

Minutes of the Public Trust Board Meeting

Held on 7 November 2017

Conference Room, The Reservation, Sleaford.

Present Voting Members	Non Voting Members
<p>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</p>	<p>Mr Paul Boocock, Director of Estates and Facilities Mr Mark Brassington, Chief Operating Officer Dr Paul Grassby, Associate Non-Executive Director Mr Martin Rayson, Director of Human Resources and Organisational Development</p>
<p>In Attendance Miss Lucy Ettridge, Associate Director Communications and Engagement Mrs Jayne Warner, Trust Secretary (minutes) Mr John Bains, Healthwatch Chair</p>	<p>Apologies</p>
<p>851/17</p>	<p>ITEM 1. INTRODUCTION</p> <p>The Chair highlighted to the Board the events which he had attended since the last meeting. The Chair thanked Mrs Owston for deputising for him during a visit to RAF Coningsby. The Chair stated that this was his last meeting as Chair of the Trust and thanked the Board for their support and wished the Trust every success in the future. The Chair welcomed Mr Minos a newly appointed Consultant in Ophthalmology to the meeting.</p>
<p>852/17</p>	<p>ITEM 2. QUESTIONS</p> <p>The meeting paused for questions from members of the public relating to the</p>

	agenda.
853/17	<p>ITEM 3. APOLOGIES FOR ABSENCE RECEIVED</p> <p>There were no apologies.</p>
854/17	<p>ITEM 4. DECLARATIONS OF INTEREST</p> <p>There were no interests declared in respect of the agenda items.</p>
855/17	<p>ITEM 5. MINUTES OF THE MEETING HELD ON 5 SEPTEMBER 2017</p> <p>The minutes of the meeting held on 3 October 2017 were approved as a true and accurate record.</p>
856/17	<p>ITEM 6. MATTERS ARISING/ACTION LOG</p> <p>Minute 606/17 and 617/17 – Finance, Service Improvement and Delivery Committee to review international recruitment and outliers at their November Committee meeting.</p> <p>Minute 639/17 – Built in to forward agenda for Board Development . Complete.</p> <p>Minute 742/17 review of capital programme priorities. This action was still awaiting the decision on additional support for capital. Queries from NHSI had been addressed. Response awaited.</p> <p>Minute 758/17 Microbiology cover – The Director of Nursing advised that the situation was improving with a further advert being placed. The Trust was working with Nottingham to find a solution.</p> <p>Minute 793/17 – Medicines would be considered at November meeting.</p> <p>Minute 798/17 – It was confirmed that the data reported was correct. Complete</p> <p>Minute 808/17 – The Director of Human Resources advised that work was ongoing and this would be reported back through the Workforce and OD Committee. Complete.</p> <p>The patient story was taken next at the meeting to allow the patient and their family to be in attendance.</p>
857/17	<p>ITEM 9. PATIENT EXPERIENCE</p> <p>The Deputy Chief Nurse joined the meeting to present the patient story. Patient Jordan and her mum Sam also attended along with Trainee Acute Care Practitioner Sujapalan Ramesh. The Board heard how following an attendance with her daughter, Sam had published a thankyou message to the staff in the Trust on social media. The Board heard how this had been seen by hundreds of people and had been picked up by staff in the Trust.</p>

	<p>The Board thanked Jordan and Sam for attending sharing their experience and taking the time to let people know about the care they had received and the positive experience.</p>
	<p>RESOLVED</p>
858/17	<p>The Board noted the lessons to be learned from the patient story.</p>
	<p>ITEM 7 CHIEF EXECUTIVE HORIZON SCAN</p>
	<p>The Chief Executive noted that the NHS awaited the budget and that there had been lobbying particularly around pay for NHS staff. The Board were asked to note that whatever the decision on pay the issue for the Trust would be where the funding came from which followed the decision.</p>
859/17	<p>The Chief Executive highlighted the publication of the CQC State of Care report and referred to the fact that the number of nursing home beds had fallen, the number of GPs had fallen and the NHS continued to experience staffing shortages. 59% of Trusts were now rated as inadequate or requires improvement demonstrating the fragility of the NHS.</p>
860/17	<p>The Board were advised that Baroness Dido Harding had been appointed as Chair of NHS Improvement.</p>
	<p>The Board were advised that the Director of Nursing and Chief Executive had attended a conference for Trusts in Special Measures. Following this the Trust would do a stock take of its position with support from its partner organisations in Lincolnshire.</p>
861/17	<p>The Trust had held a Patient Experience Conference which had celebrated the good practice which could be seen in the organisation.</p>
	<p>Item 8 Emergency Care Update</p>
862/17	<p>The Medical Director presented the report on the Emergency Care Service. 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.</p>
863/17	<p>The Board were advised that the Trust had now reached the threshold number of middle grade staff with a heavy reliance on agency and locums. The staffing level was at 22 with 15 of these being substantive and remained fragile.</p>
864/17	<p>When the overnight closure decision was reached it was agreed that if levels of middle grade doctors could be restored to 21 then the department at Grantham would re-open. The Medical Director stated that the Board now needed to determine whether the Trust could safely re-open over night at current levels whilst acknowledging that to open and then have to consider closing again would be a great disservice to the residents of Grantham. The Medical Director acknowledged that whilst the impact on numbers of patients was small the impact of concern and emotions was great. The Trust</p>

	<p>continued to work with the CCGs to find a long term and sustainable model.</p>
<p>865/17</p>	<p>The Medical Director advised the Board that NHS England and NHS Improvement who have oversight of the services in the Midlands and East Region had expressed concerns over the safety of reopening because of the low levels of staffing and had indicated that the decision should be subject to independent review.</p>
<p>866/17</p>	<p>Mrs Ponder questioned why the Trust had increased the establishment levels and whether this meant the Trust was saying that the service would be unsafe. The Medical Director stated that the Trust continually reviewed the staffing levels. The Chief Operating Officer added that a review of workforce across the county had shown that the level was below that which was required to meet the Royal College guidelines therefore the Trust had increased the funded establishment. The Trust would still need to go further to meet the level of demand that the emergency departments were experiencing and deliver a good service.</p>
<p>867/17</p>	<p>Mrs Owston noted the letter from NHS Improvement requesting that the decision be deferred and asked whether NHS Improvement had the authority to make this request to the Trust. The Medical Director stated that NHS Improvement were the regulator with a responsibility to oversee our services and work with us to ensure that service provided were good. The Board were advised that whilst NHS Improvement could not dictate the action for the Trust it would be difficult to ignore their advice given with their national oversight.</p>
<p>868/17</p>	<p>Mrs Owston asked if the Trust knew what form the review would take. The Medical Director responded that the Trust would work with NHS Improvement and that a review would be done quickly. Mrs Dunnnett asked for assurance that from the perspective of the Executive Team that the department could safely open overnight. The Medical Director confirmed this to be the case.</p>
<p>869/17</p>	<p>Mrs Truscott questioned whether the context of the review would be all of the Trust sites. The Chief Executive responded that the review would have to acknowledge that performance against the A&E standard was still very low at both Lincoln and Pilgrim.</p>
<p>870/17</p>	<p>The Director of Human Resources and OD advised the Board that the Trust continued with efforts to recruit in to the establishment and had raised its profile in the market place. The Trust was making steady progress.</p>
<p>871/17</p>	<p>Dr Grassby questioned whether other Trusts were able to meet the staffing level of the royal college. The Chief Operating Officer advised that many organisations were struggling with levels of middle grades in emergency medicine.</p>
<p>872/17</p>	<p>Mrs Dunnnett asked about the longer term context and how the decision would sit with the STP timelines. The Chief Executive advised that the timeline for the STP was not guaranteed but the Trust would continue to support the CCGs with the STP work.</p> <p>Professor Rao questioned whether the skill mix within the emergency departments had been challenged and whether greater numbers of juniors</p>

<p>873/17</p>	<p>would support this. The Director of Human Resources and OD advised that the Trust was developing the role of the advanced nurse practitioners but there was still site based working and thinking. Mrs Truscott added the the proposal for a medical school would go some way to support staffing in future years.</p> <p>RESOLVED</p> <p>The Board agreed that:</p> <ul style="list-style-type: none"> • Subject to the safety review by NHS Improvement the Trust would move to a decision to reopen at the December Trust Board meeting. • The Trust would continue to work with CCGs and partners to find a more sustainable model. <p>The Board adjourned for a period to allow media interviews.</p>
<p>874/17</p> <p>875/17</p> <p>876/17</p> <p>877/17</p> <p>878/17</p> <p>879/17</p>	<p>Item 10 Quality and Safety</p> <p>Item 10.1 Assurance and Risk Report Quality Governance</p> <p>Mrs Owston presented the assurance report from the meeting of the Quality Governance Committee on 31st October 2017.</p> <p>The Committee had highlighted that there had not been a ban on overtime as this had been raised through a risk on the corporate risk register. There had simply been a tightening of controls and authorisation around overtime.</p> <p>The Board were advised that the Committee had considered the Infection Prevention and Control Annual Report which was now presented to the Trust Board and that this had highlighted the Trust lack of compliance against the hygiene code. Mrs Dunnett commented that there were many areas which the Committee could not give assurance and asked if there was assurance that plans were in place to improve. The Committee were assured that the issues were recognised and would continue to seek assurances on improvements in compliance.</p> <p>Mr Bains Healthwatch Lincolnshire referenced the comments about inadequate documentation keeping and asked for clarity as this seemed like a simple issue to resolve. The Medical Director responded that documentation was complex and difficult to complete and underpinned all aspects of care.</p> <p>The Deputy Chief Executive offered a point of clarity in relation to Duty of Candour. The Trust require explanations to be offered both verbally and in a letter. A smaller percentage are supported with written evidence. Written evidence was still being sought for the remaining cases. Mrs Owston confirmed that this had been picked up at the meeting.</p> <p>RESOLVED</p> <p>The Trust Board noted the</p> <ul style="list-style-type: none"> • Assurances received by the committee.

<p>880/17</p>	<ul style="list-style-type: none"> • 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 <p>10.2 Performance Report Quality and Safety</p> <p>The Medical Director and Director of Nursing presented the quality section of the integrated performance report by exception.</p> <p>The Medical Director advised the Board that the Trust had raised SHMI data particularly at the Lincoln site. The Trust had low recording of palliative coding.</p>
<p>881/17</p>	<p>The Director of Nursing stated that the Trust had seen an increase in category 3 and 4 pressure ulcers across the sites. There had been a particular issue on two wards and additional work was being done with the two wards. This work would be taken to the Quality Governance Committee in November.</p>
<p>882/17</p>	<p>The Trust was above its trajectory for number of clostridium difficile cases in the year. The Board were advised that the Trust was performing better than other Trusts in the region.</p> <p>The Board were advised that sepsis remained 100% compliant.</p>
<p>883/17</p>	<p>Professor Rao asked whether the Trust had linked the lack of compliance with the hygiene code and the issues highlighted in the performance report. The Director of Nursing responded that the quality and safety improvement programme linked together all of the infection control actions.</p>
<p>884/17</p>	<p>Mrs Dunnett noted that the Board had decided to stream line the fill rate data which was received at the meeting and asked for assurance that this was still triangulated against the safety thermometer. Mrs Owston confirmed that this was still considered by the Quality Governance Committee.</p>
<p>885/17</p>	<p>Mrs Truscott observed that whilst it was pleasing that the Trust was compliant with the sepsis target she was concerned at the level of screening. The Director of Nursing confirmed that there was ongoing work with the ward areas to ensure that the screening was being completed fully. The Chair asked whether it was specific areas where there was an issue and the Director of Nursing confirmed that this was the case. The Chair asked for assurance that there would be adequate cover for the sepsis nurse during an upcoming period of leave and the Director of Nursing advised that the Trust was going through a process at present.</p>
<p>886/17</p>	<p>Dr Gibson noted the medication drug errors and asked if the Trust were moving towards e-prescribing. The Deputy Chief Executive confirmed that scoping work was underway with the business case expected by the end of December 2017. The Director of Nursing added that investment of this type would automatically reduce the level of medication errors. The Trust had taken the action of introducing “do not disturb me” tabards and pharmacy technicians on the wards.</p>

887/17	<p>The Chair questioned whether the PUNT system was not impacting on the level of pressure ulcers. The Director of Nursing explained that the Trust had been reporting two sets of data and therefore the use of PUNT had been stopped in August whilst the Trust worked on software to allow PUNT to feed in to the incident data. It was anticipated that PUNT could be reintroduced from April 2018. The Chair asked whether the Trust should be clearer on a zero tolerance of pressure ulcers. The Director of Nursing confirmed that the Trust had zero tolerance.</p>
888/17	<p>Item 10.3 Quality and Safety Improvement Plan</p> <p>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 by Quality Governance Committee.</p> <p>Mrs Ponder asked for assurance on the issues highlighted against the QS14a and QS14b and asked whether Board support was needed. The Director of Nursing responded that the issue for QS14a was now resolved and a plan was being put in place for the operation of the medical bank. This should be resolved by the end of November.</p>
889/17	<p>Mrs Owston highlighted that the agenda faced by the Quality Governance Committee was large. The Chief Executive added that NHS Improvement were pulling together information for oversight at present and this was unsustainable in terms of the Executive Team. The organisation had been under pressure for a sustained period of time.</p>
890/17	<p>The Chair asked whether Schwartz Rounds were used in the organisation. The Director of Nursing responded that the introduction of these had been deferred to avoid the risk of initiative overload.</p> <p>Mrs Truscott asked for assurance in respect of QS16 and strengthening support for senior level management at Pilgrim. Mrs Truscott noted that there had been significant movement in the senior team. The Director of Nursing advised that the remaining risk for this programme was the work on site remodelling.</p>
891/17	<p>Mrs Truscott questioned whether other Trusts could assist with the evidencing outcomes work for QS01 and QS07. The Chief Executive responded that the Trust was working with partner organisations however the Trust was a complex organisation and some simple solutions did not work.</p> <p>RESOLVED The Board noted the assurances given and the progress of the Quality and Safety Improvement Plan.</p>
892/17	<p>Item 10.4 Director of Infection Prevention and Control Annual Report</p> <p>The Director of Nursing introduced the report which had been shared with the Quality Governance Committee. The report would be published on the Trust website.</p>

	<p>Professor Rao stated that the Trust needed to ensure that basic hygiene and cleanliness were achieved immediately and that some of the gaps in compliance justified assertive action by the Trust. The Director of Nursing responded that there was not a tolerance of non compliance within the Trust and that there was an expectation to deliver against the hygiene code but also to move the culture of the organisation.</p>
893/17	<p>Mrs Ponder asked how core training for infection prevention and control was being driven up. The Director of Nursing responded that the Trust was aiming to drive up all aspects of core learning. The Board were advised that core training was improving and infection prevention champions were being identified around the organisation.</p>
894/17	<p>Mr Hayward noted that there was no assurance on deep cleaning. The Director of Nursing stated that the Trust had an issue with bed occupancy and decant space and was unable to adhere to best practice for deep cleaning. The Trust mitigation was a reactionary process. The Chief Operating Officer added that decant facilities being established on each site for fire work should allow the Trust to revisit the issue.</p>
895/17	<p>Mr Bains Healthwatch Lincolnshire commented on the flu vaccinations and asked if any staff groups had poor uptake. The Director of Human Resources and OD advised that particular groups had not been identified but that uptake for 2017 was improved on previous years.</p>
896/17	<p>Mrs Truscott questioned where the Trust was with the roll out of the house keeping review. The review was not fully implemented and was now being considered as part of the quality impact assessment process.</p>
	<p>RESOLVED</p>
	<p>The Board accepted the Director of Infection Prevention and Control Annual Report.</p>
897/17	<p>Item 10.5 Learning from Deaths Framework</p> <p>The Medical Director introduced a summary of the actions arising from the national guidance on learning from deaths. The Board were advised that the focus was on improving governance processes around patient deaths and ensuring that families/carers of patients who have died are involved.</p>
898/17	<p>The Board were advised that Mrs Owston would be the Non Executive Lead for this area.</p> <p>Mr Hayward questioned how the Trust ensured that families and carers were supported when patients were at end of life. The Medical Director explained that the Trust worked with hospice and palliative care teams and that the chaplaincy and bereavement teams also had a role to play.</p>

	<p>RESOLVED</p> <p>The Board noted the actions being taken to meet the national guidance on learning from deaths.</p>
899/17	<p>ITEM 11. Workforce Item 11.1 Performance Report Workforce</p> <p>The Director of Human Resources and OD presented the workforce section of the integrated performance report by exception.</p>
900/17	<p>The Board were informed that the Trust continued to see improvements in recruitment and vacancy rates. However there were still significant medical staffing vacancies.</p> <p>The Trust continued to work to reduce sickness rates but this was not yet being achieved.</p> <p>The rate of core learning and non medical appraisals had fallen again and additional effort was needed to bring the levels back up again.</p>
901/17	<p>Mrs Dunnett asked for assurance on staffing levels for children's services at Pilgrim. The Director of Nursing responded that she had met with the ward sisters and secured long term agency staff to January which had improved the position. The areas were running at safe staffing levels.</p> <p>Mrs Truscott confirmed that the Workforce and OD Committee had completed some deep dives on recruitment and had asked for further assurances.</p>
902/17	<p>The Director of Finance and Corporate Affairs highlighted that despite the downward trend in appraisal levels the quality report was still rating as Green. This would be amended.</p> <p>The Chief Operating Officer stated that medical vacancies continued to be a concern despite the progress being made. The Director of Human Resources and OD stated that there remained difficulties in recruiting in Lincolnshire.</p> <p>RESOLVED</p> <p>The Board noted the workforce performance report.</p>
903/17	<p>Item 11.2 Workforce and OD Committee Assurance Report</p>
	<p>Mrs Truscott presented the assurance report from the meeting of the Workforce and OD Committee on 29th September 2017.</p>
	<p>There were no further matters to raise in addition to those discussed within the performance report.</p> <p>RESOLVED</p>

904/17	<p>The Trust Board noted the</p> <ul style="list-style-type: none"> • 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 <p>.</p> <p>Item 13.1 was taken at this point in the meeting.</p>
905/17	<p>Item 13.1 Audit Committee Assurance Report</p> <p>Mrs Dunnett presented the assurance report from the meeting of the Audit Committee on 10th October 2017.</p>
906/17	<p>The Audit Committee meeting had been held without attendance from External Audit as a new appointment was awaited following the resignation of KPMG following their appointment as the Trust Turnaround Partner.</p> <p>The Committee had agreed to conduct a self assessment process in line with best practice.</p>
907/17	<p>The Committee had received assurances on delivery of the Internal Audit plan for 2017/18</p> <p>Mrs Dunnett advised that the risk of the introduction of the GDPR had been highlighted and this would be monitored through the Information Governance Committee and the Quality Governance Committee.</p>
908/17	<p>The Committee had also discussed how assurances would be received from the other committees.</p>
909/17	<p>The Chair thanked Mrs Dunnett for talking on the role of chair of Audit Committee and Mr Hayward for his tenure as chair.</p> <p>RESOLVED</p> <p>The Board noted the assurances received from the Audit Committee.</p> <p>Mrs Dunnett left the meeting.</p>
910/17	<p>Item 11.3 Freedom to Speak Up and Staff Engagement</p> <p>The Director of Human Resources and OD provided the Board with an outline of how staff would be engaged on the 2021 programme. November and December would be used to raise the profile and Board members would be getting out to every part of the organisation.</p>
911/17	<p>The strategy would be used to create positivity for the organisation and its future.</p> <p>Mr Hayward emphasised that key messages needed to be brief.</p>

	<p>The Director of Human Resources and OD stated that the Trust would use different media to brief staff</p>
<p>912/17</p>	<p>The Freedom to Speak Up Guardian for the Trust presented an update to the Board. The update included the data for the period July 2017 to September 2017 which would be submitted as part of the national quarter 2 data return.</p> <p>The Board were advised that work to promote the role of the Guardian continued and to encourage staff to speak up about concerns.</p>
<p>913/17</p>	<p>The Board noted the findings of the survey of guardians nationally and the Trust Freedom to Speak Up Guardian highlighted the recommendations for Trusts to provide ring fenced time for Guardian work. The Trust would be considering how this was addressed going forward.</p> <p>RESOLVED</p>
<p>914/17</p>	<p>The Trust Board noted the staff engagement update and the latest position with Freedom to Speak Up.</p>
<p>Item 12 Finance and Performance</p> <p>Item 12.1 Finance, Service Improvement and Delivery Assurance Committee</p>	
<p>915/17</p>	<p>Mrs Ponder presented the Finance, Service Improvement and Delivery Assurance Report from the meeting held on 31st October 2017.</p> <p>The Committee escalated to the Board the lack of assurance in relation to the Trust financial performance and the financial recovery. The Committee had requested a further discussion on the Trust level of risk appetite within the financial recovery plan.</p>
<p>916/17</p>	<p>The Committee highlighted the non achievement of some of the CQUIN areas and challenged whether additional investment would secure the CQUIN result.</p> <p>The Committee advised the Board that the Trust remained vulnerable in terms of evacuation training in respect of the fire safety enforcement actions.</p>
<p>917/17</p>	<p>RESOLVED</p> <p>The Trust Board noted the</p> <ul style="list-style-type: none"> • 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

918/17	<p>Item 12.2 Performance Report Finance and Operations</p> <p>The Director of Finance and Corporate Affairs presented the month 6 financial performance. The month 6 position was an in month deficit of £6.3m which is £1.9m adverse to the planned in month deficit of £4.4m. The Trust plan for 2017/18 is a control total deficit of £48.6m.</p> <p>The Director of Finance explained that the deterioration in the income and expenditure position directly impacted on cash and the Trust would require external cash support. Trust loans equated to £150m and would reach £200m by the year end.</p> <p>The Board were advised that capital spending remained on plan.</p> <p>The Director of Finance advised that the most likely year end financial positions was a deficit of £83m with an upside forecast of £75m.</p>
919/17 920/17	<p>The Chief Operating Officer reported that the Trust had achieved 4 of the 9 cancer standards in October. Improvement plans were in place. 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.</p> <p>The Board were advised that performance against the A&E 4 hour standard was still not at trajectory. The system improvement plan remained behind where it should be. The focussed actions going forward were weekly system taskforce, weekly clinical forum and strengthening of stranded patient reviews. Mrs Ponder confirmed that the Finance Service Improvement and Delivery Committee had asked for revised recovery trajectories.</p>
921/17	<p>RESOLVED</p> <p>The Board noted the Finance and Operational Performance Report.</p>
922/17 923/17	<p>Item 12.3 Financial Special Measures</p> <p>The Director of Finance and Corporate Affairs presented the actions being taken to secure the Trust's exit from special measures.</p> <p>The Board were advised that the report presented would be shared with members of the Lincolnshire County Council Health Scrutiny Committee.</p> <p>The Director of Finance and Corporate Affairs highlighted that the Trust would be charged at an enhanced rates for all loans as a result of being placed in special measures and that this would create a further cost pressure.</p> <p>The Trust had engaged the external support of KPMG and were working to deliver efficiencies of £18m. The Trust were still expected to achieve £63m</p>

<p>924/17</p> <p>925/17</p> <p>926/17</p> <p>927/17</p>	<p>year end deficit. The Board were alerted to the conflict between finance and quality.</p> <p>Mrs Owston observed that the plans did not include any planned service reduction and questioned whether NHS Improvement would reject the plans on this basis. The Director of Finance and Corporate Affairs stated that NHS Improvement would ask the regional team to work through the plans along with the developing schemes in the STP. The Trust had been asked to focus on the 2017/18 plan and there had not yet been focus on 2018/19.</p> <p>The Board questioned whether the plans took account of winter pressures. This was confirmed as part of the forecast outturn.</p> <p>Mrs Truscott raised concerns that many of the plans were backloaded to the winter busiest period and asked of the Trust had capacity to deliver. The Director of Finance and Corporate Affairs confirmed that capacity to deliver remained the highest risk and resilience of leaders was an issue.</p> <p>Mrs Truscott asked whether additional resource would be available. The Director of Finance and Corporate Affairs explained that this was what KPMG provided.</p> <p>The Chair noted the additional cost pressure created by the loans and asked whether local partners were working with the Trust to identify financial support. This was confirmed.</p> <p>Mrs Ponder commented that month 6 was not showing any sign of improvement and asked for assurance of a move to execution and delivery. The Director of Finance and Corporate Affairs responded that it was too early to see results and improvement may not be seen in month 7 either but recognised the need to move to delivery. The quality impact assessment would need to move to assessment this week and would need to provide assurance to NHS Improvement. The Director of Nursing added that the Trust needed to stick to the principle that there should not be any detrimental impact for patients and staff.</p> <p>Dr Gibson questioned whether the Trust had been given an indication of any income which may be recovered through the work initiated with CHKS. The Deputy Chief Executive stated that the Trust did not have this information but it was anticipated that first data would be available during November.</p> <p>RESOLVED</p> <p>The Board noted the actions being taken for the Trust to exit special measures.</p>
<p>928/17</p>	<p>Item 13 Strategic Risk Management Report</p> <p>The Deputy Chief Executive presented the strategic risk register and Board Assurance Framework. The Board concluded that there were no</p>

<p>929/17</p>	<p>amendments required to the document following the Board discussions.</p> <p>The Deputy Chief Executive informed the Board that the Trust had received the Head of Internal Audit Opinion mid year review which had been largely positive. Work was still needed on the actions being taken to respond to identified risks and these needed to be recorded in the summary.</p> <p>The Deputy Chief Executive requested that Committee chairs focussed on this area when reviewing the SRR/BAF at monthly meetings.</p> <p>The Board assurance committees continued their deep dives in to the strategic risks and had commenced thematic reviews of the corporate risk registers.</p> <p>RESOLVED</p> <p>The Board noted the current strategic risk register and BAF.</p>
<p>930/17</p>	<p>ITEM 14 STRATEGY AND POLICY</p> <p>Item 14.1 Trust Innovation</p> <p>The Associate Director Communications and Engagement shared the improved service for patients recovering from brain injuries making use of the newly revamped rehabilitation gym.</p>
<p>931/17</p>	<p>RESOLVED</p> <p>The Board noted the expansion and refurbishment.</p> <p>Item 15. Future Agenda Items</p> <p>There were no further agenda items.</p>
<p>932/17</p>	<p>ITEM 16. ANY OTHER BUSINESS</p> <p>There were no other items of business.</p>
<p>933/17</p>	<p>ITEM 17. DATE, VENUE AND TIME OF NEXT MEETING</p> <p>The next meeting will take place at 9.15am on Friday 15th December 2017 in The Conference Room, The Reservation, Sleaford.</p>
<p>934/17</p>	<p>EXCLUSION OF THE PUBLIC</p> <p>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.</p>

935/17	Signed as a true record _____ Chairman
	Date _____

Attendance

Voting Members	6 Dec 2016	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
Dean Fathers	A	X	X	X	X	X	X	X	X	X	X
Chris Gibson									X	X	X
Geoff Hayward	X	X	A	X	A	X	X	X	X	A	X
Penny Owston	X	X	X	A	A	X	X	X	X	X	X
Gill Ponder	X	X	X	A	X	X	X	X	X	A	X
Kate Truscott	X	X	X	X	A	A	X	X	X	X	X
Tim Staniland	X	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	X					
Karen Brown							X	X	X	X	X
Michelle Rhodes	X	X	X	A	X	X	X	X	X	X	X
Kevin Turner	X	X	X	X	A	X	A	X	X	X	X
Sarah Dunnett,	X	X	X	A	X	X	X	X	X	X	X
Mala Rao					X	X	X	X	X	X	X

X In attendance
A Apologies given