**Minutes of the United Lincolnshire Hospitals NHS Trust**

**Annual Public Meeting**

**Held on 27 September 2021**

**Via MS Teams Live Stream**

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| **Present**  **Voting Members**  Mrs Elaine Baylis, Chair  Mr Andrew Morgan, Chief Executive  Dr Karen Dunderdale, Director of Nursing  Mr Paul Matthew, Director of Finance and Digital  Mr Simon Evans, Chief Operating Officer  Mrs Sarah Dunnett, Non-Executive Director  Dr Chris Gibson, Non-Executive Director  Mrs Liz Libiszewski, Non-Executive Director  Mr David Woodward, Non-Executive Director  **In attendance:**  Mrs Jayne Warner, Trust Secretary  Mrs Karen Willey, Deputy Trust Secretary (Minutes) | **Non-Voting Members**  Ms Alison Dickinson, Associate Non-Executive Director  **Apologies**  Dr Colin Farquharson, Medical Director  Professor Philip Baker, Non-Executive Director |

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The Chair noted apologies of the Medical Director, Dr Colin Farquharson and Non-Executive Director, Professor Philip Baker.  During 2020/21 there had been changes in the Trust Board with Dr Karen Dunderdale taking up the substantive role of Director of Nursing and Director of Infection Prevention and Control in October 2020 and Simon Evans being substantively appointed as Chief Operating Officer in December 2020.  The Chair noted in the review, as part of the presentation of the Annual Report and Annual Accounts the extraordinary year in the life of United Lincolnshire Hospitals NHS Trust (ULHT), as well as the wider NHS, UK and indeed the whole world. This was the context in which the Annual Report was presented.  The Chair noted the overwhelming feeling of pride when considering the previous year and pride in staff having gone above and beyond in truly challenging circumstances to deliver care for patients.  The impact of the pandemic on NHS staff should not be underestimated, neither should the strength, resilience or compassion.  The Chair offered personal thanks, along with the thanks of the Trust Board for the unrelenting commitment of staff to providing good quality patient care throughout the course of the year.  It was noted that there was pride in the way patients had been accepting and adapted to receiving and accessing care in different ways and for the patience with the delays experienced as a result of Covid-19. This had been a difficult time.  The Lincolnshire system had pulled together to support patients and had worked together in a way not done before in the interest of patient care. Formal thanks were offered to system partners for working with the Trust and for the contributions made.  The Chair noted that the pandemic was ongoing and pressures on services and staffing challenges remained. A lot had been learnt over the past 18 months and there would be a focus on rebuilding and refocusing.  Going forward there was confidence in the organisation and the amazing workforce and the ability to respond to provide services in the current context. It was hoped that the Trust could reinstate, restore and improve services going forward in the next reporting year.  The Chair looked forward to the future as a Trust Board and offered thanks to the Board of Directors for the ongoing support and for providing unfailing leadership. Appreciation was expressed for both the Executive Directors and Non-Executive Directors who had provided support over the past year.  **Item 2 Minutes of the last annual meeting held on 25 September 2020**  The minutes were accepted as a true record of the annual public meeting held on the 25 September 2020.  **Item 3 Receipt of the Annual Report and Annual Accounts for 2020/21**  The Chief Executive gave a presentation introducing the annual report and annual accounts for the Trust for 2020/21. The presentation provided a reflection on the previous year with the Chief Executive advising that the Annual Report was available on the Trust website.  The Chief Executive noted that the Trust was an acute provider and was considered an extra-large Trust which was reflected in the Trust turnover and income of £643m. The Trust provided services from 4 main sites including Lincoln County Hospital, Pilgrim Hospital Boston, Grantham and District Hospital and County Hospital Louth. Services were also provided from other sites.  The activity data offered was lower than would usually be expected due to the extraordinary year of Covid-19. This had been one of the most challenging years since the Chief Executive had joined the NHS.  Wave 1 of Covid-19 had been experienced in March 2020 with the NHS going into recovery in August 2020 however wave 2 was experienced in November 2020 with Covid-19 infections continuing.  The Chief Executive offered his own thanks to staff for the professionalism, resilience and determination shown along with compassion and care shown not only to patients but to each other. This had been a difficult year and thanks were extended to not only staff but also the Executive Directors who had also shown resilience, compassion and case whilst living the values of the organisation. It was recognised that this had been a difficult professional and personal time for all.  The Chief Executive was proud of what had been done for patients and for each other, keeping services safe and continuing to run. Thanks were expressed to the public for the emotional and practical support that had been provided over the past year.  It was noted that the outpouring of love and appreciation for the NHS, through the clap for carer or other practical support, have been appreciated and well received by all at the Trust. These acts had reaffirmed how important the NHS was.  The Chief Executive noted that changes had been made during Covid-19 about how business was conducted with the Trust required to follow national guidance, due to being in a level 4 pandemic with top-down control. This had resulted in the pausing and cancelling of services and changes to visiting, personal protective equipment (PPE) and a range of other actions that had been inconvenient and upsetting.  The Chief Executive offered apologies for the inconvenience that had been caused but hoped that people understood why the changes had been made.  During Covid-19 there had been some changes made to services which had been positive including how these were delivered and were done at pace and with urgency. Empowerment was given to staff during the year, and this needed to continue going forward. There was now a need to ensure a number of services were back up and running as this had not been a typical year.  Necessity had driven some innovation at times and the Trust had changed the way in which some business was done. This included telephone and video consultations rather than people coming on site where there may have been a risk present to patients. These changes had been well received by the overwhelming majority of patients and staff who were able to quickly put arrangements in place.  The Chief Executive noted the changes to Grantham for the green site to keep this as Covid-19 free as possible in order to provide a range of urgent and cancer surgery. Whilst it was recognised that some errors had been made in the process to engage people in the change made it had been good to see widespread support for the decision made and the impact on a vast number of people in Lincolnshire. Many patients received treatment that may not have been received if the changes had not been made.  The Chief Executive noted that there had been a lot of interest and admiration for both the speed at which the changes had been made and the success that had been achieved from colleagues across the NHS.  The Trust was keen to ensure that any national money available, or system monies, was used to invest in services and sites. The Trust had been able to attract an additional £30m of investment which had enabled significant improvements to the estate. This had included the commencement of changes to the Accident and Emergency Departments at both Pilgrim and Lincoln.  It was noted that there had also been investment around scanning and diagnostic equipment as well as improving a number of working environments in departments and wards. All of this was consistent with the Trust Integrated Improvement Plan (IIP) and making the Trust a great place to receive treatment and helping colleagues to see that it was a great place to work by investing in the fabric of the sites.  The Chief Executive reflected on the need to recruit, grown and keep people which was the essence of the People Strategy with a number of successes of significant recruitment to Healthcare Support Workers and some international recruitment for the nursing workforce. The vacancy position was predicted to improve over the coming year however it was noted that this remained challenging.  Accident and Emergency attendances were noted to have dramatically reduced during wave 1 and 2 of Covid-19 however there had been a return of activity in the 2020/21 year with the Trust facing considerable pressures on the front door with flow issues impacting on the ability to discharge patients. Work was underway to focus on flow and to try to improve the position.  Elective care reported similarly with the green site at Grantham maintaining a range of cancer and urgent services however the instigation of Covid-19 and national instruction had resulted in the cancellation of a large number of elective surgery and outpatient appointments. The Trust was not trying to restore these services however there had been an increase in the number of patients on the waiting list in addition to the length of time patients were waiting.  The Chief Executive noted that wave 2 of Covid-19 had been far worse in Lincolnshire than wave 1 which had significantly impacted on the ability to recover services and return to the levels wants.  Staffing remained a key challenge and this was similar across the NHS both about attracting staff and how the Trust was as an organisation to work for. There was also an element of making Lincolnshire NHS an attractive place to work along with working with system partners to show that Lincolnshire was an attractive place to live and work.  The Trust had maintained efforts to improve medical vacancies however there remained a number of vacancies meaning that this resulted in a continuation of some fragile services along with the impact of Covid-19 this meant that some temporary changes had been made to services in year. These changes had been discussed in detail at the public Trust Board meetings and included the Grantham Green site, paediatrics at Pilgrim Hospital and Trust wider stroke services.    The Chief Executive advised that the Trust remained in quality special measures and had been in this since April 2017. Oversight by the NHS had changes and now the Trust were in System Oversight Framework (SOF) level 4. This provided the most intense scrutiny and support of the wider NHS. This was not only about the Trust, but the Lincolnshire system was in SOF 4 and in the Recovery Support Programme (RSP).  This replaced special measures and meant there was a System Improvement Director in post working with the system on the strategic delivery plan to move Lincolnshire out of the RSP.  The Trust had been in special measures for too long with a rating of requires improvement given in 2019. It was anticipated that a reinspection would take place imminently with the Care Quality Commission (CQC) starting to reinstate onsite visits.  The Trust 5-year IIP aimed to deliver outstanding care, personally delivered and was to move the Trust to outstanding by 2025 and it was hoped that Trust could progress at the next inspection. Whilst the inspection was awaited there had been significant engagement with CQC colleagues and assessments through transitional monitoring arrangements (TMA) during Covid-19. These had covered family health, medicine and well led.  The Chief Executive noted that the Trust was open and transparent about success and challenges and the actions being taken alongside flagging of any issues needed.  The Director of Finance and Digital presented the Annual Accounts reflecting on the comment offered about this not having been a typical year. This also applied to the financial position of the organisation where there had been an unprecedented year in how funding had worked across the NHS.  There had been several billion pounds at national level to respond to the pandemic and as part of this each organisation in the NHS received funding in such a way in order to achieve a breakeven position. For the Trust this was £640m of income and had enabled the Trust to deliver £2.4m surplus.  The Director of Finance and Digital noted that the Trust was significantly challenged before the pandemic, as reported at the 2020 Annual Public Meeting. The underlying position remained the same and as the Trust moved out of the pandemic there would need to be a refocus to manage this going forward.  Also of note was the receipt and spend of £11.1m on PPE and other general equipment to support and respond to the pandemic.  The Trust remained in financial special measures and in July this had been replaced with SOF with the Trust now in the RSP.  The Director of Finance and Digital delivered the statutory duty regulations for the financial year reporting on the duty to breakeven with a £3.1m surplus reported due to the management of accounting the regulation of statutory duty.  The Trust had managed the external financing limit and amount of cash with a target of £14m which had been undershot and a total amount reported of -£6m.  The capital resource limit for the Trust had been £44m with a spend achieved of £41.7m. This had been an unprecedented year with the amount spent on capital being a record high for the Trust.  The Trust needed to achieve 95% for Better Payment Practice Code and had achieved &%5 for NHS and 88% for non-NHS. A significant amount of work was underway to improve the position which was now in the 90% range and heading to 95% as required.  The Chief Executive looked ahead to the 2021/22 year noting that Covid-19 continued to be present however this would be managed endemically alongside other infections and through robust infection prevention and controls (IPC) measures. This was why the Trust continued to have relatively strict IPC and PPE requirements on all sites and reduced visiting.  As Covid-19 was managed endemically there would be continuation to recover and restore services, whether this be urgent and emergency care or planned care. This was a known expectation and particularly expected with the rise in tax and national insurance.  As the Trust worked through this there would be a focus on people and having a well led and engaged workforce with the Trust having signed up to the NHS Culture and Leadership Programme. This would be applied to all parts of the organisation to ensure people were treated with respect and lived the organisational values.  Alongside this the Trust, and system, was working towards the creation of the Lincolnshire Integrated Care System which would establish the Integrated Care Board and Integrated Care Partnership. This was not only about structure or process but about how collectively with partners, NHS and other, life chances and outcomes could be improved for the people of Lincolnshire.  This would be reflected in system plans and year 2 of the Trust IIP which had 4 clear strategic objectives around patients, people, services and partners. The metrics of the objectives were underpinned by values and was part of the cultural work being undertaken to ensure people lived the values of the organisation. These were used to recruit and improve people and where necessary lose people that were unwilling or unable to behave in the way required.  Patients were the principle of everything that the Trust did.  The APM noted and received the published annual report and annual accounts for 2020/21. |
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Following this restoration, are there changes to the way in which any services – inpatient, outpatient clinics or emergency/urgent care – are now offered or delivered at Grantham Hospital compared to June 2020?**  The Chief Operating Officer offered thanks for the kind words and noted the restoration at Grantham, and across the rest of the sites, had restored services which were now operating at Grantham. It had not been possible, as yet, to restore all levels of capacity across the Trust as wanted.  Whilst in many cases the Trust was operating above levels in June 2020 the Trust wanted to achieve pre-Covid-19 levels that were seen in 2019.  The Trust continued to offer services in an innovative way by offering a greater proportion of virtual appointments with a large proportion of outpatients being run in this way. This supported a reduction of the possible transfer of infectious diseases but was also practical for patients not needing to travel.  A number of services had expanded with increased provision of services at Grantham, building on the work done during the temporary arrangements. There had been an increase in the provision of surgical treatments with a large proportion of surgery at Grantham and delivery of chemotherapy. This was an important response to treat patients who were waiting for treatment of cancer.  Whilst this was not fully restored services were in place following the temporary changes from June 2020.  **Q2 from Jody Clark**  **I just wanted to say a massive thank you to our amazing NHS staff, over the last year. I know the hard work is not over but we appreciate all your dedication and hard work during such a difficult time.**  **I would like to ask, as we still get locals convinced that Grantham Hospital is being closed by stealth; could you please list the upgrades and enhancements made at our hospital over the last year and mention anything that will reassure our community that Grantham Hospital had a secure future.**  The Chief Executive responded to advised that, in the 2 years of being at the Trust, there had been no conversations regarding the closure of Grantham and there was no intention to hold discussions of that nature. Grantham was an important part of the Trust and local NHS and had a good and vibrant future ahead of it.  There had been some specific investments in to Grantham for the period April 2020 to March 2021 including £1.6m of fire safety works, £500k of enabling works for the new MRI scanner and a similar amount of enabling works for the CT scanner.  There had also been £300k on medical equipment, £225k on LED lighting, £36k on water safety and £30k on bay doors. There had also been investment of £400k for the vanguard additional theatres that were on site.  This equated to circa £3.6m of investment to Grantham, separate to any share of Trust wide investment such as the £5m of digital investment across all sites.  The Trust was not looking to close Grantham Hospital and was looking to further invest.  The Chair noted that 2 additional questions had been received and proceeded to offer these to the Annual Public Meeting for a response.  **Q3 from Yvonne Bellamy**  **Can you please tell the people of Grantham and surrounding areas how they are expected to get to Lincoln A&E at night whilst the petrol crisis is on or don’t our lives matter?**  The Chief Executive responded that all lives mattered, not just those in Grantham but across the county.  Clearly there was a short-term fuel problem however there was enough fuel in the county but in the wrong place with the government working on moving this to the right places. It was clear that there had been panic buying which had drained stocks of fuel at a number of petrol stations.  The fuel must be somewhere and was likely in the fuel tanks of residents. It was noted that it would be an issue for a number of people including Trust staff who may experience issues in getting to work or patients who may struggle to attend appointments.  The Trust was aware that some people may experience difficulties, but it was beholden upon everyone to act sensibly and for those who had stocked up to consider offering short-term temporary support to those who did not have fuel.  The Chief Executive assured the Annual Public Meeting that East Midlands Ambulance Service NHS Trust was not adversely affected by the fuel shortage noting that they were able to continue to operate services currently.  The Trust was unable to resolve the issue however part of the solution would be in the individual hands of the citizens to not panic buy and support those who did not have fuel but needed to travel.  **Q4 from Anonymous**  **Just to report my grateful thanks to all staff at Grantham A&E when I injured myself a few weeks ago. It was clear to me that patients were still entering the hospital at 6.39pm. When will A&E return to 24/7 service?**  The Chief Executive responded and was pleased that the service received was good.  Lincolnshire Clinical Commissioning Group (CCG) would be holding a Board meeting later in the week, for which papers had been published on the CCG website and would include a discussion on a planned consultation. If this was accepted by the CCG Board this would involve a consultation on a number of services in Lincolnshire, one of which was around A&E services at Grantham.  Subject to CCG Board approval the consultation would start on 30 September and would offer an opportunity for people to have their say on the future of A&E services at Grantham. |
| 084/21 | The Chair thanked members of the public for attending the meeting noting that, should there be any further questions, these could be directed to the Trust Secretary’s Office as per the details offered on the Trust website. |
| 085/21 | **Item 5 Any Other Notified Items of Business**  There were no further items of business. |
| 086/21 | The APM for 2020/21 was closed. |