

United Lincolnshire Hospitals 
NHS Trust

Minutes of the Public Trust Board Meeting

Held on 4th April 2017

Auditorium, New Life Centre, Sleaford

Present

Voting Members

Professor Dean Fathers, Chair
Mr Jan Sobieraj, Chief Executive
Dr Paul Grassby, Non-Executive Director
Mr Peter Hollinshead, Interim Director of Finance and Corporate Affairs
Mr Kevin Turner, Deputy Chief Executive
Dr Suneil Kapadia, Medical Director
Mr Geoff Hayward, Non Executive Director
Mrs Kate Truscott, Non Executive Director

In Attendance

Mr Michael Woods, Interim Director of Operations
Mrs Penny Snowden, Deputy Director of Nursing
Mr Simon Evans, Director of Operations
Mrs Jennie Negus, Deputy Chief Nurse (Pilgrim)
Miss Lucy Ettridge, Associate Director of Communications
Mrs Kate Casburn, PA to the Medical Director (Minutes)

Non-Voting Members

Mr Paul Boocock, Director of Estates and Facilities
Mr Martin Rayson, Director of Human Resources and Organisational Development

Apologies

Mrs Penny Owston, Non Executive Director
Mrs Sarah Dunnett, Non Executive Director
Mr Mark Brassington, Chief Operating Officer
Mrs Michelle Rhodes, Director of Nursing
Mrs Gill Ponder, Non Executive Director
Mrs Jayne Warner, Trust Board Secretary

221/17 **ITEM 1. INTRODUCTION**

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

222/17 The Chair highlighted to the Board the events which he had attended since the last meeting:

This included:

- Long Service Awards with the Chief Executive at Lincoln,

Grantham and Boston.

- The Chair had also attended the Friends of Lincoln Hospitals Association AGM where a charitable funds cheque was received for the Bereavement Centre.
- The Armed Forces Covenant had also been signed by the Chair last month at Grantham on behalf of the Trust and the Board. Now joining the Lincolnshire Covenant which supports the military within the County.
- Meeting attended with the Leadership Academy (HEE) resulting in the development of a strategic intent enhancing the way in which leadership / education support is provided within our region..

223/17 **ITEM 2. PUBLIC QUESTIONS**

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

224/17 **ITEM 3. APOLOGIES FOR ABSENCE**

Apologies for absence were received from: Mrs Penny Owston Non Executive Director, Mrs Sarah Dunnett Non Executive Director, Mr Mark Brassington Chief Operating Officer, Mrs Michelle Rhodes Director of Nursing and Mrs Gill Ponder Non Executive Director.

225/17 **ITEM 4. DECLARATIONS OF INTEREST**

The Chair announced that he had recently become a Governor of Portland College in Mansfield which specialises in education for students with learning disabilities.

226/17 **ITEM 5. MINUTES OF THE MEETING HELD ON 7TH MARCH 2017 & MATTERS ARISING**

192/17 – Typo – Then sentence should read ‘the decision had ‘been’ made to fully establish’.

The minutes were then agreed as a true and accurate record.

227/17 **MATTERS ARISING**

166/17 – Workforce and OD Committee - High levels of staff sickness and high levels of staff turnover: Mrs Truscott reported that these issues were being looked at in greater detail by the Committee as well as SI's and appraisal rates.

172/17 – Workforce and OD Committee - Position statement re: Job Planning: Mrs Truscott reported that this had been added to the Committees work plan to receive regular updates and to consider in more detail.

228/17

ITEM 6.

ACTION LOG

896/16 – Integrated Performance – Sharing of Delayed Transfer Paper. Now complete.

038/17 – Patient Experience – Assurance request – improvements to be made on areas where complaints had been received. Now complete.

166/17 – Workforce and OD Committee to consider the areas which are flagged as high levels of sickness and staff turnover. Now complete.

167/17 – Workforce and OD Committee to consider the data linked to how the pay progression policy was being applied. Now complete.

168/17 – Progress report to be developed regarding recruitment of unregistered medical staff. Now complete.

172/17 – Position statement on job planning by Workforce and OD Committee. Now complete.

229/17

Grantham Emergency Care Update

The Medical Director reported to the Board that the opening hours at Grantham A & E had increased by one hour which commenced on 27th March (Now open from 8am). It was still too early to report what affect this may have had on the service and impact on the public. In addition direct admissions to the Emergency Assessment Unit commenced on 3rd April. Updates on the situation would continue to be fed back to the Board.

230/17

Item 7 Chief Executives Update

The Chief Executive informed the Board of National and Local issues:

231/17

Next Step Review – Led by NHS England (Simon Stevens). Which is a 5 year plan. Areas to be teased out by the Trust relating to this work are:

232/17

Financial balance / Priorities for Cancer, A&E and Mental Health Support for Primary Care (GPs).

233/17

Sustainability Transformation Plans (STPs) – strengthening of governance. Reinforcing a stronger approach to partnership working. New formality which would involve a board representing the providers, commissioners, GPs and local government. (it was noted that the Trust already had this partnership working in place).

234/17

Looking at Workforce with particular emphasis on Nursing and Nurse 1st Programme.

- 235/17 Technology – interaction with Secondary and Primary Care (Referrals).
- 236/17 **Government Mandate** – Between the DoH and the NHS regarding the 110 billion spend for 2017/18 which the NHS receive. Focus likely to be on A & E, Cancer, Waiting Times and Ambulance times.
- 237/17 **Announcement of Social Care Funding (£2 billion)** – Target funding to reduce the delayed transfer of care. The Trusts delayed transfers of care (DTCOCs) are relatively low (4%). The funding to be received by the County Council. It is hoped to reduce the Trusts delayed transfer of care to 3%.
- 238/17 **Out of Hospital Activity** – Intention to extend GP appointments to 7 days per week.
- 239/17 **Article 15** – Brexit had significantly impacted on the Trust and the NHS. NHS need clarity on status of EU staff, looking at the possibility of priority for EU Health Workers standardising professional regulations.
- 240/17 Over 65 year Repatriation – UK Influx of ex pats expected could impact on the NHS.
- 241/17 **Pilgrim Fire** – Fire broke out on 9th Floor of a Kitchen (31st March), No patients came to any harm but 9 members of staff were affected by smoke inhalation and discharged the same day. No official cause as yet. Significant damaged to kitchen and the ward had been decamped to the day case unit. Thanks to staff for their support and hard work during this incident. Lessons learned meeting taking place.
- 242/17 **Grantham A & E** – No news from Secretary of State. Reconfiguration panel decision was due on 23rd March 2017.
- 243/17 **Substantive Director of Finance** – advert being placed, interviews to take place in May. LPFT had agreed to second Karen Brown, Director of Finance as an interim for 6 months commencing on 1st May.
- 244/17 **Medical Director** – Dr Neill Hepburn to commence 1st May as the Interim Medical Director.
- 245/17 **IR35 (Tax)** – Impact considerable to the Trusts locum and agency staffing to run urgent care pathways and service delivery particularly in the ED Departments. Considerable gaps within A&E staffing. This issue had been escalated.
- 246/17 **Item 8. Patient Experience**
- Mrs Jennie Negus, Deputy Chief Nurse was in attendance for this item.
- 247/17 The Board were advised that the new Patient Experience Ambassador roles were progressing well.
- 248/17 As part of the NHSi Patient Experience tool a quarterly Board report would be produced by the Trust in line with National complaints data.

The back log of complaints response times was currently at 50 days. Regulations dictate that the Trust is able to negotiate a response time with the complainant.

- 249/17 New communications training (Communications First) – still in its early stages and targeting a wide range of staffing groups.
- 250/17 A fall was reported in the number of patients who said that they know how to complain. Information would be updated to point out 'how to complain'.
- 251/17 Friends and Family Test – the new Patient Experience Ambassadors would play a key part in this. Reminders would be sent to encourage the completion of the test.
- 252/17 As requested last month by the board attention was drawn to page 15 of the Patient Experience report regarding FFT for paediatrics.
- 253/17 A rise in applications for volunteers was noted.
- 254/17 Mrs Truscott was pleased with the figures relating to Communication First Training for staff and noted that she hoped that staff were encouraged to attend. It was hoped to include the training via the Mandatory Training package.
- 255/17 Mrs Truscott questioned the Trust Themes in particular 'Catering'. The Director of Estates provided a brief update on catering advising that improvements were required as well as compliments being received. Work was being undertaken looking at the meal service and protected meal times. Inspections had been carried out regarding meals and inspections are being developed in more detail and on a regular basis with an action plan being looked at to improve standards.
- 256/17 It was suggested that this could be overseen by the Quality Governance Committee.

Action: Director of Estates and Facilities - 9 May 2017

- 257/17 Mrs Truscott queried response rates for Therapies. It was suggested confidence levels for response rates be looked at by the Quality Governance Committee.

Action: Deputy Chief Nurse – 9 May 2017

- 258/17 **RESOLVED**

The Board noted the Patient Experience report.

259/17 **8.1 PATIENT STORY**

Mrs Shirley DeFlynn was in attendance for this section of the Patient Experience item and shared the story of care her father had experienced as a Dementia sufferer during his stay at Lincoln County Hospital. Mrs Deflynn had also agreed to be involved in the Dementia Strategy review for ULHT.

260/17 Mrs DeFlynn was thanked for sharing her story. The Chairman advised that he would like to meet Nurse Rose who had been mentioned so positively during the patient story.

Action: Deputy Chief Nurse (Boston) 9 May 2017

The Board noted the Patient Story.

261/17 **ITEM 9. STRATEGY**

9.1 SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

The Chief Executive reported that the sequencing, timings and format of any consultation would be advised via NHSE.

262/17 It was noted that challenging conversations were taking place regarding how the infrastructure of the STP could be supported as well as clinical and managerial input. Some principles had been agreed with a month by month plan being pulled together by John Turner the STP lead.

263/17 Mrs Truscott queried STP Leads. It was advised that STP lead appointments were taking place within the next 6 months.

RESOLVED

The Board noted the STP update.

264/17 **9.2 2021 PROGRAMME UPDATE**

The Deputy Chief Executive gave an update to the Board regarding the 2021 programme.

265/17 The Board were reminded of the 3 'broad' ambitions; service of patients and staff and also what the 5 key priorities for improvement were; Quality and Safety, Redesign of Clinical Services, Productivity, People Focus (part of the STP People Strategy) and Efficiency.

266/17 Overall progress would be discussed at Board Development but advised that support was being implemented via an agreed investment package at Board in December. Appointments had started to be made to the infrastructure with start dates coinciding with delivery actions.

267/17 The Board had also agreed in December to invest in clinical leadership with a limited resource as well as a resource for external expertise being

looked at. The Deputy Chief Executive advised that each of the 5 programmes had an SRO.

268/17 The Deputy Chief Executive had been working with the Interim Director of Finance on the long term financial model.

269/17 The ToR for the Quality and Safety Board were discussed. The programme had been scoped on 17 areas of work which included areas which the Executive Team had been focusing on for some time as well as CQC issues which had been raised during their recent visit.

270/17 A launch to Trust staff would take place in May sharing the ambitions of the 2021 programme and to think about how the ambitions could be challenged. The engagement strategy was noted. Liaison had taken place with Community Groups and wider audiences would be reached via the assistance of Healthwatch Lincolnshire.

271/17 Subject to the Boards agreement Finance Service Improvement and Delivery Committee would oversee and receive assurance regarding progress on the 2021 programme.

272/17 Mr Hayward questioned potential risks relating to the programme and sought assurance that these would be noted on the Trusts risk register. Assurance was given that these would be identified and noted on the corporate risk register and overseen by the 2021 programme board chaired by the Chief Executive.

273/17 The Director of HR and OD advised that the People Strategy which is part of the 2021 programme was scheduled to be an agenda item for the next Board Meeting. Work is taking place jointly with the STP to compile a workforce plan in liaison with the Lincolnshire Workforce Action Board.

Action: Director of HR and OD – 9 May 2017

RESOLVED

The Board noted the 2021 Programme update.

274/17 **Item 10. Governance**

10.1 Performance

Integrated Performance Report

275/17 Michael Woods, Interim Director of Operations was in attendance and presented the Performance Report to the Board to the Period 28th February 2017.

276/17 The Board were advised that RTT targets for February remained below the required target.

277/17 During the Winter period the Trust struggled with Urgent Care Pressures resulting in the cancellation of several operations during December and

- 278/17 January.
- 279/17 An Increase in activity above the contractual plan in Urology and Gastroenterology was noted with a recovery plan in place working alongside the clinical directorates. Fortnightly meetings were taking place to address this which included the Chief Operating Officer and Deputy Director of Operations.
- 280/17 The level of Dermatology referrals was discussed. This would be raised at Finance Service Improvement and Delivery Committee.
- 281/17 In February the Trust achieved the 6 week diagnostic standard for the third month in a row.
- 282/17 The number of 6 week breaches reduced from 102 patients in November 2016 to 18 patients in February.
- 283/17 Cancer 62 Day Standard – The Trust achieved a performance of 74.4% against the standard in January with an improvement of 2.5% compared to December.
- 284/17 The Trust achieved 3 out of 9 out of the cancer standards in January 2017.
- 285/17 Biggest pressure for the Trust was the 2 week wait referral particularly for Breast Services. The Trust holds a fortnightly Cancer Recovery and Delivery meeting Chaired by the Deputy Direct of Operations which holds the business units to account for performance and delivery against the cancer action plan.
- 287/17 A & E – 4 Hours – Overall the Trust delivered 74.87% this is below our trajectory and a worsening position compared to February 2016. Attendances at A & E had reduced against the plan since August 2016.
- 288/17 Still high levels of unacceptable ambulance delays.
- 289/17 ULHT overall bed occupancy for February had increase to between 93% and 97 %.Stranded patients in February was noted at 50% for Grantham and Pilgrim and 40% at Lincoln.
- 290/17 Key issues affecting the performance for February were noted as: Workforce (IR35 issue), continued reliance on agency locums, ambulance handovers, bed occupancy and internal / external delays in discharges.
- 291/17 It was noted that since the relaunch of Red2Green in February hospital flow had improved.
- 292/17 The Medical Director reported on Quality.
- 293/17 He advised on the HSMR figures for from April to November 2016. The Trust was not alerting on any issues relating to HSMR. Reviewed

- deaths from January 2016 to January 2017 was reported at 53%.
- 294/17 Harm free care was highlighted.
- 295/17 Falls with harm had decreased in January and February at Lincoln and Pilgrim.
- 296/17 Medication incidents had increase at Grantham and would be reviewed.
- 297/17 Infection – CDiff and MRSA figures were advised. Issue noted with CAUTI's with working being undertaken on this. Sepsis figures improved but struggling at Pilgrim due to lack of appointment to the Sepsis Nurse role.
- 298/17 The Deputy Director of Nursing added that a focus at Pilgrim on pressure ulcers was taking place.
- 299/17 The Director of HR reported to the Board that sickness rates had risen over to the winter period.
- 300/17 The Workforce and OD committee considered the matter and how it would be approached agreeing that policies would be reviewed ensuring that they are working with all directorates and managers to apply the sickness procedure focusing on areas having high sickness levels. Occupational Health are involved looking at work related stress ensuring that the appropriate action is taken to support staff.
- 301/17 Vacancy rates – were reported as higher than our target and higher than other Trusts. Focus taking place looking at nursing and medical recruitment with a nursing plan being taken to the Workforce and OD Committee as well as a medical recruitment plan being discussed at the Workforce and OD Committee in May. CMB members would be engaged with. International recruitment would be revisited.
- 302/17 Appraisal rates for the Trust were noted as disappointing. Correspondence was taking place with managers seeking clarity on appraisals. Data input for completed appraisals was also being looked at.
- 303/17 KPIs for the new financial year were being refreshed. A scorecard was being looked at for all clinical directorates including joint working on implementing the key performance indicators.
- 304/17 The Interim Director of Finance informed the Board that the Integrated Performance report had been revised slightly with no separate Finance report. He stressed that a detailed Finance report was discussed at the Finance Service Improvement and Delivery Committee.
- 305/17 It was advised that the Trust deficit year to date was now £49.9 million with the agreed control total deficit of £47.9 million not achievable. The revised forecast for the Trust was reported as £54.9 million.
- 306/17 Key factors relating to income expenditure for January and February were due to operational difficulties which the Trust faced in the two

months including increased use of agency and the reduction in the level of elective work. The Year-end position would be circulated next week to Board members.

307/17 The Trust was still facing contractual challenges from the CCG. Verbal confirmation had been received that the Trust would not be receiving the funding relating to the STF appeals process in respect of performance.

308/17 It was noted that the Fire at Pilgrim may have a significant impact on the forecast position. Attention was drawn to the Year End Forecast and Risks.

309/17 Capital as of month 11 was reported as £5.8 million for March 2017. It was confirmed that the external finance limit for the Trust was delivered.

310/17 The Chairman expressed his thanks to the Interim Director of Finance and the Finance Team for their hard work.

RESOLVED

311/17 The Board Noted the Integrated Performance Report.

312/17 10.2 Urgent Care Actions to Improve Performance

The Interim Director of Operations gave an overview of the paper. The paper set out 7 key areas designed to tackle high impact actions which aimed to improve Accident and Emergency performance figures to 82% for quarter 1 across the sites. The current key performance indicator for the 4 hour target was noted as 79.18% YTD.

313/17 It was explained that the 3 sites currently had an urgent care plans. The Urgent Care Delivery Board oversee the plans chaired by Deputy Director of Operations.

314/17 Mr Hayward questioned the attendance figure graphs and suggested more simplified information sharing, it was agreed that the Performance Team would look at different ways of recording and presenting the data.

315/17 **Action: Director of Operations 9 May 2017**

316/17 The Deputy Chief Executive pointed out that there are some inherent risks relating to the plan. It was agreed that Finance, Service Delivery and Improvement Committee would oversee the plans to gain greater clarity and an understanding of the potential risks.

Action: Chief Operating Officer 28 April 2017

316/17 The Board noted the Urgent Care Actions Performance report.

317/17 10.3 Easter Operational Plan

The Interim Director of Operations presented the 2017 Draft Easter plan for the Boards approval.

318/17 The plan outlined the need for planning during Easter and Bank Holidays within the emergency departments mitigating the risk of patient flow and potential risks to patient care.

319/17 It was explained that the document was 'live' and updated on a daily basis.

RESOLVED

The Board noted the Easter Operational Plan.

320/17 **10.4 Nursing / Midwifery Assurance Report**

The Deputy Director of Nursing highlighted to the Board the issue of nurse fill rates. It was advised that an action plan was being put in to place in collaboration with the HR team which would highlight hotspots within the Trust via a dashboard.

321/17 The current vacancy position for February 2017 was advised noting that it remained higher than reported in January 2017 and that there continued to be non-registered agency usage.

322/17 Mrs Truscott queried how recruitment to non registered nurse vacancies was being looked at. It was advised that rather looking at individual wards, block recruitment would be looked at for the vacancies (a nurse pool).

RESOLVED

The Board noted the Nursing / Midwifery Assurance report.

323/17 **10.5 Ward Accreditation**

The Deputy Director of Nursing outlined the paper to the Board. Informing them of the corporate nursing teams intention to introduce Ward Accreditation to improve nursing care as highlighted in the recent Care Quality Commission inspection report. the Ward Accreditation Tool was discussed along with the benefits and its planned implementation. The Board were asked to support the scheme.

324/17 **RESOLVED**

The Board noted the Ward Accreditation paper.

325/17 **10.6 Quality Governance Committee Assurance Report**

Mrs Truscott presented the Quality Governance Committee's Assurance report. Issues highlighted to the Board were:

Ongoing concerns for the reporting process for Duty of Candour (evidence and follow through). A potential significant financial risk had also been raised following an enquiry from the CCG.

A Serious Incident which would be discussed in more detail in the

Private section of the Board.

Tuberculosis incident.

Concerns regarding vascular service.

Ward Accreditation Scheme (discussed in item 10.5).

Extra Ordinary Quality Governance Committee to review good practice and governance issues.

RESOLVED

The Board noted the Quality Governance Assurance report.

326/17

10.7 Finance, Service Improvement and Delivery Committee Assurance Report

Dr Grassby reported the Finance Service Delivery and Improvement Committee assurance report for the meeting held on 28 March 2017

Failure by the Trust to agree financial and service plans for the start of the financial year. Report to be presented on progress to Board in May.

Financial Plans – challenges faced and what the Trust could do differently. Greater accountability required by Business Units and Clinical Directors.

Impact of IR35 - Possibility of converting locum roles in to substantive posts.

Assurance on working capital.

Charging process for Overseas Visitors.

RESOLVED

The Board noted the Finance Service Improvement and Delivery Assurance report.

327/17

10.8 Staff Engagement Report

The Director of HR and Organisational Development presented the report to the Board.

The paper was taken as read but highlighted an update regarding the Freedom to Speak Up Guardian work.

Staff engagement was discussed involving a more robust system linking in to the People Strategy.

RESOLVED

The Board noted the Staff Engagement report.

328/17 **10.9 Strategic Risk Management Report**

The Deputy Chief Executive presented the report updating the Board regarding progress on improving risk management for the Trust as well as an update on the Strategic Risk Register and Board Assurance Framework.

329/17 A lot of work had taken place on the Corporate Risk Register. A full and detailed risk register would go back to the Committees in April.

329/17 It was reported that IR35 was now on the risk register.

330/17 Vascular issues were being looked at on the register.

Local partnership working / contracting was also being looked.

331/17 Integrated Strategic Risk Register was being looked at by each committee with no recommendations being received to alter scoring of the register.

332/17 It was asked that the Quality Governance Committee review the Good Quality and Safe Services entry on the register.

Action: Mrs Owston 9 May 2017

333/17 It was agreed by the Board that specific risks are raised at Board and debated seeking assurance and further focus.

The Board noted the Strategic Risk Report.

334/17 **10.10 ULHT Innovation Report**

The Associate Director of Communications informed the Board of a Falls Prevention Project at Pilgrim taking place on Ward 3B and 6B as part of a National Improvement Project to reduce falls. Aim to reduce falls by 30% and reduce falls with harm to 20%.

335/17 The pilot finishes in June 2017 and an update would be provided to the Board. A celebration event would also be taking place in London in October for all of the NHS Teams involved in the project.

RESOLVED

The Board noted the Innovation report.

336/17 **11. Items for Approval**

11.1 Items for the Trust Board Meeting on 9th May 2017

- 17/18 Operational Plan.
- CQC report.

- People Strategy
- Audit of Accounts

3337/17 **11.2 Delegation of Authority to Approve Final Accounts**

This was approved by the Board.

338/17 **11.3 Fit and Proper Person Policy**

This was approved by the Board.

339/17 **12. Any Other Notified Items of Urgent Any Other Business**

- Mr Hayward advised the Board that at the last Audit Committee the year end Audit preparations went well and that the external auditors were happy.
- Thank you to Mr Peter Hollinshead who would be leaving the Trust as Interim Director of Finance.
- Thank you to Dr Suneil Kapadia, Medical Director who would be leaving the Trust at the beginning of May 2017.

340/17 **13. Date and Time of Next Meeting**

Tuesday 9th May 2017 at the Reservation, Sleaford.

Apologies noted from Mr Geoff Hayward and Mrs Kate Truscott