

Minutes of the ULHT Annual Public Meeting

Held on 17 September 2019

The New Life Centre, Sleaford

Present

Voting Members

Mrs Elaine Baylis, Chair
Mr Paul Matthew, Director of Finance and Digital
Mrs Sarah Dunnett, Non-Executive Director
Mrs Liz Libiszewski, Non-Executive Director
Mr Geoff Hayward, Non-Executive Director
Mrs Gill Ponder, Non-Executive Director
Mr Andrew Morgan, Chief Executive
Dr Neill Hepburn, Medical Director
Mrs Michelle Rhodes, Director of Nursing

Non-Voting Members

Mr Martin Rayson, Director of Human Resources and Organisational Development

In attendance:

Mrs Jayne Warner, Trust Secretary
Mrs Victoria Bagshaw, Deputy Chief Nurse
Mrs Karen Willey, Deputy Trust Secretary (Minutes)
Mrs Anna Richards, Associate Director of Communications and Engagement
Mr Simon Evans, Director of Operations

Apologies

Mr Mark Brassington, Chief Operating Officer
Mr Paul Boocock, Director of Estates and Facilities
Dr Chris Gibson, Non-Executive Director

001/19 **Item 1 Welcome and Introductions**

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

The Chair noted that this was the first World Patient Safety Day and would raise global awareness of patient safety whereby no patients should be harmed when receiving care.

The presentation would demonstrate the commitment of the Trust to ensure patients receive safe care and how the Trust used learning to improve. The Chair reflected on the inspection by the Care Quality Commission in the last year noting the move from a rating of inadequate to requires improvement. It was recognised that further work to improve would be needed.

002/19 **Item 2 Minutes of the last annual meeting held on 7th September 2018**

The minutes were accepted as a true record of the annual public meeting held on the 7th September 2018.

003/19 **Item 3 Receipt of the annual report and annual accounts for 2018/19**

The Chief Executive gave a presentation introducing the annual report and annual accounts for the Trust for 2018/19. The presentation provided a reflection on the previous year including the Care Quality Commission inspection undertaken in

March 2018 and whilst noting there was further work to do the Trust were pleased with the progress. The outcome of the June 2019 inspection was awaited.

The presentation highlighted a number of successes for the Trust including trainee nursing associates, digital appointments via text message, Occupational Therapy and Physiotherapy degree apprenticeships, ward accreditation, improved infection control and fire safety.

The Chief Executive acknowledged that improvement against performance targets would be required including waiting lists and times, access to diagnostics and achieving national cancer standards. The Trust's performance reflected the increase in demand along with staffing and recruitment issues.

Vacancy levels for the Trust had increased to 20% and it remained a challenge to address culture, behaviour, attitude and morale issues with a temporary workforce. The Trust had a high agency spend and this continued to be an issue for the Trust as well as resulting in fragile services where agency staff were relied upon.

The high profile issue at Pilgrim Hospital regarding paediatric services had resulted in an amended service model, assessment unit and change to the gestational age for babies admitted to the service. The Trust had conducted engagement activity for the changes and it was noted that the overwhelming majority of care continued to be provided at Pilgrim Hospital.

The APM noted and received the published annual report and annual accounts for 2018/19.

004/19 **Item 4 Public Questions**

Board members took questions from the members of the public present

Question 1 – Had the trial of the Centre of Excellence for Orthopaedics at Grantham Hospital concluded and was it successful?

The Medical Director responded that there had been a number of success and from a patient experience perspective very few operations had been cancelled. There had been an improvement seen in in the morale of staff due to the ability to conduct operations with fewer cancellations.

There was a refocus at Grantham Hospital and more work was being directed to the hospital. The pilot had been successful however there were still some improvements to be made. In terms of producing a service change the Trust continued to learn how this could be done better but overall it had been successful.

The Trust had worked closely with Professor Briggs nationally on where the service could be improved and the Trust were now being held up as a centre of excellence as to how to test changes and see what could be done.

Question 2 – Whilst the changes to the Orthopaedics service were positive there were cancellations due to requested notes not being transferred efficiently. Most cancellations had been due to missing notes

The Chair apologised for the patients that were being cancelled and recognised that this was not the position that the Trust wished to be in. The Chair invited the Director of Finance and Digital to discuss digital activity in the Trust to address the issue raised.

The Director of Finance and Digital stated that there were issues across sites working with paper records, the digital agenda would be taken forward and the digital strategy had been signed off. The Trust were in the process of completing the procurement activity in order to roll out an electronic health record. This was expected to go live in April to June 2020. This was a multimillion pound investment for the Trust and would see the transfer of records from paper to electronic.

Question 3 – The annual report contained a lot of information regarding Lincoln, Grantham and Boston, does the Trust have any intention to improve access to services in Sleaford, especially due to poor transport around the County?

The Director of Operations responded stating that there were no plans for emergency services in the Sleaford areas however outpatient services were being considered for alternative options with the use of digital technology to support.

The Trust were looking to work with GPs to pilot virtual clinics in order that patients could conduct these appointments from their home or a primary care/community site.

The Chief Executive noted that this was part of the wider work to ensure great care close to home with all organisations in Lincolnshire working to achieve this. The Trust were aware that patients accessed emergency services as they had been unable to access other services elsewhere and this needed to be resolved. Patients needed to be able to access the right care, in the right place, at the right time. Work would need to be undertaken with Clinical Commissioning Group colleagues in order to determine what could be accessed locally and through modernised services. Self-care and prevention needed promotion in order to support people to live healthy lives.

Question 4 – It had been 1126 days since the overnight closure of Grantham Accident and Emergency, the service was lost due to a lack of staff. 3 years on the position remains the same with staffing and residents in Grantham are not filled with confidence about a solution being found quickly. What are the plans for the next year that would improve staff recruitment and retention that had not happened in the last 3 years?

The Medical Director responded that a number of actions were in place however the key aspect was the need to train and develop existing staff so that they had a more satisfying career and could progress. The accident and emergency service is the most pressurised service becoming busier each year along with difficulties in staffing.

A large number of emergency department staff had been recruited, mostly overseas. These staff had been entered on to a programme to upskill them and place them on the specialist register. Working was being undertaken with Health Education East Midlands in order to develop the programme, protocols and

provide tutor support. There had been 12 Doctors coming in to the Trust in the last year through the scheme.

The Director of Human Resources and Organisational Development advised that work continued to fill existing roles and to develop a pipeline of medical staff. There were currently 80 people in the pipeline. The bigger challenge was nursing vacancies with 40k vacancies across the country. A domestic campaign would commence at the end of September with the international campaign to follow.

The Trust needed to review its skill mix, there were currently 1000 vacancies across the Trust without people to fill the roles. The Trust were looking to develop new roles and introduce an apprenticeship route in to the organisation.

The Director of Nursing noted that it was understood that nurses would look for progression opportunities when joining a Trust and this was not something that had been done well by the Trust. This needed to be considered and the nursing offer developed. The recent funding announced from the Centre for nurses post registration would support the Trust to develop the offer to attract new nurses.

Question 5 – A patient was being discharged from hospital and awaiting transport from TASL, the transport did not arrive resulting in a longer stay in hospital. Is there a financial impact on TASL for not collecting a patient as this had resulted in more resources being spent on the patient?

The Chair responded to advise that the information would be taken back to the Clinical Commissioning Group who were responsible for the transport contract.

Question 6 – The report had not mentioned the future of Lincoln Medical School, there were 80 places for 3 years and 19 for 6 years that had been filled. This was a positive start but this was looking to provide medical training rather than expert specialists. A recent experience of 111 and out of hours had worked well but this was the Community Trust. It had been hard to find parking and the machine in the reception area had not worked. Overall there was a need to remove parking machines that did not work and signs for parking needed to be clearer.

The Chief Executive responded that he and the Medical Director had been at the University as the students arrived to meet and greet them along with Edward Edgar. A number of students were asked if they were looking to do specialist or community training and what they wanted to do as a career. There had been a mix of responses with a number being uncertain as to their chosen path. The students were grateful to be there to learn and gain experience and interest as the training developed. This was fantastic news for Lincolnshire and the Trust were keen to make the most out of having the medical school.

Question 7 – The partial booking waiting list, going back from 2014 to today did not provide confidence that progress was being made in the right direction. Would any focus be applied in order to address this?

The Director of Operations responded that there had been a lot of change as to how the partial booking waiting list was reported. There was an opportunity for patients to come back and there would be changes as to how this would be reported. Follow ups would be offered differently to patients to avoid unnecessary

attendance. Services would need to be provided in a different way including phone calls and videoconferencing. This could significantly reduce the number of patients on the waiting list and improve experiences.

Question 8 – A number of resident in Grantham are undergoing chemotherapy, this requires a number of visits to the hospital for treatment when patients are feeling unwell. Could anything be done to deliver this service from a satellite site?

The Director of Nursing responded stating that the Trust have had a mobile chemotherapy bus for the last 5 years. This had been donated to the Trust and visited a number of sites. Consideration could be given to where the bus goes, this already focuses on hard to reach places.

Question 8 – Disappointment was noted regarding the Healthy Conversation events and the numbers of people who had filled in forms and attended events. Do you feel it is that there is no confidence that people would be listened to or that there is no confidence in the Board?

The Chair responded noting that the Board were approachable and could only put themselves in to the public domain through Board meetings or bespoke events in order to encourage people to talk to the Board. It was noted that at times the reputation of the Trust prevented this from happening. The Trust keeps open its lines of communication in order to seek feedback but at times this is not received.

The Chair advised that the Paediatric service at Boston demonstrated how people had confidence of the Board's ability to listen due to the amount of engagement activity that had been undertaken. 98% of patients had seen no change to service, this demonstrated that the Board had listened, had challenges but continued to provide a service that at one point had looked unlikely to continue.

The Chair noted that the Board listened, acted and changed as a result of feedback to the service change and requested that those engaged with the Trust were advocates for the Trust to build confidence. The Trust were intent on providing high quality care, recognising what needed to be done. There were ambitious plans in place to move forward.

005/19 The Chair thanked members of the public for attending the meeting and took the opportunity as the Chair of the Board, made substantive in January 2019, to thank colleagues for their support.

The Chair advised that the Director of Nursing would be leaving the Trust and thanked her for her supported and dedication for the last 10 years at the Trust.

006/19 **Item 5 Any Other Notified Items of Business**

There were no further items of business.

007/19 The APM for 2018/19 was closed.