

Minutes of the Public Trust Board Meeting

Held on 15 December 2017

Conference Room, The Reservation, Sleaford.

Present

Voting Members

Mr Dean Fathers, 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 Penny Owston, Non-Executive
Director
Mrs Gill Ponder, Non-Executive Director
Professor Mala Rao, Non-Executive
Director
Mrs Michelle Rhodes, Director of Nursing
Mr Jan Sobieraj, Chief Executive
Mrs Kate Truscott, Non-Executive Director
Mr Kevin Turner, Deputy Chief Executive

Non Voting Members

Mr Paul Boocock, Director of Estates and
Facilities
Mr Mark Brassington, Chief Operating
Officer
Mr Martin Rayson, Director of Human
Resources and Organisational Development

In Attendance

Miss Lucy Ettridge, Associate Director
Communications and Engagement
Mrs Jayne Warner, Trust Secretary
(minutes)
Mr John Bains, Healthwatch Chair

Apologies

Dr Paul Grassby, Associate Non-Executive
Director

936/17 **ITEM 1. INTRODUCTION**

The Chair highlighted to the Board the events which he had attended since the last meeting. The Chair recorded that his term had been extended to the 31 December but that this was his last meeting. The Chair thanked the Lincolnshire Hospitals Band and Chaplaincy team for another superb carol service on behalf of the Trust.

937/17 **ITEM 2. QUESTIONS**

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

agenda.

938/17 **ITEM 3. APOLOGIES FOR ABSENCE RECEIVED**

Apologies were received from Dr Paul Grassby, Associate Non-Executive Director.

939/17 **ITEM 4. DECLARATIONS OF INTEREST**

The Chief Executive declared his position with the National Centre for Rural Health and Care. The Chair declared that he had been appointed as a Non-Executive Director of the Parliamentary Health Service Ombudsman.

940/17 **ITEM 5. MINUTES OF THE MEETING HELD ON 7 NOVEMBER 2017**

The minutes of the meeting held on 7 November 2017 were approved as a true and accurate record subject to the addition of the following comment at minute 923/17. The Quality Governance Assurance Committee was invited to seek assurance on the quality impact assessment of the Financial Recovery Plans.

Post meeting note Mrs Owston confirmed that this action was complete.

941/17 **ITEM 6. MATTERS ARISING/ACTION LOG**

Minute 606/17 and 617/17 – Finance, Service Improvement and Delivery Committee to review international recruitment and outliers at their November Committee meeting. Mrs Ponder confirmed that the Committee had discussed and that further actions had been requested by the Committee.

Minute 663/17 patient experience report to focus on FFT for paediatric patients at Quality Governance Committee. Still outstanding.

Minute 793/17 – Pathway review on medicines incidents had been considered at November meeting of Quality Governance Committee. This item was complete.

942/17 **ITEM 7 CHIEF EXECUTIVE HORIZON SCAN**

The Chief Executive advised the Board that the NHS national workforce strategy had been published in draft for consultation. The strategy highlighted the huge and unsustainable issue of vacancies nationally in the NHS and detailed the proposed actions to address this by securing the supply, making sure the workforce was adaptable, widening participation and modernising employers.

The Board were informed that the NHS Single Oversight Framework had been revised with trigger points and new metrics for Trusts in special measures.

The National Maternity Strategy had been published.

NHS Trusts had been asked to bid for additional winter monies

The Chief Executive announced that NHSI had confirmed the appointment of Mrs Elaine Baylis as the Interim Chair for the Trust for a period of twelve months. Mrs Baylis would perform the role jointly with that of her Chair at Lincolnshire Community Health Services NHS Trust.

The Chief Executive highlighted that the Trust had launched the 2021 strategy with staff during November and this had been well received. The strategy was supported by a new staff charter.

Finally the Chief Executive reported that the Trust had been under extreme pressure across its sites during December. Trust staff had worked extremely hard to manage the situation and provide care for patients and on behalf of the Board he thanked staff for their continued efforts.

Dr Gibson commented that whilst the future workforce for the NHS was a huge challenge the situation also presented some opportunities for Trusts to work in different ways and modernise. The Chief Executive responded that the Trust was embracing new ways to work and was keen to lead in this area.

943/17 **Item 8 Emergency Care Update**

The Medical Director presented the report on the Emergency Care Service. The Medical Director acknowledged the attendance at the meeting of those wishing to see the A&E department at Grantham reopened 24/7 and the emotive impact of any decision being taken. The Medical Director advised the Board that the A&E department at Grantham had been closed overnight since August 2016 following a decision of the Trust Board based on staffing across the Trust emergency departments.

944/17 The Board were reminded that a further decision had been deferred at the Trust Board meeting in November as NHS Improvement had commissioned a review by the East of England Clinical Senate. The Medical Director advised that senate was made up of a panel of experts including A&E medics, consultant nurses, ambulance service, commissioners and service managers. The Trust were asked to present evidence to the panel and the Medical Director and Chief Operating Officer attended to present. The CCG were also invited to present.

945/17 The Medical Director advised the Board that the review went in to great detail and considered the position of all of the A&E departments across the Trust. The panel made four recommendations which were

- Not to support the opening of Grantham A&E 24/7
- Consider renaming the department
- Move to a single A&E team across all sites
- CCG to move to develop a system approach to A&E at pace

946/17 The Medical Director informed the Board that the Trust was strongly advised by NHS Improvement to follow the recommendations of the senate.

947/17 Mrs Dunnett stated that at the last meeting the Trust deferred its decision about reopening and questioned what the difference was between the focus of the paper in November and December. The Medical Director responded that the focus had been different. In November the Trust had focussed on the Grantham site whilst the review had considered all A&E departments and the levels of resilience built in.

948/17 Mr Bains Healthwatch representative commented that Healthwatch had concerns but understood the argument which was made adding that it was urgent that the STP and consultation was urgently needed. Mr Bains asked if the decision to keep Grantham A&E closed would result in better performance in the other A&E departments. The Chief Operating Officer responded that the staff across the Trust were already being used but the workforce was just not great enough to cover the workload. The Deputy Chief Executive added that the Trust was also keen to see progress with the STP with a view to expediting the work on urgent care.

949/17 Mrs Owston recognised the request for the Board to defer any decision until the senate report had been considered by the County Council Overview Committee and asked for information on the legal status of the clinical senate. The Medical Director quoted from the Board report that NHS Improvement took direction from the Secretary of State which requires them to hold Trusts to account and give direction. Trusts are required to have regard for this direction. The Medical Director explained that the Trust had received direction in the form of a letter from NHS Improvement and had no option but to comply with that direction. The Board noted that the report would be considered by the overview committee.

950/17 The Deputy Chief Executive noted the membership of the panel and asked for assurance for the Board that there was no reason to doubt the experience of the panel. The Medical Director confirmed that the panel was chaired by Dr Brett an experienced general physician and was entirely independent. The panel included a consultant in emergency medicine. The Deputy Chief Executive noted that the Trust were being urged by the attending members of the public to ignore the expert opinion but he was struggling to see why the Board would not heed the advice of the clinical senate panel.

951/17 Dr Gibson commented that the focus was patient safety and another dimension of this was how this was most effectively delivered. The Board must take account of the best evidence for the best outcomes for the people of Lincolnshire as a whole.

952/17 The Chair asked the Board if they were prepared to take a decision. The Medical Director responded that the decision had three elements

- On the basis of the clinical senate review supported by the advice of the regulator to endorse the recommendation that there would be no change to the current opening hours of the Grantham A&E department.
- Accept advice to move to single A&E team
- Urge the CCG to move at pace to review urgent care across

Lincolnshire.

RESOLVED

The Board agreed that:

- 953/17
- On the basis of the clinical senate review supported by the advice of the regulator to endorse the recommendation that there would be no change to the current opening hours of the Grantham A&E department.
 - The Trust should accept advice to move to single A&E team
 - The Trust should urge the CCG to move at pace to review urgent care across Lincolnshire.

The Board adjourned for a period to allow media interviews.

954/17 **Item 9 Patient Story**

Mrs Bennion, Head of Midwifery and Paediatrics for the Trust joined the meeting to present the patient story.

- 955/17
- The Board heard the story of an expectant mother whose care during pregnancy had been provided by the Lincoln site who had experienced complications late in her pregnancy with twins and had been transferred to the Pilgrim site as Lincoln was full. The patient had described their experience and care as excellent.

- 956/17
- Professor Rao asked what the Trust breast feeding rates were and was assured by the Head of Midwifery that the Trust had good uptake of breast feeding within the first five days but that this falls away at 10 days.

- 957/17
- Mrs Dunnett asked whether Charitable Funds could be used to purchase additional breast pumps. Mrs Bennion reported that breast feeding supported was provided by the Trust and agreed that this would be explored.

- 958/17
- Professor Rao asked whether it was usual for mothers to have to move to another site. The Board were advised that this was infrequent.

The Board thanked Mrs Bennion for presenting the story.

959/17 **Item 10 Quality and Safety**

Item 10.1 Assurance and Risk Report Quality Governance

Mrs Owston presented the assurance report from the meeting of the Quality Governance Committee on 28th November 2017.

- 960/17
- The Committee had raised a lack of assurance in respect of training for using equipment. This had been highlighted as an action following a legal case taken against the Trust. The Director of Estates and Facilities advised that a training programme was in place which would be implemented from January 2018 with clinical trainers working at all sites in respect of the specific aspects of the legal case. The Board were advised that there were wider implications because of the number of pieces of equipment being used across the Trust

and a need to risk assess these in terms of training requirements. This was the follow up piece of work which was required. The Committee chair requested that this matter be placed on the risk register until the assessment was complete.

961/17 **Action: Director of Estates and Facilities 26 January 2018**

The Director of Nursing explained that this was a significant piece of work and felt that the medical devices group should be asked to provide assurances. The Board asked for assurances to be sought from the Chair of the Medical Devices Group (Dr Samra) on the extent of equipment held, record keeping for this and criteria for training on medical devices.

962/17 **Action: Medical Director 23 February 2018**

Mrs Dunnett noted the lack of assurance from the Committee on falls, pressure ulcers and DKA and asked what action the committee was taking as a result. The Director of Nursing advised that whilst action plans were in place for the areas cited the committee were not assured that the actions were producing the required results. Mrs Owston added that in some cases the committee had not been assured that the actions in place would address the issue. The Committee would continue to review and challenge where improvement was not seen.

963/17

Mrs Owston highlighted that there had been a Doctor Foster alert in respect of biliary tract and that this had highlighted an issue that had been seen before of documentation and coding. The Medical Director confirmed that a review of this area had been initiated and would be taken back to Quality Governance Committee.

964/17

Mr Bains, Healthwatch Representative questioned whether all nurses were trained in avoiding pressure ulcers. The Director of Nursing advised that specific Trust training was being given to all staff to allow the Trust to hold staff to account where standards were not met.

965/17

Mr Hayward challenged the time being taken to carry out tests for infection when patients arrive on wards and asked if it was too long which posed a risk. The Director of Nursing advised that if an infection was suspected then patients should be isolated within 2 hours however the Trust had very few isolation rooms which could be used.

966/17

The Chief Executive highlighted a new integrated approach to clinical governance from the 1 January. An Interim Associate Director of Governance was in post. The CQC had reported that the Board weren't sighted on risks and assurance. The Chief Executive stated that the Board needed to work on ensuring that risks were being managed and closed down.

967/17 **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

968/17 Mr Bains Healthwatch left the meeting.

10.2 Performance Report Quality and Safety

969/17 The Medical Director and Director of Nursing presented the quality section of the integrated performance report by exception.

970/17 The Medical Director advised the Board that the Trust still had raised SHMI data particularly at the Lincoln site.

971/17 The Trust was talking to other Trusts about actions that were being taken to address mortality. Some actions had already been taken by the Trust. All deaths were being checked by a consultant. Ward rounds were being taken every morning to improve patient flow. A mortality reduction strategy was being put in place. This was being led by Dr Andrews. Professor Rao commented that the onus must be put on clinical directorates to account for every death and asked if there was a timescale for the strategy. The Medical Director confirmed that this would be completed by February 2018.

972/17 The Director of Nursing highlighted the Trust pressure ulcers but noted that this had been covered as part of the upward report from the Quality Governance Committee

973/17 The Trust had seen 52 cases of clostridium difficile in 2017/18 the Trust was expected to stay below 59 cases for the year. The Board were made aware of the financial penalty if the trajectory was exceeded.

974/17 The Director of Nursing informed the Board that the Trust had increased its trial for patients without catheters and the results for patients had been good. This would be a national campaign in 2018.

975/17 The Board were advised that sepsis remained 100% compliant and lots of work continued however the Board needed to be aware that the data related only to a small sample of randomly selected patients.

976/17 The Director of Finance, Procurement and Corporate Affairs questioned the position with the use of electronic observations and asked whether missed observations were recorded on datix and any themes identified. The Director of Nursing advised that only patient harm would be recorded on datix. The issue of missed observations was being picked up at the Clinical Cabinet and the deterioration of the Grantham position would be reviewed.

Action: Director of Nursing 26 January 2018

Mrs Dunnett questioned whether the Board should be concerned at the data for the Pilgrim site specifically referring to pressure ulcers, falls, infection rates and the issues raised in the quality improvement plan. The Director of

Nursing responded that there were concerns over the quality of care which had been picked up as part of the incident reporting however this had to be considered in the context of lower staffing fill rates and high levels of temporary staffing. There had been some areas of great improvement but this was not maintained consistently. The Director of Nursing advised that the medical wards at Pilgrim were of concern.

RESOLVED

977/17 The Board noted the performance report for quality and safety.

Item 10.3 Quality and Safety Improvement Plan

978/17 The Director of Nursing presented the latest iteration of the Quality and Safety Improvement Plan. The Board were advised that the detailed plan was being reviewed on a monthly basis by the Quality Governance Committee.

979/17 Mrs Ponder asked for assurance that the Trust continued to try and improve the pace at which the concerns were resolved. The Director of Nursing responded that this was still an issue as some of the actions were complex and extensive.

980/17 Mr Hayward questioned whether the pressures faced over winter had been factored in to the plans. This was confirmed.

Mrs Owston questioned whether the status of the action relating to reducing variation in practice should be rated green. The Director of Nursing advised that this was moving back to amber. The planned actions had been achieved but there were still issues.

981/17 **RESOLVED**
The Board noted the assurances given and the progress of the Quality and Safety Improvement Plan.

Item 10.4 NHSI Follow Up Infection Prevention and Control Visit

982/17 The Director of Nursing introduced the feedback received by the Trust after a follow up visit by NHSI in respect of infection prevention and control. The revisit had taken place in November and as a result the Trust had been de-escalated from RED to AMBER status. The Board were advised that the Trust had put improvements in place but now needed to sustain these.

983/17 Mr Hayward asked for an explanation of the impact of the Trust not having an antimicrobial pharmacist. The Director of Nursing advised that it was management of antibiotics and reduction in infection rates and risks to patients. Mr Hayward asked if there was an action plan. The Director of Nursing explained that pharmacy were working to support this.

984/17 Mrs Dunnett asked whether the visit was to the Lincoln site and if so whether learning was being shared. This was confirmed.

Mrs Truscott noted with concern that the lead nurse for infection was not staying with the Trust and asked how this would be addressed. The Director of Nursing explained that the role was challenging because of the portfolio. The Trust was working with the Health Community in considering a community wide service and in the short term had seconded a community nurse for a three month period.

RESOLVED

985/17 The Board noted the improved position following the infection prevention and control visit.

Item 10.5 Nursing Establishment Review

986/17 The Director of Nursing introduced the findings of the six monthly nursing and midwifery establishment review undertaken using the safer nursing care tool.

987/17 The Board were advised that the Trust had applied the 70:30 skill mix for specialist wards and 60:40 for non specialist using professional judgement rather than the Royal College of Nursing suggestion of 65:35. All wards met a registered nurse rate of 1:8. The review had been based on 503 beds at Lincoln and Louth, 340 beds at Pilgrim and 96 beds at Grantham.

988/17 Mrs Truscott asked whether the Board could be assured that the Trust could afford the required establishments. The Director of Nursing stated that the establishment was not affordable but that the Trust could not risk not staffing to these levels. The Trust was in special measures for quality and had poor performance for falls, pressure ulcers and incidents.

989/17 The Board were advised that the review had included consideration of model hospital data which showed the Trust with high levels of staffing however this was based on care hours per patient day. The Trust was below the national average for care hours per day but costs were above because of the inclusion of agency nurse costs.

990/17 Mrs Truscott asked whether outliers on specialist wards would be taken in to account. It was confirmed that outliers would not be picked up.

991/17 Mrs Dunnett requested that the workforce and OD Committee be given an interim update on the further work going forward.

Action: Director of Nursing 30 March 2018

992/17 The Chief Operating Officer asked whether Clinical Directors had signed off the report. The Director of Nursing agreed to share the report with Clinical Directors.

Action: Director of Nursing 26 January 2018

The Director of Nursing advised that the midwifery review was recommending that the Trust move forward with staffing of 90:10 in the current year and 80:20 in 2018/19. The Trust would support birth rate plus.

RESOLVED

The Board agreed to

- support the midwifery review
- consider a further review of nursing in six months which had considered acuity in more detail
- consider two supernumerary roles
- ask for further review of current model of clinical education

993/17

ITEM 11 Workforce

Item 11.1 Workforce and OD Committee Assurance Report

Mrs Truscott presented the assurance report from the meeting of the Workforce and OD Assurance Committee on 29th November 2017.

994/17

Mrs Truscott highlighted that the committee were still not assured that the appropriate processes were in place in respect of the Guardian of Safe Working. The Committee had asked for a report to assure that the Trust was compliant but the report had not been received. The Medical Director had written to Dr Varma highlighting the need for information to be presented to the Committee but would now write formally reinforcing the position and the need for a formal report.

Action: Medical Director 26 January 2018

996/17

Mrs Truscott highlighted that the business case proposing an invest to save approach to recruitment was required as a matter of urgency. The Director of Human Resources and OD advised that the business case was being presented to the next meeting of the financial turnaround group.

997/17

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

998/17

Item 11.2 Performance Report Workforce

The Director of Human Resources and OD presented the workforce section of the integrated performance report by exception.

999/17

The Board were informed that the Trust was struggling to achieve the target levels for agency reduction but continued to work on the actions in the agency reduction plan.

- 1000/17 The Board were advised that the medical vacancy rate was not significantly reducing although there were a number of potential candidates in the pipeline. Further recruiting measures were being introduced.
- 1001/17 The Trust had achieved a response rate for the staff survey of 45% up from 39% in the previous year. The results had not yet been received.
- 1002/17 The Leadership and Management programmes were continuing in the Trust. A working group had been established to look at learning and development.
- 1003/17 The Board were advised that the decline in core learning and non medical appraisal had been reversed. The appraisal process was being reviewed and refined.
- 1004/17 Mrs Ponder asked whether there was any way that the Trust could support and explain to bank staff about tax. The Director of Human Resources and OD advised that the Trust continued to work on this.

RESOLVED

The Board noted the workforce performance report.

1005/17 **Item 12 Finance and Performance**

Item 12.1 Finance, Service Improvement and Delivery Assurance Committee

- 1006/17 Mrs Ponder presented the Finance, Service Improvement and Delivery Committee Assurance Report from the meeting held on 28th November 2017.
- 1007/17 The Committee had noted that the Trust remained adrift from its financial recovery at month 7 and noted that recovery should be seen in the month 8 position. The focus with NHS Improvement had been on 2017/18 however the Committee were aware that this focus needed to shift to plans for 2018/19.
- 1008/17 The Committee escalated to the Board the continued failure of the Trust to meet the trajectory for cancer standards.
- 1009/17 The Committee had asked for further assurances in terms of ambulance handover delays and the trajectory recovery plans for urgent care for its January meeting.
- 1010/17 The Committee had sought further assurance on the implementation of theatre efficiency plans.
- 1011/17 The Trust cash position remained a significant risk and the committee continued to review the actions being taken to manage the cash position

which included managing the payment of creditors and the draw down against the loan. The Board were advised that the actions continued to mitigate against the risk however the issue was not resolved.

- 1012/17 Mrs Owston questioned whether there was a risk that the Trust would no longer be considered a going concern and Mrs Dunnett asked whether this was a long term risk for the Trust. The Director of Finance, Procurement and Corporate Affairs explained that proactive management continued to mitigate.

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

1013/17 Item 12.2 Performance Report Finance and Operations

The Director of Finance, Procurement and Corporate Affairs presented the month 7 financial performance. The month 7 position was an in month deficit of £7.5m which is £3.9m adverse to the planned in month deficit of £3.7m. The Trust would not deliver its control total deficit of £48.6m and a financial recovery plan submitted to NHSI identified a stretch target deficit of £76.6m.

- 1014/17 The Director of Finance, Procurement and Corporate Affairs advised the Board that the month 8 position was that the Trust would still be showing a position adverse to the stretch target deficit.

- 1015/17 The Board were advised that the efficiency plans were expected to deliver from month 9 onwards.

- 1016/17 The Board were advised that whilst overtime had reduced the use of bank had increased and agency staff were still being used. The Trust needed to complete more work to establish the quality benefits to determine if this was justified.

- 1017/17 The Board were advised that there was a significant risk that the position against the target would deteriorate.

- 1018/17 The Trust would present a recovery plan to NHSI before the end of December and the Trust Board in January would receive a progress report against this in public.

- 1019/17 The interest rate for the Trust loans was at 6% whilst the Trust was in financial special measures and would only reduce following 3 months where the Trust was on plan month on month.

- 1020/17 The Trust had started work on 2018/19 plans. The financial efficiency programme for 2018/19 would be £30m.
- 1021/17 The Trust had not been advised of the date of the financial special measures meeting for January but the Board may need an additional meeting to consider the latest plans.
- 1022/17 The Chief Operating Officer explained that the Trust had not reported RTT performance for October and November with the agreement of NHSI following an upgrade to the Medway system and the significant amount of validation which was required. However the Trust remained under pressure and the performance had deteriorated.
- 1023/17 The Trust remained vulnerable on the 62 day standard and additional management support had been put in place for tracking pathways. Daily cancer meetings were in place and weekly reviews. 2WW was improving but demand had increased by 31% with no additional capacity. The Trust was seeing more resilience in the 31 day standard. The Trust had been asked to produce a trajectory to achieve 80% by March 2018. The Board were asked to agree that the trajectory would be signed off with the FSID Committee Chair outside the meeting.
- 1024/17 Mrs Owston asked for assurance that the Trust were able to measure harm caused by waits for patients. The Chief Operating Officer advised that this was picked up on the cancer management system and the Trust applied duty of candour.
- 1025/17 Dr Gibson stated that pathology appeared to be a limiting factor for the Trust. The Director of Finance, Procurement and Corporate Affairs responded that contracting in this area was being reviewed as the Trust had more visibility than ever before.
- 1026/17 The Chief Operating Officer advised the Board that the Trust continued to work to stabilise and improve performance in A&E but was susceptible to changes in acuity and demand. The Trust was now able to count type three performance in its figures which would bring its counting in line with that of other Trusts.
- 1027/17 Mrs Dunnett noted that there had been some concerns raised with PALS about the transport contract. The Chief Operating Officer responded that this was escalated on a daily basis with the CCG and a third party provider had been put in place to support discharges. The concerns were being managed through the A&E delivery board.
- 1028/17 Mrs Dunnett asked whether the Trust bed base was correct. The Chief Operating Officer responded that the Trust was approximately 100 beds short depending on the methodology used. The Trust needed to reduce non elective admissions and length of stay needed to shorten. The acute services review would examine the bed base.

1029/17 **RESOLVED**

The Board noted the Finance and Operational Performance Report.

1030/17 **Item 13 Strategic Risk Management Report**

The Deputy Chief Executive presented the strategic risk register and Board Assurance Framework. The Board concluded that there were no amendments required to the document following the Board discussions.

1031/17 The Deputy Chief Executive advised the Board that the Trust continued to seek assurances from the risk handlers.

1032/17 The Board were advised that there would now be a shift in emphasis for risk with the Clinical Management Board agreeing a new approach to clinical governance in the specialties. A toolkit for a standardised approach had been agreed. The Quality P I Committee would report in to the Quality Governance Committee from the clinical directorates reinforcing risk as day to day business.

1033/17 The Board assurance committees continued their deep dives in to the strategic risks and had commenced thematic reviews of the corporate risk registers.

RESOLVED

The Board noted the current strategic risk register and BAF.

1034/17 **ITEM 14 STRATEGY AND POLICY**

Item 14.1 Trust Innovation

The Associate Director Communications and Engagement shared the introduction of robotic surgery for Lincolnshire patients with prostate cancer.

1035/17 **RESOLVED**

The Board noted the development

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1036/17 **Item 15. Future Agenda Items**

There were no further agenda items.

1037/17 **ITEM 16. ANY OTHER BUSINESS**

There were no other items of business.

1038/17 **ITEM 17. DATE, VENUE AND TIME OF NEXT MEETING**

The next meeting will take place at 9.15am on Friday 26th January 2018 in The New Life Centre, Sleaford.

1039/17 **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	7 Feb 2017	7 Mar 2017	4 Apr 2017	9 May 2017	6 Jun 2017	4 July 2017	1 Aug 2017	5 Sept 2017	3 Oct 2017	7 Nov 2017	15 Dec 2017
Dean Fathers	X	X	X	X	X	X	X	X	X	X	X
Chris Gibson								X	X	X	X
Geoff Hayward	X	A	X	A	X	X	X	X	A	X	X
Penny Owston	X	X	A	A	X	X	X	X	X	X	X
Gill Ponder	X	X	A	X	X	X	X	X	A	X	X
Kate Truscott	X	X	X	A	A	X	X	X	X	X	X
Tim Staniland	X										
Jan Sobieraj	X	X	X	X	X	X	X	X	X		X
Suneil Kapadia/ Neill Hepburn	X	X	X	X	X	X	X	X	X	X	X
Interim Director of Finance	X	X	X	X	X						
Karen Brown						X	X	X	X	X	X
Michelle Rhodes	X	X	A	X	X	X	X	X	X	X	X
Kevin Turner	X	X	X	A	X	A	X	X	X	X	X
Sarah Dunnett,	X	X	A	X	X	X	X	X	X	X	X
Mala Rao				X	X	X	X	X	X	X	X

X In attendance

A Apologies given