Agenda Item 5

United Lincolnshire Hospitals NHS Trust

Minutes of the Public Trust Board Meeting

Held on 27 April 2018

New Life Centre, Sleaford.

Present **Voting Members**	**Non Voting Members**
Mrs Elaine Baylis, Interim Chair Ms Karen Brown, Director of Finance, Procurement and Corporate Affairs 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 Mrs Gill Ponder, Non-Executive Director Mrs Michelle Rhodes, Director of Nursing Mr Jan Sobieraj, Chief Executive Mr Kevin Turner, Deputy Chief Executive	Mr Martin Rayson, Director of Human Resources and Organisational Development Mr Mark Brassington, Chief Operating Officer Mr Paul Boocock, Director of Estates and Facilities
In Attendance Miss Lucy Ettridge, Associate Director Communications and Engagement Mrs Jayne Warner, Trust Secretary (minutes) Mr John Bains, Healthwatch Chair	**Apologies** None

324/18	**ITEM 1. INTRODUCTION** The Chair welcomed the members of the public to the meeting.
325/18	**ITEM 2. QUESTIONS** The meeting paused for questions from members of the public relating to the agenda. Question: As we reach over 20 months of overnight closure of Grantham A&E, can you please tell us: With the increase of additional staff, are we at a safe level to operate a 24hr service at Grantham yet? What options are being looked at, for Grantham, under the acute services review? and With time critical emergencies needing

	immediate attention, our residents are very concerned about getting swift care in regards to ambulance response and distance to travel, so we would like to hear some reassurances that our concerns are being listened to and acted on. Do you agree that, to provide a safe level of service for the community of Grantham and District, we need to keep the same level of medical intake/acuity as we currently have in the day? The Medical Director responded that the Trust wants to provide safe effective care at all times for people in Lincolnshire with safe staffing in conjunction with Health Community. The Trust is currently working with the CCGs to formulate a clear plan, which is not yet agreed. Question: Given the 20 month "temporary" overnight closure of Grantham A&E, the proposed changes to Orthopaedic services, and the proposed centralisation of Maternity and Paediatric care to Lincoln hospital, it seems that ULHT are having difficulties adequately providing these services. Have the board considered asking the CCG to see if they can commission these services from an alternative provider to reduce the pressure on ULHT while they remain in financial special measures without leaving the public with inadequate and potentially dangerous healthcare? The Director of Finance, Procurement and Corporate Affairs confirmed that the Commissioners and regulators work closely with us on all issues. Meetings also take place with other Local Providers to ensure that a joint solution is adopted. Question: We are now approaching two years of Grantham's A&E facility being closed overnight and the 70th anniversary of the creation of the National Health Service . Do you not think it's time to consult with the people of Lincolnshire and, in particular Grantham residents, regarding the future of health care provision that the Trust provide, especially as some of the STP plans have already been put in place without public consultation. The Deputy Chief Executive confirmed that the Trust are partners in the STP and the Board are in agreement that progress needs to be made and any areas which require consultation should be consulted on. The Board highlighted the previous frustration which had been shared due to the pace of the STP work. It was confirmed that the timeline of events is within the formal process and within the next couple of months discussions will be publicised Question: We are now approaching two years of overnight closure of Grantham A&E facility with no prospect of it re opening 24/7 ever again. Given that the trust has recently recruited a number of middle grade doctors and nurses will you consider extending the opening hours until midnight. If this cannot be done can you please explain to the residents, campaigners and councillors why not. The Medical Director confirmed the Board considered this decision carefully at the end of 2017 and that there was little difference between extending to

	midnight to opening all night. A system review on the type of care provided at Grantham is required. Question: The paper on Trauma and Orthopaedics states "In the light of the above principles and following the conclusion of required discussions with commissioners, stakeholders, patients and the public clinicians may wish to move as quickly and safely as possible to trial a different way of working in order to test the proposed operating models." Can the board provide assurances that NO changes will be made to Trauma and Orthopaedic services at Grantham Hospital until a full public consultation has taken place? The Chief Operating Officer confirmed that work is underway to review the Orthopaedic services across all sites. It was confirmed that services changes occur for several reasons, one being the changes to patient volume on a regular basis. The Board were committed to undergo consultation as required. Question: I would like to know how the board is tackling the scheduled population growth in Grantham through the planning proposals for huge increases in housing specifically around the area associated with the new relief road, the area around Manthorpe, and the area generated by the MOD release of the Royal Corps of logistics base at Spittlegate? The number of dwellings has the potential to nearly double the population of Grantham making it the biggest population area in Lincolnshire, second only to Lincoln. What response has ULHT given to all the planning applications? What response has ULHT given to all the Section 106 discussions? What response and consideration has ULHT given to any Community Infrastructure Levy proposals? In addition what has ULHT factored into its internal planning with respect to the STPs concerning this population growth or perhaps better described as surge? How has this impact been considered with regard to meetings targets for both EMAS and ULHT? Where does this dramatic change appear in the Risk Register for ULHT? The Deputy Chief Executive confirmed the Trust are working with partner organisations to understand the needs of the population and delivers the services through a contractual agreement with the Clinical Commissioning Groups. Work is ongoing as part of the STP, which will factor in with the national statistics and includes more than the Acute Sector. Question: Further to the Health Scrutiny Meeting and Councillors comments, thanking campaigners for sharing their information with them, despite previous misconceptions that campaigners were nothing more than "scaremongerers" and not the well informed committee of volunteering public, that we actually are, regarding the evidence that Orthopaedic Trauma is going to be removed from Grantham Hospital against the wishes of the Consultants, who deem this an unsafe move, are the ULHT Board now prepared to act upon those consultant and public wishes and NOT remove Orthopaedic Trauma from Grantham Hospital? There are no "options", as far as I can see regarding this question, as we all know removal of this service would further destabilise our A & E. Will Orthopaedic Trauma remain at Grantham Hospital? Yes or No? I would like the above read out if possible with the question asked about

	Orthopaedic Trauma, and would be interested to hear from the ULHT Board, as to whether they have considered Councillors Wootten's proposal to "work" with the campaign group, so that clearer understanding of decisions being made can be relayed to the public, who remain fearful of decisions being made "behind closed doors". Perhaps the time for honesty from ULHT, CCG's and County Council about the proposals for our county, as dictated and currently being implemented through the "rejected" Sustainability and Transformation Partnership is long overdue. The Chief Operating Officer confirmed that work is underway with Clinicians although no model is yet to be agreed but there is no intention to destabilise A&E. Question: I ask ULHT to justify the removal and downgrading of services at Grantham Hospital, and explain how the loss of services improve patient safety. Grantham and surrounding villages are expanding rapidly, surely as a result services should be improved as opposed to removed, therefore 24 hour A&E plus Orthopaedic Trauma are needed or lives will be put at risk as public transport in Lincolnshire is inadequate, and access to an A&E would be almost impossible for many people. The Chief Operating Officer confirmed there is a duty to provide services across the County of Lincolnshire although there need to be a balance of what can and can't be provided locally. Question: Could Paediatric Doctors and Nurses, plus bank staff be seconded to Boston Pilgrim Hospital on loan, from Lincoln or within ULHT area, so that the Children's Ward, Neonatal, Maternity and A & E are supported whilst staff are found to fill the breach. The Director of HR and OD responded that the key issue in paediatrics relates to Middle Grade Doctors and the Trust has considered other options including discussions with surrounding Trusts, who have been unable to support. It was highlighted that the any decision made must be mindful of not creating shortages in other organisations. Question: I strongly object to the possible transfer of Orthopaedic Trauma services from Grantham Hospital to Lincoln County Hospital. Please provide the Risk Assessments for both possible transfers of services to Lincoln County Hospital. The Chief Operating Officer confirmed that there are Orthopaedic Services across all sites and no final model has yet been agreed. All proposals will be made public through the Public Trust Board Meeting. Question: ULHT continues to be in both quality and financial special measures. The annual deficit for the financial year 2017-18 is considerably worse than forecast. A&E 4 hour waiting times continue to deteriorate. Handover times from EMAS to the A&E Departments at Lincoln County and Boston Pilgrim are the worst in the East Midlands. Services at Grantham Hospital continue to be under threat; the latest being Orthopaedic Trauma. The Paediatric service at

	Boston is now under threat because of the failure of the Trust to recruit enough staff. Agency expenditure is nearly £30m per annum because of the repeated failure of ULHT to recruit sufficient staff. Grantham Hospital A&E is not able to provide a 24/7 service because of this staff recruitment issue which has been known about for years. Cancer targets aren't being met. These are just a few of the repeated and continued failings of the ULHT Board to managed the Trust. In the light of these continued and repeated failures how can the residents of Lincolnshire have any confidence and faith in the ability of the Board to solve the problems faced by the Trust and to provide a proper acute service to the residents of the County? The Chief Executive responded om behalf of the Board and confirmed that the NHS is facing tough times nationally and the challenges faced have built up over many years and the repeated changes in leadership have not been helpful. A stable Executive Team have been in place for a year who are supported by an experienced group of Non-Executive Directors who have a commitment to make sure patients are safe and to be transparent as they work to achieve a sustainable healthcare solution. Question: 1. The Board states that they cannot keep and recruit staff for the Paediatric Ward and that this is a sudden happening :- a. Please confirm or deny and give an explanation of :- why the admin has refused offers from ex staff (nurses) with suitable skills to work shifts in the Paediatric Ward. b. Please explain the rationale of:- when and for what reason the Paediatric Ward beds were reduced from 19 to 9 beds and that such actions amount to destabilise the children's Paediatric service from Pilgrim? c. Do the Trusts understand and accept that informing staff many months in advance that the children's ward will be reduced in size and moved to Lincoln impacts on their Trusts ability to retain and motivate staff? d. Please explain how ULHT were thinking new middle grade doctors would be attracted to work for a downgrade size children's ward unit from 19 to 9 beds. Doesn't the Trust understand as Consultants have commented that such a move makes the job unattractive? e. Will the trust, when closing Pilgrim Paediatric Ward ensure that there is the equivalent number of NEW beds generated at Lincoln County to equal and match the previous capacity of 19 beds at Pilgrim. If not how many extra beds will there be added? Furthermore where will children be sent when Lincoln County has NO capacity available? f. Will the trust guarantee, unlike the Assurances given to Grantham for the reopening of night-time 24 hours A&E, that ULHT will reopen he children's ward at Pilgrim? And, under exactly what parameters will the ward reopen after the option is taken to close it. g. What (special) arrangements for transport costs reimbursement will be made to those disadvantaged by the Trusts actions / inactions.... to financially and morally, compassionately assist those parents who have no chance (without cars) and on low incomes and in vulnerable categories.... and compounded with the lack of evening/ night time public transport - be assisted, so that they can visit and see their

	children who will be moved to Lincoln County for whatever need, covering 999 callouts, A&E attendance ? h. If and when Paediatrics are closed, what assurances and what cooperation has been made with EMAS to guarantee that any parent turning up at Pilgrim hospital with a child for emergency will NOT be disadvantaged and put at risk by the lack of immediate ambulance transport, and will the ambulance take the parent(s) with them? i. Will the trust explain why there is NO public Consultation on the service safety issues j. Where are the risk assessments? Have risk assessment been made and have they been completed? Particularly concerning the great effect that the in arrested emergency ambulance journey time possible up to two hours more) and the increased distance will have on patient safety and outcomes . The Interim Chair advised that question 1a and 1b would be responded to with the remainder answered outside the meeting. The Director of Nursing confirmed that staff are encouraged to join the bank and bank pay has been increased, which has seen an additional 500 nurses joining. The Board were unaware of any staff being unable to join, and are not turning people away. The Trust has also approached staff at other Trusts to join the Trust bank. The Director of Nursing confirmed the number of beds reduced in 2014 from 19 at Boston and Lincoln to 14 due to nurse staffing. As part of a staffing review the Trust agreed to increase Paediatric nursing by 10 but could not recruit to these posts. Some shifts have to flex beds due to the Nursing and Medical staff ratios. Question: As an ex-paediatric nurse who was regularly in charge of the Children's Ward at Pilgrim Hospital, Boston, I received, on a regular basis, telephone calls from Rainforest Ward at Lincoln County Hospital to ask if Children's Ward could take their on-call. The reason being given that they had insufficient beds or insufficient staff to cope with their own admissions. As a result, several children were forced to travel from the Lincoln catchment area for admission to the Children's Ward at Pilgrim Hospital, causing additional stress and risk to that which they were already experiencing. If Rainforest Ward and Lincoln County Hospital are already struggling to cope with the number of children requiring hospital beds and have insufficient staff, how does the Board anticipate them being able to cope with those children who need admission from the Pilgrim Hospital catchment area too? The Medical Director responded that United Lincolnshire Hospitals NHS Trust is one Trust with different sites. As a Trust the sites work together to deal with patients when they arrive to provide safe care. As part of the review work is ongoing to explore all issues and the potential solutions.
	ITEM 3. APOLOGIES FOR ABSENCE RECEIVED There were no apologies received.

326/18	**ITEM 4. DECLARATIONS OF INTEREST** Mrs Dunnett advised that she holds the position of Deputy Chair at North West Anglia NHS Trust which provides services at Peterborough Hospital and that this provider may be affected by changes to paediatric services at the Trust. Mrs Libiszewski confirmed she is Non-Executive Director of Lincolnshire Community Health Services. The Interim Chair confirmed she is chair at Lincolnshire Community Health Services.
327/18	**ITEM 5. MINUTES OF THE MEETING HELD ON 28 MARCH 2018** The minute of the meeting which took place on 28th March 2018 were agreed as a true and accurate record subject to the following amendments:- Mrs Dunnett had advised the Trust Secretary of a number of typographical errors which would be amended. Mrs Libiszewski noted that “interim” had been omitted in respect of her post and that of the Interim Chair. Minute 271/18 should read “a deterioration in performance” Minute 265/18 should read “there had been five further cases of clostridium difficile however Public Health England did not consider the Trust to be an outlier for infection” Minute 288/18 should read “nursing” cohort recruitment exercise. Minute 300/18 should read £77.7m not £79m.

328/18	**ITEM 6. MATTERS ARISING/ACTION LOG** 742/17 Review of Capital Programme. Complete. 222/18 The quality of data still an issue. New reporting would start in September. Action to be closed. 127/18 Consideration of patient experience assurances would be built in to board development planner going forward. Action to be closed. 147/18 The Governance plan had been circulated. Complete. 156/18 The refresh of the corporate risk registers continued to be work in progress and would be completed May 2018. 163/18 Patient experience data would be included in the Board reporting in May. 254/18 The Chair of the Quality Governance Committee had met the team and were working to produce a more meaningful report which would be cross referenced to identify trends and patterns. Complete 264/18 The Board were advised that data for Louth was incorporated within the Lincoln data set as the numbers were very small. Mrs Ponder responded that there had been a high number of medication incidents at Louth but the data was not seen consistently. This issue would be picked up in the review of the integrated performance report and should remain on the action log.
329/18	**ITEM 7 CHIEF EXECUTIVE HORIZON SCAN** The Chief Executive highlighted the possibility of additional funding for the NHS, noting however it was not clear how significant any future investment would be. The Board were advised that Clinical Commissioning Groups nationally have a massive deficit which gave a flavour of the pressures being faced by the NHS currently. The Board were informed of a forthcoming report on the impact of technology on how care is provided. National regulators and bodies were committed to working together going forward. Adverts were being placed for students to commence in 2019 the recently announced medical school for Lincoln. This was hugely exciting and gave the Trust opportunities for how it responded to workforce issues going forward. The Trust were still awaiting feedback on the recent CQC well led review which was expected in June. The Chief Executive noted the media reporting of delays for doctors being recruited from outside the EU. This did affect the Trust with some potential recruits waiting on visa applications.

330/18	**Item 8 Patient Story** The Deputy Chief Nurse presented a story which covered both patient and staff experience. The story told of an assault of a member of Trust staff by a distressed patient and the steps which the Trust had taken following the incident. The Deputy Chief Nurse highlighted the areas of policy which had been inadequate and the failed opportunity for learning and debrief after the event.
331/18	The Board were advised of the significant work which had been done since the event on the policy for clinical hold and restraint and the reporting methods in place for nursing and security staff. The Board were advised that improved training was now in place with the member of staff involved wanting to make sure that this was extended to all staff including bank.
332/18	The Interim Chair thanked the staff involved for agreeing to share the story and bring to life for the Board the challenges faced on the wards every day. The Chief Executive added that the Trust needed to be proactive and identify in advance of incidents what was needed. The Deputy Chief Nurse responded that the Trust would be aware of some hot spot areas and how it could better predict likely risks.
333/18	**Item 9 Quality and Safety** **Item 9.1 Children and Young Persons Services at ULHT – Risk to Sustainability of the Service** The Medical Director presented a report which detailed for the Board the difficulties and challenges being faced by the service. The Interim Chair highlighted that the Trust had worked very hard to resolve the issues but there remained real and present risks which the Board needed to consider and determine the action that would be taken. The Interim Chair asked that the Board challenge and confirm the information with which they were presented and fully explore all of the known risks. The Board needed to consider the quality and equality impact and should focus on how the Trust could provide a safe level of care for patients. The Interim Chair recognised the anxiety being felt by staff working in the service and acknowledged the efforts that staff had made to solve the issues in recent weeks. The Interim Chair also recognised the understandable anxiety of the members of the local community.
334/18	The Medical Director explained that the Trust provided a children and young persons service across the three main sites although this was limited at Grantham. Including outpatients, community, acute in patients, emergency assessment, neonatal care, consultant led obstetrics, emergency department, outpatient clinic, elective day cases.
335/18	The Medical Director stated that staffing challenges had previously been met by reducing the number of beds for children or providing cover with agency staff, however staffing levels were deteriorating in addition to providing support to the emergency department following the CQC review. The Medical Director advised that it was no longer possible to safely mitigate the risks and the Trust did not

	have staff in the pipeline going forward to address the gaps.
336/18	The activity seen within children and young persons services was considered. The Board were advised that the Trust saw significant numbers of outpatients whilst the volume of daycase patients was relatively small. Approximately 9-10 beds were required to deal with the activity the Trust was seeing. Most of the children attending the sites were attending by care with around 50% f those seen each day being admitted.
337/18	The Medical Director explained that the Trust had struggled to achieve staffing levels which met national standards. The Royal College guidance would expect 23 consultant, 18 middle grade doctors and 24 junior doctors to provide the level of services. The Trust currently had and establishment for 8 consultants at Lincoln with 8 in post, 8 middle grade doctors against an establishment of 8. At Boston the Trust had establishment of 8.5 consultants with only 6 in post and 5 middle grades in post reducing to 1 against an establishment of 8.
338/18	The Medical Director described the gaps in the staffing and the key dates going forward when the situation became more difficulty. The Board were advised that the service had been fragile for some time and the Medical Director paid testament to the efforts of staff at continuing to provide the service.
339/18	The Director of Nursing described the nurse staffing levels in the service. The Board were advised that the service was carrying 7.5 nurse vacancies. At Boston there was only one children’s nurse. The Trust had been supporting the service with the use of agency and bank staff. The Director of Nursing advised that the Trust had been using adult nurses who had been through a competency programme but only had one children’s nurse on each shift. The skill mix had been reviewed and it was not possible to reduce this any further.
340/18	The Director of Workforce and OD highlighted that workforce had been a key challenge for the Trust over the last two years in many specialties. There had been a reduction in the numbers training as children’s nurses. The Director of Human Resources and OD advised that the Trust had looked at actions taken by other Trusts had brought in recruitment specialists, introduced cohort recruitment and done extensive workforce planning looking at future requirements. The Board were advised that recruitment to Lincolnshire was difficult with particular issues linked to Boston’s geography.
341/18	The Trust had run 16 recruitment exercises for middle grade staff in the last 10 months and had only attracted 10 applicants with 1 appointment made. The Trust was adamant it must retain its high standards. The Board were advised that there were some staff in the recruitment pipeline but there was no certainty.
342/18	The Medical Director advised the Board that when the issue was escalated within the Trust the Trust asked for help from the wider system. The problem being experienced at the Trust is a national one and other Trusts were unable to help. The Trust had triggered a risk summit with other partners and asked for help at looking for other options which had not previously been considered. The conclusion of the risk summit was that the service was not sustainable and mitigating options needed to be considered. The Trust was facing a critical date

	of the 4 June 2018 when it would not be able to provide the paediatric service that it had at present.
343/18	The Interim Chair acknowledged that Healthwatch were very concerned and asked their representative at the meeting for any comments. Mr Bains responded that Healthwatch had written to the Interim Chair and that they had been approached by 20 concerned parents in the area. Healthwatch acknowledged the difficulties with staffing but were concerned about the impact on other services. Mr Bains asked whether in the light of the continued problems attracting staff more radical solutions should be considered. Mr Bains stated that Healthwatch shared the Board's frustration on the delays with the STP consultation. Mr Bains highlighted that this was a worrying time for Boston residents and challenged the Board to be rigorous in their challenge of the decisions to be made. The Interim Chair thanked Mr Bains for his comments and acknowledged the concerns.
344/18	The Interim Chair reported that the Trust Board had received a question from the Neonatal nurses at Pilgrim Hospital who had asked whether some of the Lincoln staff could move to Boston. The Director of Nursing responded that the service at Lincoln was also fragile and moving nurses would put the service at Lincoln at risk. The Trust had asked for volunteers from all paediatric nurses to work at Pilgrim and had offered increased rates for nursing staff on the Trust bank.
345/18	The Interim Chair asked for the view of the management team for the directorate who were in attendance at the meeting. The response was that the conclusion was that the mitigations could no longer be continued and that staff health and wellbeing were affected therefore the matter had been escalated. The Interim Chair stated that this was exactly what should happen and that the responsibility for finding a solution sat with the Board.
346/18	Mr Hayward questioned how children cared for in the community were affected. The Director of Nursing advised that there were 30 children on the community paediatric case load with home ventilation.
347/18	Mrs Dunnett questioned the activity levels and the actual number of beds required to meet that level of activity. The Medical Director advised that the college levels were not being achieved by many units across the country and the establishment level was reasonable for the level of activity.
348/18	Mrs Dunnett asked whether the Trust had subjected any of its assumptions to independent review. The Medical Director responded that NHS Improvement had requested a review by the Clinical Senate and the Royal College as the situation in Lincolnshire was different to other counties. These reviews would be completed during May. The Clinical Senate would consider the safest minimum levels which the Trust could provide a service.
349/18	Mrs Libiszewski noted that some of the doctors were leaving due to lack of opportunity in Lincolnshire and questioned whether the Trust had looked at ways to support them to stay. The Director of Human Resources and OD stated that he was not sure the extent to which this had been explored, however two of

	the leavers had secured national training programme posts which the Trust would not have the infrastructure to support.
350/18	Mrs Libiszewski asked what action the Trust was taking to support doctors at Boston in their training. The Medical Director advised that it was difficult to sustain the supervision and training. The Trust had approached Health Education East Midlands and whilst they understood the difficulties faced by the Trust they saw the Trust as a system under pressures and were mindful to remove all trainees from Lincolnshire. The Trust had established that there were sufficient consultants at Lincoln to provide an appropriate environment for trainees. Loss of all trainees would have been a disaster for the Trust. The Director of Human Resources and OD added that the Trust continued to work on development pathways and supporting staff who were working at the Trust.
351/18	Mr Hayward asked how many beds the Trust was able to support at present. The Chief Operating Officer responded that this piece of work was ongoing as the position changed on a daily basis. The Trust also had to consider sustainability going forward. The Chief Executive added that the Trust had to consider the balance between temporary and substantive staff. There were inherent risks to bringing in unknown staff and balancing numbers and skills and the Trust had to be confident in their practice.
352/18	Mrs Ponder asked for assurance that trained staff working in non-clinical roles had been approached to return to practice. The Director of Nursing confirmed this had been attempted. The Trust had identified all paediatric nurses across the Trust and would continue to review this.
353/18	Mrs Ponder asked whether the Trust had worked with other Trusts to see if they had solutions. The Director of Human Resources and OD responded that the Trust had worked with best practice models for agency and establishment.
354/18	Mrs Libiszewski stated that it would be useful to understand the pathways for the high risk cohort of patients and understand in more detail the types of patient that were being seen.
355/18	The Interim Chair summarised that the further information which the Board were requesting was details on the acuity of the patients, the pathways for patients, the impact for patients in the community and how these could be kept at home, different approaches for recruitment and the risks around increased use of agency and locum doctors. **Action: Medical Director 25 May 2018**
356/18	The Interim Chair then asked the Medical Director to detail the options available to the Trust Board.
357/18	The Medical Director described option 1 where the service was retained as it is. This option relied on finding middle grade doctors and running rotas based entirely on locum staff. NHS Improvement had indicated that they considered this to be very high risk and would struggle to support. The Trust would be an national outlier if using this model. The Trust continued to work to be attractive

	and secure longer term locum staff but the high level of risk for this option needs to be articulated.
358/18	Option 2 described to the Board temporary closure of the children's in patient ward and the redirection of paediatric emergencies along with the increase in gestational age for deliveries in the high risk birthing unit from 30 weeks to 34 weeks.
359/18	Dr Gibson commented that this would bring increased risk from travel and transfer of patients and this would be mainly by car not ambulance so need to understand the risks. Mrs Libiszewski questioned whether surgery would still take place with this model. The Medical Director explained that the Trust was still looking at what surgery could safely take place if the beds were removed.
360/18	Mrs Libiszewski stated that she would want assurance on the risk impact of gestational age. Mrs Dunnett stated that she would need assurance on what temporary meant. The Medical Director responded that the Trust did not have an end point and that was why it was seeking external support and advice.
361/18	Option 3 included the closure of paediatric inpatient services and the establishment of a midwifery led birthing unit, alongside temporary closure of the consultant led unit and neonatology. Mr Hayward questioned whether the midwifery led unit was sustainable. The Medical Director confirmed that the Trust was fully recruited to midwife posts and that better births supports midwifery led units. The Interim Chair asked what the estates impact would be for this option. The Director of Estates and Facilities responded that the estates department were working on solutions to mirror all of the clinical options. The Medical Director advised that job models would need to be reviewed as work plans would change significantly. The Interim Chair confirmed that NHS Improvement had commissioned the clinical senate. The Chief Executive responded that NHS Improvement as the regulator would want assurance on the decisions made by the Trust to discharge their responsibilities.
362/18	Option 4 maintained paediatric inpatients and transfer staff from Lincoln. Stop day case elective and all outpatient appointments. The Medical Director advised that current staff would find this model very difficult. Mrs Libiszewski questioned whether there was a way to look at layering that would release some staff. Mrs Dunnett commented that the Trust needed to be clear what the end position would be and the parameters.
363/18	The Interim Chair stated that the decision was very explicitly not financial. There would be a significant cost to all options and the decision had to be on the grounds of patient safety. The least costly option was option 1. The Interim Chair stated that quality impact assessments needed to be worked up and equality and access needed to be considered as well.
364/18	The Interim Chair asked the Medical Director to outline the governance process. The Medical Director explained that the process was being overseen by a project board and a task and finish group which included stakeholders. The clinical senate review was to be completed during May and the Royal College review during June.

365/18	The Interim Chair concluded that the situation was not a welcome one for the Trust and despite lots of work the situation continued to deteriorate. The Trust Board had been presented with lots of data but required further analysis to understand what this would mean going forward. The next critical date reached for the service would be the 4th June.
	RESOLVED
366/18	The Trust Board would consider at its next meeting further work on each of the options with none of these being discounted at present. At this stage the Trust would also have further advice from external bodies and more detail on quality and equality impact assessments.
367/18	**Item 9.2 Assurance and Risk Report Quality Governance**
	Mrs Libiszewski presented the Board with the Assurance Report from the Quality Governance Committee which took place on 16th April 2018.
368/18	The Committee had considered the Quality Account and Quality Strategy. The Board delegated agreement of the quality priorities for 2018/19 to the committee. The Quality Strategy had to be aligned with 2021 Strategy.
369/18	The Board were advised that the committee had not been assured on achievement of compliance with the new General Data Protection Regulations. There had been progress with interim recruitment to support implementation.
370/18	The Committee had highlighted concerns about the historical data in the performance report. This was being reviewed under the leadership of the Director of Finance, Procurement and Corporate Affairs. The Interim Chair questioned the quality assurance processes for data. Mrs Dunnett stated that this issue was going to be considered at Audit Committee at its next meeting.
371/18	The Chair of the committee had met with the Director of Nursing and Medical Director to discuss the clinical governance arrangements. The work would be brought back to the committee in the future.
372/18	The number of never events had increased to 5.
373/18	The number of deaths reported attributable to mental health had escalated and the committee had asked for assurance on the data.
374/18	The committee were still lacking assurance in respect of the risk register as this had not been presented.
	RESOLVED The Trust Board noted the • Assurances received by the committee. • Those areas where assurance had not been received and the actions initiated by the committee in response to this • The risk register and strategic risk register/ BAF review

375/18	**Item 9.3 Performance Report Quality and Safety** The Medical Director presented the quality report. There had been no change in reported mortality. The Medical Director advised that there had been an increase in the number of reported mental health deaths. The Board were advised that the guidance did not define what should be included as a mental health death. The Trust had included all dementia deaths in the data. The Trust was now checking with other organisations to determine if dementia had been included.
376/18	Mrs Dunnett asked how the Board could be assured of the safety of patients within the Trust emergency departments. Mrs Libiszewski advised that the committee were considering how the issues reported were triangulated.
377/18	Mrs Ponder noted that the Trust was below the benchmark for controlled drugs and asked for assurance that the Trust was reviewing this. The Director of Nursing advised that medicines were part of the Quality and Safety Improvement Programme and was discussed in detail at the committee.
378/18	Mrs Ponder noted that the Trust was not compliant with NICE guidance for the adult sepsis bundle. The Board were advised that the guidance was new and work was in progress to address. RESOLVED The Board noted the quality and safety performance report.
379/18	**Item 9.4 Quality and Safety Improvement Plan** The Director of Nursing presented the final year end position for the quality and safety improvement plan. In May the Quality Governance Committee would consider the transfer of some elements of the plan to business as usual. RESOLVED The Trust Board noted the quality and safety improvement plan.
380/18	**Item 9.5 Trauma and Orthopaedic GIRFT Review** The Chief Operating Officer advised the Board that the Trust had been invited by Professor Briggs to be part of a national programme for a clinically led trauma and orthopaedic review.
381/18	The premise for the programme was for all trauma work to be carried out in one location. This model was not appropriate for the Trust but the review had identified variation of compliance against best practice. The reviews were clinically led.
382/18	Mrs Dunnett acknowledged the need to ensure that the Trust was consistent but expressed concern over the capacity for the Trust to deal with the issues. The Interim Chair commented that there was also an issue of handling the reputation of the organisation. The Chief Operating Officer stated that the Trust was seeking to have a clinical consensus on the outcomes and would then

	communicate and engage widely. This is a redistribution of activity. **RESOLVED** The Board supported the principles to continue moving the review forward.
383/18 384/18	**Item 10.1 Performance Report Workforce** The Director of Human Resources and OD introduced the workforce performance report. The Board were advised that the Trust would be completing a deep dive in to vacancy rates. The Trust continued to review its employment offer and was also working on building links with the armed forces. The Trust would take the learning from the NHS Improvement 90 day programme on nurse retention and would apply the learning locally. The Trust was launching a new recognition scheme. Mrs Libiszewski asked for assurance about the actions being taken to improve compliance with core training particularly fire which was at 88%. The Director of Human Resources and OD advised that the Trust was taking a more systematic approach to performance management of this and this was being reported through directorate performance meetings. The Director of Nursing added that core training was a real challenge with all of the pressures faced by staff. The Director of Estates and Facilities added that the Trust were working to make core training relevant and interesting to encourage uptake. The Board were informed that differential targets would be set for staff groups and training. **RESOLVED** The Board noted the workforce performance.
385/18 386/18 387/18	**Item 10.2 Staff Engagement** The Director of Human Resources and OD presented a report analysing the key inclusion related aspects of the NHS Staff Survey. The Board noted the report particularly in respect of the experiences of staff with bullying and harassment. The Interim Chair challenged whether the recommendations were strong enough in response to this. The Director of Human Resources and OD advised that the Trust would continue to encourage staff to speak out and would monitor progress through the Workforce and OD Committee. **RESOLVED**
388/18	**Item 11 Finance and Performance** **Item 11.1 Finance, Service Improvement and Delivery Assurance Committee** Mrs Ponder presented the Board with the assurance report from Finance, Service Improvement and Delivery Assurance Committee which took place on 17th April 2018.

389/18	Mrs Ponder advised that the committee had considered the financial position which was worse than forecast for the year end. The Committee had challenged around the grip and control of CQUINs as these had only been 80% achieved. The Trust continued with a high level of cash borrowing and had not been successful in achieving its target to reduce the rate of interest against the borrowing.
340/18	The Committee had asked for further assurances on the revised financial recovery plans and noted the risks in the plans for 2018/19. The Committee continued to be assured that actions in respect of the fire enforcement notices were on track.
341/18	The Trust was failing to deliver the cancer 2 week wait performance and the committee had agreed that this issue should be escalated to the Board.
342/18	The Committee had received a trajectory for delivering A&E 4 hour waits performance and had requested an improvement trajectory for RTT performance. **RESOLVED** The Trust Board noted the • Assurances received by the committee. • Those areas where assurance had not been received and the actions initiated by the committee in response to this • The risk register and strategic risk register/ BAF review
343/18	**Item 11.2 Performance Report Finance and Operations** The Director of Finance, Procurement and Corporate Affairs presented the financial performance report.
344/18	The Trust reported a year end deficit position of £84.8m against the revised financial plan of a £77m deficit. The Trust had delivered the financial efficiency plan of £16m for 2017/18. The Trust capital programme had been fully met at £23m.
345/18	The Trust cash position was artificially inflated due to the timing of payments but the Board were advised that cash remained a significant issue for the Trust.
346/18	The Chief Operating Officer reported the operational performance. The Trust was not achieving the breast cancer 2 week wait performance. The Trust is able to provide 110 appointment slots and the Trust was currently receiving 130 referrals. The Trust performance for April would be 6%. The Trust was dating at day 28 against a standard of day 14. The Trust Board were advised that each referral was being risk assessed.
347/18	The Interim Chair questioned how the Trust was communicating the situation. The Chief Operating Officer advised that the CCG were informing all GPs and

	encouraging them to make referrals to areas with shorter waits. Referrals were still high. The CCG were also looking to other providers.
348/18	The Chief Executive advised that the matter needed to continue to be reported to Board as it was unlikely to improve in the short term. The Trust was subject to daily oversight and the Executive Team were being updated weekly. RESOLVED The Board received the financial and operational performance report.
349/18	**Item 12 Strategic Risk Management Report** The Board received a revised Board Assurance Framework and noted that work to populate this was ongoing. This would be discussed in detail at a Board Development session in May. The framework would be aligned with the deliverables in the Trust annual plan.
350/18	The Interim Chair confirmed that there were no updates required to the 2017/18 Board Assurance Framework. **RESOLVED** The Trust Board noted the Strategic Risk Management Report.
351/18	**ITEM 13 STRATEGY AND POLICY**
	Item 13.1 Research Strategy The Board approved the Research Strategy.
352/18	**Item 13.2 Board forward planner** The Board noted the planner
353/18	**Item 13.3 – Board Development Planner** The Board noted the Board development planner
354/18	**Item 13.3 ULH Innovation** The innovation report was noted.
355/18	**ITEM 14. ANY OTHER BUSINESS**
356/18	**ITEM 15. DATE, VENUE AND TIME OF NEXT MEETING** The next meeting will take place at 10.30am on Friday 25th May 2018 in the Reservation, Sleaford.
357/18	**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	**9 May 2017**	**6 Jun 2017**	**4 July 2017**	**1 Aug 2017**	**5 Sept 2017**	**3 Oct 2017**	**7 Nov 2017**	**15 Dec 2017**	**26 Jan 2018**	**23 Feb 2018**	**29 Mar 2018**	**27 Apr 2018**
Elaine Baylis									X	X	X	X
Chris Gibson					X	X	X	X	X	X	X	X
Geoff Hayward	A	X	X	X	X	A	X	X	X	X	X	X
Penny Owston	A	X	X	X	X	X	X	X	X	X		
Gill Ponder	X	X	X	X	X	A	X	X	X	X	X	X
Kate Truscott	A	A	X	X	X	X	X	X	X	X		
Jan Sobieraj	X	X	X	X	X	X	X	X	X	A	X	X
Suneil Kapadia/ Neill Hepburn	X	X	X	X	X	X	X	X	X	X	X	X
Interim Director of Finance	X	X										
Karen Brown			X	X	X	X	X	X	X	X	X	X
Michelle Rhodes	X	X	X	X	X	X	X	X	X	X	A	X
Kevin Turner	A	X	A	X	X	X	X	X	X	X	X	X
Sarah Dunnett,	X	X	X	X	X	X	X	X	X	X	X	X
Mala Rao	X	X	X	X	X	X	X	X	A	A	X	X
Elizabeth Libiszewski											X	X

X In attendance
A Apologies given