

**Minutes of the Public Trust Board Meeting**

**Held on 30th November 2018**

**Trust Boardroom, Lincoln County Hospital**

**Present**

**Voting Members:**

Mrs Elaine Baylis, Interim Chair  
 Mrs Sarah Dunnett, Non-Executive Director  
 Dr Chris Gibson, Non-Executive Director  
 Mr Geoff Hayward, Non- Executive Director  
 Dr Neill Hepburn, Medical Director  
 Mrs Liz Libiszewski, Interim Non-Executive Director  
 Mr Alan Lockwood, Interim Non-Executive Director  
 Mr Paul Matthew, Acting Director of Finance and Procurement  
 Mrs Gill Ponder, Non-Executive Director  
 Mrs Michelle Rhodes, Director of Nursing  
 Mr Jan Sobieraj, Chief Executive  
 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:**

Mrs Jennie Negus, Deputy Chief Nurse (Item 8)  
 Mrs Kat Mayer, Ward Sister (Item 8)  
 Mrs Sarah Ward, Lead Cancer Nurse (Item 8)  
 Mr John Baines, Healthwatch  
 Mrs Jayne Warner, Trust Secretary  
 Mr Leon Rudman, Interim Deputy Trust Secretary (Minutes)

**Apologies:**

None

**1085/18 Item 1 Introduction**

The Interim Chair welcomed members of the public to the meeting and advised that following the recent Board Development session, she was open to suggestions from Board members as to how the agenda and meeting might be managed.

**1086/18 Item 2 Public Questions**

The Interim Chair expressed her thanks to the members of the public who had submitted questions.

1087/18 The meeting paused for questions from members of the public relating to the Agenda.

1088/18 **Question 1 - It related to the question of the new ANPR system. I said I would accept the rise in costs to park and did not mind as long as the car parks were maintained. Furthermore, any chance of additional spaces at Grantham. Often we are paying to park on the grass verges, if there is space. What happens if you drive in and there is no space and have to drive out again to find somewhere else to park? The ANPR will have recognised the car entering but if there is no space to park - what happens then on exit?**

- PS I would just add that I had occasion to visit A&E with my daughter yesterday in Grantham (26th November). There were no barriers but even so, I tried to take a ticket pressing the button firmly as requested. Nothing happened. On exiting, I, along with a few other people, went to two machines but could not get them to work. Went back into the department to be told by a nurse that she didn't think they were working but there were porters in high vis jackets around who would know! Another member of staff told us to ring "facilities" and another visitor said she had been told categorically that they were not working. I hear today on Radio Lincolnshire that "there were teething problems with the new system" - a statement from ULHT. Later in the morning, it was reported that notices of explanation were put on machines at Lincoln but that the problem had now been sorted although not at Pilgrim and Grantham. May I ask why no notices were displayed to this effect at Grantham? It would have saved a few people, me included, a lot of time and concern as to whether or not we would face a fine!!!!!! Please, this all needs addressing ASAP and the public treated with respect.**
- 1089/18 The Director of Estates and Facilities acknowledged that there had been difficulties following the implementation of the new *Automatic NumberPlate Recognition* parking system and apologised for any inconvenience caused to members of the public. It was noted that the intention, in addition to modernising the service, was that the new system would make it easier for members of the public, by offering more ways to pay. It was reported that work was ongoing in respect of providing cover for the pay machines, or moving them to areas which were undercover.
- 1090/18 The Board discussed the maintenance of the parking facilities and the number of spaces. It was noted that the Trust was not the only trust under pressure and the Director of Estates and Facilities confirmed that a travel plan was in place and that he was working with Staff Side colleagues to manage issues around staff parking.
- 1091/18 The Director of Estates and Facilities advised that on entering the carpark, drivers would be given 15 minutes to look for a space and that in the event that they left the car park within 15 minutes, they would not be charged and nor would they receive a penalty. It was noted that the Trust would, on application, reimburse penalties which had been levied as a result of patients having had to wait.
- 1092/18 The Interim Chair acknowledged the reputational issues and challenges and confirmed that the Trust would be responding to all feedback.
- 1093/18 **Question 2 - Can you please explain to us in Grantham, what options we have over the winter period, during evening hours, for emergency care? As we face another winter with adverse weather conditions, long travel distances, delays in ambulance response times and over pressured A&E's at Pilgrim and Lincoln? All with no transport provision back to town on discharge?**
- 1094/18 The Chief Operating Officer recommended that people make use of the 111 service which would direct people to the most appropriate service.

1095/18 **Question 3 - Reference Agenda item 13 Risk and Assurance.**

Since the appalling decision to curtail the 24 hour Grantham A&E department, the people of Grantham have been subjected to a startling increased risk and with winter road conditions fast approaching the remote local rural areas have now been left high and dry by the ULHT Board who just give the impression that they couldn't care less about them. Therefore with increased pressures on Lincoln County Hospital A&E Department, is it now safer for people living in the Grantham area to travel to the wonderful Peterborough Hospital for emergency treatment, if not where does Grantham fit into your Risk and Assurance targets and can you give the Grantham people assurances that you have improved the emergency provision for us and not diminished it entirely?

1096/18 The Medical Director confirmed that Grantham A&E remained open and that although there were potential areas of risk, none were considered fundamental. It was noted that *Risk of Harm to Patients* was currently rated 'Low'

1097/18 The Medical Director advised that there had been a slight increase in the number of reported incidents since the overnight closure; however, it was noted that this reflected a general increase in the number of incidents reported across the Trust in the same period. It was further noted that there had not been any deaths since the overnight closure. The Medical Director confirmed that there had been an increase in the number of people attending A&E at Peterborough Hospital, but that this was below the general increase in A&E attendances.

1098/18 In response to the question, the Interim Chair assured members of the public that the Trust did care about patients and repeated their commitment to provide excellent services to the people of Lincolnshire.

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9/18

**Question 4 - Has any family been asked to transfer their child in their own vehicle, under the risk register PEWS scoring to secure a bed please? Particularly as the PAU & Rainforest have been full on several occasions this week, leaving families stuck in A&E for hours & hours...**

1100/18 The Medical Director confirmed that the Trust had no record of parents being asked to transport/transfer their own children.

1101/18 **Question 5 - This question comes from the RCPCH report about ambulances:**

**Are EMAS ambulances that are carrying children being directed past the Pilgrim as it states in the report (pg 14). If so, this would be a reason for the 'remarkably quiet' activity we have seen and would be why the transfers from Pilgrim PAU are 'significantly less' than anticipated?**

1102/18 The Chief Operating Officer advised that there had not been any reduction in EMAS activity to Pilgrim.

1103/18 **Question 6 - What is the situation going forward with trainee paediatricians at Lincoln County? The board paper indicates some change.**

**And same for Pilgrim please. In connection with this, what assistance is HEEM providing to ULHT to ensure that full Paediatric services not only remain but also grow in Lincolnshire, including the Pilgrim site? What assistance will the Lincoln Medical School and School of Nursing provide too?**

- 1104/18 The Medical Director advised that the Trust continued to work with Health Education East Midlands who continued to send paediatric trainees on rotation. It was noted that the number of Tier 2 trainees had dropped and that the Trust was making adjustments to the rota and working with agencies and in order to increase the number of trainees.
- 1105/18 It was noted that work was ongoing with the Lincoln Medical School and the School of Nursing to promote the benefits of the Trust's rural location.
- 1106/18 **Question 7- Seeing as I won't be able to make it seeing as [baby] and myself have been affected by these changes, I would like to know how long this plan for PAU are going to last? When are we getting our full service back? I've been to 3 hospitals in 24 hours [Pilgrim, home, Skegness UC and Grimsby] to find when we arrive at the third my daughter wasn't even stable enough to transfer upstairs [children's ward] at Grimsby. Too many families are being affected.**
- 1107/18 The Medical Director commented that he was sorry to hear of this experience and advised that services, including those at Pilgrim Hospital, were under constant review and that it was the Trust's intention to continue with the interim model until such time that a safe and sustainable alternative could be implemented.
- 1108/18 The Interim Chair expressed her thanks for the question and acknowledged that anxiety felt by parents.
- 1109/18 **Item 3 Apologies for Absence**  
None.
- 1110/18 **Item 4 Declarations of Interest**  
There were no declarations of interest which had not been previously declared.
- 1111/18 **Item 5 Minutes of the meeting held on 26th October 2018 for accuracy**  
The Minutes were agreed as a true record subject to the amendment below: -
- 1112/18 Item 1066/18 – That the word “instructed” be substituted for the word “requested”
- 1113/18 **Item 6 Matters arising from the previous meeting/Action Log**  
Item 579/18 – FEP Delivery. Item included on Agenda. Item closed
- 1114/18 Item 840/18 – Operational Plan rating criteria – Deferred to January 2019
- 1115/18 Item 904/18 – The Director of Human Resources and Organisational Development provided an update. This remained an issue and the Guardians of Safe Working had been asked to attend the January WOD&T Committee. The Board would therefore receive an update in February 2019.
- 1116/18  
Item 1066/18 – It was confirmed that the Care Hours Per Patient Day comparative figures were now reported. – Item closed

1117/18

1118/18 Item 1069/18 – It was noted that the Risk Register had been updated to reflect the risks associated with the Trust’s cash position. Item closed

Item 1076/18 – It was noted that the work in respect of the BAF objectives was ongoing. The Draft 2019/20 priorities had been considered at a Board Development session and updated. Action complete.

1119/18 **Item 7 Chief Executive Horizon Scan**

The Chief Executive confirmed that the NHS long term plan was still awaited and that although the Trust was aware of the broad themes, there would be lots of detail which would be important in driving the Trust’s planning process. It was noted that there was a set process to agree plans with the CCGs in January. In response to a question from Mr Lockwood, the Chief Executive advised that he expected that the focus of the 10 year plan would be on outcomes for patients, rather than a particular area such as Workforce.

1120/18 The Chief Executive provided an update in respect of Q2 national performance and noted that, despite savings, the deficit for the NHS was in excess of £500m. It was further noted that the number of patients waiting more than 52 weeks had increased and that workforce issues persisted nationally.

1121/18 The Board received an update in respect of the ongoing solvency issues with Allied Healthcare. The Chief Executive confirmed that he was assured that the County Council had appropriate plans in place to ensure the continuity of the services provided by Allied in the event they were required.

1122/18 In respect of the STP, the Chief Executive reported that there had been a positive report on Mental health and that there had been a significant and welcomed drop in the number of out of area placements. In response to a question from the Interim Chair, the Chief Executive confirmed that the Trust was in good shape with regards to mental health in A&E and that any further developments would come through the Safeguarding Committee.

1123/18 The Chief Executive advised the Board that the 12 Integrated Neighbourhood Teams were working in support of patients across the County. It was noted that Pharmacists and Nutritional [check tape] had been appointed. It was further noted that downloads of the ‘ASAPLincs’ App continued to increase and were currently in excess of 10,000.

1124/18 In response to a query from Dr Gibson, the Chief Executive confirmed that the inconsistencies with regards to the reported ED admissions were as a result of the comparison of year on year figures and year v plan figures. The Chief Operating Officer commented that the Trust’s rate of growth was higher than the national average and the Chief Executive observed that the numbers did not take account of acuity or complexity.

1125/18 **Item 8 Patient Story**

Mrs Kat Mayer and Mrs Sarah Ward presented the ‘Patient Story’ to the Board.

1126/18 The Board were told Sylvia’s story. Initially Sylvia’s family had taken to Care Opinion to provide feedback in respect of her care. Upon receiving the feedback,

the Trust immediately reached out to Sylvia's family.

- 1127/18 It was reported that Sylvia, a 90 year-old patient with terminal cancer, had been receiving care on Navenby Ward. During a period when the hospital was at Level 4, and following a robust discussion with Bed Managers, the decision was taken, against the wishes of Matron, to discharge Sylvia. It was noted that the family were justifiably angry with the way in which Sylvia had been treated and that although the discharge was not necessarily unsafe, it did fall short of expectations.
- 1128/18 The Board were advised that, due to issues with pharmacy and patient transport, Sylvia was discharged without her medication. It was noted that the discharge process generally was reactive and that recent improvements had been made; which included the development of a Discharge Form which was used in conjunction with care homes.
- 1129/18 Mrs Mayer commented on the need for teams to work more collaboratively. It was proposed that a diary system be introduced so as to enable better communication between patients' families and doctors the *Blue Ribbon Patient* scheme was recommended. Mrs Ward advised the Board that the scheme was a way of identifying which patients, particularly those on end of life care, were not suitable candidates for moving/discharging in the event that bed capacity needed to be managed. It was noted that for such patients, the decisions to move would need to be made at Director Level.
- 1130/18 The Chief Operating Officer apologised, on behalf of the operational teams, and expressed regret that, on this occasion, the nursing staff were not listened to. The Director of Nursing said that nobody came to work to do a bad job and that it was sometimes easy, given the pressure the Trust was under, to overlook the needs of individual patients.
- 1131/18 Mr Baines expressed concern regarding the apparent disconnect between the medical and nursing staff. Mrs Mayer advised that there had been recent improvements and that the team were learning new things. It was acknowledged that the lack of communication had been the most significant issue and the Director of Human Resources and Organisational Development confirmed that this was consistently recognised as an issue in complaints.
- 1132/18 Mrs Ponder commented that the response to the feedback demonstrated strong leadership and was keen to ensure that the story was shared more widely. In response to confirmation from the Deputy Chief Nurse that there were a library of stories to share, the Director of Nursing advised that the Associate Director of Clinical Governance was working on methods to share stories.
- 1133/18 The Board considered the *Blue Ribbon Scheme* and agreed that the initiative should be supported; particularly as the Trust moved into winter. Mrs Libiszewski commented on the need to support the Bed Management Team in seeing the wider picture. It was acknowledged that there were opportunities for further development.
- 1134/18 The Board RESOLVED THAT it would give its full support to the implementation of the Blue Ribbon Scheme. The Chief Operating Officer undertook to support implementing the proposal before Christmas.
- 1135/18 Mrs Mayer, Mrs Ward and the Deputy Chief Nurse left the meeting.

## Item 9 Providing consistently safe, responsive, high quality care SO1

### 1136/18 Item 9.1 Paediatric Service Update

The Medical Director highlighted the main points of the report. It was noted that the interim model was still in place and that the service was still heavily dependent on locums; particularly out of hours.

1137/18 The Medical Director reported that since the model had been introduced, more than 1,000 patients had been seen, with some, depending on their needs, having been transferred to Lincoln, Grimsby, Peterborough and Kings Lynn; all using the dedicated ambulance. It was confirmed that there had not been any incidents of harm directly attributable to the model.

1138/18 The Medical Director reported that the model had significantly reduced the average length of patient stay and that work was underway to drive changes in clinical practice at Lincoln in order to bring about similar improvements. In response to a question from Mrs. Libiszewski, the Medical Director confirmed that reduction in the length of patient stay had not resulted in any more readmissions.

1139/18 The Board discussed the bed capacity and Mr Hayward sought assurance that there would be no reductions whilst children were being transferred out of the County. The Medical Director noted that the model was performing satisfactorily, albeit in a period of low demand. The Director of Nursing commented that there were risks associated with the number of beds and staffing levels.

1140/18 The Chief Executive noted that the Trust could evidence communication with staff, but ought to reflect on the fact that there was confusion at times; particularly around the consistency of the Standard Operating Procedures. The Deputy Chief Executive confirmed that this had been raised by staff during a ward with Mrs. Dunnett noting that messaging was not always consistent. It was agreed that this needed to be improved through team meeting communication.

### Action: Medical Director – 7th January 2019

1141/18 The Medical Director provided an update in respect of the *One Team Two Sites* model and advised that he envisaged that the model would develop over several months. In respect of System Working it was noted that the agreed plan was to be presented to NHS England shortly. It was further noted that the Community Paediatrics team required expanding.

1142/18 Following due discussion and consideration, the Board:

- Acknowledged the performance of the interim model during the first quarter of operation, the number of completed transfers, activity on each site, the issues encountered, and the actions undertaken to resolve those issues;
- Acknowledged the improvements to the patient experience for children and their families whilst undergoing assessment on the Paediatric Assessment Unit at Boston Pilgrim Hospital and the commitment of staff at Lincoln to support the interim model;

- Noted that the communication strategy would move into a second phase to promote the co-production of a sustainable model of care with staff, carers and children;
- Acknowledged that contingency options continued to be reviewed and that the contingency plan to centralise consultant-led maternity services onto the Lincoln site continued to be developed;
- Carefully considered the risks raised in the paper relating to the medical, nursing, managerial and leadership challenges that remain during the operation of the interim model and also for the likely future model in the coming months; and
- Considered each element of the model that has been discussed in the paper for mitigating the immediate risks relating to the medical staffing challenges.

1143/18 The Director of Nursing commented on the need to work around reducing the time children attending A&E spent in the department. A review of this was being completed by the Director of Nursing.

**Action: Director of Nursing – December 2018**

1144/18 **Item 9.2 Royal College of Paediatrics Report**

The Board received the Report and Action Plan which had been prepared by the Royal College of Paediatrics and Child Health, in respect of the Trust's Paediatric Service.

1145/18 The Medical Director reported that the Trust had commissioned the review and that the very experienced review team had engaged with clinicians and the public and had accurately described and identified the issues with the service. It was noted that the review team were, whilst critical of the Trust's 'traditional' model and whilst acknowledging the perennial workforce issues, clear that the service ought to be maintained.

1147/18 The Board were advised that a clear action plan had been produced and that it would be considered in depth at the Quality Governance Committee before presentation to the Board. The Interim Chair commented that the report was very helpful and that it was absolutely appropriate for it to be in the public domain.

1148/18 The Board noted the Report and the preparation of the Action Plan.

1049/18 **Item 9.3 Assurance and Risk Report Quality Governance Committee**

The Board received the upward assurance report from the Quality Governance Committee.

1050/18 Mrs Libiszewski advised that the inaugural meeting of the newly constituted Quality Safety Oversight Group had taken place. The Committee had considered the Trust's fragile services and the previously circulated report from the Royal College of Paediatricians. The Committee would seek assurances on an action

plan being put in place at the December meeting.

1051/18 The Board were advised that the Committee recommended that following a number of sustained improvements, BAF Objective 1A, to provide harm-free care, be re-rated to amber. The Interim Chair noted the improvement which reflected the hard work which had been done and the approved assurances which could be provided.

1052/18 **Item 9.4 R&D Operational Capability Statement**

The Board received and noted the NIHR Research and Development Operational Capability Statement which had previously been circulated and considered by the Quality Governance Committee. Mrs Dunnett requested that an R&D update paper be presented to the Board at a future meeting.

**Action: Medical Director April 2019**

**Item 10 Providing services by staff who demonstrate our values and behaviours SO2**

1053/18 **Item 10.1 Assurance and Risk Report: Finance, Performance and Estates Committee**

The Board received the upward assurance report from the Finance, Performance and Estates Committee. Dr Gibson chaired the Committee meeting in the absence of Mrs Ponder and presented the report.

1054/18 Dr Gibson commented that the Committee was reporting on the overall lack of assurance, which it was noted was principally due to difficulties around: the accuracy of forecasts; concerns regarding the continued high levels of agency spend; urgent care performance; and the 52 week waiting figures.

1055/18 The Committee had reviewed the BAF and had agreed that the rating for the assurances should remain the same. The Interim Chair expressed concern regarding the lack of assurance noting that the Committee would need to work closely with the Workforce and Organisational Development and Transformation Committee to tackle the headcount issues.

1056/18 Dr Gibson advised the Board that the Committee had been encouraged by the reported success of the Pilgrim reconfiguration project, and the reduction in cancellations following the changes implemented by Orthopaedics at Grantham.

The Committee had reviewed the Trust's financial position and had considered the latest iteration of the Trust financial recovery plan in detail.

The Board were advised that the training elements of the enforcement notices would expire in December and would not be extended further. The Trust would continue with its efforts against existing plans.

1057/18 **Item 10.2 Update on Trauma and Orthopaedics Trial**

The Board received the report. The Chief Operating Officer confirmed that the Trust had met its elective length of stay target for the first time and was now leading nationally in respect of average length of stay. It was confirmed that it

- was the intention that the performance would continue throughout the winter period.
- 1058/18 The Board recognised that there were still a number of challenged. It was reported that, due to a lack of demand, there was not currently a trauma operating list on Sunday. It was reported that this could be reviewed and stepped back up if necessary. It was noted that, in a bid to improve efficiency, the Saturday list would move to an elective list, with trauma slots. In response to a question from Mrs Libiszewski, the Chief Operating Officer confirmed that Trauma attracted best-practice tariffs.
- 1059/18 The Board discussed theatre utilisation rates and in response to comments from Mr Hayward, the Chief Operating Officer confirmed that the focus was on driving changes at Louth and Grantham as it was believed that these sites would provide the most impact.
- 1060/18 In response to a question from Mrs Dunnett, the Chief Operating Officer confirmed that patient feedback had been received and that it had been overwhelmingly positive. It was agreed that a further update on the effectiveness of the trial would be provided to the Board at its meeting in February.

**Action: Chief Operating Officer – 5th February 2019**

- 1061/18 The Medical Director commented on the pride now felt by staff and the fact that the narrative had changed. The Chief Operating Officer reported that the team's efforts had been recognised nationally. The Chief Executive said that the success of the trial was central to the Trust's 2021 strategy.
- 1062/18 **Item 10.3 Winter Plan**
- The Board received the final version of the Winter Plan. It was noted that the final draft of the plan detailed the ambition for the system. The Chief Operating Officer noted that the plan was predicated on a number of assumptions which meant that there were still risks in terms of delivery.
- 1063/18 The Interim Chair queried the extent to which the Trust had mitigated all of the risks it could, and Mrs. Dunnett questioned whether the Trust would be able to adequately manage the risks given the difficulties it was experiencing around ED provision.
- 1064/18 The Chief Executive noted that further Board discussion would be required and that the Trust would have more to do. It was noted that more capacity was needed at Boston and the Board discussed the funding of some of the schemes, particularly the timing and the Chief Executive confirmed that some, but not all, schemes identified in the plan had been agreed in terms of funding.
- 1065/18 The Interim Chair noted that the County Council had been particularly helpful and queried the plan's internal governance arrangements. The Chief Operating Officer confirmed that there was a team overseeing the plan, above which was a system team. It was noted that the Trust's performance against the plan would be monitored through the Finance, Performance and Estates Committee.
- 1066/18 It was agreed that the Board would consider the Plan holistically and that a further update, which would review the Trust's performance over the Christmas period, would be provided to the Board in January.

**Action: Chief Operating Officer – 7th January 2019**

**Item 11 Providing efficient and financially sustainable services SO3**

**1067/18 Item 11.1 Assurance and Risk Report: Workforce & Organisational Development and Transformation Committee**

Mr Hayward provided an update and confirmed that the Committee were assured with regards to Medical Revalidation and the process regarding the proposed Trust Operating Model. It was noted that the Committee remained assured with regards to Equality, Diversity and Inclusion and had commended and approved the pledges in respect of the *Step into Health* initiative and approved Terms of Reference for the Equality, Diversity and Inclusion Operational Group and the Equality, Diversity and Inclusion Engagement Network.

1068/18 It was reported that the Committee could not be assured with regards to the Guardians of Safe Working (Junior Doctors) and had requested that the Guardians, together with the Medical Director, attend the next meeting of the Committee.

1069/18 It was noted that the Committee remained unassured with regards to workforce capability, capacity and job planning.

1070/18 In response to a question from the Interim Chair, the Director of Human Resources and Organisational Development confirmed that the Staff Survey would close for responses today and that the Trust's response rate, although marginally down against last year, was in line with the national average for Trusts.

1071/18 In response to a question from Dr Gibson, Mr Hayward advised that under the recently revised terms of reference, responsibility for Transformation would fall into the Committee's remit.

1072/18 The Director of Human Resources and Organisational Development noted that the Trust's recovery plan contained a significant number of workforce elements. The Board discussed the progress which had been made in respect of recruitment and were advised that some progress had been made in respect of new roles, such as nurse Associates, and that efforts to drive cost reductions continued around the reduction in the use of agencies.

1073/18 The Director of Nursing directed Board members to the 'Developing Workforce Safeguards' document published by NHS Improvement and the recommendations and requirements to support informed, safe and sustainable workforce discussions. The Board asked that consideration of the recommendations be added to the Board forward planner.

**Action: Trust Secretary 7th January 2019**

**1074/18 Item 11.2 Nurse Establishment Review**

The Director of Nursing presented the report and advised that there had been significant input from Matrons and Ward Sisters which had resulted in a comprehensive piece of work having been produced. The Director of Nursing confirmed that she had also spoken at an NHSI event about safeguards in

challenged trusts.

1075/18 It was reported that the Board could be assured with regards to the establishment for the beds but that they should be aware that escalation beds were excluded and would require additional nurses.

1076/18 The Board were advised that the Trust presently had 300 nursing vacancies and that the Nursing Associates, once registered, would be included in the figures. The Director of Nursing highlighted that establishment review made no proposal to reduce headcount and had highlighted areas that required more work. Mrs Libiszewski commented on the helpfulness of the paper and queried how the Trust might evidence the impact of using Associate Nurses; a strategy that was not without controversy nationally. The Director of Nursing confirmed that a QIA had been conducted and that further ward specific mini QIAs were conducted where Associate Nurses had been deployed.

1077/18 The Chief Executive suggested that the Board should hear a staff story from an Associate Nurse in the Spring.

**Action: Director of Human Resources and Organisational Development – 2nd April 2019**

1078/18 In response to a question from Dr Gibson, the Director of Nursing confirmed that there was a mechanism in place to deploy a nursing reserve in the event that there was an acuity hotspot. It was also noted that the Nurse/Patient ratio was positive and that the establishment provides for a supernumerary Sister or Matron each day.

1079/18 The Interim Chair commented on the quality of the work completed by the Deputy Chief Nurse.

1080/18 Following due discussion, the Board RESOLVED to:

- Support the recommendations from this establishment review;
- Note that any changes proposed to the current nursing and midwifery establishments and skill mix will be supported by a full quality impact assessment prior to being implemented and these will be discussed with our regulators; and
- Support further work to be taken in relation to ‘team around the patient’

Mrs. Libiszewski left the meeting

**1081/18 Item 11.3 Freedom To Speak Up: Self-Assessment Action Plan**

The Board received the Report and the Trust Secretary confirmed that the FTSU Executive Lead had defaulted to the Director of Human Resources and Organisational Development and that in response to national guidance, the Chief Executive would now assume the role.

1082/18 It was noted that the Trust Secretary, in her capacity as FTSU Guardian would be attending a regional group meeting in December in order to gain a sense of the progress other trusts were making. It was noted that the Trust’s own action plan, although currently quite basic, was expected to improve.

- 1083/18 It was noted that the Trust Secretary would be meeting with Mrs Ponder, the non-executive lead, to discuss the mechanisms by which the Trust could build on the existing workplan
- 1084/18 The Chair questioned whether there was adequate resource and it was noted that this was under continuous review. The Board received the report and it was agreed that the action plan would come back to the Board as part of the quarterly updates on FTSU.

**Action: Trust Secretary – 5th February 2019**

1085/18 **Item 12.1 Integrated Performance Report**

The Board considered the Performance report with the focus on areas not already presented within the upward reports from the committees.

- 1086/18 The Director of Human Resources and Organisational Development reported that vacancy rates had fallen and that a decision was to be taken as to whether or not to proceed with the third party recruitment partner. It was noted that a recruitment event for Lincs Health & Care was to be held in December. It was expected that the event would attract in excess of 900 school leavers and in response to a question from the Interim Chair, the Director of Human Resources and Organisational Development advised that the event was aimed at all levels of potential recruit.
- 1087/18 Mrs Ponder noted that of the 14 roles advertised on *NHS jobs*, 10 were consultant roles. Mrs Ponder questioned why the Trust was not also advertising locum roles. The Director of Human Resources and Organisational Development advised that headcount in HR would be increasing so that additional support could be provided to the business in order to get more roles advertised. It was noted that recruitment effort was taking place outside of *NHS jobs* adverts.
- 1088/18 Mr. Lockwood commented on the agency reduction plan and when the Trust would be likely to see the results. The Director of Human Resources and Organisational Development confirmed that the Trust was presently consulting with staff regarding consolidating the bank and agency team. It was noted that the procedures regarding the engagement of agency staff required strengthening and that it was likely that this would have a significant impact.
- 1089/18 Mrs Dunnett noted that SEPSIS was flagging red and questioned what action was being taken. The Director of Nursing advised that screened patients were receiving antibiotics within the required 60 minutes; however, some patients were not screened, whilst others did not require screening. The Director of Nursing assured the Board that work was ongoing to make the process slicker and that technical issues needed to be resolved. This was reviewed on a weekly basis as part of the CQUIN process.
- 1090/18 Mrs Dunnett commented on the apparent backlog with regards to mortality reviews. The Medical Director acknowledged the backlog and assured the Board that the position was not worsening. It was noted that the Medical Examiner was now in post.
- 1091/18 The Board noted the Trust's financial position was £9.5m adverse to plan. The Financial Efficiency Plan delivery was £5.7m behind plan and remained a concern.

### **Item 13 Risk and Assurance**

#### **1092/18 Item 13.1 Board Assurance Framework and Corporate Risk Report**

The Board considered the report and the Medical Director highlighted the main points; noting that, as expected, there remained a number of high risks.

1093/18 The Board were advised of the risks around Aseptic Pharmacy, which centred around capacity and poor environment. It was noted that a long-term solution involving the Co-operative and Lincoln University was being developed.

1094/18 The Board were advised of the continued risks around E-Prescribing and the Pilgrim configuration and the Deputy Chief Executive commented that the risks, as described in the paper, were actually the absence of solutions and that the issues were not themselves inherent risks.

1095/18 Mr Hayward commented that the Board ought to be able to better identify the flow of divisional risks to the Corporate Risk Register. The Interim Chair suggested that the flow diagram should be reproduced in order to improve the Board's visibility.

1096/18 Following due consideration, the Board agreed that they could be confident that the risk Register and BAF accurately recorded and reflected the known risks.

1097/18 The Interim Chair led a thorough review of the Board Assurance Framework.

1098/18 Dr Gibson commented that the Committee agendas and work plans better were now better aligned to the BAF and Mr Hayward commented that it was now better embedded in the PRM process which was positive.

1099/18 The Board noted the one change to Amber in the BAF and it was agreed that the green rating for 'Electronic Patient Records' would be considered further. The Interim Chair noted that, despite the red ratings, the overall picture was improving. The Board duly accepted the BAF.

### **Item 14 Strategy and Policy**

#### **1100/18 Item 14.1 Board Forward Planner**

The Board noted the planner.

#### **1101/18 Item 14.2 ULH Innovation**

The Board received and noted the report. The Director of Nursing reported on the excellent feedback which had been received from the Medical Examiner consultant regarding end of life care.

#### **1102/18 Item 15 Any Other Notified Items of urgent Business**

None

#### **1103/18 Item 16 Date of Next Meeting**

It was noted that the next meeting would be held on Monday, 7th January 2019

Voting Members	15 Dec 2017	26 Jan 2018	23 Feb 2018	29 Mar 2018	27 Apr 2018	25 May 2018	29 June 2018	27 July 2018	31 Aug 2018	28 Sept 2018	26 Oct 2018	30 Nov 2018
Elaine Baylis		X	X	X	X	X	X	X	X	X	X	X
Chris Gibson	X	X	X	X	X	A	X	A	X	A	A	X
Geoff Hayward	X	X	X	X	X	X	X	X	A	A	X	X
Gill Ponder	X	X	X	X	X	X	X	X	X	X	X	X
Jan Sobieraj	X	X	A	X	X	X	X	X	X	X	X	X
Neill Hepburn	X	X	X	X	X	X	X	X	X	X	X	X
Karen Brown	X	X	X	X	X	X	X	X	X	A	X	
Michelle Rhodes	X	X	X	A	X	X	X	A	X	X	X	X
Kevin Turner	X	X	X	X	X	A	A	A	X	X	X	X
Sarah Dunnett	X	X	X	X	X	X	X	X	X	X	A	X
Elizabeth Libiszewski				X	X	X	X	X	X	X	X	X
Alan Lockwood							X	X	X	X	X	X
Paul Matthew												X