

Minutes of the Public Trust Board Meeting

Held on 1 August 2017

Conference Room, The Reservation, Sleaford.

Present

Voting Members

Mr Dean Fathers, Chair

Ms Karen Brown, Director of Finance and
Corporate Affairs

Mrs Sarah Dunnett, Non- Executive
Director

Mr Geoff Hayward, Non-Executive Director

Dr Neill Hepburn, Medical Director

Mrs Penny Owston, Non-Executive
Director

Mrs Gill Ponder, Non-Executive Director

Professor Mala Rao, Non-Executive
Director

Mrs Michelle Rhodes, Director of Nursing

Mr Jan Sobieraj, Chief Executive

Mrs Kate Truscott, Non-Executive Director

Mr Kevin Turner, Deputy Chief Executive

Mr Paul Boocock, Director of Estates and
Facilities

In Attendance

Miss Lucy Ettridge, Associate Director
Communications and Engagement

Mrs Jayne Warner, Trust Secretary
(minutes)

Mrs Jennie Negus, Deputy Chief Nurse
(item 8.1)

Mr Simon Evans, Director of Operations

Mr Steve McGowan, Deputy Director of
Human Resources & OD

Apologies

Mr Mark Brassington, Chief Operating
Officer

Dr Paul Grassby, Non-Executive Director

Mr Martin Rayson, Director of Human
Resources and Organisational Development

Mr John Bains, Healthwatch Chair

567/17 **ITEM 1. INTRODUCTION**

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

568/17 The Chair highlighted to the Board the events which he had attended since the last meeting including the Trust Quarterly Review with NHSI and BAME staff networking event.

569/17 **ITEM 2. QUESTIONS**

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

570/17 **ITEM 3. APOLOGIES FOR ABSENCE RECEIVED**

Apologies were received from Mr Mark Brassington, Chief Operating Officer, Dr Paul Grassby, Non-Executive Director, Mr Martin Rayson, Director of Human Resources and Organisational Development and Mr John Bains, Healthwatch Chair.

571/17 **ITEM 4. DECLARATIONS OF INTEREST**

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

572/17 **ITEM 5. MINUTES OF THE MEETING HELD ON 1 AUGUST 2017**

The minutes of the meeting held on 1 August 2017 were approved as a true and accurate record.

573/17 **ITEM 6. MATTERS ARISING/ACTION LOG**

Minute 419/17 – contribution of vacancy targets to financial position linked in reporting. The Deputy Director of Human Resources confirmed that this was valued at £1.9m. The figure was not included in the report but would be in future. Action complete.

Minute 472/17 – Responses to friends and family data. The actions taken had been included within the report. Action complete.

Minute 538/17 – Mitigating actions in relation to workforce risks had been reviewed as part of SRR/BAF review at Workforce and OD Committee 28 July 2017. Action complete.

574/17 **ITEM 7. CHIEF EXECUTIVE'S UPDATE AND ENVIRONMENTAL SCAN**

Ambulance Key Performance Indicators A national trial was taking place on a change of key performance indicators, seven minutes for seriously ill patients.

Investment in Mental Health Services The Chief Executive welcomed the announcement of an additional £25m investment nationally in mental health services. It wasn't yet clear where the money would be spent or how this might impact on the Trust.

Commonwealth Fund Assessment of a number of health systems NHS comes out as one of the best.

LPFT The Chief Executive congratulated the Lincolnshire Partnership NHS Foundation Trust on its recently announced "Good" CQC rating.

Lincolnshire Health Overview and Scrutiny Committee The Chief Executive reported that the Trust had been invited to present to the Committee about the current challenges. The meeting had been good with good understanding of the issues faced and the necessary challenge. The Trust would return regularly to update on progress against the CQC action plan.

Walk in Centre Consultation The Chief Executive advised that the Trust had yet to respond to the consultation but had posed a number of questions. The Trust needed to consider whether closure would result in a greater flow of patients to the Lincoln County Hospital A&E Department. The consultation closes on the 18 August.

575/17 **Item 8 Emergency Care Update**

The Medical Director introduced a report highlighting the ongoing impacts of the overnight closure of the Grantham A&E and to review the decision in relation to the ongoing opening hours of the department.

276/17 The Board were reminded that the Trust had taken the decision to close the Grantham A&E department overnight on the 17th August 2016. The department was open from 0900h until 1830h. At its meeting on the 27th March 2017 the Board took the decision to increase the opening hours to 0800h to 1830h

577/17 The overnight closure had resulted in a reduction of approximately 30 patients each day being seen at Grantham. There had been no real change in the number of patients being seen at the Boston and Lincoln A&E departments and there had been no significant change in the number of admissions being seen at Grantham.

578/17 The Medical Director reported that the national shortage of A&E staff continued and that the Trust had needed to release the middle grade staff from Grantham to staff the Boston and Lincoln A&E departments. The month of August would be particularly pressured for the A&E departments and the contribution made by the Grantham staff was crucial to managing this.

579/17 The Medical Director added that almost one year on from the overnight closure it was essential that the Trust worked with the CCGs to look at how a better short term model could be provided.

580/17 Mrs Owston commented that the paper documented a staff meeting held in July. The Board had heard that the last time staff had discussed the issue they had suggested extended opening from 0800h to 2000h and questioned whether this was still being considered. The Medical Director commented that different issues had been raised this time with nursing staff keen to evolve a more definitive model which provided certainty going forward.

581/17 Mrs Dunnett asked whether there was the capacity to get the staff to address any impact of the walk in centre consultation. The Medical Director stated that capacity would be an issue as the departments were designed for far smaller numbers of patients. Demand continued to increase and the model

now needed to be reviewed.

- 582/17 Mrs Ponder noted that two more middle grades had been recruited after the last campaign and questioned what actions the Trust was taking beyond that. The Deputy Director of Human Resources and OD advised that the Trust was running a campaign in the BMJ and also a campaign across Lincolnshire which would run for the next 12 months. The Trust also continued to try to convert agency staff on to Trust contracts but it remained a difficult area to recruit.
- 583/17 Mr Hayward noted that the Trust was experiencing major problems in the departments over the summer months and this did not give assurance that the Trust would be in a position to cope with the increased pressures over Winter.
- 584/17 Mrs Truscott asked what the Trust was doing to address the future service models. The Medical Director advised that at present the trust was taking doctors from other duties and bringing them in to the A&E then working to recruit in areas which are easier to recruit than A&E.
- 585/17 Mrs Truscott questioned what role the CCGs were playing in supporting this. The Medical Director advised that the CCGs were supporting . The Director of Operations advised that the CCGs were jointly working with the Trust on primary care streaming.
- 586/17 **RESOLVED**
- The Trust Board resolved that
- the opening hours of the Grantham A&E would remain 0800h to 1830h.
 - the Trust would work with the CCG to explore an interim service model for 24h emergency/ out of hours service
 - The overnight closure would be reviewed in 3 months.
- 587/17 **ITEM 9. Patient Experience**
- Item 9.1 Patient Experience at Trust Board**
- The Patient Experience Lead Mr Bahanda introduced the patient experience report.
- 588/17 The Board were informed that friends and family responses had decreased in the period. Response rates were still above the national average.
- 589/17 The level of overdue complaints were increasing month on month and a performance management report had been introduced. The Patient Experience Lead advised that a letter sent to patients regarding outpatient appointments had created a specific issue which had featured in a number of complaints received by the Trust. The concerns raised were being considered for future correspondence from the Trust. Mrs Truscott commented that the backlog had been considered by the Quality Governance Assurance Committee and a plan to make improvements had been requested.

- 590/17 The level of compliments received exceeded complaints by 29:1.
- Mrs Owston noted there had been four recorded complaints categorised as relating to safeguarding and asked that detail of these were presented to the Quality Governance Assurance Committee in August.
- 591/17 Mrs Dunnett commented that it was good to see the responses to the you said we did and questioned whether the Trust was in receipt of the inpatient survey results. The Board were advised that the results would be presented to the Clinical Executive Committee in August.
- 592/17 Mr Hayward questioned whether themes and particular issues were shared with clinical directorates. The Deputy Chief Executive advised that clinical governance arrangements were under review and learning from events would be considered as part of this review.
- 593/17 Mrs Ponder questioned why the response rate for friends and family in paediatrics appeared to be so poor. The Deputy Chief Nurse advised that the Trust had considered the introduction of cards to improve responses from this area. However there was a cost attached to the introduction of this.
- 594/17 **RESOLVED**
- The Board noted the patient experience report.
- 595/17 **Item 9.2 Patient Story**
- Ms Becky Tomlin, Ward Sister and Dr Gudrid Castejohns Morales Consultant presented the patient story detailing the falls collaborative work. The Trust had joined the falls collaborative in October 2016 with the aim of achieving a 5% reduction in falls and falls with harm and improve the falls culture generally. The focus had been on care of the elderly wards on the Pilgrim site.
- 596/17 Dr Morales described how the collaborative had worked, the results and the shared learning across the sites.
- The Board noted the benefit to patients of an improved falls culture in the organisation.
- 597/17 **ITEM 10. STRATEGIC ITEMS**
- Item 10.1 Sustainability and Transformation Plan (STP)**
- The Chief Executive advised the Board that there was still no formal update report for Boards from the programme but it was hoped this would soon be in place.
- 598/17 The Board were advised that a national review of STPs against a balanced score card had scored the Lincolnshire STP as 3, with 4 being the lowest score.
- 599/17 The Chief Executive stated that the plan was moving to the progression stages as pace started to build. The CCGs had finalised the priority areas for

neighbourhood teams and an Executive Team structure had been put in place for the STP. The Deputy Chief Executive would be the STP lead for the Trust. The Chief Executive added that there were a number of complex challenges in Lincolnshire with a number of statutory bodies within the footprint.

600/17 **RESOLVED**

The Board noted the STP update.

601/17 **Item 10.2 Urgent Delivery Priorities**

The Chief Executive presented a paper to agree the Trust priorities for 2017/18. The Board were asked to agree that capacity and focus be weighted towards delivery of

- Quality and Safety Improvement Programme
- 2017/18 Financial Plan
- Agreed A&E 4 hour standard targets improvement trajectories
- Agreed cancer 62 day improvement trajectory
- Fire safety improvement programme

602/17 The Chief Executive stated that it was important that there was a clear message to the organisation about what was most important. The Board acknowledged that the priorities still had huge coverage. The organisation now had to consider as a result what it would stop doing.

603/17 Mrs Owston questioned whether staff were behind the priorities. The Chief Executive advised that the priorities were supported by senior management. The Director of Human Resources and OD stated that the 2021 strategy and STP should read across to the Trust priorities meaning that the Lincolnshire wide agenda matches with the Trust. It was agreed that the Trust should not become too focussed on short term objectives to the detriment of longer term sustainability.

604/17 **RESOLVED**

The Board supported the five priority objectives and noted the need for further discussion about the consequence of this focus.

605/17 **ITEM 11 Governance**

Item 11.1 Quality and Safety Improvement Plan

The Director of Nursing introduced a report detailing progress against the quality and safety improvement plan. The report rated the 17 programmes and underpinning projects for confidence of delivery. The Board were advised that the template was populated as a result of the outcomes of the weekly monitoring meetings.

606/17 The Director of Nursing highlighted project QS01 Developing the Safety

Culture. The Board were advised that this would be a move from inviting senior leadership to attend key events to telling senior leaders they were required to attend. The Chief Executive explained that the organisation had to be clear what it focussed on.

607/17 Mrs Truscott advised that the Quality Governance Committee had discussed the ratings for the programmes and had asked for milestones and dates with responsibilities attached.

608/17 Mr Hayward asked what were the risks to actions and how the Trust could get back on track. The Director of Nursing explained that there were very few areas where the Trust believed it was behind the agreed timescales.

RESOLVED

609/17 The Board noted the progress against the quality and safety improvement programme.

610/17 **Item 11.2 Integrated Performance Report**

The Board received the Integrated Performance Report for the period to 30 June 2017.

611/17 The Director of Operations reported that the Referral to Treatment Time had improved over the period to June but had still not hit the national standard. The Trust had however exceeded trajectory for June. The pressure on the emergency pathway continued and any continued improvement going forward would require a reduction in demand from the CCGs.

612/17 The Trust was reporting that it was meeting 2 of the 9 cancer standards in May with reporting a month in arrears for the standard. The Trust had lost outpatient and diagnostic capacity during the cyber attack. 62 day performance had deteriorated. 104 day delays were high in May and actions taken had reduced the number down to 9 patients.

613/17 The Board were advised that performance against the A&E 4 hour standard had improved in may but had not met the trajectory. The Board noted that staffing continued to be a major issue.

614/17 The Director of Operations advised that the Trust had not recovered from the lost appointments with the partial booking waiting lists and delayed follow ups. The trust had started to see an impact with this during May and June.

615/17 Mrs Dunnett commented that Winter Guidance had been issued by NHSI and NHSE and asked when the Trust Board could expect to see a plan. The Chief Executive responded that the A&E delivery Board has responsibility as Primary Care was critical to the plans. There was an expectation that work would be done to ensure that primary care came together better. A plan was required by September which would come to Trust Board in November.

616/17 Mrs Dunnett noted that the admissions to the Pilgrim site remained high. It was questioned whether this was appropriate or resulting from lack of alternative services.

617/17 Mrs Dunnett noted that outliers across the Trust were not reflected in the performance information received and asked if there was the appropriate assurance that this was not an issue. It was agreed that this would need to be reviewed through the Finance, Service Improvement and Delivery Assurance Committee.

Action: Mrs Ponder 5 September 2017

618/17 Mrs Truscott noted that there seemed to be an issue with cancer performance in neurology whilst accepting that this related to very small numbers of patients. The Director of Operations explained that a neurology cancer improvement plan was in place and this was starting to have an impact.

619/17 The Medical Director presented the Quality performance.

620/17 The Medical Director reported that Lincoln mortality was alerting as an outlier. The Board were advised that a case note review was underway for both Biliary Tract Disease and Intestinal Obstruction. The Board were advised of an active programme of learning lessons for mortality reduction including coding masterclasses, a quality improvement programme for junior doctors.

621/17 The Director of Nursing referred to the presentation earlier in the meeting relating to falls and the reduction in falls linked to the falls collaborative. This was being shared across sites.

622/17 The Director of Nursing advised that medication incidents were not improving. Analysis of hot spot areas was commencing.

623/17 The cases of clostridium difficile were reducing and the work being carried out was impacting however the Trust remained above trajectory for expected cases.

624/17 The Director of Nursing highlighted an error in the completion of patient pain score data. This would be addressed in the report for September's meeting.

Action: Director of Nursing 5 September 2017

625/17 The Deputy Director of Human Resources and OD highlighted that the Trust had seen improvements in the performance for voluntary turnover, core learning completion, appraisal and agency spend. The Trust also had an improving vacancy position.

626/17 Mrs Owston queried the instance where a doctor who had been booked for an agency shift had failed to attend and asked for assurances that this would not be able to recur. The Deputy Director of Human Resources stated that issues

such as these were investigated and referred back to the agency.

- 627/17 Mrs Ponder noted that it appeared that there had been consistent underperformance of line managers managing sickness. The Deputy Director of Human Resources & OD advised that improvements would be measured through the monthly performance regime.
- 628/17 The Director of Finance and Corporate Affairs presented the financial performance. The Trust year to date deficit position was £24.7m against a planned deficit of £14m. The Director of Finance and Corporate Affairs stated that the financial position was extremely disappointing and not acceptable. The Trust had identified Finance as one of its key priorities.
- 629/17 The Trust had reviewed the financial efficiency programme and business units had been required to deliver more efficiency schemes which could be delivered at pace. The Trust were working on a plan which would bring the financial position back in line with the financial plan which had been agreed at the start of 2016/17.
- 630/17 **RESOLVED**
- The Board noted the Trust Integrated Performance Report.
- 631/17 **Item 11.3 Nurse and Midwifery Staffing Monthly Report**
- 632/17 The Director of Nursing presented the nursing workforce report.
- 633/17 The Board were advised that the fill rate for registered nurses on the Pilgrim site was falling. There was a particular issue with paediatric nurses and this was across the Lincoln and Pilgrim site.
- 634/17 The Director of Nursing advised that the figures on nurse:patient ratio had been removed as these were incorrect. This would be addressed in the establishment reviews.
- 635/17 Mrs Truscott asked what actions were being taken as a result of the awareness that that the nursing cover in paediatrics was an issue. The Director of Nursing responded that on a day to day basis the situation was being managed by closing a number of beds. The Board were advised that the September position would worsen.
- 636/17 Mrs Truscott noted that the numbers of nurses recruited through international recruitment was disappointing and particularly the numbers not achieving OSCI passes. Mrs Truscott questioned whether other Trusts were having similar issues.
- 637/17 The Director of Nursing advised that the Trust was fairly average in respect of the national picture. The Trust continued to work with potential recruits to help them get through the OSCI. The Deputy Director of Human Resources

and OD added that the Trust had revised plans for international recruitment and were looking for other avenues to increase nursing numbers.

638/17 Professor Rao asked whether the STP had a role to play in finding long term local solutions. The Director of Nursing responded that the STP did have a role to play but in the short term the Trust was reviewing the team around the patient and considering the nurse associate role and pharmacy technicians. Care in patients own home should mean that workforce requirements fall. The Trust bank is currently inadequate and better rates of pay for bank staff was being introduced from August.

639/17 The Trust had a nurse cadet programme commencing and would be working with more universities.

640/17 **RESOLVED**

The Board noted the monthly nurse staffing report.

641/17 **Item 11.4 Maternity Safety Plan**

The Head of Midwifery joined the meeting for this item.

642/17 The Board were advised that this report updated on the actions taken since the maternity safety plan had originally been presented to the Board in February. Mrs Owston advised that the plan had been considered at the Quality Governance Committee and assurances had been received that maternity governance arrangements would be linked to Trust wide arrangements.

643/17 Mrs Truscott advised that the Quality Governance Committee wanted to consider in more detail the impact of the plan and the outcome and experiences for women and children.

644/17 The Head of Midwifery highlighted the changes being made to supervision of midwives and the risks associated with this. This would be considered at Workforce and OD Assurance Committee.

RESOLVED

The Board noted the actions taken to meet the midwifery safety plan

645/17 **Item 11.5 Quality Governance Committee Assurance Report**

Mrs Truscott reported the Quality Governance Committee Assurance Report from the meeting held on 25th July 2017.

646/17 The Committee reported those areas where assurance had been received and those areas where greater assurances had been sought.

Mrs Truscott advised that the committee had recommended that the ward accreditation be made public once the second assessment was completed. The Committee escalated to the Board the affect of the cyber attacks on eDD completion and distribution across the Trust and the committee decision to notify the CCGs that no further action would be taken in respect of these.

647/17 **RESOLVED**

The Trust Board noted the Quality Governance Committee Assurance Report.

648/17 **Item 11.6 Finance, Service Improvement and Delivery Assurance Committee**

Mrs Ponder presented the Finance, Service Improvement and Delivery Committee Assurance Report from the meeting held on 25th July 2017.

649/17 Mrs Ponder reported to the Board the lack of assurance that the Trust was financially able to respond to the fire enforcement notices received. There was a significant risk if further capital was not secured. The Trust would not be able to progress the schemes required beyond September if further capital was not identified. The Chair asked that this issue be discussed further in item 11.8 Fire Safety. The Chief Executive confirmed that the Trust had written to the regional director advising of the risks.

650/17 The Committee had recorded a lack of assurance that the Trust was currently in a position to resolve the variance to the financial plan and asked for Board support to the decision to seek assistance from a third party to support financial turnaround. A tender had been issued. In order to progress this process at the required pace the Board were asked to support delegation to the Chief Executive and Chair to authorise the appointment once the tenders were reviewed ahead of Trust Board.

651/17 **RESOLVED**

The Trust Board noted the Finance, Service Improvement and Delivery Committee Assurance Report and delegated authority to approve the appointment of a third party to support financial turnaround.

652/17 **Item 11.7 Audit Committee**

Mr Hayward presented the Audit Committee assurance report from the meeting of the 13th July 2017.

631/17 **RESOLVED**

The Trust Board noted the assurance report from the Audit Committee.

632/17 **Item 11.8 Fire Safety**

The Director of Estates and Facilities provided the Board with a report on fire

safety work being carried out in the Trust following the receipt of two enforcement notices.

633/17 The Director of Estates and Facilities explained that there had been a lack of investment over a period of time and the Trust had applied for external funding to address the issues highlighted. The Trust had already allocated funding of £2.1m in 2017/18 and had issued tenders for the works but could not proceed if further funding was not identified.

634/17 The Board were advised that the Trust could find a further £6.8m of capital if it ceased all other capital schemes for the year. This would still only progress work until December 2017.

635/17 The risks associated with the fire safety compliance had been discussed in detail at the Finance, Service Improvement and Delivery Assurance Committee.

RESOLVED

The Trust Board noted the report and awaited the response to the request for further funding.

636/17 **Item 11.9 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.

637/17 The Board noted that the Committees had started to consider the level of risk appetite and the risk committee were considering how this would be taken forward.

638/17 The Deputy Chief Executive advised that there was still a challenge for the Committees to give assurance and focus on risks not the detail. Each committee needed to identify themes and review. The Committees also needed to challenge and ensure that the Strategic Risk Register and BAF were better populated.

639/17 The Board were advised that a Board development session would be scheduled in October to review the corporate objectives and reflect on risk appetite.

Action: Deputy Chief Executive 5 October 2017

640/17 **RESOLVED**

The Board considered the latest strategic risk register and BAF.

641/17 **Item 11.10 Trust Innovation**

The Communications and Engagement Manager shared with the Board the latest data for the Lincolnshire Heart Centre which demonstrated that the

Trust was outperforming all national measures with treatment provided in the county.

Board members noted the excellent clinical leadership in this area and the encouragement to move other services forward.

642/17 **RESOLVED**

The Board noted the excellent performance.

643/17 **Item 11.4 Future Agenda Items**

There were no further agenda items.

644/17 **ITEM 12. ANY OTHER BUSINESS**

There were no other items of business.

645/17 **ITEM 13. DATE, VENUE AND TIME OF NEXT MEETING**

The next meeting will take place at 9.15am on Tuesday 5 September in The Seminar Room, New Life Centre, Sleaford.

646/17 **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.

647/17 **Signed as a true record _____ Chairman**

Date _____

Attendance

Voting Members	6 Sept 2016	4 Oct 2016	1 Nov 2016	6 Dec 2016	7 Feb 2017	7 Mar 2017	4 Apr 2017	9 May 2017	6 Jun 2017	4 July 2017	1 Aug 2017
Prof Dean Fathers	X	X	X	A	X	X	X	X	X	X	X
Dr Paul Grassby	X	X	X	X	X	X	X	X	X	A	A
Geoff Hayward	A	X	X	X	X	A	X	A	X	X	X
Penny Owston	X	X	X	X	X	X	A	A	X	X	X
Gill Ponder	X	X	X	X	X	X	A	X	X	X	X
Kate Truscott	X	X	X	X	X	X	X	A	A	X	X
Tim Staniland	X	X	X	X	X						
Jan Sobieraj	X	X	X	X	X	X	X	X	X	X	X
Suneil Kapadia/ Neill Hepburn	A	X	X	X	X	X	X	X	X	X	X
Interim Director of Finance	X	X	X	X	X	X	X	X	X		
Karen Brown										X	X
Michelle Rhodes	X	X	X	X	X	X	A	X	X	X	X
Kevin Turner	X	X	X	X	X	X	X	A	X	A	X
Sarah Dunnett,	X	X	X	X	X	X	A	X	X	X	X
Mala Rao								X	X	X	X

X In attendance
A Apologies given