matters arising.

123/17 **ITEM 7. CHIEF EXECUTIVE'S UPDATE AND ENVIRONMENTAL SCAN**

CQC State of Care Report The Chief Executive highlighted the unprecedented challenges being faced by the NHS. 81% of acute hospitals were judged as requiring improvement. The Chief Executive noted the report from the Department of Health Permanent Secretary that the NHS in the UK still ranks number one in the commonwealth.

Sustainability and Transformation Funding A significant part of the quarter three funding had been kept back.

Budget It was hoped that the budget would identify additional funding for social care.

A&E Delivery Board The Chief Executive reported that the Board had discussed the number of attendances at Lincoln County Hospital and Pilgrim Hospital and the associated work on flow and discharge including the pride and joy, red to green and safer discharge projects.

Nurse Associates The Trust was part of a national pilot for nurse associates. It was confirmed that the NMC will be the regulator for the role.

Centre for Rural Health and Care The Board were advised that proposals were moving forward.

124/17 **ITEM 8. Emergency Care Update**

The Medical Director presented a report assuring the Trust Board on medical staffing recruitment in the Emergency Departments to enable Grantham A&E

to extend its opening hours.

- 125/17 The Board were advised that the Trust continued to actively seek medical staff. The landscape remained fragile but the Medical Director was recommending that the department could open for the additional hour from March 31st as planned.
- 126/17 Mrs Dunnett noted that at the last Board meeting the Medical Director had described pathway changes to admit some patients directly to wards and asked for assurance that these plans remained on track. The Medical Director confirmed that these plans remained on track and would be in place from the 31st March also.
- 127/17 Mrs Dunnett asked for assurance that there had been no safety or quality issues highlighted during the last month. The board were advised that at the system wide meeting there had been no adverse events reported.
- 128/17 Mrs Dunnett asked whether the Board could be assured that the Trust had the appropriate plans in place to address the nursing vacancies. The Director of Nursing confirmed that plans were in place and that the Workforce and OD Assurance Committee were updated regularly on the position.
- 129/17 Mrs Dunnett commented that a recent interview panel for a consultant appointment had been cancelled due to the candidate taking up a post with another Trust. Mrs Dunnett questioned whether the Trust processes could be expedited. The Director of Human Resources and OD responded that the process was prescribed and there were national shortages in a number of specialties. The Trust took every action that it could to try to keep in touch with potential candidates throughout the process. The Chair questioned whether the Trust was able to benchmark against other Trusts. The Director of Human Resources and OD advised that the Trust was part of the East Midlands Streamlining group. The Medical Director added that some of the stages were outside the gift of the Trust to influence, for instance college representatives on the panels. Mrs Dunnett asked if the Workforce and OD Assurance Committee could consider the process in the future. Mrs Truscott agreed that this could be built in to the work plan.
- 130/17 The Board were advised that there had been no material changes in position since the last Board meeting.

RESOLVED

- 131/17 The Board agreed to increase the opening hours of the Grantham A&E department by one hour with effect from the 31st March 2017.

132/17 ITEM 9. Patient Experience

Item 9.1 Patient Experience at Trust Board

The Director of Nursing introduced the patient experience report.

The Board were advised that the Trust had seen a rise in the number of complaints received during January. The Director of Nursing advised that

there were a small number of overdue complaints. The reasons for these were described in the report. The Board were advised that the cause of these delays appeared to be annual leave over the Christmas period.

- 133/17 PALS had received 353 concerns in January and the top three themes were communication, appointments and waiting times. 92% of the matters raised had been resolved swiftly.
- 134/17 The Director of Nursing highlighted that friends and family data for the Trust was still below the national average.
- 135/17 The Trust continued to progress the volunteers work plan and push to achieve the trajectory for volunteers numbers.
- 136/17 Mrs Dunnett expressed disappointment that the complaints which were overdue had built up again and hoped that this would be brought back on track promptly.
- 137/17 Mrs Dunnett noted that the Friends and Family data was below the national average. Mrs Dunnett asked if the Quality Governance Committee would seek assurance on the patient experience within paediatrics. Mrs Owston noted the request.
- 138/17 Mrs Ponder questioned whether the complaints where communication was recorded as an issue were being followed up and staff named in the complaints being advised to attend the relevant training. The Director of Nursing advised that it was not possible to give assurance on this at present and she would pick this up outside the meeting

Action: Director of Nursing 4 April 2017

- 139/17 The Chair observed that with low appraisal rates there would be a risk that this type of conversation was not taking place. The Director of Human Resources and OD commented that medical appraisal rates were high but other areas were low. The Chief Executive commented that this was an area being picked up in the new management behaviours programme.
- 140/17 Mrs Owston responded that the Quality Governance Committee received more detailed data and there was some variation in the results for outpatients. The Committee would consider this area in more detail at a future meeting.
- 141/17 The Deputy Chief Executive noted the use of the NHSI patient experience headline tool and questioned if there were other comparators that could be built in to the Trust report. The Director of Nursing confirmed that there were other areas which could be reviewed and built in.
- 142/17 The Chairman asked if those departments which scored well on the friends and family test were being used as exemplars for other areas. The Director of Nursing advised that this could be a considered at Quality Governance and details reported on the upward report to Trust Board.
- 143/17 Mrs Sharon Kidd Patient Experience and Engagement Manager joined the meeting for this item. Mrs Kidd described to the Board the approach being

introduced for seeking direct feedback from the Trusts youngest patients. The project had been trialled on Rainforest and Safari Ward.

- 144/17 The Board welcomed the project as a positive way to get feedback from children. Mrs Dunnett commented that it was important to make sure feedback was acted on once collected. Mrs Kidd responded that the team were working on accessing charitable funds to address some of the issues raised.

RESOLVED

- 145/17 The Board noted the patient experience report.

146/17 **ITEM 10. STRATEGIC ITEMS**

Item 10.1 Lincolnshire Health and Care (LHAC)/ Sustainability and Transformation Plan

The Chief Executive advised that Mr John Turner was now the accountable officer leading the project. He was keen to map out a timeline for the next four years. The key areas for the consultation process would be Breast Services, Stroke Services, Women and Children's Services and Urgent Care Grantham. It was anticipated that some of these areas possibly all would need to be escalated through NHS England.

- 147/17 Mrs Dunnett noted that the Trust 2017/18 operational plan was based on the assumptions in the STP and questioned whether these assumptions were still valid and whether they posed a risk in terms of implementation. The Chief Executive responded that the plans did have risk and were always considered ambitious. The Interim Director of Finance added that the Trust were meeting weekly with all organisations involved and working on understanding the changes in the context of the current year and assumptions for next year. Mrs Dunnett asked that the finance report detailed the risk for the Trust. The Chief Executive stated that Mr Turner was keen to come and speak to the Board and was asking for the Trust to work collaboratively with other organisations.

148/17 **RESOLVED**

The Board noted the STP update.

149/17 **Item 11.1 Integrated Performance Report**

The Chief Operating Officer presented the Integrated Performance Report to the Board for the period to 31 January 2017.

- 150/17 The Board were advised that there was a continued decline in performance against the 18 week RTT. This was the sixth month when the Trust had failed to achieve the standard. The Chief Operating Officer shared the actions that were being taken to improve the performance. The actions meant that fewer patients were waiting overall for treatment. There had been no growth of the waiting list during the winter period. However the backlog of admitted patients

has increased and the cancelled operations during January had increased. The Non admitted waiting list had reduced and the backlog had reduced and the Trust was expecting that performance would have improved.

- 151/17 The Trust had continued to progress the improvement actions for the cancer standards.
- 152/17 The A&E performance continued to be challenging. Actions were being tracked across a number of forums. This trend was expected to continue for February and March. Admissions in Lincoln and Boston were up significantly and bed occupancy remained high. The Chief Operating Officer stated that actions and impact would be incorporated in to the report in April. A high level Easter plan was being developed which would be agreed at the Finance, Service Improvement and Delivery Assurance Committee and shared with Board for information in April.
- 153/17 Mrs Dunnett commented that it would be helpful to see where schemes and actions could be shown to be making a difference. Mrs Dunnett questioned whether the flow in the department was working and if the Board could be assured on minors and ambulatory care. Mrs Dunnett challenged whether the Board was looking for more innovative ways of staffing.
- 154/17 The Chief Operating Officer confirmed that the Trust was looking at how they could get more ACP training. The Trust was working towards more separation for treatment of minors. Ambulatory care was in place on all sites. The Chief Operating Officer noted that in some Trusts staff outside the A&E were used to support escalation however staffing elsewhere in the Trust was not robust enough to support this option at ULH.
- 155/17 Mrs Owston questioned whether outliers would be identified on the Datix system. The Chief Operating Officer confirmed that there was an outlier policy in place. The Medical Director commented that the decision to place an outlier had to be a judgement call taking account of the whole Trust picture and the risk to the patient. Mr Staniland commented that there must also be a level of financial loss when patients were not placed in the ward best equipped to care for them. The Interim Director of Finance advised that there would be an impact from this but it was difficult to quantify. Mrs Dunnett felt the Trust should aim for no outliers and questioned whether the bed base was correct.
- 156/17 Mrs Owston asked what the implications were for patients when services were outsourced. The Chief Operating Officer advised that any outsourcing was carried out in line with standard contracts. The Trust was required to offer an alternative to patients if they cannot treat. The Trust aims to get these services at tariff level.
- 157/17 The Chief Executive explained that the Trust had made a number of escalation beds substantive in the previous year but the real issue remained staffing them. The Chief Operating Officer stated that the bed base continued to be reviewed with mapping of outliers.

- 158/17 The Director of Human Resources and OD reported that the national NHS staff survey results were published. These showed the Trust had marginally improved on previous results but remained below average in some areas.
- 159/17 The Board were advised that key performance indicators showed that sickness had increased during the winter period and that levels of stress were showing as increased.
- 160/17 The Director of Human Resources and OD reported that nursing vacancies were still a cause for concern and that the Trust needed to continue to work to address recruitment as a top priority.
- 161/17 Core learning remained below target. The Board queried whether the data included long term sickness data and maternity leave. The Director of Human Resources and OD advised that this would not significantly affect the figure.
- 162/17 The Board were advised of management actions being taken to address the shortfall in appraisal performance. Data had been shared with directorates to allow action to be taken.
- 163/17 The KPI's for 2017/18 were being drafted and would be considered at Workforce and OD Assurance Committee in March.
- 164/17 Mrs Owston questioned how the Trust satisfied themselves that the agency staff that were being used were competent. The Director of Nursing commented that the Trust had a key to care document which described how they would work with agency staff.
- 165/17 Mr Staniland commented that Pilgrim Medicine was reporting high turnover of staff, high levels of sickness and PALS/ Complaints contacts and questioned what was being done at directorate level to improve the position. The Chief Operating Officer described the additional support that was being given to the Pilgrim site in their leadership teams.
- 166/17 Mrs Ponder asked that the workforce and OD committee consider in more detail those areas which were flagged with high level of sickness and high levels of staff turnover. Mrs Truscott agreed to consider these issues in more detail at the Workforce and OD Committee.

Action: Mrs Truscott 31 March 2017

- 167/17 Mrs Ponder noted that pay progression was supposed to be linked to completion of training and questioned whether this was being applied. The Director of Human Resources and OD advised that the policy had been enacted but he did not have data available to show how the policy was being applied. This would also be considered at the workforce and OD Committee.

Action Director of HR &OD 31 March 2017

168/17 Mrs Dunnett questioned whether regular report could be provided on the progress with recruiting unregistered staff as this should be able to be fast tracked.

Action: Director of HR and OD 31 March 2017

169/17 Mrs Dunnett questioned whether medical revalidation was up to date. The Medical Director advised that an annual report was received and progress was on track.

170/17 The Medical Director presented on quality. The Board were advised that medical appraisals were down in January.

171/17 The Medical Director reported that falls were not at the level they should be and were being presented to the SI meeting. Mrs Dunnett asked for assurance on the SI data that there were no site issues which would show as exceptions if the data was drilled in to. The Medical Director advised that more detail was received at Quality Governance Committee. Mrs Owston confirmed that the SI's were discussed in detail at the committee. The Director of Nursing confirmed that Pilgrim had higher levels of falls and pressure ulcers.

172/17 The Board requested that a position statement on job planning be considered by the Workforce and OD Committee.

Action: Director of HR and OD 31 March 2017

173/17 The Director of Nursing highlighted to the Board that the Trust was close to trajectory on clostridium difficile.

RESOLVED

174/17 The Board noted the Trust Integrated Performance Report.

175/17 **Finance Performance Report**

The Interim Director of Finance and Corporate Affairs presented the Month 10 financial performance.

176/17 The Board was advised that the Trust had agreed a control total deficit of £47.9m for 2016/17 including the STF. The month 10 position was worse than plan with a year to date deficit of £42.9m.

177/17 The Interim Director of Finance and Corporate Affairs advised that the Trust was at risk of not achieving the control total with a likely position of £54.9m. The position had been adversely affected in January by operational performance, winter pressures, escalation beds not funded, agency spend and the additional impact of the reduction in elective workload. The Board

were advised that the impact of not delivering the financial control total was that the trust may not receive the STF for Q4.

178/17 The Interim Director of Finance highlighted the risks within the position. These included CCG contract challenges, delivery of CQUIN targets at 80%, continued winter pressures in to March and the assumption that the STF appeal process would be successful.

The Board were advised that the Finance Service Improvement and Delivery Committee had considered the best, most likely and worst case scenarios.

179/17 The Trust continued to apply the treasury management policy which was in place.

180/17 The Board were advised that the Trust still had a significant amount of capital to spend in the final quarter but were confident that this would be achieved. The Director of Estates and Facilities commented that there were constraints around the delivery of the neonates project as there was some asbestos removal required which was unforeseen but the department were working to bring the scheme back on track.

181/17 Mr Staniland commented that the plans were finely balanced and the most recent Finance Service Improvement and Delivery Committee meeting had been restructured to focus on outturn and performance. Mrs Ponder added that there was learning on the efficiency programme with a need to avoid making the greatest savings in the most challenging part of the year.

182/17 The Interim Director of Finance advised that there were risks amounting to £6m being carried forward.

RESOLVED

183/17 The Board noted the Month 10 financial position

184/17 Item 11.2 Nurse Staffing Monthly Report

The Director of Nursing presented the nursing workforce report.

185/17 The fill rates across the Trust remained good 92.52% for registered and 95.35% unregistered. The trust had 360 vacancies for registered nurses and 108 for non-registered.

186/17 The Director of Nursing advised that the data included where posts had been offered but the staff hadn't commenced in post. The Board were advised that Nurse Associates had now started on the wards.

187/17 The Director of Nursing advised that the Trust remained off trajectory for agency costs. Mrs Dunnett questioned whether any wards were agency free. The Director of Nursing advised that there were agency free wards. Mrs Dunnett questioned whether care hours were being used. The Director of Nursing advised that the Trust collects care hours and uses the data to

compare sites. The data was used as part of a wider picture.

RESOLVED

188/17 The Board noted the monthly nurse staffing report.

189/17 Item 11.3 Six Monthly Staffing Review

The Director of Nursing presented the six monthly staffing review.

190/17 The review had been completed through October to December 2016 and was based on 950 beds at the time. The Board were advised that the paediatric data had been rejected as inadequate and this would be presented as part of the next review in July.

191/17 The report had flagged Carlton Coleby Ward which was where an NIV issue had been picked up during the CQC visit. This had led to a Trust wide review of NIV pathways which had highlighted other issues.

192/17 Waddington Ward was established to 26 beds but frequently had 6 escalation beds open. The decision had been made to fully establish.

193/17 Mrs Truscott commented that she had observed issues for staff dealing with outliers on their wards. The Director of Nursing advised that a buddying system had been established to support wards with outliers.

RESOLVED

194/17 The Board noted the six monthly staffing review.

195/17 Item 11.4 Quality Governance Committee Assurance Report

Mrs Owston reported the Quality Governance Committee Assurance Report from the meeting held on 28 February 2017.

196/17 The Committee had experienced poor attendance for the meeting. The Committee escalated to Board the lack of assurance for Duty of Candour and had questioned where the accountability sat for improving this. The Board were advised that overall governance was with the Medical Director with input from other directors. Mrs Owston stated that the committee were not assured that the processes were in place.

197/17 The Committee also raised concerns about progress with the risk management strategy and requested that the two areas could be considered at a Board Development session.

RESOLVED

198/17 The Trust Board noted the Quality Governance Committee Assurance Report.

199/17 **Item 11.5 Finance, Service Improvement and Delivery Assurance Committee**

Mr Staniland presented the Finance, Service Improvement and Delivery Committee Assurance Report from the meeting held on 28 February 2016.

200/17 Mr Staniland confirmed that most areas had been reflected in the discussion of the finance performance report.

201/17 The Committee had asked for further assurance on management of the strategic risk register.

RESOLVED

202/17 The Trust Board noted the Finance, Service Improvement and Delivery Committee Assurance Report.

203/17 **Item 11.6 Staff Engagement Report**

The Director of Human Resources and OD presented a new report which would be brought each month to reflect the Trust approach to engagement.

204/17 The Board were advised of the listening and responding to staff group.

205/17 The Board were asked to approve the Freedom to Speak Up: Voicing Your Concerns Policy for ULHT. The Trust Secretary added that the chaplaincy service had also agreed to support the speaking up agenda by offering to be named in the policy for staff.

206/17 Mrs Dunnett asked if a flowchart showing the route staff could take could be created.

Action: Trust Secretary 30 April 2017

RESOLVED

207/17 The Trust Board noted the engagement report and approved the policy.

208/17 **Item 11.7 Strategic Risk Management Report**

The Deputy Chief Executive presented a progress report on the improvement plan for risk management and the monthly updated Integrated Strategic Risk Register and Board Assurance Framework.

209/17 The Board were advised that the team were struggling to keep pace with the work plan and increased resource had been agreed. Recruitment had been difficult and there was additional sickness absence. The plan would be considered as part of the external governance review.

210/17 The Deputy Chief Executive commented that the issues which had been picked up during the Board meeting which should be considered for inclusion

in the register were the continued challenge of recruitment and that this area of the risk register would need review. None delivery of the STP which was already contained.

211/17 The Deputy Chief Executive requested that the committees focus on the mitigating actions in there challenge at the next meetings.

212/17 Mrs Ponder added that the risk to the 2017/18 plan and the control total should be flagged.

RESOLVED

213/17 The Board considered the latest strategic risk register and BAF.

214/17 Item 11. Trust Innovation

The Associate Director of Communications shared with the Board the innovative work which had been led to the Trust being a national leader for physiotherapist and OT apprenticeship roles. This was having a big impact on staffing levels. The Board passed thanks to Mrs Flavell for driving the project. The Chair challenged the Board to look for other areas where this could be applied.

RESOLVED

215/17 The Board placed on record support for the projects and congratulated those involved.

216/17 **Item 12.1 Items for future Trust Board.**
Staff Survey Results.

217/17 Item 12.2 Health and Safety Policy

This item was deferred for further work.

218/17 ITEM 13. ANY OTHER BUSINESS

Mr Keeling stated that this was his last meeting. The Board thanked him for his contribution.

The Chair advised that Mr Staniland had reached the end of his final term and this was his last meeting. The Chair thanked Mr Staniland for his contribution over ten years with the Trust and wished him well for the future.

219/17 ITEM 14. DATE, VENUE AND TIME OF NEXT MEETING

The next meeting will take place at 9.15am on Tuesday 4 April in the New Life Centre, Sleaford.

220/17 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 April 2016	5 May 2016	7 June 2016	5 July 2016	2 Aug 2016	6 Sept 2016	4 Oct 2016	1 Nov 2016	6 Dec 2016	7 Feb 2017	7 Mar 2017
Prof Dean Fathers	X	X	X	X	X	X	X	X	A	X	X
Dr Paul Grassby	A	X	X	X	A	X	X	X	X	X	X
Geoff Hayward	X	A	X	X	X	A	X	X	X	X	A
Penny Owston	A	X	X	X	A	X	X	X	X	X	X
Gill Ponder	X	X	X	X	X	X	X	X	X	X	X
Kate Truscott	X	X	A	X	X	X	X	X	X	X	X
Tim Staniland	X	X	X	X	X	X	X	X	X	X	
Jan Sobieraj	X	X	X	X	X	X	X	X	X	X	X
Dr Suneil Kapadia	X	X	X	X	X	A	X	X	X	X	X
Peter Hollinshead/ Jason Burn/ John Barber (Interim Directors of Finance)	X	X	X	X	X	X	X	X	X	X	X
Michelle Rhodes	A	X	X	X	A	X	X	X	X	X	X
Kevin Turner	X	X	X	X	A	X	X	X	X	X	X
Sarah Dunnett,					X	X	X	X	X	X	X

X In attendance
A Apologies given