United Lincolnshire Hospitals NHS Trust

Minutes of the Public Trust Board Meeting

Held on 29 June 2018

New Life Centre, Sleaford

Present

Voting Members

Mrs Elaine Baylis, Interim Chair
Ms Karen Brown, Director of Finance, Procurement and Corporate Affairs
Mrs Sarah Dunnett, Non-Executive Director
Dr Chris Gibson, Non-Executive Director
M Geoff Hayward, Non- Executive Director
Dr Neill Hepburn, Medical Director
Mrs Liz Libiszewski, Interim Non-Executive Director
Mrs Gill Ponder, Non-Executive Director
Mrs Micelle Rhodes, Director of Nursing
Mr Jan Sobieraj, Chief Executive

Mr Alan Lockwood , Interim Non-Executive Director

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

Apologies

Kevin Turner, Deputy Chief Executive

In attendance:

Mr John Baines, Healthwatch
Mrs Jayne Warner, Trust Secretary

Mrs Catherine Greaves, PA (Minutes)

478/18	**Item 1 Introduction** The Chair welcomed the members of the public to the meeting.
479/18	**Item 2 Public Questions** The meeting paused for questions from members of the public relating to the Agenda **Q1** My question/s is regarding Paediatric services at Pilgrim Hospital so far, what has been put into place please, regarding the contingency "plan b" "temporarily moving Paediatric & Obstetrics services to Lincoln by Saturday 1st September?" And where are we with the visa situation of the 2 x doctors talked about previously please? Do we have a start date yet or

	have they now declined their job offers? I am hoping there is now a start date, so we won't now need to implement Plan B The Board responded to the questions around Paediatrics within a statement issued to the public. Therefore the question had been superseded. In respect of the visa query –this would be covered as part of the Agenda. **Q2** NHS Improvement issued a statement 2 weeks ago confirming significant progress on the issues that have been faced at Pilgrim and that there are now no plans to close Paediatric services. However, the same statement also included the fact that "it's too early to confirm the precise shape of future paediatric provision". So, this means that downgrades to our Maternity, Neonatal, Children's Ward and Paediatric A&E are still possible. With regards to Maternity services, if they were to downgrade and be left with NO Consultant Led Maternity, NO on site C Section operations and NO Neonatal, what will be the outcome for Mum's and Babies who are deemed low risk, but then become high risk during delivery or birth? A Midwife Led Unit is seriously unstable when Mum or Baby develop complications. C Section intervention would be impossible and Mum would have to be transferred to another hospital miles away which contradicts NICE guidelines of a 30 minute 'decision to delivery', but there is actually NO hospital close enough to transfer in time for a safe delivery which poses a very serious threat to the health and wellbeing of Mum and Baby. What will happen to Mothers or Babies that develop serious time sensitive complications after birth? The Director of Nursing responded to the question. Firstly adding that the Trust are actively working to maintain an obstetric led midwifery unit. However the worst case scenario would be no obstetrics at Pilgrim. Women would only be booked in if they fitted the national criteria – with the same criteria applying for home births. If a lady was booked in and developed complications they would be monitored through the midwife and transferred where necessary. Emergency transfers are available. There is a specific neonatal transfer system. The Director of Nursing added that the National Maternity Review supports all 4 options detailed in the report. The Trust have very skilled and competent midwives for both pre and post-natal periods all with the skill set to be able to resuscitate if required. **Q3** What specific recruitment activity is included in 'our efforts to recruit...'? Can the board present exact numbers of adverts, attraction, engagement, expressions of interest, applications, interviews, success/failure rates...and

	so on please? In other words, basic recruitment performance indicators and conversion rates? What specific recruitment pools are they fishing in, beyond agency/locum sources already on their approved lists? Which of these are new areas of activity? Did they recently have an open day that included interviews or is that upcoming? If upcoming, how many potential attendees are signed up so far to be considered specifically for each vacancy? The Director of Human Resources and Organisational Development confirmed he would provide a detailed reply in writing. The Board included details of activity within the April Board meeting. **Q4** The population of Boston and District has increased significantly and is likely to continue to increase. Demand for NHS services has and will continue to rise as a result of these changes. Can the Board please advise the logic behind the reduction of already oversubscribed services (I understand your previous excuses in respect of lack of resources and funding issues, but these are issues for you to manage.) and whether the Board considers it has a moral obligation to provide services to its customers? The Chief Executive responded that the Clinical Commissioning have responsibility to decide on the scale and scope of services as it is their statutory responsibility. The Chief Executive highlighted that the Trust have not reduced services, the challenge is how the Trust maintain the service due to a significant shortfall of paediatric middle grade doctors. **Q5** 1) CEO Jan Sobieraj's update this week talks about 98% activity remaining at the Pilgrim. How have you defined activity please? (eg 1 outpatient appointment is very different to a 4 week neonatal admission). How did you arrive at the figure of 98%? This appears to underestimate the impact of losing 24/7 inpatient Paediatrics and neonatal admissions from 30 to 34 weeks gestation? (Neill) Parent The Medical Director responded. The definition of the 98% is the denominator when you look at how many children come on a daily basis. The children seen on a daily basis at Pilgrim will still be seen. The neonatal unit is a different matter. 2) The 24/7 assessment model still needs staffing - nurses, registrar, consultant etc. Why not recruit to maintain the full service?

	The Medical Director responded in respect of the 24/7 assessment model that despite great efforts the Trust have been unable to achieve this and that is why it is looking at new models in order to maintain best services available with resource available. 3) It was always possible to get trainees (Drs) every year at Pilgrim. It doesn't add up. What has changed this year? The Medical Director responded that recruitment has been possible in the past however there has not been the full complement of staff for many years. The position is similar across the country. 4) What counts as a low risk situation at 34 weeks plus? For example will I still be able to have twins at the Pilgrim? The Director of Nursing responded that all ladies will need to be assessed on an individual basis. 5) Are you increasing beds at Lincoln County children's ward to accommodate the extra from Pilgrim? What about neonatal? The Director of Nursing responded that there is the physical capacity to increase paediatrics and neonates at Lincoln and the Trust would need to work through the staffing levels to achieve that. The Trust currently increase the number of beds as long as there are nursing staff and doctors available. The establishment at Lincoln is good however the Trust struggle for nurses at Pilgrim. Currently the labour suite and paediatrics do work across site and transfers can be made for varying reasons. The Director of Nursing confirmed she would share the figures for children transferred across the sites. 6) What is your plan to reinstate full services and bed numbers at the Pilgrim, so that the interim measure is as short as possible? Do you have such a plan? Are you intending to prepare one and stick to it? The Medical Director responded that the initial efforts were to sort out an interim solution and contingency. The Medical Director emphasised the Trust were not changing any facilities and the ability to reinstate is subject to being able to obtain the appropriate staffing. 7) What will you be doing to reduce the cost burden on families of being separated and travelling much further? Are you increasing parent accommodation on the neonatal unit at Lincoln? Do you have a fund to help with travel costs? How will you support Family Integrated Care and breastfeeding with parents and babies separated at greater distance with poor transport? (Michelle) Parent representative

	The Director of Nursing responded. The Trust do not have a fund for travel costs. The Trust are expecting small numbers of transfers however noted the need to work with the wider system to look at ho the Trust can support the families. 8) Will you be monitoring the numbers of children and babies transferred and making that information public each week, so that the impact is transparent - including those transferred elsewhere because Lincoln is full? What will the arrangements be for urgent premature deliveries less than 34 weeks where the mother presents at the Pilgrim and there isn't time to transfer? The Chief Operating Officer responded that across all of the services the Trust will have patients that are moving between the sites. Specifically with regard to Women and Children patients move out for specialist care and this is monitored. Movement between sites is not reported as this is business as usual. However the impact of the plans will be monitored and shared with the Board and public. In terms of urgent premature deliveries, if a patient turns up at Pilgrim there will be the skills and expertise available on site for the baby to be birthed and depending on after care mother and baby to be stabilised to transfer. 9) Why are you turning down nursing staff willing to return to work permanently on 22.5 hours per week, saying it is not enough, and then you use expensive agency for fewer hours and they can pick and choose shifts? The Director of Nursing responded that she was not aware of a specific example of this. However the difficulty comes in placing these nursing staff when people request specific shifts and cannot be flexible. **Q6** There is a great risk that the contingency to downgrade Children's Ward & Neonatal admissions at Pilgrim Hospital will mean that Babies, Children and Young People could be alone in hospitals miles from home with parents unable to visit due to a lack of transport or a lack of funds to be able to afford public transport. If you are taken by ambulance to another hospital, you're not guaranteed transport home, and so this raises the issue that some parents may bypass getting medical attention for their children as they simply know that they cannot afford to travel to and from a hospital much further away. This raises an even more worrying issue that because parents don't have a car or can't afford the transport, children will be identified as "was not brought". The most common reason for "was not brought" is supposedly neglect, when in these cases it'll likely be economic issues. However, the Safeguarding team at Pilgrim don't take economic issues into account!! Some families have no extended family and so have no support network

	and those who don't originate from the UK will be even less likely to have family support. Sending Babies, Children and Young People to hospitals away from their parents and families will have a huge emotional impact not just on children but also on the parents and siblings too. Sending Babies, Children and Young People, that could be seen at Boston Pilgrim, to another hospital will mean a minimum of a 70 mile round trip and up to 3 hours travelling time if using public transport. The implications on families that are already experiencing financial hardship will be nothing short of catastrophic. What about families who will be separated for far longer as their babies born between 30-34 weeks are sent away. The pain of separation and extra costs are unbearable. What are ULHT going to do about increasing free parent accommodation and paying travel costs. Many families in Lincolnshire live wage to wage and have very little money for travel costs to a hospital for treatment that their children need and deserve! Seeing as in the last week there have been numerous admissions to Boston Children's Ward because Lincoln was full, where are our children going to be transferred to? Nottingham? Sheffield? Stoke-on-Trent? Peterborough? Leicester? Doncaster? Kings Lynn? Most of these transfers could take our children well outside of the Golden Hour rule to transport Paediatric patients and this Golden Hour rule is vital in ensuring treatment, especially in an emergency, is successful. The phrase 'patient safety' keeps being thrown around a lot, but where is patient safety in any of what has just been said? The Director of Nursing responded that the above question had already been covered, however added if a child does need to be transferred the Trust would want to transfer to the nearest place which could provide the care that was necessary, this could include Nottingham and Leicester hospitals as happened already. **Q7 Question from Philp Bosworth** What Jan S of ULHT is proposing is tantamount to closure of children's services. Fact. A&E has specialised Children's nurses for triage & day wards already, for 12 hour observations. My question has three parts. You have stated- "All children needing more than 12 hrs observations or treatment will be shipped off to Lincoln in your plan. The ward will be an assessment ward only. That is not retaining services. How will you guarantee the extra 19 beds at Lincoln to meet the same need and ward establishment as Pilgrim, (as existed & commissioned still) and at February 2018 when the CQC told ULHT to reinstate their FULL complement (of 19 beds) that currently is taking children FROM Lincoln because LCH does itself, NOT have enough capacity and as, part of your risk and capacity assessment, which other trusts have you already made arrangements with for overflow? Tell the truth. You are under a, legal "duty of candour* to tell the truth. How will you guarantee access daily to parents, at which ever hospital,

	other than Pilgrim, where the service is, by the CCG CONTRACTUALLY commissioned, that can be accessed without stress, hardship or loss of income, and affecting child outcomes, by ALL residents, especially those will you confirm you have completed an Equality assessment for, including low income, deprived area and vulnerable groups that ;- A. Their child will have a bed at Lincoln and remain there? B. They can get guaranteed reimbursement and compensation for the costs of any form of travel needed to have daily access & visit to their child? The above, as their rightful expectation, and RIGHT UNDER the current NHS charter. And Will ULHT directors admit culpability - under the NHS corporate manslaughter legislation- should any child suffer complications, injuries or death, from their dangerous decisions, and, furthermore, will the Board guarantee compensation for the residents inconvenienced by the disgracefully POOR governance of ULHT, whose dilatory, deliberate actions have manipulated the crisis, as an integral part of the Machiavellian Plan under the - still secret - STP to centralise services at Lincoln through the madness & ideology of prosecuting £85 million of savage cuts depleting our essential, local rural services - ignoring the negative impactful risks affecting outcomes, and putting children's lives at risk? The Medical Director responded that first of all the number of beds open at Lincoln and Pilgrim vary depending on staffing. The full complement at Lincoln is 19 but it can increase to 24 and the Trust are looking at options to increase this further. The Medical Director responded that the CQC report was due to be published imminently. Q8 Where will the beds at Lincoln come from? Where will the ambulances come from to transfer children? Where will the nurse/doctor escort come from to transfer to child. Will they need transfer skills? Who will man the assessment unit whilst nurses go on transfer? Will the CCN team increase as, if children are going to be discharged earlier, they will need close follow up. Will the trust fund training for the CCN team? The Medical Director responded that there will be several aspects to the plan. The first thing to state is that the beds remain at Pilgrim and will be an assessment unit. There is scope to increase already at Lincoln and the Trust are looking at plans to increase this further. **Q9** I would like to congratulate and thank all the staff at ULHT for their hard work as we approach the 70th anniversary of the NHS.

	I have raised with the board in the past the issue of bullying, with such a large organisation there will always be those who believe that their position gives them the right to be rude or aggressive and treat others with disrespect. The staff survey was disappointing to read. What assurances can the board give that those who over step the mark will be either disciplined or told that there is no place in the trust for that kind of behaviour. The Chief Executive responded that as a Trust we have made it very clear that we will not tolerate any kind of victimisation and referred to the Staff Charter and Personal Responsibility Framework. The Chief Executive assured Counsellor Wootton that when any example is identified of bullying the Trust take appropriate action. **Q10** In the Acute Services Review update, can you please tell me; A) At what stage are the detailed service options along, in NHS England's assurance process to date? And B) If public consultation on options are not foreseeable for this year, what assurances can you give to Grantham residents on what will happen in regards to our overnight service in the meanwhile? Especially if we do lose the minor injuries service? The Chief Operating Officer responded. The ASR work is being finalised and conversations are ongoing with NHSE. The Trust are currently working with the whole system in accordance with the gateway process. Consultation will take place in 2019. In respect of Grantham overnight service, as previously stated, there were no plans to open the A & E at Grantham in the short term. It had been made clear from the Clinical Senate Review that the Trust should not be looking at opening until a long-term plan is in place with CCG colleagues as part of the ASR and STP. **Q11** Thank you for the reply to my question last month, I look forward to viewing your annual report in September to see whether the board members have earned their high salaries and high pension contributions. It is a total disgrace that nearly two years has passed since our overnight A&E at Grantham Hospital was removed on so called safety grounds and a shortage of Doctors being the excuse used to remove our overnight provision but the number of Doctors required then reached your safe recommended levels. So will you now be honest with the people of Grantham and tell us whether you have any intention to reopen our A&E 24/7, or whether you had NO intention whatsoever to reopen it from the beginning?

	The Chief Operating Officer responded. The Trust have been very open. The Trust are aware that this is of great concern to Grantham residents. The Trust are not intending to reopen in the short term and now the issue is subject to a much broader debate. The Chief Operating Officer acknowledged that this was frustrating. Q12 I have been asking the ULHT Board, in written questions, since January 2018, to identify in detail: a) What actual steps and activity are being undertaken to re-open Grantham and District's A&E department 24/7 at the level of service which was in place there at its then "temporary" closure in mid-August 2016? b) What consultation with the public and, is and will be undertaken in relation to the closure, and to the emerging STPs, by ULHT? I have been "fobbed off" with inadequate responses, which have included a half-baked written reply in February from the Medical Director, which seemed to suggest that the Board's decision making was based on survey results which had last been obtained in July 2017, and the Board's Chair 's response at meetings that, as these matters appeared elsewhere on the agenda for the day and that the issue of emergency services would be incorporated into the STP, there would be no specific response given. We were told at the beginning of the year that there would be proposals emergency for public review by March 2018, then by July 2018, but it now appears from a paper presented to the Board by the STP Project Manager, and which was also reported to the Health Scrutiny Committee at its last meeting, that any public consultation would "not be in this calendar year". ULHT's shortcomings, as noted in the Independent Clinical Senate Review Panel report (22nd November 2017), appear still not to have elicited any substantial response from the Board, or the executive. When are you going to:- • Publish clear timelines of plans for public consultation on the STP, including a longer-term solution for A&E services across the area • Plan as soon as possible appropriate consultation, on the short, medium and long-term plan for urgent, emergency and planned health care across the entire STP patch, with the public, patients, relevant stakeholders, neighbouring STPS and the Health Scrutiny Committee? I would also ask the Board to quiz the Chief Executive as to why he is able to provide a regular "Briefing on ULHT's paediatric services", primarily focused on services as Pilgrim Hospital, but does not seem to think that Grantham and District residents warrant similar regular information on their A&E services? The Public Board were referred back to previous answers in respect of the above question.

	Relating to Special Measures **Q13** In view of ULHT still being in both quality and financial special measures can the Board provide an update on progress to exit both of these and what impact are these having on the development and implementation of the STP? The Chief Executive responded that whilst special measures were demanding they were also designed to be supportive. The Trust were absolutely focused on getting out of special measures. The CQC public report is due to be released very soon which will provide the public with an update. The Trust continues to progress month by month on improvement plans remain on track. The case for change around the STP includes the fact the Trust are in special measures and need to improve its financial deficit and quality of care. The Chair confirmed that a full response will be sent in writing to Judith Charmers in relation to the financial impact. A member of the public expressed concerns that she had not received any responses to questions raised in previous months and the Board agreed to follow-up. **Action: Trust Secretary – 27 July 2018**
480/18	**Item 3 – Apologies for Absence** Apologies for absence were received from Kevin Turner, Deputy Chief Executive.
481/18	**Item 4 – Declarations of Interest** Mrs Dunnett declared that she holds the position of Deputy Chair at North West Anglia NHS Trust. Mrs Libiszewski confirmed she is Non-Executive Director of Lincolnshire Community Health Services. The Interim Chair confirmed she is the chair at Lincolnshire Community Health Services.
482/18	**Item 5 – Minutes of the meeting held on 25th May 2018 for accuracy** The Minutes of the meeting held on 25th May 2018 were agreed as a true record, subject to the following amendments: - Item 368/18 – The Chief Executive advised that reports for the Financial Year are starting to emerge which show **a national picture** of the CCGs

	combined deficit of £250m and underlying deficit of £750m. Item 420/18 – The final sentence should read " The Director of Nursing's ambition would be to eradicate pressure ulcers, however it is not possible stop the deterioration of some patients skin. Item 425/18 – The final sentence should read "The biggest change will be in moving elective operations to Grantham from Lincoln and Pilgrim, which will provide an increased guarantee the procedures for fractured neck and femur will take place." Item 428/18 – Action point missing. Further assurance to be provided in the update for Board in July to include the impact on staff, how many vacancies, bed bases at Grantham and nursing capacity. **Action: Chief Operating Officer – 27 July 2018**
483/18	**Item 6 Matters arising from the previous meeting/action log** Item 990/17 – Workforce and OD Committee to receive an interim update on the Nursing Establishment Review – The Board were advised that the review will be available in July and the action discharged. Item 163/18 – Patient Experience Data to be included within the Board reporting. The information provided was not as specific as the Board would like which is a fundamental element of the IRP. The Board requested the data going forward. **Action: Director of Nursing – 27 July 2018** Item 254/18 – Highlight general themes within the Performance Report on Quality and Safety and report to Quality Governance. This item ties into improving performance reporting to be clear about activity and the impact on patient care. The matter is ongoing. Item 264/18 – Louth Hospital Data – The Board were assured that the Trust will ensure Louth reporting will be provided where available. It was confirmed that all outstanding actions had been completed, with the exception of patient experience data.
484/18	**Item 7 Chief Executive Horizon Scan** The Chief Executive highlighted the recent statement by the government about an increase in funding of 3.4% (£20m) for the NHS. The Chief Executive added that as a Trust it was not known what the additional demands would be to access the resource. Further details would be announced in the budget statement. The additional resource did not

	include capital, only revenue and does not include Public Health and Social Care. The Chief Executive further updated that the additional funding would be part of a 10 year plan. The Chief Executive updated that on a national level there are 102 Trusts in deficit. The deficit has also been offset by land sales and therefore the real position would have been much higher. The Chief Executive reported that nationally A & E growth is 3.4% and there are 100,000, vacancies within the NHS – which include 10,000 doctor vacancies and 36000 nurse vacancies. The Chief Executive referred to the NHS 70th anniversary and thanked all staff for their efforts and noted it was a time to stop and reflect on about how marvellous the service was. The Chief Executive updated that the National Centre for Rural Health and Care had officially been launched. The Chair added that the National Centre gives the Trust an opportunity to look at how we are working and give opportunities to work in other ways. The Chair sent out her thanks on behalf of the Board to all staff for all their continued efforts in difficult circumstances.
485/18 486/18 487/18	**Patient /Staff Story** The Chair introduced the staff story which was a celebration of the great work by staff. The Director of Nursing introduced the item and was delighted to be able to be celebrate great work achieved within a very challenged organisation. The Trust had introduced a Ward Accreditation programme a year ago which assessed all wards against 13 standards. The Director of Nursing was pleased to confirm that 4 wards had achieved the green status achieved through fantastic leadership and team work – the award recognised all staff on the ward from Health Care Assistants, Nurses and Ward Clerks. The wards which had achieved the accreditation were Ward 6, Ward 2 and ACU at Grantham and Ward 1B at pilgrim. The Chair presented members of the above teams with certificates.
488/18	**Strategic Objectives** **Item 9 Quality and Safety (SO1, SO2)**

	Item 9.1 Paediatric Service Update The Medical Director presented an update on the significant challenges faced by the Children & Young Peoples Services (C&YP), which have clinical interdependencies within Neonatal and Maternity Services at United Lincolnshire Hospitals NHS Trust (ULHT). The acute service was compromised within the middle grade doctors rota and the consequence was the risk of not being able to provide a safe, quality and consistent rota, which affected the provision of the C&YP, Neonatal and Maternity Services at the Pilgrim Hospital site, Boston.
489/18	The Trust continue to work with the W&C Directorate to ensure the continuation of a safe service for children for paediatric inpatient services at both Lincoln County Hospital and Pilgrim Hospital Boston.
490/18	The Medical Director detailed the actions currently in place and the options and recommendations for the immediate mitigation of the imminent risks to the current C&YP Services, until a longer term strategic direction can be confirmed.
491/18	The Interim Chair reiterated to the Board and public that since the matter has been brought to the attention of the Board the Trust have continued to commit to run the service at Pilgrim post 1 August 2018. The Trust have worked with national and local organisations to try and resolve the issue. The Trust continued to receive ongoing support from NHSI and NHSE.
492/18	The Chair added that as a Board the clear intention was to continue to run the service however there were challenges to overcome and with the impending date of 1 August 2018 the Trust need to take stock of where it was and what it could do. The Trust needed to develop a long term solution. The Trust were not in a position the Board wanted however, it needed to work through a solution.
493/18	The Medical Director confirmed that he was able to report some good progress, however, the service was still fragile. The challenge remaining with middle grade doctors. In the month this had been further compounded by Health Education England threatening to withdraw Junior Doctors from Pilgrim.
494/18	The Medical Director updated the Public Board on the changes since the May meeting. The Trust had expected to be down to 1 Middle Grade, however one Middle Grade had now extended their contract. The Trust had also been successful in securing some agency middle grades, however the Medical Director added that with agency staff there was the issue that they can come and go as they are not held to contract and there could be capability issues. The Trust had also funded 2 additional consultant posts at Pilgrim so that the Consultant presence could be greater to enable time to ensure effective support. The Trust had also been very fortunate in being able to secure additional support from the

	wider health system.
495/18	The Medical Director confirmed that a Stakeholder summit had been held to review the position and it was clear that the safest option is to maintain the maternity service at Pilgrim Hospital. The system had been directed to provide the support that was needed. A group had been formed with stakeholders and the outcome had been the change in the way that Health Education England will allocate their trainees. Following a long discussion HEE had agreed to change the model. They had been reassured that the new models in place would be available to undertake their duties at Pilgrim through the hours that Consultants are present.
496/18	The Medical Director also advised that the Task and Finish Group had worked up a new model detailed in the report. This was an 8 bed paediatric assessment unit open 24 hours with a length of stay of 12 hours. Ambulatory care and outpatients would remain the same. The Task and Finish Group were working on paediatric day surgery pathways to enable this to continue at Pilgrim. Neonatal Services is the key to this – there is a need for neonatal services to continue in order for consultant led maternity service to continue. The Medical Director highlighted that pregnancy and delivery and care of the newborn is where the significant hazards lie. In order to do this and make it safe the Trust plan was to change the minimum gestational age to 34 weeks. In cases where early delivery is expected these would be moved to Lincoln. Minor changes to rotas and Lincoln working practices are described in the paper. The Medical Director added that the Board would be anxious to know about governance and confirmed not only do the Trust have internal governance, it is reporting on a monthly basis to NHSI. The Royal College undertook a review on 14/15 June 2018 and the report should be received within 4 weeks. The Trust had been asked to work up contingencies.
497/18	The Medical Director added that in conclusion the Trust had made considerable progress and now have an excellent system of support. The Medical Director added his thanks to the politicians for their help which had enabled the Trust to derive a model and ensure risk is minimised. The Medical Director added that the proposed model would potentially look at transferring 2 children a day to Lincoln and 2 pregnant ladies each week.
498/18	The Chair thanked the Medical Director for the positive plans going forward.
499/18	Mrs Dunnett recognised the work to move to a viable model. Mrs Dunnett asked for some further assurance that the Trust were managing the risks from a patient point of view in terms of children and high risk pregnancies and requested assurance that the Trust communicated with the known patient group on a 1:1 basis. Secondly, Mrs Dunnett raised questions around capacity, numbers being transferred to Lincoln.

500/18	The Medical Director responded that the whole basis of the plan is being evolved with clinicians who are in touch with patients on a daily basis both in paediatrics and obstetrics and who are well placed to have the individual discussions. In respect of capacity the bed modelling now 19 beds to manage all children on 1 site however in reality this can vary. The reality was it can increase to 24 without any problems and the Trust has looking at how it could extend the ward at Lincoln over peak times.
501/18	Mrs Dunnett added that she required further assurance that in the intervening period Lincoln would be able to escalate and open up. The Medical Director responded that the physical capacity is available, staffing may be more difficult and that is where there will be a need for flexible working. The Medical Director responded that staff were in responding.
502/18	Mr Bains, Healthwatch, added that it was encouraging to hear the update. Mr Bains referred to the patient comments for May and June and the fact that the Trust are still getting about twice as many complaints about Boston Pilgrim as it was for Lincoln County Hospital. Mr Bains referred back to the question about the number of patients who would require transfer and questioned the transport costs and asked that the Trust bear in mind the impact on individuals and their carer. Mr Baines went on to refer to a report that had been published into international research looking into GPs and Consultants in acute care and continuity of care and how it had a significant effect on mortality rates and commented that agency are an ongoing issue in terms of patient safety.
503/18	The Medical Director responded that the Trust were obviously concerned about complaints. The Medical Director fully agreed continuity of care is important and stated it was well recognised that if you have care by the same team, particularly for chronic care it makes a difference. However you need to ensure that people are getting the best care i.e in neonates if you need specialist care you will need to be transferred to a specialist area.
504/18	Mrs Ponder questioned whether the additional Consultants were locum Consultants. The Medical Director responded that one of the Consultants was substantive and the remainder were locums and that is why it was still a fragile situation, however the Trust are in a better position with a greater pool of consultants.
505/18	The Chief Executive added in respect of Junior Doctors, Obstetrics and Gynaecology Juniors were not changing and there were no plans to change the arrangements. The changes are only for Paediatrics.
506/18	Mrs Libiszewski questioned the 12 hour stay in paediatrics at Pilgrim and also referred to the schedule in relation to children with complex needs which talks about a rapid response nursing team and questioned whether they were linked and what the likelihood was of the new service being commissioned.

507/18	The Director of Nursing responded the open access service for children with complex needs is about working through individual plans. In reality most of the children go to other centres for care. The Rapid Response Service is being worked through at the moment, however the Director of Nursing confirmed Mrs Libiszewski was right to suggest there is a risk it will not be up and running. There may be a need to use current staff differently. It will be nurses, physiotherapists and others who will be required.
508/18	The Medical Director confirmed the team were working through the details in regard to capacity at the Lincoln site, however there would be no physical capacity details.
509/18	Dr Gibson commented that the model for the preferred option was not on as firm a footing as it should be and questioned the timescales are on contingency plans for service continuity. The Medical Director confirmed he was currently working through this with the clinical teams with the aim to maintain the service, the risk is a sudden onset of lack of staff. In reality the Trust have enough staff for the short time.
510/18	The Chair thanked the Board on the progress and commented that the Trust have enough staff and it is the model that has to be amended. There were still risks to how the services will work in practice, however it was important to recognise the work that was going on with staff who are working very hard to make it work. The Chair commented that she was very grateful for the staff's positive approach. The Chair noted the valid concerns which had been raised.
511/18	The Chair noted the progress made and that the service would continue through August and expressed thanks to Health Education England and NHSI who had supported in working up the new model of care.
512/18	The Chief Executive confirmed that the Public Board would continue to receive regular updates.
	Alan Lockwood, Interim Non-Executive Director joined the meeting at this point.
513/18	**Item 9.2 Quality Governance Assurance and Risk Report** Mrs Libiszewski presented the update on assurance and risk report from the Quality and Governance Assurance Committee.
514/18	Mrs Libiszewski highlighted the Quality and Safety Improvement Plan. The plan was under review as some areas would transfer to Business as Usual whilst some elements from the most recent CQC visit were being added to the programme. The Committee want to ensure this now moves into the groups that report upward to the Committee. The Committee are

	expecting to receive a revised plan in July.
515/18	Mrs Libiszewski referred to the GDPR. The Trust were not where it should be in terms of compliance. Progress had been made in appointing a temporary DPO. The Committee remained concerned with progress and would receive a further update in July.
516/18	Mrs Libiszewski confirmed there had been a de-escalation in terms of NHSI however the Trust had seen a spike of C difficile cases reported. The Committee had questioned whether there is a pattern of incidents across the country and the Committee were to raise this with Public Health.
517/18	The Board had delegated the final sign-off of the Quality Account to the committee. The Committee had received the draft and auditors response, who had highlighted a problem with the way the Trust report VTE data.Mrs Libiszewski reassured the Board this is now being monitored by the Committee.
518/18	Mrs Libiszewski updated the Board that the Committee were not satisfied with the assurances for Sepsis and had requested a detailed report in July.
519/18	Mrs Libiszewski that the Aseptic Capacity Plan had been included with the report by way of an update which was self-explanatory detailing issues around the Aseptic capacity.
520/18	Mrs Libiszewski advised that the Committee had asked for clarity on where assurance would come from that patient experience was properly considered within the Directorates.
521/18	There was a concern with the level of Never Events, however the SI process showed good progress was being made in that area.
522/18	Mrs Libiszewski advised that the Committee were not assured of compliance with the Duty of Candour and had requested for actions and plans to be presented at the next meeting. Mrs Libiszewski added that she was concerned that although there was a process for QIA, there were no reported QIAs through the Committee meetings.
523/18	The Committee were not assured by the data presented within the Ward Health Check Report and this would be revised.
524/18	The Chair commented that there was a of lack of assurances in some core business areas. The Trust need to see what the CQC report says and understand the process the Committee will have to enable it to provide the level of scrutiny and appropriate assurance levels in response to this.
525/18	Mrs Dunnett referred to the data quality issues and a that the Board

	needed to seek assurance on a whole range of data quality issues, to reassure the Board it is making decisions from the correct available data.
526/18	Mrs Dunnett added that it is important that the Board were assured that learning is happening within the Serious Incident process. Mrs Libizewski agreed the new process gives the Committee an opportunity to review and ensure learning is put in place and added that she is confident the executive oversight is continuing to add dividends.
527/18	Dr Gibson referred to the Aseptic Capacity Plan and requested that the Medical Optimisation Committee continue to monitor the position with the Lincoln Aseptic Pharmacy robustly. **Action: Medical Director – 27 July 2018**
528/18	The Board requested that the Quality Impact Assessment within the Financial Efficiency Programme included a retrospective review. The Director of Nursing responded that there was a process in place for Quality Impact Assessments. The Chair responded that needed to come through the Board for assurance.
529/18	The Chair questioned which Committee owns Patient Experience. The Board responded that the Patient Experience Committee which reports to the Workforce and OD Committee.
530/18	The Chair questioned whether the Committee have sufficient oversight and scrutiny to provide the upward level of scrutiny. Mrs Libiszewski responded that the Committee do see the Patient Experience report and the Deputy Director sits on the Quality Governance Committee. Mrs Libiszewski added that there was a difference between complaints management and patient experience. The Director of Nursing responded that she agreed the Trust had previously had data however the Trust need to show what the Trust has done with the data and triangulate it.
531/18	The Board were advised that the Director of Operations had been tasked with coming up with a plan to cover data quality issues and to look at a single data source, which was a work in progress.
532/18	The Chair agreed that the process needed to be strengthened as the Trust are asked to make a lot of decisions which need to be on the same source of truth.
533/18	The Board received the report and received the Aseptic Pharmacy Capacity Plan.
534/18	**Item 9.3 Performance Report Quality and Safety** The Board received the key issues arising from the Performance report from Quality and Performance.

535/18	The Chair added that the Board should take it that the assurance Committee has done its job effectively and the key challenges had been highlighted and asked the board to focus on improvement areas and areas of challenge.
536/18	The Chair requested an update on mortality. The Medical Director responded that Mortality is an ongoing issue. In terms of HMSR it is within the expected level. The Trust's SHMI is high which had led to the implementation of a mortality strategy which the Trust were rolling out into specific actions. Specialty Coders were linked in with the clinical teams to improve accuracy. The Trust had reinstated the Mortality Review Committee. The Trust was struggling to get external reviewers. The Trust has approached NHSI to see if they could assist with review. The Medical Director concluded that the appointment of a Medical Examiner is going well and provisional appointments had been made.
537/18	The Chair responded that it was a positive update and was pleased that there had been action in this area.
538/18	Mrs Dunnett referred to Sepsis which was alerting and the commentary in the report and said the indicators tended to be around documentation and completion of documentation and advised that she needed some assurance that this was not an underlying care issue. Mrs Dunnett requested assurance that the Trust we on top of the reviews. The Medical Director responded that the Trust are looking at a large number of cases. This will be the main focus of the examiner when they are in place. The Director of Nursing added in respect of Sepsis that it had been agreed that a detailed paper would be presented at Quality Governance in July, who would report to the Board.
539/18	The Board noted the 2 additional Never Events reported to the Public Board.
540/18	The Board received the Performance report from Quality and Safety.
541/18	**Item 10 Workforce (SO4)** **Assurance and Risk Report Workforce and OD Committee** Mr Hayward presented the assurance and risk report from the Workforce and OD Committee.
542/18	Mr Hayward referred to the recruitment processes. The Committee had received good assurance that work is underway to introduce a tracking system to improve control over recruitment. In terms of staff retention the new leadership development offer was positive, however there was a need for support from managers to ensure they release staff for the training proposed in the offer.

543/18	Mr Hayward added the Committee were concerned by the poor attendance by senior representatives of the Directorates at the Committee. There was also a lack of assurance around staff engagement as there had been no evidence of improvement. Mr Hayward added that triangulation of data did not reassure the Committee. The Committee noted that actions from the Staff Survey need to be embedded as part of the day to day job of management to enable it to see improvement. The Board were updated that the local Pulse Check had been reduced in number and positioned between the National Staff Surveys as a way of checking progress and providing assurance to the Board.
544/18	The Chair asked the Director of Human Resources and OD if he had anything further to add. The Director of Human Resources added that there needs to be clarity around the Workforce Plan and the that the ASR and Clinical Strategy should provide the basis for that plan.
545/18	Mrs Ponder raised a question about the Workforce plan, given that it is a critical factor against having a long term financial plan. The Finance Committee had talked about the need for a longer term financial plan to try to establish how the trust can move out of the current cycle. There was an action from the Finance Committee for a long term plan by September, however this plan is dependent on Workforce. Mrs Ponder questioned the timescales. The Director of HR and OD responded that the team are working from bottom up and this had been restricted by a lack of clarity around future direction.
546/18	The Chair questioned whether the timings for the Leadership and Management courses are review and booked at the best possible times i.e. not January. The Director of Human Resources responded yes, where possible.
547/18	The Chair commented that the committees needed to get the work undertaken. The Committee need to take a consistent approach on the BAF and risks at its meeting.
548/18	The Chair referred to the membership and attendees and requested that the Chair of the Committee is clear on who is on the Committee and given challenges around workforce asked the Directors to determine who should be representing the directorates and ensure their attendance. **Action: All Executive Directors – 27 July 2018**
549/18	The Board received the assurance and risk report from the Workforce and OD Committee.
550/18	**Item 10.2 Performance Report – Workforce** The Director of HR and Organisational Development presented the

	Workforce Performance. Sickness levels had increased slightly and the vacancy rate and turnover continue to rise. The Trust are seeking to review the workforce model as the Trust have an establishment which is unaffordable. The Deputy Director of Human Resources and OD will be tasked with reviewing the Trust's approach to recruitment.
551/18	The Chair questioned agency spend within the report which is shown as green. The Director of Human Resources and OD responded that it should be red as the Trust were over target in this area. The Chair added that it was again an issue with data in the report.
552/18	Mrs Dunnett referred to agency costs and the report identified that the Trust had created more posts however that means more vacancies and Mrs Dunnett questioned whether the increase was due to more posts or lack of control over agency recruitment. The Director of Human Resources and OD responded that there is a process within the Trust to go through before it is agreed that an area can fill a vacancy and there are circumstances where agency staff are recruited in the interim. The agency increase is as a result of increased vacancy rates and there is an agency cost reduction plan in place.
553/18	The Chief Executive reminded the Board of the RAD process in place to approve new vacancies. The RAD has to be signed off by a Director and then checked by finance to check it is within the establishment.
554/18	The Director of Nursing referred to Nursing Agency Spend and advised that she was working with the sisters and heads of nursing to look at how the Trust work on the team around the patient rather than like for like. The Trust need to consider how it incentivised staff in the top 10 most difficult areas.
555/18	Mrs Dunnett questioned which committee reviewed the Agency Cost Reduction Plan as the internal audit report suggested the Trust had not got the control over agency it should have and questioned where the Board seek assurance from. The Chair responded that it should sit with Workforce with the Finance Committee continuing to review the spend. Quality Governance Committee would also check quality is not effective by changes in workforce. The Board noted that the Agency Reduction Plan should be detailed in the new committee governance arrangements **Action: Trust Secretary – 27 July 2018** The Board received the Performance report from Workforce.
556/18	**Item 10.3 Staff Engagement** The Board were provided with an update on the final details of the Trust's responses to the 2018 National Staff Survey. The report had been reviewed at the Workforce and OD Committee. Issues that have arisen

	from the survey were deep routed. The HR team had worked on engagement events with staff "Big Conversations" which were crucial in terms of getting messages out to staff. The survey picks up the quality of leadership and the plan within the paper sets out what the Trust are doing to create quick wins.
557/18	The Director of HR and Organisational development advised that piece of work was underway to look at the impact on staff when they are asked to move areas, which had been one of the key areas highlighted from the staff survey and the Trust are working on how it can improve the experience.
558/18	The Director of HR and Organisational Development also added that the Chaplaincy are undertaking a piece of work looking into bullying within the organisation which came out as another key area.
559/18	Mrs Ponder questioned whether work had been undertaken to identify the root cause of the issues i.e. staff not feeling valued and questioned the actions and analysis. The Director of Human Resources and OD responded that if you review the output from the National Staff Survey the issues are fundamentally around staffing levels and their experience on a day to day level. Additional work around well-being and resilience is being looked at. The Trust must consider physical well-being.
560/18	Mr Hayward added that he had noted that only 127 staff attended the Big Conversation and there was a point around how the Trust can ensure it gives staff the opportunity to attend and encourage them to attend. The Chair noted the point and the need to encourage staff to attend.
561/18	**Item 10.4 Guardian of Safe Working Report** The Director of Human Resources and OD presented the report from the Guardian of Safe Working and stated that the findings of the report were not good. Work is being undertaken to try and improve the overall experience and a Junior Doctor Forum has been introduced.
562/18	The Medical Director added that the position is an illustration of the fundamental problem that the model we are offering within the Trust is out of date. Many trust have moved on from the model being used at the Trust and embraced alternatives with specialist practitioners. Therefore when Junior Doctors talk with their colleagues they are finding ULHT very different to other Trusts. The report also augments the issue with the rota gaps. Part of the problem in paediatrics is the reliance on Junior Doctors.
563/18	The Chair commend that the report did not sit comfortably and identified new challenges. The Trust need the Junior Doctors to be in an organisations that cares for them and does what it can. The Trust need to look at issues around morale of the Junior Doctors. The Chair requested a further conversation as a Board around Junior Doctors and remedial

	actions to be taken following the report. **Action: Medical Director – 31st August 2018**
564/18	The Chief Operating Officer added that the report should have been considered at a Committee before Board. The Trust Secretary responded that the decision was made to go direct to the Board given the delay in receiving a Guardian report . Future reports would follow this route.
565/18	The Committee noted the report and the Chair requested that the issues with Junior Doctors is added to the Risk Register in relation to provision of safe care. **Action: Medical Director – 27 July 2018**
566/18	**Item 10.5 Inclusion Strategy** The Chair noted the contents of the Inclusion Strategy which was well presented. The Board approved and the strategy.
567/18	**Item 11 Finance and Performance** **Item 11.1 Assurance and Risk Report FSID Committee** Mrs Ponder presented the assurance and risk report from the Finance, Service Improvement and Delivery Committee held on 19 June 2018.
568/18	The Committee had not received assurance on the 2018/19 financial position which was £1.6m adverse to plan. The Committee were not assured around the coordinated approach to CQUIN delivery and were not assured on the Cash and Finance position, however the Committee were satisfied that all actions were being taken given the financial position.
569/18	Mrs Ponder advised that the Committee were not assured around delivery of the financial efficiency programme. The month 2 FEP position was £0.8 behind plan and the Committee had requested a detailed plan to enable scrutiny and assurance.
570/18	Mrs Ponder confirmed that the Committee had been assured around plans for Pilgrim Surgery and the suggested improvements around how they will deliver their services and constitutional standards.
571/18	The Committee were not assured on the Trust ability to the Cancer targets, the Trust had achieved 4 out of the 9 standards, however they were on track for 62 waits and a recovery plan was in process.

572/18	A&E attendance remained above plan and the Committee were not assured that adequate actions were being taken to improve GP streaming and had agreed to escalate this issue to the Board.
573/18	The Committee were not assured around RTT delivery and noted the Trust were looking at opportunities to outsource activity.
574/18	The Committee had reviewed the and the proposed RTT plan and questioned whether more could be done to improve in this area however noted that Urgent Care and Cancer were the priority.
575/18	The Chair referred to the Month 2 position and that the Trust are off target and noted the focus on FEP and CQUINS and questioned whether there was anything else the Committee needed to have a better view of the financial position. Mrs Ponder responded that there is a need for more granular information.
576/18	The Director of Finance, Procurement and Corporate Affairs commented that there are many improvements that need to be made in reporting into the Committee. The Director of Finance, Procurement and Corporate Affairs added that the Trust can be successful at delivery of FEP but is still not focused on delivering the financial position. The Committee needs to strengthen the understanding to enable the Board to get a level of oversight it has not previously had. The Chair added that NHSI had been supportive in identifying the improved reporting that needs to come to Board then the cascade through to the other meetings.
577/18	Mrs Dunnett requested a sense that the Trust were on track with the Coding Implementation Plan. The Director of Finance, Procurement and Corporate Affairs responded that a new Action Plan would be taken through the Committee on a monthly basis.
578/18	The Chair thanked the Committee for its report and noted the areas of lack of assurance. The Board noted there will be some areas of improved reporting which may help address the need to nail down the actions.
579/18	Mrs Dunnett added that there was a need as a board to have a line of sight in more details where the Trust was with the FEP and where it was for delivery. The Chair agreed there is a need to consider how this is reviewed as a Board. **Action: Director of Finance, Procurement and Corporate Affairs - 27 July 2018** The Committee noted and received the report.
580/18	**Item 11.2 Performance Report Finance and Operations**

	The Director of Finance, Procurement and Corporate Affairs provided assurance to the Board around the capital programme.
581/18	The Financial Position as described by the Finance, Service Improvement and Delivery Committee was noted.
582/18	The Chief Operating Officer gave assurance against recovery trajectories, however there was risk to the annual targets. The Chair responded that it is around the long-term achievement against the annual target and also where the Trust are for the month.
583/18	The Chief Operating Officer referred to the Breast 2 week wait. There had been a significant fall in performance – reported nationally. The position is an improved position and the Trust were currently dating at approximately 18 days, which had improved from 28 days. The implications for the improvement were that there had been an impact on the 62 day standard. The Chief Operating Officer reassured the Board that whilst the two week wait is in a poor position he can provide assurance that confirmed cancer patients are being treated in a timely way. The performance team need to improve the narrative around this in reporting. The Committee received the report.
584/18	**Item 11.3 Operational Capacity and Delivery Plan** The Chief Operating Officer provided the Committee with an update on the operational capacity and delivery plan which brings together analysis on urgent care, constitutional standards and managerial capacity considerations. The purpose of the report was to use the analysis and recommend both the ambition of performance standards and quality of services to be delivered as well as the necessary changes and investment to achieve them.
585/18	The plan is to identify historical issues with operational capacity from a 4 hour perspective and delivery of cancer standards . The Trust have a historic problem as it did not invest and has not completed all productive work. The report sets out the challenges each area face – urgent care and cancer have been growing faster than the national level. The report tackles the main challenges faced across urgent and planned care.
586/18	Mr Hayward commented that he fully supported the concept and the need for change however questioned the investment. The Chief Operating Officer responded that the report sets out what is needed to deliver the standards and deliver them properly. The Trust are aware of the challenges with recruitment and the Chief Operating Officer could not assure the Board that it would be able to recruit, however the level of demand requires the increases as detailed.
587/18	The Director of Nursing commented that part of the idea of the plan is that

	the Trust articulate improvement plans and development work. There have been discussions with out of hours, is this to be included in the plan going forward. The Chief Operating Officer responded that it was not part of the Operational Capacity and Delivery Plan however it will be part of the overall structure work.
588/18	Mrs Dunnett commented that it would be helpful to link the plan with the financial plan and questioned whether everything in the report is set out within the £79.4m in a sustainable way i.e. recurrent. Mrs Dunnett also questioned the bed capacity. The Chief Operating Officer responded that the report does outline the bed deficit however the report does not resolve it. There is further work underway with Urgent Care to look at stranded patients, trauma changes and Pilgrim reconfiguration.
589/18	The Chair questioned how the Trust could enact the plans. The Chief Operating Officer responded the Trust would need to look at a number of options, ideally open more wards however the Trust have vacancy rates and therefore it would not be credible to say it would open a ward on each site as it would not be able to deliver the nurses. The issue needs to be around stopping people coming into the hospital with more in-reach.
590/18	Mrs Libiszewski referred to the investment in 17/18 and noted that the Trust only have 3 substantive consultants with a significant proportion being agency. The risk is agreeing the funding and not being able to recruit, the Trust will just significantly increase agency which will not improve performance. The Chief Operating Officer responded that part 1 funding was not a real uplift of bodies on the ground. It was not a step change in workforce or costs it is recognising cost. In A&E the Trust were clear they could not recruit, however the CQC have been very clear the Trust must have 16 hours of consultant time in A & E every day – the Trust do not currently comply in this area. In order to comply the Trust would have to go out to Agency. The Chief Operating Officer added that from an urgent care perspective there is no additional establishment required, the Trust need to release the money.
591/18	Mrs Libiszewski referred to Digby Ward and as part of the solution was to enable Digby to function was the use of community staff and questioned whether there had been an evaluation of this process. The Chief Operating Officer responded that the process is still being finalised. The plan for the winter was for the Trust to attempt to staff Digby Ward.
592/18	Dr Gibson noted the huge programme of work and questioned whether some of the investment includes investment in management capacity. The Chief Operating Officer responded that there were additional posts to help with the capacity to deliver the programme.
593/18	The Chair added that there should be something around the assumptions that were made for 17/18 for £4m which did not deliver the benefits and questioned how confident the Trust can be that the assumptions made this

	year against the investment will delivery. The Chief Operating Officer responded that the Trust did not invest £4m last year – the first part was making a non-recurrent spend recurrent and there was no increase in workforce. The second area was discharge. With all of the investment the Trust have taken all plans and assumptions and looked at what it needs to deliver.
594/18	The Chair questioned how much contained within the report is within the Trust's gift to deliver. The Chief Operating Officer responded that if investment is made the Trust will deliver.
595/18	The Chair referred to the 86% trajectories and requested a clear narrative around the percentage that as a Board it is relying on. **Action: Chief Operating Officer – 27 July 2018**
596/18	Mr Bains, Healthwatch, referred to data quality and requested an explanation around choice and access trainers. The Chief Operating Officer responded that the Choice and Access trainer is someone who is responsible to go out and train individuals.
597/18	The Chair concluded that the Board were being asked to take a risk in taking this level of investment and there was something around the scale of ambition. The Chair was not satisfied there was a clear line of sight The Chair would also like further clarity around interdependencies and mobilisation.
598/18	The Director of Finance, Procurement and Corporate affairs agreed and that in terms of governance the plan needs to go through the process of business case approval and needs a thorough analysis, which then needs to be followed up to the Finance Committee and Board. RESOLVED The Board approved the plan in principle subject to clarity around the financial plan and governance.
599/18	**Item 12 Risk and Assurance** **Item 12.1 Risk Management Report** The Board were provided with the Corporate Risk report which provided details of the current level of risk exposure as recorded in the draft corporate risk register and an update on progress with the implementation of the full refresh of the corporate and operational risk registers.
600/18	The Medical Director updated the Board that the risk management report was still a work in progress however the Trust were making good progress. The Risk Manager had been working through the reports in a

	systematic way and it had been reviewed by Directorates at a clinical level.
601/18	The Chair questioned whether the financial risks come out strongly enough and commented in terms of quality improvement that the report should be updated following receipt of the CQC report.
602/18	Mrs Dunnett referred to Fire on the register and there should be a monthly update on Fire.
603/18	The Director of Estates and Facilities provided a brief update. Lincolnshire Fire and Rescue had recently visited the Trust and discussions had taken place setting out the Trust's plans to meet the fire enforcement notice obligations. The plan extends over the current year and into the next financial year and the Trust would anticipate staying in enforcement into next year. The Lincolnshire Fire and Rescue Service are satsified with the progress being made and the changes to training. There is a holistic programme in place that expands between buildings into staffing.
604/18	Mrs Libiszewski added that it was a helpful update and referred to the 8 high risks on the list that are estates related and questioned whether a detailed report had been provided to Board. Mr Gibson also added that there are no clinical risks in top list. This was an issue and the report needed calibration. **Action: Risk Manager – 27 July 2018**
605/18	The Chair concluded that in terms of the Corporate Risk Register it was still a draft work in progress. The Chair asked that thanks is given to the Risk Manager for moving in the right direction. The new look report is starting to focus the board in the right direction at how it gets assurance.
606/18	**Item 12.2 Board Assurance Framework** The Board noted the revised framework which now was subject to review by all assurance committees.
607/18	**Item 12.3 Audit Committee Report** Mrs Dunnett provided the Board with a verbal update. The an extraordinary committee meeting had taken place on 22 July 2018. The Committee had received 4 outstanding reports. All reports have been placed with the appropriate committees for oversight and to ensure actions are being implemented. The overall Head of Internal Audits opinion has not changed as a result of the reports. The next audit committee will commence with two reports remaining outstanding in relation to cyber security and partnership working.
608/18	The Chair acknowledged the progress being made with the committee.

609/18	**Item 13 Strategy and Policy** **Item 13.1 Board Forward Planner**
610/18	The Chief Operating Officer to provide the Trust Secretary with the additions in relation to Junior Doctors position and Operational Capacity. **Action: Chief Operating Officer / Trust Secretary – 27 July 2018**
611/18	The Chair requested a timeline for strategic development **Action: Trust Secretary - 27 July 2018**
612/18	**Item 13.2 ULHT Innovation Report** The introduction of Quality Matrons was noted and the Board requested to see the Quality Matrons at Board to provide feedback of their exposure within Trust and findings. **Action: Director of Nursing - 31 August 2018**
613/18	**Item 13.3 STP Update** The Chief Executive provided the Board with an update and referred to public engagement within the report. In July there will be a website launched in relation to the STP and there will be a number of public engagement events and an online survey.
614/18	**Item 14 Any Other Notified Items of Urgent Business** None.
615/18	**Item 15** The next meeting will be held on Friday 27 July 2018 in the Trust Boardroom, Lincoln County Hospital

Signed as a true record _____**Chairman**

Date _____

Attendance

Voting Members	4 July 2017	1 Aug 2017	5 Sept 2017	3 Oct 2017	7 Nov 2017	15 Dec 2017	26 Jan 2018	23 Feb 2018	29 Mar 2018	27 Apr 2018	25 May 2018	29 June 2018
Elaine Baylis							X	X	X	X	X	X
Chris Gibson			X	X	X	X	X	X	X	X	A	X
Geoff Hayward	X	X	X	A	X	X	X	X	X	X	X	X
Gill Ponder	X	X	X	A	X	X	X	X	X	X	X	X
Jan Sobieraj	X	X	X	X	X	X	X	A	X	X	X	X
Neill Hepburn	X	X	X	X	X	X	X	X	X	X	X	X
Karen Brown	X	X	X	X	X	X	X	X	X	X	X	X
Michelle Rhodes	X	X	X	X	X	X	X	X	A	X	X	X
Kevin Turner	A	X	X	X	X	X	X	X	X	X	A	A
Sarah Dunnett	X	X	X	X	X	X	X	X	X	X	X	X
Elizabeth Libiszewski									X	X	X	X
Alan Lockwood												X

X In attendance
A Apologies given