

Minutes of the Public Trust Board Meeting

Held on 23<sup>rd</sup> February 2018

New Life Centre, Sleaford.

**Present**

**Voting Members**

Mrs Elaine Baylis, 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  
Mrs Michelle Rhodes, Director of Nursing  
Mrs Kate Truscott, Non-Executive Director  
Mr Kevin Turner, Deputy Chief Executive

**Non Voting Members**

Mr Paul Boocock, Director of Estates and  
Facilities  
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  
Mr Simon Evans, Director of Operations

**Apologies**

Dr Paul Grassby, Associate Non-Executive  
Director  
Professor Mala Rao, Non-Executive Director  
Mr Mark Brassington, Chief Operating  
Officer  
Mr Jan Sobieraj, Chief Executive

112/18 **ITEM 1. INTRODUCTION**

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

113/18 **ITEM 2. QUESTIONS**

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

Question: First may I offer and place on record in your meetings minutes my compliments to the Chair person Elaine Baylis who did an exceptionally good job at the last meeting. In over 22 years as a councillor it was good to witness one of the best chaired meetings that I have seen.

As we greatly value our Grantham Hospital and are saddened by the loss of the 24/7 A&E service and the safety implications for our community where many of our families and friends live, so would you therefore ask each Board member around the table in turn for a simple Yes or No answer to the following question; In all honesty would you vote to put your own families and friends lives at risk by removing their A&E 24/7 where you live and if the next nearest A&E was 30 to 40 miles away?

The Chair gave a collective response on behalf of the Board. Changing the opening hours of Grantham A&E has allowed us to provide better patient care in Lincoln A&E- where the most serious cases from across the county go. Though not ideal, this is the safest option for the provision of emergency care for the people of Lincolnshire including those who live in the Grantham and district area.

If one of our children, mothers, fathers, brothers or sisters had a life threatening condition such as ruptured appendix or suspected stroke, we'd want them to get to the best place, not the nearest place, and most importantly it was safely staffed. If our loved ones had a minor condition, we'd hope they would follow national advice on where to go for treatment, including ringing NHS 111 if they were unsure. We know for example that pharmacies can play an important role and are very accessible.

If possible for more some serious conditions, it's better and quicker for patients to go straight to the care they need not to a local hospital first where that care isn't available. We know from the data that patients who have had cardiac arrests, heart attacks, strokes and major trauma who go directly to the right hospital first time are more likely to survive and that those who do survive have better outcomes. We want lifesaving doctors to work at Lincoln where these people with these conditions go and deal with the sickest patients.

ULHT board does understand this is a frustrating time for our staff and patients in the Grantham area, and we do remain committed to Grantham hospital, but we will only provide services that are safe.

Question: Grantham residents are very concerned that we are now 18 months without overnight local health care and still do not have a clear answer on the future of our services. Can you please reassure us that you are still working towards a solution to Grantham A&E and when will we know what is happening?

The Medical Director responded that the Trust had continued to work with CCGs to develop plans. As yet no time frame had been agreed for these plans to be concluded and released out for consultation. It was confirmed that there were out of hours primary care services available in Grantham.

Question: With constant reports from public and staff that Lincoln County Hospital have real problems and are struggling to cope especially at night, surely it would make sense to alleviate the problem by either re opening Grantham A&E at night or at least extending the hours why can't this be considered.

The Medical Director acknowledged that these issues are considered all the time by the Trust. The workforce and facilities available are always under constant review.

Question: If it is deemed unsafe for staff to be leaving Grantham A&E late at night in the dark, then why is it deemed safe enough for sick patients to have to find their way to A&E over 25 miles away?

The Medical Director confirmed it was not deemed unsafe for staff to be leaving A&E late at night as there are 24/7 rotas across each site. When the rota was considered the cycle of shifts was raised as an issue, rather than the timings the staff would be leaving their shift.

Question: I want the Board to explain what it is doing in relation to the re-opening of Grantham A&E, at the level of service provision that was in place at the date of the instigation of the overnight closure in August 2016?

The Medical Director highlighted that the services are commissioned by the CCGs and work is ongoing to find a workable solution. The services that are provided are often changing so may differ from what was in place previously.

Question: Why can't the board come out and confirm that they have absolutely no intention of re-instating 24 hr cover at Grantham A & E, and that all the prevarication is just smoke and mirrors.

The Medical Director acknowledge the question raised and confirmed that the future would be considered by Clinical Commissioners and no decision has yet been made.

Question: At a recent meeting for the Pharmaceutical Needs Assessments, that I attended, Grantham Hospital was classified as a Minor Injuries Unit. Do you agree that the categorisation was wrong, or have the powers that be, already made the decision to downgrade Grantham's A & E without consultation and, without informing the public.

The Medical Director confirmed that the designation of Grantham A&E has not changed and that the categorisation stated was wrong. The department is working to plan and functions well above a Minor Injuries Unit.

Question: Last Thursday I suffered a heart attack at home in Grantham as an airlift was unavailable I was blue lighted into Lincoln I have no problem with that although it is not ideal for anyone suffering trauma but I understand that not every A & E can have coronary care available.

My question to the board is as follows we have been repeatedly told that we will get our A & E back when you have reached the number of doctors required to run a safe department you achieved that in Nov 2017 and we are still without a full 24hr A&E to cover Grantham and it's catchment area.

Rumours are flying around that we will not get an A & E but that you will

downgrade Grantham to an urgent care centre as has been done in Newark, therefore putting more pressure on front line staff forcing them to taking sick people suffering trauma in the back of a van ( not a dig at EMAS vehicles ) at break neck speeds is far from ideal and eats into their so called golden hour.

What are the plans for Grantham A & E?

The Medical Director acknowledged the question and was pleased to hear that the patient was taken to the Heart Centre in Lincoln which has produced an increased improvement in survival rates. Similar changes have occurred in Trauma, with Queens Medical Centre now being the major trauma centre with minor Traumas staying at Lincoln. Patients are therefore transferred to the hospital that provides the best care required.

Question: I am unable to attend the meeting due to Lincolnshire Council budget meeting. Can you please read it out and send me your reply

Can you please explain why Lincolnshire bed and Emergency care capacity should not be increased at Grantham to support the failing system which is in place as Lincoln is simply unable to cope, and does not have the waiting space nor the cubicles nor sufficient beds to deal with the demand on its A&E services. Grantham's resources could be open to support the needs of the people of Lincolnshire. Overcrowded A&E departments are dangerous and lead to bad outcomes for patients and closing Grantham overnight has only increased the risk.

The Medical Director responded that the A&E facilities at Lincoln and Pilgrim are too small to deal due to the demand on services. The main issues faced is the lack of appropriately trained workforce and by opening Grantham overnight would stretch services further.

114/18 **ITEM 3. APOLOGIES FOR ABSENCE RECEIVED**

Apologies were received from Professor Mala Rao, Non Executive Director, Dr Paul Grassby, Associate Non-Executive Director, Mr Mark Brassington, Chief Operating Officer and Mr Jan Sobieraj, Chief Executive

115/18 **ITEM 4. DECLARATIONS OF INTEREST**

No declarations of interest were made further to those already declared by Directors.

116/18 **ITEM 5. MINUTES OF THE MEETING HELD ON 26 JANUARY 2018**

The minute of the meeting which took place on 26<sup>th</sup> January 2018 were agreed as a true and accurate record.

117/18 **ITEM 6. MATTERS ARISING/ACTION LOG**

Minute 742/17 –Capital funding - This issue would not now be resolved for 2017/18. The issue now was securing the second phase fire safety funding from NHSI and NHSE. If this was not achieved all funding in the Capital

Programme would have to be allocated to fire safety. Mr Hayward confirmed this was raised at the Finance, Service Improvement and Delivery Board. It was agreed to confirm the timescales and how to prioritise the fire enforcement works on top of other capital priorities.

Minute 975/17 – Missed observations – This concern had been focused on at Grantham and was being monitored at the Quality Governance Committee.

Minute 994/17 – Reporting from Guardians of Safe Working - The Medical Director had met with both Guardians and are looking to produce the report Mrs Truscott highlighted the Workforce and OD Committee would need to review this report at the next meeting in March.

Minute 52/18 – Mortality Reviews - The completion of the fields in the mortality reviews are now mandatory.

Minute 54/18 – Coding Review would be added to the agenda for the Quality Governance Committee in March.

Minute 103/18 – The BAF had now been updated and was included on the meeting agenda.

118/18 **ITEM 7 CHIEF EXECUTIVE HORIZON SCAN**

The Chief Executive informed the Board of the Naylor review on estates and access to capital for which a new national capital board is to be established. The STP would become the vehicle for managing issues going forward.

The Board were advised of new national planning guidance in recognition that the NHS is not delivering 95% A&E target. It was noted that from 2018 the target had now been set at 90%. It was highlighted that this would be a significant challenge for the Trust and also an issue for system wide working, in particular due to Urgent Care impacting on the waiting list position. It was therefore not anticipated that the Trust position would be better in 2018/19.

The Chief Executive advised that there was more national expectation for the STP to operate as a system to become more cohesive with formal recognition of systems working together. It was reported that Lincolnshire are making progress with all 7 organisation working in conjunction to ensure all are heading in the same direction.

The Board were informed there was no additional winter funding for 2018/19 and the Trust would work closely with the system to minimise demand.

There is a national media focus on the NHS financial situation. The plan was for £435million and is now just below £1billion. This would increase downward pressure.

The Trust Board were advised of new legislation which would mean the public would opt out of organ donation. The Trust had recently held an event to dedicate the organ donation tree at the Pilgrim Hospital.

The Chief Executive provided the Board with an update on the CQC. The Well Led Review was scheduled to take place in April. Issues were raised following a recent visit to Pilgrim A&E in relation to staffing levels and Paediatric nursing workforce. The Chief Executive advised that the Trust could not always meet the demands required of it and the CQC findings re-emphasised the staffing issues.

Mrs Dunnett queried whether there is anything the Trust can do in the interim for business cases in response to the Naylor review. The Deputy Chief Executive highlighted the priority still remains with the Fire Business Case which is currently in the system. The Director of Estates and Facilities report the Trust has made representation into the STP already in respect of capital.

The Interim Chair highlighted the STP was still gathering momentum and agreed there was a need to focus on fire but it was essential to have a good take on other areas aswell.

Mr Bains questioned if allowances were made by the CQC if staff were simply not availability to the Trust and whether there is a review. The Deputy Chief Executive responded to confirm that the Trust role was to make sure patients were treated safely and whilst they would understand the context they would expect efforts be made to ensure patients were safe.

119/18 **Item 8 Patient Story**

Mrs Pamela Beattie, Hospital Chaplain and Ian Holdich, Charge Nurse Carlton-Coleby attended to present the Patient Story to the Board. The Trust now provides comfort bags for children following the loss of a parent. Social Media was used to promote the idea and resulted in gifts from the general public, from local businesses along with memory jigsaws.

120/18 The Board reflected that this was an example of the quality of service that the Trust provided and the level of care afforded to patients and their families. The Chair thanked the staff for presenting such a positive story.

121/18 **Item 9 Quality and Safety**

**Item 9.1 Assurance and Risk Report Quality Governance**

Mrs Owston presented the Board with the assurance report from the Quality Governance Meeting which took place on 13<sup>th</sup> February 2018.

122/18 The Committee had highlighted the review of medication incidents and confirmed the Trust had requested an internal review is commenced.

123/18 The Committee were partially assured following the update received on the pressure ulcers work and noted that Quality Matrons had now been appointed.

124/18 Mrs Owston thanked Ms Gallen, Quality and Safety Manager for her support to the Committee.

125/18 The Interim Chair questioned whether the Committee were satisfied following

the update on the IG Toolkit and GDPR following the recent NHS advice published. The Deputy Chief Executive confirmed the Trust still has significant progress to make to provide assurance due to the late publication of guidance.

- 126/18 Mrs Owston stated that the Committee were satisfied that there were no new risks to be escalated.
- 127/18 Mrs Dunnett requested consideration at a future meeting whether the Committee is managing Patient Experience and Quality and Safety in the best way possible. The Board requested greater levels of assurance on these areas and discussed whether a Board Development session could be arranged to focus on these.

**Action: Trust Secretary 27<sup>th</sup> April 2018**

- 128/18 **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

- 129/18 **9.2 Performance Report Quality and Safety**

The Medical Director provided the Board with an update on the report. The Trust is currently an outlier for HSMR and SHMI. The Mortality Reduction Strategy is currently being drafted and it has highlighted that although the Trust is good at reviewing deaths improvement is required on feedback. Further work is required to move the safety parameters and advice is being sought from NHSI and other Trusts.

- 130/18 Mrs Dunnett queried whether the mortality reviews are behind. The Medical Director confirmed the Trust is not behind and they are carried out across the system with Community involvement. The Board were informed that the Executive Team have approved the appointment of a Medical Examiner to support the process.
- 131/18 Mrs Owston highlighted that mental health deaths were raised at the Quality Governance Committee and assurance had been sought on the context and proportionality.
- 132/18 Mrs Ponder noted the national comparison timetable and the difference between weekday and weekend. The Medical Director confirmed there is a difference nationally for patients admitted at weekends and a change should be seen when there is a move to 7 day working, which would be lead by the Clinicians.
- 133/18 The Interim Chair noted the action plan for Coding and highlighted the positive step seeking advice from others.

The Director of Nursing noted the Trust is below average for Harm Free care and reported the Trust is looking at ways to change the reporting of this to the national benchmark. The December data is still being reviewed. The Board were informed that the Trust is not making the impact on pressure ulcers and falls that had previously been seen. This work would link with ward accreditation.

- 134/18 The Board were advised that NHSI had been at Pilgrim and Lincoln doing medication pathway reviews. Action plans were being put in place as a result of this work.
- 135/18 Mrs Ponder informed the Board, following ward visits, the physical layout of the Ward in some areas makes the monitoring of patients more difficult and queried whether there was any capital to make better use of technology. The Director of Nursing responded to say the ward areas were reviewed and patients were moved accordingly. Staffing in wards did take account of the environment.
- 136/18 Mrs Truscott queried whether the A&E pressures have impacted on the Falls and Pressure Ulcers. The Director of Nursing confirmed there is a review ongoing on the impact of Falls, but it was believed to have impacted as it creates a higher risk. The CQC observed patients not being transferred to pressure relieving mattresses soon enough. Pressure relieving mattresses have now been ordered for all A&E department trolleys.
- 137/18 Mrs Truscott also raised concern surrounding the controlled drugs audit. The Director of Nursing echoed the concern and confirmed an action plan was in place.
- 138/18 Mrs Dunnett challenged what action was being taken to manage falls in the community. Quality Improvement Plans did not seem to be having the required impact and asked what was the role of the Quality Matron.
- 139/18 The Director of Nursing confirmed the role of the Quality Matrons is to support the Ward Teams and would ensure the action plans are being implemented, which provides additional capacity to the Ward Managers. The Board were informed the data for Pressure Ulcers and Falls also includes data from the Community. The Trust works closely with the Community Team and work is ongoing for the Tissue Viability Team to support the whole system.
- 140/18 Mr Bains queried why the use of catheter was so high and the Director of Nursing responded that it should be no higher than other organisations. Particular wards are being targeted to review this and actively discourage the use it was not felt this is linked to staffing levels.
- 141/18 Dr Gibson requested more data is gathered on episodes of harm to show areas of best practice and highlight the areas needing support. It was noted the Ward Health Check data is getting stronger.
- 142/18 **RESOLVED**  
The Interim Chair highlighted that the focus needs to be on the analysis not the data. The Interim Chair stated that the Board recognised it was not where it needed to be with a deterioration in quality performance in areas such as falls

and pressure ulcers. The Trust recognises that different actions are needed to ensure the desired outcomes are delivered. The Board noted the performance report for quality and safety.

143/18 **Item 9.3 Quality and Safety Improvement Plan**

The Director of Nursing provided the Board with an overview of the report. The Board were alerted to the ongoing work at Pilgrim (QS16). Additional staffing was in place and an action plan has been created along with adding an additional stream specifically relating to A&E. The Improvement Director was working with the team to add additional milestones resulting from the unannounced inspections.

144/18 The Interim Chair was fully supportive of the work being undertaken although highlighted the fact that the report is discussed in several meetings.

145/18 Mr Hayward questioned what additional work would be undertaken if there were any slippages to the schemes. The Director of Nursing confirmed the Quality Governance Committee receive the full detailed plan monthly so are assured whether the plan is on track.

146/18 The Deputy Chief Executive highlighted the positive impact on the changes of the Committees and the progress made. The Committees provide the necessary assurance if they are clear on the risks and the issues. Early discussions have taken place regarding the governance plan.

147/18 The Interim Chair advised it would be useful for the Board to have sight of the plan and provide clarity for the Chairs of the Committees.

**Action: Medical Director 29 March 2018**

148/18 **RESOLVED**

The Board noted the assurances given the risk to delivery and challenged the progress of the improvement plan and how to remain on track.

149/18 **Item 10.1 Workforce and OD Committee Assurance Report**

Mrs Truscott presented the Board with the assurance report from the Workforce and OD Committee which took place on 5<sup>th</sup> February 2018. Disappointment was expressed regarding the limited representation from Nursing and lack of clinical representation.

150/18 Limited assurance was provided from the Audit Report relating to recruitment and retention.

Positive feedback was given following the KPMG support on workforce planning.

151/18 The results of the staff survey were considered and noted to be very disappointing. Further work was ongoing to review the Staff Survey responses to understand them better but as a result the risk score for staff engagement on the Board Assurance Framework would be increased.

152/18 Mrs Owston questioned whether in the absence of any data from the Guardians of Safe Working the Trust had any evidence of poor experiences for junior doctors. Mrs Truscott stated that there was no other evidence available and the Trust was not meeting the statutory requirement to gain assurance in this area. The Medical Director added that the GMC complete visits and surveys and action plans were in place for these.

153/18 Mr Hayward highlighted the risk surrounding the timeline for improving the recruitment process. Mrs Truscott responded that the overall recruitment process is being reviewed for non-medical staff and whether the approach was consistent.

154/18 The Director of HR and OD commented that the delays occur during checks and references and reported the TRAC system will pinpoint more accurately the delays. The Board were informed that NHSI were visiting to review the workforce process in more detail.

155/18 The Deputy Chief Executive acknowledged the comments about the risk register and the feeling of a loss of momentum on improvement work. It was important that the Trust addressed this. The Director of Finance added that the directorates were held to account at the monthly performance meetings on all elements of performance including risks and hot topics, some directorates had seen real improvement in how this was addressed and were being held to account.

156/18 The Deputy Chief Executive stated that it was important that the process linked up and allowed the relevant updates to be made to the corporate risk registers this was a known gap and needed to be addressed through all of the assurance committees.

**Action: Committee Chairs 29 March 2018**

157/18 Dr Gibson noted that the workforce planning is a challenge and questioned whether the clinical leads were being engaged in the planning aspects. Mrs Truscott confirmed part of the approach is workshop basis and depends on the capacity to attend, but the discipline of the approach is there. Business plans are owned by the Directorates.

158/18 The Interim Chair commented that it is essential the correct people are in attendance at the meeting as it is a key focus for the Trust. The workforce planning work was highlighted as a key piece of work with a real need to understand the future implications.

159/18 The Board were informed that the Quality Governance Committee had received a refreshed policy on Risk which was encouraging to see.

**RESOLVED**

160/18 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

161/18 **Item 10.2 Performance Report Workforce**

The Director of HR and OD provided the Board with an overview of the report. Particular concerns were raised in relation to retention and focus has been given to plans for 2018/19. There was an intention to invest in the HR capacity but due to the financial position this has not been progressed as quickly as planned.

162/18 Investment from HEE has supported the leadership development internally with a focus on developing potential staff.

The Trust have invested in the recruitment strategy and were developing co-hort recruitment and looking at incentive packages.

163/18 The Board were informed that Patient Experience has now moved to the Organisation Development team which will be triangulated with Staff Experience. Mrs Ponder raised the absence of the patient experience data in the Board reporting and that this gap needed to be addressed

**Action: Director of HR and OD 29 March 2018**

164/18 The Interim Chair thanked the HEE for the support provided which will give an emphasis on the development opportunities.

**RESOLVED**

The Board noted the workforce and OD performance report.

165/18 **Item 10.3 Freedom to Speak Up update**

The Freedom to Speak Up Guardian presented an update on freedom to speak up activity in the last quarter and the latest data collection.

166/18 The Board were advised that the emphasis was moving to identify how learning could be gathered from the contacts made with staff speaking up so that the Board could be assured on outcomes.

The staff survey results were to be used by the Guardian to identify particular hotspot areas which could be targeted for visits or support.

167/18 The Board stated their concern over staff who had reported to the Guardian that they had suffered detriment as a result of raising concerns in the organisation. The Chief Executive commented that it was important that managers were able to respond appropriately to concerns and as a result a guide for managers was being produced to support this and improve.

**RESOLVED**

The Board noted the latest position and reiterated their support to staff who

raised concerns and to learning from issues highlighted.

168/18 **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 20<sup>th</sup> February 2018.

- 169/18 A full capital report would be brought to the next committee meeting as the committee were not assured on the position.
- 170/18 The Committee were not assured in respect of the Trust cash position and how the Trust would better position itself for 2018/19 in respect of cash.
- 171/18 The committee received assurance on the 2018/19 planning process and the fire enforcement plan.
- 172/18 The Committee had considered delivery of cancer performance and the plan to recover trajectory including the pathway review for pathology.
- 173/18 The Committee had received a presentation from the Lincoln General Medicine Directorate and had requested improvement trajectories for the high level plans. Dr Gibson added that the directorate had demonstrated that they had plans for addressing the A&E performance with support from the wider organisation and the system.
- 174/18 The Committee had escalated concerns about the corporate risk register and how this would be taken forward.
- 175/18 The Interim Chair stated that there was a lack of assurance in key areas of cash, financial recovery and A&E performance and 2018/19 would clearly be very challenging.

**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

176/18 **Item 11.2 Performance Report Finance and Operations**

The Director of Finance, Procurement and Corporate Affairs advised the Board on the updated position for month 10. The Trust is currently reporting

£69.9million deficit at end of January against a forecast of £77million which shows an improved position on December.

- 177/18 The risks had been articulated to NHSI that the Trust could not manage including Fire. The position will show deterioration due to winter being worse than anticipated.
- 178/18 The Board were assured that measures have been identified within the efficiency programme to mitigate the £1million at risk, although full assurance could not be provided that this will all be successful.
- 179/18 The Board were advised that the CCG have provided support in relation to the cash position.
- 180/18 Mrs Owston queried the next steps to be taken due to the loan facility being fully utilised. 6% is treasury requirement. If the plan is delivered they will reduce the rate.
- 181/18 Mrs Dunnett questioned the forecast for year end. The Director of Finance, Procurement and Corporate affairs confirmed there is an expectation of £83million at year end . This came with the caveat that the Trust would have to respond quickly to any CQC issues which were raised.
- 182/18 Mrs Owston questioned the process on Service Line Reporting . The Director of Finance, Procurement and Corporate Affairs confirmed the launch took place prior to Christmas and the Clinical Directors were embracing. The Director of Operations confirmed a review has taken place on the use of consumables by reviewing the theatre data to improve efficiency.
- 183/18 The Director of Operations provided an update on operational performance The Board noted the impact which urgent care pressures had placed on RTT, cancelled operations and cancer standards.
- 184/18 The Trust was now achieving 5 of the 9 cancer standards with an improvement in the 62 day standard.
- 185/18 Dr Gibson questioned whether the Trust could pinpoint the cause of breaches in urgent care. The Board were advised that the Trust worked with NHSI to review all of the cases, overcrowding was a key contributor. Dr Gibson asked whether the integration of the teams had been achieved. The Director of Operations responded that this was an ongoing piece of work.
- 186/18 Mr Bains questioned whether all cancelled patients were rescheduled. The Director of Operation provided assurance that these were monitored where the wait for reschedule was over 28 days following the cancellation and if necessary the care would be outsourced to the private sector. The Interim Chair confirmed that this was considered at the FSID Committee in some detail.
- 187/18 The Interim Chair acknowledged that the support from the wider system was

really encouraging.

188/18 **RESOLVED**

The Board noted the financial and operational performance

189/18 **Item 12 Strategic Risk Management Report**

The Medical Director provided an update in relation to the revised Strategic Risk Management Report. It was noted that the Strategic Risk Register has now been updated by the Executive Directors ahead of a Root and branch review of whole process.

190/18 The Board were informed of the new risks raised and noted the business continuity plans being developed.

191/18 The Medical Director confirmed that 29 new risks have been added, of which 4 were at 20 and above. The top 3 risks on CRR were Isolation, Fire Safety and GI Bleed.

192/18 The Chair questioned whether following the Board discussions these were the top risks for the organisation.

193/18 The Board noted the increased risk rating of the workforce risk which had been updated by the Committee.

194/18 The Chair highlighted the reports which were relied upon in relation to the Board Assurance Framework.

SO1 – Patient story, Quality Governance Committee report, Quality and Safety Improvement Plan

SO2 – Quality and Safety Improvement Plan

SO3 – FSID Committee report

SO4 - Workforce and OD Committee report

SO5 - Performance Report

SO6 – FSID Committee report

195/18 **RESOLVED**

The Trust Board noted the

- Assurances provided from the reports received.
- Those areas where assurance had not been received and the actions initiated in response to this.
- The risk register and strategic risk register/ BAF review

196/18 **ITEM 13 STRATEGY AND POLICY**

197/18 **Item 13.1 Board forward planner**

The Board noted the planner

198/18 **Item 13.2 ULH Innovation**

The innovation report was noted.

199/18 **ITEM 14. ANY OTHER BUSINESS**

The Interim Chair expressed thanks to Mrs Owston and Mrs Truscott for their support as Non-Executive Directors to the Trust and the efforts that they had made to improve patient services and to the workforce.

200/18 **ITEM 17. DATE, VENUE AND TIME OF NEXT MEETING**

The next meeting will take place at 9.15am on Thursday 29<sup>th</sup> March 2018 in The New Life Centre, Sleaford.

**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**

<b>Voting Members</b>	<b>7 Mar 2017</b>	<b>4 Apr 2017</b>	<b>9 May 2017</b>	<b>6 Jun 2017</b>	<b>4 July 2017</b>	<b>1 Aug 2017</b>	<b>5 Sept 2017</b>	<b>3 Oct 2017</b>	<b>7 Nov 2017</b>	<b>15 Dec 2017</b>	<b>26 Jan 2018</b>	<b>23 Feb 2018</b>
Elaine Baylis											X	X
Chris Gibson							X	X	X	X	X	X
Geoff Hayward	A	X	A	X	X	X	X	A	X	X	X	X
Penny Owston	X	A	A	X	X	X	X	X	X	X	X	X
Gill Ponder	X	A	X	X	X	X	X	A	X	X	X	X
Kate Truscott	X	X	A	A	X	X	X	X	X	X	X	X
Tim Staniland												
Jan Sobieraj	X	X	X	X	X	X	X	X	X	X	X	A
Suneil Kapadia/ Neill Hepburn	X	X	X	X	X	X	X	X	X	X	X	X
Interim Director of Finance	X	X	X	X								
Karen Brown					X	X	X	X	X	X	X	X
Michelle Rhodes	X	A	X	X	X	X	X	X	X	X	X	X
Kevin Turner	X	X	A	X	A	X	X	X	X	X	X	X
Sarah Dunnett,	X	A	X	X	X	X	X	X	X	X	X	X
Mala Rao			X	X	X	X	X	X	X	X	A	A

X In attendance  
A Apologies given