

Minutes of the Public Trust Board Meeting

Held on 3 October 2017

Conference Room, The Reservation, Sleaford.

Present

Voting Members

Mr Dean Fathers, Chair
Mrs Sarah Dunnett, Non- Executive Director
Dr Chris Gibson, Non-Executive Director
Dr Neill Hepburn, Medical Director
Mrs Penny Owston, 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

Non Voting Members

Mr Paul Boocock, Director of Estates and Facilities
Mr Mark Brassington, Chief Operating Officer
Dr Paul Grassby, Associate Non-Executive Director
Mr Martin Rayson, Director of Human Resources and Organisational Development

In Attendance

Miss Lucy Ettridge, Associate Director Communications and Engagement
Mrs Jayne Warner, Trust Secretary (minutes)
Mr Neil Morton, Deputy Director of Finance
Mr John Bains, Healthwatch Chair

Apologies

Ms Karen Brown, Director of Finance, Procurement and Corporate Affairs

Mrs Gill Ponder, Non-Executive Director
Mr Geoff Hayward, Non-Executive Director

761/17 **ITEM 1. INTRODUCTION**

762/10 The Chair highlighted to the Board the events which he had attended since the last meeting including his annual appraisal with NHSI, National A&E Conference, NHS Providers Chairs and Chief Executives meeting, BAME Network meeting and the Trust AGM.

ITEM 2. QUESTIONS

763/17 There had been no questions submitted from members of the public.

764/17 **ITEM 3. APOLOGIES FOR ABSENCE RECEIVED**

Apologies were received from Ms Karen Brown, Director of Finance,

Procurement and Corporate Affairs, Mrs Gill Ponder, Non-Executive Director and Mr Geoff Hayward, Non-Executive Director.

765/17 **ITEM 4. DECLARATIONS OF INTEREST**

There were no interests declared in respect of the agenda items. The Chief Executive declared an interest in the National Centre for Rural Health and Care Community Interest Company which was being established. The Chair declared that he had been asked to undertake some research work for Nottingham University and also declared a shared ownership of a restaurant

767/17 **ITEM 5. MINUTES OF THE MEETING HELD ON 5 SEPTEMBER 2017**

The minutes of the meeting held on 5 September 2017 were approved as a true and accurate record.

ITEM 6. MATTERS ARISING/ACTION LOG

768/17 Minute 538/17 – Workforce related risks had been considered at the Workforce and OD Committee as part of the review of the strategic risk register and BAF.

769/17 Minute 639/17 – review of corporate objectives and risk appetite to be considered at Board Development in November as October session had been replaced with financial recovery plan session.

770/17 Minute 663/17 – patient experience report focus on FFT for paediatric patients was not yet ready. This would be taken to the Quality Governance Committee in November.

771/17 Minute 742/17 review of capital programme priorities. This action was still awaiting the decision on additional support for capital. Further update would be available at the November meeting.

772/17 **ITEM 7 CHIEF EXECUTIVE HORIZON SCAN**

773/17 The Board were advised that the CQC had commenced pilots of their new style reviews. The annual state of health and social care would be published during October.

774/17 NHS England were conducting an analysis of the beds in the system for the NHS for winter and the potential impact of flu.

Lincolnshire West CCG have announced that the walk in centre in Lincoln would not close until after Winter and the Trust continued to work with them to determine when this would be.

775/17 The Board were advised that the Health Scrutiny Committee had responded to the Secretary of State decision about Grantham Hospital A&E. The Committee had asked the CCG to advise what was planned for the provision of the service going forward.

The Chief Executive confirmed that the Trust had held its Annual General

776/17 Meeting and that the biggest challenge that remained for the Trust was tackling the issue of workforce. The numbers were higher at the end of the year and the Trust continued to consider more creative solutions. The annual report and accounts had been formally received.

777/17 The Trust continued to see extremely high numbers of patients and the primary care streaming service had been launched. The first signs are positive and staff continued to do a fantastic job in difficult circumstances.

ITEM 8. PATIENT EXPERIENCE

778/17 Patient Story

The Deputy Chief Nurse joined the meeting to present the patient story. The Board heard the story of a patient in ICU with learning difficulties and the issues which this had highlighted for care around the family. The Board heard that staff had failed to understand the uniqueness of the patient and how this translated for the patients care and had failed to acknowledge that family were expert partners in caring for the patient.

779/17 Mrs Owston questioned whether the Trust had the facilities to accommodate family members on site. The Deputy Chief Nurse advised that the Trust did have facilities for families.

780/17 Mrs Dunnett asked what was happening with the roll out of All About Me patient details. The Deputy Chief Nurse confirmed that this would be used across the whole county.

781/17 Mrs Truscott questioned how the Trust was supported by learning disability nurses. The Deputy Chief Nurse confirmed that staff were trained in making these referrals and learning disability nurses from LPFT supported the Trust. The patient story in this case was from an emergency admission.

Professor Rao questioned whether the doctors involved had been asked to reflect on their actions during the patients care. The Deputy Chief Nurse stated that this would be taken through the specialty governance process.

RESOLVED

The Board noted the lessons to be learned from the patient story.

782/17 **Item 9 Quality and Safety**

Item 9.1 Assurance and Risk Report Quality Governance

Mrs Owston presented the assurance report from the meeting of the Quality Governance Committee on 26 September 2017.

783/17 The Committee had received a report on the outcome of a deep dive into Intestinal Obstructions without hernia which had concluded that co morbidities had not been recorded. This had highlighted the need for further training on coding in the Trust. The Deputy Chief Executive commented that the Trust had engaged the support of CHKS to review the recovery of income through

co morbidity coding. Mrs Dunnett requested that regular updates on the work were provided to the Quality Governance Committee to ensure the Board were assured on progress.

784/17 The Board asked for assurance that all elements of the Trust efficiency programme would be subject to quality impact assessment. The Board were assured that this was built in to the process and that all workstreams were being signed off by the Medical Director and Director of Nursing

785/17 The Committee had reported a lack of assurance on microbiology cover provided for the Trust. Mrs Truscott commented that this continued to be challenging for the Trust. The Committee had requested mitigation for the short medium and long term. The Director of Nursing responded that the Trust was prioritising job plans for the microbiologists and were considering other support and new ways of working. The Trust had benchmarked the service against other Trusts and were considering a clinical scientist led route. The Chief Executive commented that this drew on the national debate about pathology hubs. The Trust may be able to seek support from the wider east midlands. The Director of Nursing agreed to provide the Quality Governance Committee with milestone actions

Action: Director of Nursing 31 October 2017

786/17 Professor Rao questioned whether Public Health England could provide support. The Director of Nursing advised that the Trust worked closely with PHE but the question could be asked.

787/17 The Chair commented that the Trust did not seem to have a learning methodology and needed to take learning as a serious issue. It was agreed that this issue could be picked up for discussion at a future Board Development session. The Chief Executive responded that the Trust were working to address this as part of the improving learning culture. This was an issue for the organisation not just the Board and should be part of the governance cycle

789/17 The Medical Director commented that learning from the specialty governance process was patchy in some areas and strong in others. The approach needed to be coordinated and organised with appropriate resource and time.

RESOLVED

The Trust Board noted the

- Assurances received by the committee.
- Those areas where assurance had not been received and the actions initiated by the committee in response to this

9.2 Performance Report Quality and Safety

790/17 The Medical Director presented the quality section of the integrated performance report by exception.

The Medical Director advised the Board that the Trust was experiencing persistent elevation of HSMR and was working with other Trusts to look at this.

791/17 The Board were advised that the Trust would not be compliant with the Learning from Deaths Policy which required a review of all deaths within 7 days. The Trust had to appoint a medical examiner to complete these reviews. It would provide much greater assurance for the Trust on the death certification process.

792/17 The Board were advised that sepsis was now being reviewed across the Trust. Dr Gibson commented that it was very pleasing that the Trust was now compliant. The Medical Director responded that this was a huge piece of work for the Trust. Sepsis was one of the 17 quality programmes and would be considered as a deep dive at the Quality Governance Committee in November.

793/17 The Board agreed that the Quality Governance Committee should consider a pathway review on medicine incidents.

Action: Mrs Owston 31 October 2017

794/17 The Director of Nursing highlighted that the Trust remained below trajectory for clostridium difficile. The revised trajectory for the Trust is less than 4 cases each month. The Trust was struggling to complete the deep cleaning of areas.

795/17 The Board were advised that the data provided as part of the requirements for learning from deaths were included in the report this time. Mrs Dunnnett asked whether the Trust had reviewed harms relating to medical outliers. The Board were advised that the quality governance team had reviewed the area and had not found a link. A further review of those patients who were medically fit for discharge had identified a link to harm.

796/17 Mrs Dunnnett asked for assurance that the Trust was encouraging staff to report incidents. The Director of Nursing explained that this formed part of the safety culture work. The issue for the Trust was speeding up the processes and systems in place for the Trust to use.

797/17 Professor Rao asked how the Trust managed infections and cleaning. The Director of Nursing explained that the Trust had methodologies but was unable to deliver best practice as the Trust did not have anywhere to decant patients without a financial impact.

798/17 Mrs Truscott asked for assurances about the reporting of mental health deaths. The Trust had not recorded any grade 3 deaths. It was agreed that this would be reviewed.

Action: Medical Director 7 November 2017

Item 9.3 Quality and Safety Improvement Plan

799/17 The Director of Nursing presented the latest iteration of the Quality and Safety Improvement Plan. The Board were advised that the plan was being reviewed by Quality Governance Committee.

800/17 The Board were advised that the overall programme remained risk rated at Amber. There were no programmes flagging red. Good progress was being made but the plan remained challenging.

RESOLVED

The Board noted the progress of the Quality and Safety Improvement Plan.

ITEM 10. Workforce

Item 10.1 Performance Report Workforce

801/17 The Director of Human Resources and OD presented the workforce section of the integrated performance report by exception.

802/17 The Board were informed that agency staffing had started to show signs of reduction. There was still some way to go to achieve the Trust plans. The Trust had invested in specialist recruitment support. Mrs Truscott confirmed that the Workforce and OD Committee had received positive assurances on recruitment and had asked for further assurances on how new roles and new ways of working were being rolled out.

Sickness rates for the Trust had started to stabilise but were not at the target level.

803/17 The rate of Non medical appraisals had fallen again in September.

RESOLVED

The Board noted the workforce performance report.

804/17 **Item 10.2 Revalidation and Medical Appraisal**

The Medical Director presented an assurance report on the Trust revalidation and medical appraisal.

805/17 The Board were advised that the Trust had appointed a lead medical appraiser and senior medical appraiser to improve the quality. The Trust remained compliant with the numbers and was no pushing quality. Learning would feed in to the learning in the specialty governance process.

806/17

Mr Bain questioned whether there was moderation. The Medical Director confirmed this was in place but still embryonic.

807/17 Mrs Truscott noted from the improvement plan that the policy was due for review. The Medical Director confirmed that this was underway but no date

for sign off.

808/17 Mrs Truscott asked for assurance on the data which could not be provided by Human Resources. The Director of Human Resources agreed to investigate the issue.

Action: Director of Human Resources and OD 7 November 2017

809/17 Mrs Dunnett asked for the improvement plan to be monitored through the Workforce and OD Committee.

Action: Mrs Truscott January 2018

RESOLVED

The Board noted the assurances on revalidation and medical appraisal.

810/17 **Item 11.1 Finance, Service Improvement and Delivery Assurance Committee**

811/17 Dr Gibson presented the Finance, Service Improvement and Delivery Committee Assurance Report from the meeting held on 26th September 2017.

812/17 The Committee had reported a lack of assurance on the reduction in medical agency spend and reduction of non pay expenditure.

813/17 The Committee acknowledged that progress was being made with the digital strategy however assurance was still required on benefits realisation.

814/17 The Trust was commencing work on a financial recovery plan. Mrs Dunnett questioned whether the committees were examining the robustness of actions within the financial recovery plan to provide appropriate challenge on behalf of the Board. The Deputy Chief Executive responded that this was a fair challenge however at this stage the plans were not fully developed in to actions at this stage.

815/17 The Board would be holding an additional meeting to progress the work on the financial recovery plan. The Finance Service Improvement and Delivery Committee role in monitoring would then be clearer. The Board would need the overview of the programme.

816/17 The Board were advised that Trust performance against RTT was considered high risk of not being achieved. It was noted that this was not one of the Trust 5 priority areas. There were concerns about the plans to achieve urgent care performance. The Committee had received greater assurance on improving performance against the cancer targets.

817/17 **RESOLVED**

The Trust Board noted the

- Assurances received by the committee.
- Those areas where assurance had not been received and the actions initiated by the committee in response to this
- The risk register and strategic risk register/ BAF review

Item 11.2 Performance Report Finance and Operations

818/17 The Deputy Director of Finance presented the financial performance. The Trust was not delivering the levels of efficiencies which had been planned. The Trust was progressing detailed plans with KPMG to deliver savings.

The Trust was behind plan on capital expenditure for the year with some capital spend being deferred from the current year for fire works.

819/17 The Trust had introduced tighter financial controls including a reduction of those within the organisation who were able to commit expenditure from 299 to 48.

Mrs Dunnett questioned whether future financial reporting needed to be reviewed. The Deputy Director of Finance confirmed that reporting was being reviewed.

820/17 The Deputy Chief Executive challenged that the Trust was not moving fast enough to make the required changes and the Board needed to recognise that further refining of priorities may be needed in the future. Achieving the financial plan remained very high risk.

821/17 The Chief Operating Officer reported that the Trust continued to work to manage the risk to achievement of RTT. The Trust had agreed some outsourcing and additional workforce to achieve targeted actions. The position of ENT was not improving and the service was increasingly fragile.

822/17 The Trust had achieved 3 of the 9 cancer standards in September. Improvement plans were in place.

823/17 The Board were advised that performance against the A&E 4 hour standard was still not at trajectory. The Trust were having weekly escalation meetings. An improvement programme had been put in place for ambulance handovers. The introduction of GP streaming appeared to be diverting patients away from the A&E. The Trust had agreed additional investment in the workforce and the challenge for the Trust now was the recruitment and retention.

824/17 The Board were advised that the Trust reviewed delayed transfers of care at the stranded patients meeting which happened weekly. A clinical leaders oversight meeting was in place which would review the top delays.

825/17 Mrs Owston asked for assurance around theatre utilisation citing resolving cancellations as key to recovery. The Chief Operating Officer stated that there was an improvement group for theatres and project leads were working with KPMG to rebase the theatres scheduling to the contract need. The Chief Operating Officer confirmed that community partners were involved with the work and that the Professor Briggs work would also feed in. Professor Briggs would visit the trust again in December.

826/17 **RESOLVED**

The Board noted the Finance and Operational Performance Report.

827/17 **Item 11.3 Financial Special Measures**

The Chief Executive shared with the Board the actions required of the Trust from NHSI as a result of the Trust entering financial special measures.

828/17 The Trust were being challenged to provide a plan which would bring the Trust back to a year end deficit of £63m not £75m. The paper referred to the exit criteria which the Trust would have to meet to leave special measures. There had been no suggestion at this stage of the removal of powers from the Board.

RESOLVED

The Board noted the list of actions to be met.

829/17 **Item 11.4 Winter Plan**

The Chief Operating Officer presented the Trust wide Winter Plan describing the organisational arrangements for the Winter period.

830/17 The Chief Operating Officer described the top five interventions being put in place

- Increased patient streaming
- Reduction of DTOC
- Reduction of LOS
- Admission avoidance
- Improved medical capacity

831/17 The Board were advised that there would be no increased bed capacity for Winter last years escalation beds had all become permanent. Availability of beds presents a huge risk for the Trust.

832/17 The Chief Operating Officer stated that there were areas where the Trust needed to strengthen system and processes as there would be no additional investment over the Winter period. Mrs Dunnett asked for assurance that winter plans were joined up across the wider health system. The Chief Operating Officer advised that the plans were reviewed by the System

833/17 Delivery Board. The Board were still awaiting the Trust plan. The main issue would be access to primary care and this was still not assured. The Chief Operating Officer highlighted that the walk in centre would be available through the winter period.

834/17 Mrs Owston questioned whether the pharmacy cover for weekends and out of hours was adequate. The chief Operating Officer responded that the presence on site had been increased at weekends and the Trust was funded for a seven day model going forward from Winter.

RESOLVED

The Board received assurance on the winter plans in place for the Trust.

7 Item 13.2 was taken at this point on the agenda.

Item 13.2 Research and Innovation Strategy

The Professor Tanweer Ahmed joined the meeting to present this item.

835/17 Professor Ahmed asked the Board to approve a proposed innovation strategy. The proposal included increasing commercial clinical trials, contributing to patient experience. The plans were fully embedded with the Trust strategic plan and the STP work.

The Board recognised the importance of the research agenda in line with the 2021 strategy but challenged that investments should be subject to the same scrutiny as the rest of the organisation.

836/17 Mrs Truscott commented that research could be a key element of the attraction strategy for staff to work in Lincolnshire and offered benefits to the wider community but challenged that the strategy did not go far enough in its focus on working with the university.

837/17 Mrs Dunnett stated that the information provided did not give enough detail on the costs of the current structure and the board would need to understand the number and the impact.

838/17 Professor Ahmed confirmed that 80% of funding came from NIHR.

839/17 Professor Rao congratulated the team on the work done so far.

Dr Gibson advised that there should also be links to the Academic Health Science Network.

840/17 The Chief Operating Officer advised that the Trust needed to align the research with core work of the Trust.

RESOLVED

841/17 The Board asked for the strategy to be given further consideration for key strategic objectives to be identified along with a path for how they would be

achieved and a financial plan. Further links with the University of Lincoln to be explored.

Item 12 Strategic Risk Management Report

842/17 The Deputy Chief Executive presented the strategic risk register and Board Assurance Framework. The Board concluded that there were no amendments required to the document following the Board discussions.

A Board Development session had been agreed for November to consider a refresh of the strategic objectives for next year.

843/17 The Board assurance committees continued their deep dives in to the strategic risks and had commenced thematic reviews of the corporate risk registers.

RESOLVED

The Board noted the current strategic risk register and BAF.

ITEM 13 STRATEGY AND POLICY

Item 13.1 2021 Programme and STP Update

844/17 The Deputy Chief Executive advised that the Board would receive in November the 2021 plan and strategy with the final branding and this would be formally launched in the organisation during November. The launch would be supported with engagement sessions with staff.

RESOLVED

The Board noted progress towards the 2021 launch in November.

Item 13.3 Trust Innovation

845/17 The Associate Director Communications and Engagement shared the first birthday of the Pilgrim Clinical Research Facility which in its first year had recruited more than 500 patients on to trials.

RESOLVED

The Board congratulated Professor Ahmed and his team on the fantastic progress made.

846/17 **Item 14. Future Agenda Items**

There were no further agenda items.

847/17 **ITEM 15. ANY OTHER BUSINESS**

There were no other items of business.

848/17 **ITEM 16. DATE, VENUE AND TIME OF NEXT MEETING**

The next meeting will take place at 9.15am on Tuesday 7 November in The Conference Room, The Reservation, Sleaford.

849/17 **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.

850/17 **Signed as a true record _____ Chairman**

Date _____

Attendance

Voting Members	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	5 Sept 2017	3 Oct 2017
Prof Dean Fathers	X	A	X	X	X	X	X	X	X	X	X
Dr Paul Grassby	X	X	X	X	X	X	X	A	A	X	X
Geoff Hayward	X	X	X	A	X	A	X	X	X	X	A
Penny Owston	X	X	X	X	A	A	X	X	X	X	X
Gill Ponder	X	X	X	X	A	X	X	X	X	X	A
Kate Truscott	X	X	X	X	X	A	A	X	X	X	X
Tim Staniland	X	X	X								
Jan Sobieraj	X	X	X	X	X	X	X	X	X	X	X
Suneil Kapadia/ Neill Hepburn	X	X	X	X	X	X	X	X	X	X	X
Interim Director of Finance	X	X	X	X	X	X	X				
Karen Brown								X	X	X	X
Michelle Rhodes	X	X	X	X	A	X	X	X	X	X	X
Kevin Turner	X	X	X	X	X	A	X	A	X	X	X
Sarah Dunnett,	X	X	X	X	A	X	X	X	X	X	X
Mala Rao						X	X	X	X	X	X

X In attendance

A Apologies given