

United Lincolnshire Hospitals 
NHS Trust

Minutes of the Public Trust Board Meeting

Held on 6 December 2016

Training Room 1, Grantham Hospital.

Present

Voting Members

Mr John Barber, Interim Director of Finance and Corporate Affairs
Mrs Sarah Dunnett, Non- Executive Director
Dr Paul Grassby, Non-Executive Director
Mr Geoff Hayward, Non-Executive Director
Dr Suneil Kapadia, Medical Director
Mrs Penny Owston, Non-Executive Director
Mrs Gill Ponder, Non-Executive Director
Mrs Michelle Rhodes, Director of Nursing
Mr Jan Sobieraj, Chief Executive
Mr Tim Staniland, Non-Executive Director
Mrs Kate Truscott, Non-Executive Director
Mr Kevin Turner, Deputy Chief Executive

Non Voting Members

Mr 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 Jennie Negus, Deputy Chief Nurse (Pilgrim)
Mrs Jayne Warner, Trust Secretary (minutes)

Apologies

Professor Dean Fathers, Chair

851/16 **ITEM 1. INTRODUCTION**

Mrs Owston, Vice Chair welcomed the member of the public to the meeting.

852/16 **ITEM 2. APOLOGIES FOR ABSENCE RECEIVED**

Apologies were received from Professor Dean Fathers, Chairman.

853/16 **ITEM 3. DECLARATIONS OF INTEREST**

There were no interests declared in respect of the agenda items. Mr Keeling, Healthwatch advised of his Chairmanship of the Lincolnshire Neurological Alliance.

854/16 **ITEM 4. MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2016**

The minutes of the meeting held on 1 November 2016 were approved as a true and accurate record with the exception of minute 753/16 which should read “ Mr Keeling observed that Healthwatch understood the information on which the Trust was basing decisions and continued to share the information with the public.”

855/16 **ITEM 5. MATTERS ARISING/ACTION LOG**

There were no new matters arising.

Minute 579/16 – The Board were advised that the Quality Governance Committee had further considered the medication incidents at Grantham. This item was complete.

Minute 652/16 – Dr Grassby confirmed that he had made the approach to the Student Union at the University at Lincoln and awaited further feedback. This item was now complete.

Minute 662/16 – The Board were advised that the Quality Governance Committee were to receive a report on pressure ulcers this month for assurance. This item was complete.

Minute 660/16 – This item was still outstanding. The Director of Nursing would pick up.

856/16 **ITEM 6. CHIEF EXECUTIVE’S UPDATE AND ENVIRONMENTAL SCAN**

NHS Provider Conference The Chief Executive advised that conference attendees had been told there would be no extra money for the NHS and services would have to change. A national framework for action had been launched aimed at equipping organisations to deliver change.

Nurse Apprenticeships The Board noted that these had been launched nationally.

GMC East Midlands Review of Training The Board were advised that the GMC visit had taken place and the draft report received which was broadly positive. Once published actions would need to be overseen by the Workforce and Organisational Development Committee.

Planning 2017/18 The Board noted that planning timetables had been brought forward for 2017/18. This had proved difficult contractually and the arbitration and mediation processes would commence in the coming weeks.

857/16 **ITEM 7. Emergency Care Update**

The Medical Director presented a report updating the Trust Board on the provision of emergency care at the Trust hospitals.

858/16 The Board were advised of the latest position in respect of applications for medical staffing within the emergency department. There were ten applications received for Lincoln County Hospital, ten applications for Boston Pilgrim Hospital and no further applications for Grantham Hospital.

859/16 The Board were advised that whilst some of these applicants were not appointable it remained feasible that appointments would be made. The Board were advised that it was unlikely that any appointments would be ready to take up post before January or February and would require induction. Recruitment remained challenging but was an improving picture.

860/16 Mrs Dunnett questioned whether the Trust needed to be considering doing something differently in terms of levels of pay in order to compete with other Trusts. The Medical Director advised that the Trust already paid rates which were above the average. The College of Emergency Medicine had reported that there was a shortage of 2,000 emergency department medical staff across the country.

861/16 The Chief Executive added that the Trust was also expected to make reductions in its agency spend.

862/16 The Director of Nursing confirmed that the Trust also had a rolling advert for nursing vacancies within the emergency departments.

863/16 Dr Grassby informed the Board that he had attended the Fighting 4 Grantham meeting as an observer. Dr Grassby shared with the Board the anxiety that had been expressed by the people of Grantham about becoming unwell during the night and asked if the threshold for reducing the opening hours was different to the threshold for reopening. The Medical Director acknowledged the anxiety of local people and confirmed that the guidance from the colleges was that each site should be 12 to 13 middle grade posts for each site. The Trust was funded for 28 posts across all sites and had put in place a threshold of 21. This had been based on the awareness in the Trust of the pressure being put on existing staff and the consequences for health, training and supervision. Dr Grassby acknowledged that the recruitment had to be sustainable in the long term. The Medical Director added that it was difficult to plan and run a safe department on a week by week basis.

864/16 Mr Keeling confirmed that Heathwatch had been advised that the overnight closure was for safety reasons and asked whether there were any implications from the leaking of the STP document. The Chief Executive explained that the STP would be subject to consultation and therefore this did not impact on the current situation. The Trust does not have the power to make the decision. That is for the Commissioners. The current arrangement was a temporary partial closure.

865/16 Mrs Truscott commented that there had been poor patient experiences

reported in the press which were of concern. The Medical Director responded that the Trust were keen to investigate any issues which were presented as evidence and staff all knew that any such issues should be highlighted. The risk management system and the complaints were being monitored. The Board were advised that East Midlands Ambulance Service had stated in public forums that none of their patients had not been adversely affected. Dr Foster data would also be monitored.

- 866/16 Mrs Truscott asked how the Trust was promoting nurse consultant posts and nurse practitioners in the light of the difficulties recruiting to medical staff posts. The Director of Nursing explained that this was being developed across the Trust with a number on each site. There were four posts in the AAC at Grantham and were being developed in the A&E departments. The Board were advised that funding had been cut for learning beyond registration. Mrs Truscott questioned whether this option was being included in planning. The Director of Nursing advised that this was being included in the 5 year plan and skill mix was being considered.
- 867/16 The Medical Director advised the Trust Board that overnight the emergency department had at one point had 80 patients in the department with waiting times greater than five hours. It was essential that the Trust continued to balance the risk across all sites.
- 868/16 Mrs Ponder questioned how the Trust kept in touch with applicants between job offer and commencing in post. The Medical Director advised that whilst this was more difficult when applicants were overseas processes were in place.
- 867/16 Dr Grassby asked whether the Board could be assured that the organisation was maximising all opportunities to recruit. The Chief Operating Officer detailed that there were six adverts out and a rolling registrar advert across all sites which closed through December. The Trust had been advised by the Royal College of Emergency Medicine and was highlighting the attractiveness of working in Lincolnshire.
- 868/16 The Vice Chair asked if there was anything else which needed to be considered which affected the situation. The Medical Director responded that that it was still unfeasible to change the arrangements and that a report would be brought to the next meeting.

RESOLVED

- 869/16 The Board agreed that for the safety of the service provided the Trust could not reopen the A&E 24 hours per day.

870/16 ITEM 8. Patient Experience

Item 8.1 Patient Experience at Trust Board

The Deputy Chief Nurse introduced the patient experience report.

- 871/16 The Deputy Chief Nurse advised the Board that the London School of Economics researchers had visited the Trust looking at using the Trust data and the intelligence that complaints provide to learn and effect change.
- 872/16 The Board were advised that there were no exceptions to be highlighted in terms of PALS.
- 873/16 Recovery plans for the friends and family test were in place locally. There were some hotspots where teams were struggling. The role of patient experience ambassador was being developed to provide direct support.
- 874/16 The Trust continues to promote the role of volunteers.
- 875/16 The Trust has been selected as finalists in the FAB NHS Awards.
- 876/16 Mrs Ponder noted that in the complaints data clinical treatment came out as the top subject in complaints and asked whether there was any mechanism to further understand this. The Deputy Chief Nurse explained that the data underneath this is presented at the Patient Experience Committee and the Quality Governance Committee.
- 877/16 The Deputy Chief Nurse was asked whether any intelligence linked to Grantham and the emergency department could be highlighted. This would be reported to the Quality Governance Committee if issues were identified.

Action: Deputy Chief Nurse 7 February 2017

- 878/16 Mrs Dunnett stated that despite Pilgrim being a smaller site the level of complaints was high and asked if this indicated any underlying issues. The Deputy Chief Nurse responded that complaints were monitored against 10,000 bed days. The pilgrim site was not alerting in terms of this monitoring. The Quality Governance Committee considers the detail behind these figures.
- 879/16 The Board asked that the caring for carers project be considered at a future meeting so that the Board could see how this had impacted.

Action: Deputy Chief Nurse 7 March 2017.

- 880/16 The Director of Nursing informed the Board that Clayton Ward had been presented with the Carers Quality Award which was the first in the organisation.

881/16 **RESOLVED**

The Board noted the patient experience report.

882/16 **Item 8.2 Volunteers Strategy**

The Deputy Chief Nurse presented a draft volunteers strategy setting out the vision for the Trust voluntary services for endorsement.

- 883/16 Mr Keeling commented that he was delighted to see the Trust taking a serious

approach to volunteers.

- 884/16 Mrs Dunnett asked for assurance on the resources being available to support the plans. The Deputy Chief Nurse stated that the resource implications would become clearer as the work progressed but plans were for a volunteer hub on each site. Mrs Dunnett volunteered to become the Non-Executive Champion for volunteers.

RESOLVED

- 885/16 The Trust Board endorsed the strategy for volunteers.

886/16 **ITEM 9. STRATEGIC ITEMS**

Item 9.1 Lincolnshire Health and Care (LHAC)/ Sustainability and Transformation Plan

- 887/16 The Chief Executive informed the Board that the STP launch was due to take place on the 12 December however a document had been leaked to the public overnight and therefore the launch had been brought forward. This meant that the launch was taking place during the purdah period. The Chief Executive expressed his disappointment that this had meant that staff in the organisation had not been contacted but may have seen the document through the media. The Chief Executive advised the Board that he had sent a message to all staff.

- 888/16 The Board were informed that the full document would now be published that day. Producing a plan for Lincolnshire was a big ask with an economy with such a large deficit. Conversations would now begin with the public on how plans could be taken forward. The document was led by the NHS working with colleagues at the County Council. The thrust of the plan was better care in and around patients home.

- 889/16 Mrs Truscott asked what the picture was with STPs across the country. The Chief Executive advised that 44 STPs were in the process of being released. The Vice Chair noted that it was important that the STP was widely consulted on.

RESOLVED

- 890/16 The Board noted the release of the STP.

891/16 **Item 10.1 Integrated Performance Report**

The Chief Operating Officer presented the Integrated Performance Report to the Board for the period to 31 October 2016.

- 892/16 The Board noted the Trust performance against the four priority deliverables within the Sustainable Transformation Fund.

- 893/16 The Board were advised that the decline in performance against the 18 week RTT had not improved. Plans were in place for each specialty which was not performing. The level of activity being seen was excessive. The Board were

advised that the Neurology service would temporarily close to new referrals.

- 894/16 The Board were advised that a mobile scanner was being used at the Pilgrim site to shorten the wait for diagnostic tests.
- 895/16 The position in A&E remains challenged. Grantham was achieving the standard. Pilgrim had seen improvement and Lincoln remained the most challenged site.
- 896/16 Mr Keeling questioned what the Trust would do to replace the neurology service. The Chief Operating Officer advised that the Trust would continue to partner with other Trusts but the service was challenged nationally.
- 897/16 Mrs Truscott questioned how delayed transfers of care were being managed. The Chief Operating Officer advised that the Trust was struggling with capacity and delays spike when there was nowhere for patients to be discharged to. The Trust continued to work with partners to get support to address this issue.
- 898/16 Mrs Dunnett noted the report did not highlight delayed transfers of care and questioned whether all actions were being taken internally. The Chief Operating Officer confirmed that the Trust recognised that one third of delays were created internally whilst two thirds sat with social care or other NHS organisations. The Trust had introduced the Safer Bundle across ward areas, better communication on ward rounds and bringing together community services. Mrs Dunnett asked that at a future meeting the Board could review the internal elements of the waits and consider what was not working. Mr Staniland explained that a delayed transfer paper had been received at the FSID and QGC committee and the Vice Chair confirmed the Board needed to ensure that all sources linked up. The Chief Operating Officer agreed to share the paper with Mrs Dunnett

Action: Chief Operating Officer 7 February 2017

- 899/16 The Medical Director presented the Quality element of the integrated performance report.
- 890/16 The Board were advised that sepsis screening was an improving situation however the Trust was still not at the standard required. The Vice Chair confirmed that this had been raised at the Quality Governance Committee and further assurances sought.

RESOLVED

- 891/16 The Board noted the Trust Integrated Performance Report.

892/16 Finance Performance Report

The Interim Director of Finance and Corporate Affairs presented the Month 7 financial performance.

- 893/16 The Board was advised that the Trust had agreed a control total deficit of £47.9m for 2016/17 including the STF. The month 7 position was slightly worse than plan with a year to date deficit of £29.7m.
- 894/16 The Board was advised that the Trust was underachieving on the efficiency programme. A short term recovery plan was in place for the rest of the financial year. This was challenging but it was considered achievable.
- 895/16 The cash position was marginally worse than plan but was still in line with the minimal required balance of £1m. The Trust expected to deliver the capital programme for 2016/17.
- 896/16 Mrs Dunnnett asked for more assurance on the pay bill. The Board were advised that medical agency costs were supposed to significantly reduce in the second half of the year, however the recruitment of more medical staff had not been achieved and a material reduction was not going to be achieved.
- 897/16 The Board were advised that the run rate forecast was to £51.1m, £3.2m worse than plan. This was assuming the trend continues and with all plans factored in.
- 898/16 Mrs Dunnnett asked whether the non-commissioned activity would be received. The Interim Director of Finance advised that where the Trust had overtraded it would not be paid by the CCG. The whole of the Lincolnshire health economy was in a difficult financial position. The Trust was being subject to unprecedented challenge about the work it carried out by the CCG.
- 899/16 Mr Staniland confirmed that the challenge had been discussed at length at FSID and there were significant risks with concerns over contingency later in the year.

RESOLVED

- 900/16 The Board noted the Month 7 financial position.
- 901/16 **Human Resources Performance Report**
- The Director of Human Resources and Organisational Development presented the Human Resources Performance Report.
- 902/16 The Board were advised that the trend over the last six month with workforce had been positive, however September and October had been less so. The Trust had taken some short term additional resource to allow recruitment to be speeded up.
- 903/16 The length of time taken to deal with grievances and disciplinary processes was a concern. In the longer term the overall structure was being reviewed with a view to better supporting key workforce areas.

- 904/16 The people strategy for the Trust was being developed.
- 905/16 It was noted that sickness had increased in October with stress as the highest ranking cause. This was not unusual of the sector and comparable to other similar trusts. This was being supported through the Occupational Health service and training in mental health wellbeing and mindfulness.
- 906/16 The approach to engagement was under review aimed at getting greater staff engagement with what the Trust was trying to achieve.

RESOLVED

- 907/16 The Board noted the performance report.
- 908/16 **Item 10.2 Nurse Staffing Monthly Report**
- The Director of Nursing presented the nursing workforce report.
- 910/16 The fill rates across the Trust were 94% for registered and 98% unregistered. The trust had 346 vacancies for registered nurses and 139 for non registered. The Board were advised that 8 Filipino nurses had now started in the Trust and a further 27 had now passed the IELTS.
- 911/16 The Board were advised that FSID had requested a cost benefit analysis of overseas recruitment for their next meeting.

RESOLVED

- 912/16 The Board noted the monthly nurse staffing report.
- 913/16 **Item 10.3 Quality Governance Committee Assurance Report**
- Mrs Owston reported the Quality Governance Committee Assurance Report from the meeting held on 29 November 2016.
- 914/16 The Committee had escalated compliance with processes and procedures for CAUTI/ Sepsis/ Blood cultures. The Committee had asked that the medical Director review and provide assurance.
- 915/16 The Committee noted an error in the assurance report. The Trust had developed a plan in response to 8 CQC issues raised at the inspection. These were not improvement notices.

RESOLVED

- 916/16 The Trust Board noted the Quality Governance Committee Assurance Report.
- 917/16 **Item 10.4 Finance, Service Improvement and Delivery Committee**

Mr Staniland presented the Finance, Service Improvement and Delivery Committee Assurance Report from the meeting held on 29th November 2016.

918/16 The Committee had considered the managing agency spend checklist and recommended that this was also considered in future at Workforce and OD Assurance Committee.

919/16 The Committee were still unassured in relation to Estates statutory compliance. The Committee would receive a high level assessment in December with more detail being produced at a later meeting.

RESOLVED

920/16 The Trust Board noted the Finance, Service Improvement and Delivery Committee Assurance Report.

921/16 **Item 10.6 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.

922/16 The Board were advised that the risk agenda continued to be taken forward. Progress had been slower than hoped and additional support had been brought in. The refresh of the corporate risk register continued and would be taken to the Committees in December.

RESOLVED

923/16 The Board considered the latest strategic risk register and BAF.

924/16 **Item 10.6 Trust Innovation**

The Associate Director of Communications shared with the Board the development and patenting of the Pressure Ulcer Notification Tool.

925/16 The Board placed on record support for the innovative tool and congratulated those involved.

RESOLVED

926/16 The Board celebrated the success of the new centre.

927/16 **ITEM 11. ANY OTHER BUSINESS**

There were no further items of business.

928/16 **ITEM 13. DATE, VENUE AND TIME OF NEXT MEETING**

The next meeting will take place on Tuesday 7 February in the Boardroom,

Lincoln County Hospital.

929/16 **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	1 Mar 2016	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
Prof Dean Fathers		X	X	X	X	X	X	X	X	A
Dr Paul Grassby	X	A	X	X	X	A	X	X	X	X
Geoff Hayward	X	X	A	X	X	X	A	X	X	X
Penny Owston	X	A	X	X	X	A	X	X	X	X
Gill Ponder	A	X	X	X	X	X	X	X	X	X
Kate Truscott	X	X	X	A	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
Dr Suneil Kapadia	X	X	X	X	X	X	A	X	X	X
Peter Hollinshead/ Jason Burn/ John Barber (Interim Directors of Finance)	X	X	X	X	X	X	X	X	X	X
Michelle Rhodes	X	A	X	X	X	A	X	X	X	X
Kevin Turner	A	X	X	X	X	A	X	X	X	X
Sarah Dunnett,						X	X	X	X	X

X In attendance
A Apologies given