

TRUST BOARD OF DIRECTORS (PUBLIC)

Minutes of the Public Meeting held on Tuesday 31st July 2018 at 10.00 am
In the Boardroom at Scunthorpe General Hospital

For the purpose of transacting the business set out below

Present:

Mrs A Shaw	Trust Chair (Chair)
Dr P Reading	Chief Executive Officer
Mr S Stacey	Chief Operating Officer
Dr K Wood	Acting Medical Director
Mrs T Filby	Chief Nurse
Mr M Hassall	Director of Finance
Mrs L Jackson	Non-Executive Director
Mr J Ramseyer	Non-Executive Director
Mr T Bramley	Non-Executive Director
Mrs S Hills	Non-Executive Director
Mr N Mapstone	Non-Executive Director

In Attendance:

Mrs W Booth	Director of Governance & Assurance & Trust Secretary
Ms Alison Hurley	Assistant Trust Secretary and Membership Manager
Mrs J Adamson	Director of People and Organisational Effectiveness
Mr O Hasan	Turnaround Director
Mrs C Grinhaff	Communications Officer
Mr C Farquharson	Deputy Medical Director
Mrs E Coghill	Deputy Chief Nurse
Mrs J Mellor	Executive PA to Shaun Stacey (for the minutes)
Mr Karl Portz	Equality and Diversity Lead
Mr Richard Painter	Named Nurse - Mental Capacity and DOLS

Cumulative Record of Board Director's Attendance (2018/19)

Name	Possible	Actual	Name	Possible	Actual
Mrs A Shaw	4	4	Mrs S Hills	4	4
Dr P Reading	4	3	Mr A Bramley	4	4
Mr S Stacey	3	3	Mrs T Filby	4	4
Mrs J Adamson	4	4	Mrs W Booth	4	4
Mr L Roberts	4	0	Mr M Hassall	4	4
Mrs L Jackson	4	4	Dr K Wood	4	4
Mr N Mapstone	2	2	Mr J Ramseyer	2	2

1.	Patient's Stories
	1.1 Patient's Story and Reflection This item was deferred due to annual leave.
2.	Business Items
	2.1 Chair's Opening Remarks Anne Shaw welcomed everyone to the meeting. Discussions were held at a previous meeting in respect of providing a light lunch for Trust Board members during the meeting. Costs have been sought and it is anticipated that it would cost no more than £10 per year per member for a tray of sandwiches to be provided. Those who do not wish to join in are to advise Wendy Booth so that interest can be clarified and contributions clarified. Anne Shaw welcomed the attendance of Deputies at the meeting.
	2.2 Apologies for Absence No apologies were received for the meeting.
	2.3 Declarations of Interest There were no declarations of Interest.
	2.4 To approve the minutes of the previous Public meeting held on the 26 June 2018 - NLG(18)264 Kate Wood advised that on P5 it should state that Lawrence Roberts is on leave. Marcus Hassall stated that the Cumulative Table on page 1 of the minutes should read 2018/19 All other minutes were recorded as a true and accurate reflection of the previous meeting.
	2.5 Matters Arising There were no matters arising.
	2.6 Trust Board Action Log – Public – NLG(18)265 Members received and reviewed the Action Log and updates were provided as required. 4.2 The due date for the meeting in terms of the CQC report is the 3 rd August.
	2.7 Chief Executive's Briefing – Verbal Peter Reading advised that he has now received the draft CQC report and ratings following the inspection visit in May 2p18. The Trust is being invited to offer comments on factual accuracy on the report and has two weeks to do this. The target date for publication of the report remains 23 rd August: the report was delayed by 8 days coming in from CQC and therefore it is not certain if the publication date will be achieved. It is expected that a further update will be provided at the meeting with the CQC on the 3 rd August 2018. Peter Reading informed the members that the pressure on acute hospitals has been frenetic for the past month. It is not certain what has caused this. Anne Shaw advised that at a meeting with NHSI last week the London team stressed that this is a National phenomenon and they are struggling to understand the reasons behind it. Peter Reading stated that this will have an impact on elective work as a consequence of the pressure.

3.	<p>Board Governance & Assurance</p> <p>3.1 Assurance Framework & Strategic Risk Register – NLG(18)266</p> <p>Wendy Booth advised that it had been agreed that BAF and Strategic Register would be a standing quarterly item on the agenda. The report for July shows the BAF and Strategic Risk Register in its final format. She further advised that in future Board Sub-Committees would receive their sections for challenge prior to it coming to the full report coming to the Trust Board.</p> <p>Wendy Booth added that it had also been previously agreed for an annual deep dive into BAF and the Strategic Risk Register, this has been scheduled for the end of August.</p> <p>Wendy Booth went through the highlights of the report:</p> <ul style="list-style-type: none"> • Mortality performance remains the highest strategic risk. • Since the last report the Equality and Diversity risk entry has been closed as the risks have been sufficiently mitigated. • The remaining risks are the same in terms of the rating, however it is proposed that this is looked into as part of the deep dive in August. <p>Linda Jackson confirmed that the Finance & Performance sub-committees had received their sections this month. Wendy Booth stated that it had been slightly behind schedule for some committees but going forward will be on target. Anne Shaw thought that the rescheduling of Sub-Committees is a key component to ensure a smoother pathway for the reporting.</p> <p>She added that to improve the reporting mechanism throughout the Trust it may also be necessary to move the dates of the Trust Board meeting to be able to facilitate the streamlining of reporting going forward. Wendy Booth will report back to the August meeting.</p> <p>Anne Shaw asked for the contents of the BAF to be noted, along with the six key composite risk themes and the highest strategic risks and movement trends over time.</p> <p>Jeff Ramseyer asked if the BAF and risk register was used throughout the organisation. Wendy Booth responded, in part yes but not consistently, work is being carried out to ensure that this is devolved throughout the organisation. Jeff Ramseyer asked why the six themes are in the order that they are. Wendy Booth replied because quality is high on the Board's agenda, this is why it is first however there is no particular reason for the others being in the order that they are in.</p> <p>Shaun Stacey advised the Board of the new Performance Framework meetings which have been scheduled. This involves the individual Divisions meetings with the Exec teams to go through their performance. As part of that process Wendy Booth's team have provided information around Risk, BAF and other Quality and Governance key areas, this will ensure the Divisions are tested around their knowledge and understanding. Anne Shaw enquired if colleagues in Divisions have had the development to understand what they are being asked to do? Shaun Stacey responded that constant changing in pressures just do not get addressed through internal processes. This was picked up as part of the governance. Wendy Booth confirmed that external training and development had been provided for the Divisions and that further to that training work is on-going to strengthen the risk registers.</p> <p>The Board noted the above developments.</p>
	<p>3.2 Audit, Risk & Governance Committee Highlight Report, July 2018 – NLG(18)267</p> <p>Tony Bramley advised there were 5 items for the Highlight Report with nothing for the Board to act upon.</p> <p>There were concerns around annual fire safety reviews, therefore this has been sent back into Management for assurance in terms of where the investment has been drawn from and how it is being prioritised.</p>

	<p>There has been a debate around the GIRFT programme and how this will be managed. This will be placed on the Internal Audit Plan. The National Cost Collection submission has been signed off on behalf of the Trust with a clean bill of health from the audit. The new Auditors, Audit Yorkshire were welcomed to the meeting. Kate Wood reminded members that GIRFT is a quality lead programme not financially driven and asked if the Audit Risk and Governance committee is the right place to discuss GIRFT. Wendy Booth agreed, and stated that care should be taken so there are no duplicate discussions around this. Nick Mapstone stated that in his view GRFT should go through Quality and Safety. Tony Bramley assured the members that it was to ensure the auditors were comfortable with the programme and not the oversight of it which is certainly a Quality and Safety issue. Linda Jackson raised concerns around the point in respect of Fire Safety reviews. There was a recommendation there should be an Executive responsible for fire at this meeting. Peter Reading advised that he would be discussing this issue with Jug Johal and Wendy Booth. The fire safety issues should have gone through TMB rather than through a board assurance committee.</p> <p>Wendy Booth commenced that work to review the meeting structures should assist.</p> <p>Anne Shaw stated that there have been growing concerns around fire safety and it would help to have this in one place with a clear picture going forward.</p>
4.	Performance & Improvement
	<p>4.1 Integrated Performance Report – NLG(18)268</p> <p>Shaun Stacey informed the members that this is the first of a new style of Integrated Performance Report which has been developing over a number of months. The format and layout are still being tested and tried. Shaun Stacey advised the members he hoped the Sub-committees and Pam Clipson are to provide support for or challenge towards developing the report in this format.</p> <p>Shaun Stacey presented the overall picture of performance. He asked the members to note the 52 week wait position, this has been reduced from the 312 reported for June. The 2 week waiting position continues to hold above performance nationally of 93%. 62 day Cancer treatment performance is at 72.4% against a national requirement of 85%.</p> <p>Trust A & E performance continues to perform above the agreed trajectory with the centre. There are significant challenges in out of hours periods, there are a high number of 4 hr breaches on both SGH and DPoW. Actions are being taken to correct this going forward to improve performance further and to sustain recent improvement. Anne Shaw suggested an explanation of the kind of support given for the out of hours issues. Shaun Stacey advised that an increase of staff available to treat minor ailments is being looked at, plus during the daytime an increase in available beds for patients to be admitted to is also being looked at.</p> <p>Peter Reading requested a presentation around the System Winter Plan from Shaun Stacey and Sue Barnett. Anne Shaw agreed. Sandra Hills asked if the briefing would be around what other agencies are doing to support also, Peter Reading and Shaun Stacey agreed that it would include partners. Helen Kenyon and Julie Warren should be invited to attend the meeting. Shaun Stacey continued his report, Cancer services, the performance against the 62 day standard is 72%, there is an approximate 7% growth of cancer patients since this time last year with increases in breast and neurology cancers in particular. In Neurology the biggest request is to undertake robotic surgery. There is no additional capacity for robotic surgery in the region more generally, resulting in an extensive wait for robotic prostatectomy.</p> <p>There is a continued reduction of patients waiting over 104 days for their treatments. Nick Mapstone commented that the pathway for Lung Cancer has significant breaches. Shaun Stacey replied that the demand is up for this and the biggest challenge is access to diagnostics. It has been agreed to bring speciality diagnostics to SGH but there will be a lead in time of around three months for this to be available. Anne Shaw asked in terms performance against 62 day is there some internal work to smooth and streamline? Shaun Stacey responded that there is still a lot of internal work to be done; the biggest challenge is around cancer services.</p> <p>Tara Filby drew the Board's attention to the improved position from June. There is further work ongoing with validation of data within the community in relation to the pressure ulcer position. There has been a Deep Dive in addition to the formal review under the early warning for deteriorating patient</p>

work stream, with the recording of early warning observation increasing, Sandra Hills asked for clarification of the indicators and definitions within the document. Kate Wood confirmed that there will be a data definition. Anne Shaw enquired around complaints received in month, can this be broken down into divisions, Tara Filby confirmed that this can be done. Peter Reading added that the early warning improved performance is really encouraging; however, there is a worry around performance figures not being recorded can this be broken down into moderate, major and catastrophic. Tara Filby confirmed that work is already being carried out with the deep dive. Anne Shaw asked Shaun Stacey if the final columns will be populated going forward? Shaun Stacey confirmed that they will. Marcus Hassall thanked Pam Clipson and the informatics team for work the being done. Anne Shaw also thanked the teams. Nick Mapstone asked if there were intentions to put finance into the report as well. Marcus Hassall confirmed that it would be in the report but it will not replace the monthly finance report.

Kate Wood gave an update on mortality and informed the members the figures within the report were not the most up to date. There are concerns of increasing mortality on SGH, a piece of work which needs to be done in the next few months is around the structured judgement. Anne Shaw enquired is the work any closer to being completed? Kate Wood explained that each time work commences there are concerns around community. PMO have put project work together around how to support care homes. Tony Bramley asked if Trust Board could have another look at the details around Mortality in September or October.

Jayne Adamson advised that the workforce section of the IPR is work in progress, There will be a meeting during the next month to add the softer measures to the areas which are not yet shown. Jayne Adamson stated that the sickness figures are a month behind, however these are the lowest for the last 3 years, although there are hidden areas which have concerns, in particular nursing. The main reason for sickness within the organisation is stress and anxiety.

Jayne Adamson also raised the impact tier 2 visas has had on doctors recruitment. All visas have now been approved. The fill rate is 84% with Junior Doctors, this is significant.

The pay award has been implemented into July wages and the back pay will go through in August. This is causing unrest nationally due to its complexity.

Advanced Clinical Practice development is doing well but cannot find enough Doctors and Registered Nurses. This is a key area for the Trust and a review has been carried out recently, the Trust is doing much better than other organisations.

Nick Mapstone queried whether the Trust had considered exploring the use of NHS professionals to support the effective deployment of temporary staffing. It was agreed that this should be explored as part of the nursing work-stream.

Anne Shaw enquired at what stage is the re-establishment of the Workforce Sub-committee of the Trust Board. Jayne Adamson advised that the Terms Of Reference are being drafted and key players have been asked what they want from the Committee. The Terms of Reference for the refreshed Board Sub-committee will be brought to Trust Board in August and the meetings will commence from September.

Tara Filby gave an update on progress in Phase One implementation of Nursing Establishment, stating there is pace around this. There are 91 Trainee Nursing Associate internal applicants, short listing commences this week.

4.1.1 Access & Flow

4.1.1.1 RTT, Cancer & A & E Position – NLG(18)268

Shaun Stacey advised that the purpose of the paper is to ensure that the Board have a clear understanding of RTT, Cancer and what has been agreed as part of the performance for this year. Pam Clipson advised that this report takes the waiting list back to each one of the waiting list positions; these will then form part of the deep dives into the Integrated Performance Report.

Pam Clipson advised that referrals from June 2017 to June 2018 have reduced. The result of this is

planned service changes. She explained the services changes. Pam Clipson also gave an explanation of the greatest concerns of the top six specialities.

Sandra Hills asked for clarification of any well-developed referral pathways within the top six specialities that were reviewed in primary care. Pam Clipson replied we have tried to establish where the pathways are not strong enough.

Detailed discussion followed with Kishore Sasapu and Stephen Griffin regarding pathway development.

Pam Clipson gave a brief description of each of the waiting lists, Out Patients Waiting List for New Referrals together with an explanation around the RTT Pathway and total follow up Waiting lists. Pam Clipson went on to explain around the breakdown of overdue patients. Not all patients need to be on the list, 40/50% can be returned to primary care.

There are two Elective Waiting Lists, live and planned. As soon as appointments are overdue their planned appointment they will move to the elective live list.

Pain management will feature in the top specialities. Lack of workforce has brought challenges. Work is being carried out with the team to create pathways. Sandra Hills enquired if any work is being carried out with hospices for palliative care and pain relief. Kishore Sasapu advised that cancer pain is managed proactively.

Pam Clipson explained the diagnostic lists.

Steven Griffin stated there has been an increase in referrals by around 15/20%. However there are no planned patients who are over-due. Steven Griffin then gave a detailed explanation around CT scans, MRI DPoW, SGH and GDH.

Tony Bramley suggested that the trend shows what the forecasting is likely to be. Steven Griffin stated that the total numbers have gone up but the number of patients have not gone up in terms of referrals. Shaun Stacey commented that it is important to reflect that the reality of the workforce capacity has a particular funnelling effect. Teams are doing a significant amount of work around improving flow through radiology, looking at out sourcing. The restricting feature is having people to process things through.

Pam Clipson continued with RTT. The papers shows the RTT position which is improving and asked members to note two areas of improvements which are the increase of earlier shorter waits whilst reducing 18 weeks plus. . Anne Shaw enquired if there is assurance of having enough administrators in the correct positions. Pam Clipson replied that ideally this should be reviewed due to the small size of the SAT teams. A discussion followed around administration. Pam Clipson explained the Booking of Patients, Outpatient Capacity and the 2018/19 Trajectories.

Nick Mapstone asked how much confidence is there around the trajectories. Is the increase in the performance at end of year deliverable. Pam Clipson advised that some of the actions on the plan have been delivered sooner but some have been delayed.

'Pain management will feature in the top specialities. Lack of workforce has brought challenges. Work is being carried out with the team to create pathways. Sandra Hills enquired if any collaborative work is being done with local hospices to utilise their expertise in pain management as part of the pathway redesign. Kishore Sasapu advised that cancer pain is managed proactively.'

Shaun Stacey stated that most of this information will now be included in the development of the Integrated Performance Report and that the Board will be able to see the on-going changes and improvements.

4.1.1.2 Clinical Harm Review Progress Report – NLG(18)270

Kate Wood reminded the members why the Clinical Harm Process was set up and explained the purpose of the paper.

	<ul style="list-style-type: none"> • To identify any harm which may have arisen as a result in a delay in waiting for appointments and/or treatment. • To ensure any harm is recorded and appropriate action taken in regard to any patient affected • And other requirements for future planning. <p>There were three priority Cohorts which were to be reviewed:</p> <ul style="list-style-type: none"> • Cancer patients waiting 104 days + • Pathways on an incomplete RTT pathway, who have waited more than 40 weeks for treatment. • Pathways which are more than 6 months past their review date for follow-up (with/without ED intervention). <p>Kate Wood gave an explanation around the current position as reflected in the paper.</p> <ul style="list-style-type: none"> • Visibility of all long waiters within COBRA • All now included in reviews • For harm to be determined, patients are either reviewed within COBRA, paper reviews, or face to face • All patients from 2015 have been reviewed • All patients from 2016 will have reviews completed by Sept 2018. <p>Anne Shaw asked who makes the decision of how the patients are reviewed. Colin Farquharson explained that most of data is easy to get hold of and there are three different potential routes for the patients but for the majority is straightforward to do via the Cobra system.</p> <p>Kate Wood explained the reviews remaining and next steps:</p> <ul style="list-style-type: none"> • Colorectal (1242) <ul style="list-style-type: none"> - plan in place for completion • Ophthalmology (174) <ul style="list-style-type: none"> - Identified that most patients have now been reviewed but episodes not yet closed on COBRA (current validation being done) • Other specialities being validated and completed. <p>Next steps;</p> <ul style="list-style-type: none"> • Complete reviews to closure of episodes on COBRA • Review of process (lessons learned) • Monitor waiting lists • Decision at Planned Care Board re move to 'business as usual', and proposal for clinical harm reviews for: <ul style="list-style-type: none"> –cancer waits > 104 days and patients waiting more than 52 weeks, (as well as 12 hour breeches). <p>Sandra Hills commented that there is learning from this which could go into service re-design and GP referrals and asked how will the Trust capitalise on this. Kate Wood explained further the plan and about the work being done in specialties.</p> <p>Anne Shaw asked if this will continue to be reported through Quality & Safety Committee. Tony Bramley confirmed that it was. Anne Shaw thanked all concerned from the Trust and the CCG's for their work and Kate Wood thanked Pam Clipson and Jackie France for all their work.</p>
	<p>4.2 Improving Together Progress Report – NLG(18)271</p> <p>Obi Hasan advised that the report contains highlights from the SRO's. The Board is asked to note the report and identify any further actions as necessary. Anne Shaw asked if the report will see any change. Obi Hasan confirmed yes via Kathryn Helley and Shaun Stacey. Peter Reading stated that the Executive team together with Claire Pacey reviewed the Improving Together content last week to ensure that the right focus is achieved. Jayne Adamson stated that there is one further element to build into the programme, The draft CQC report will be linked into the report. Linda Jackson asked when the new structure will take effect from, Peter Reading confirmed that it would be in September.</p>

5.	Quality & Safety
	<p>5.1 Quality & Safety Committee Highlight Report and Board Challenge – July 2018 – NLG(18)272</p> <p>Tony Bramley asked that the members to take the report as read, however the need to improve quality of reporting is required.</p>
6.	Strategy & Planning
	<p>6.1 Humber Acute Services Review</p> <p>The Humber Acute Services Review update was deferred until the September meeting.</p>
7.	Leadership & Culture
	<p>7.1 Board Development - Verbal</p> <p>Jayne Adamson stated that Deloitte have been approached for support for the Board Development Programme. The proposal has been delayed but she will have it by end of this week. Anne Shaw suggested that an email be sent to remind of the commitment. Jayne Adamson suggested that a deadline of the end of the week be set.</p>
8.	Finance
	<p>8.1 Finance 2018/19 – Month 3 – NLG(18)274 8.2 Finance & Performance Committee Highlight Report & Board Challenge, July 2018 – NLG(18)275</p> <p>Anne Shaw asked that the two reports be presented and discussed as one document.</p> <p>Marcus Hassall presented the overview and advised that this is monitored against the Trusts revised resubmitted plan.</p> <p>Finance Report 2018/19: Month 03</p> <p>Report Outline:</p> <p>This report covers the Trust's financial performance to the end of month 3 (June 2018). It covers the following areas:</p> <ul style="list-style-type: none"> • Financial Position Overview; • I&E Position – including Full Year Forecast; • Activity, Contracting and Income; • Expenditure and Savings Programme; • Budgetary Management; • Capital Programme; • Balance Sheet, Cash and Working Capital; • Reserve Drawings and Plan Changes; • Financial Special Measures Update; • Conclusion - Key Themes, Key Risks & Key Actions <p>In month 1 and month 2, the Trust were provided with only outline reports, which set out the core financial themes but were not able to go into fuller detail. The reasons for this were:</p> <ol style="list-style-type: none"> 1) Additional pressures arising from the need to support Capital bids, Contracting recovery processes, the CQC inspections; 2) The additional work arising from the opportunity to resubmit the Trust plan based upon a reset Control Total; 3) The uncertainties caused by final unresolved issues in respect of the savings programme. <p>Anne Shaw asked if the surgical teams were able to deliver additional activity required by the income plan. Shaun Stacey confirmed yes and there is a fair chance of them delivering but does not wish to give the Board false assurance. Marcus Hassall gave an update on Contracting adding there is a</p>

	<p>significant amount of work being carried out on data quality improvement which is progressing well. A one day session with the CCG's was held to work through the Community Financial plan gap, which made some progress but did not entirely resolve the community financial shortfall.</p> <p>The cash position is difficult. Though the headline cash balance is very high for end of month this reflects the ebbs and flows of large capital schemes. The underlying creditor position is not a sustainable, given the current delays in payments of invoices beyond due dates for non-prioritised suppliers, Marcus Hassall is talking to NHSI around this.</p> <p>Marcus Hassall reported that NHSI is very supportive in respect of the Special Measures status and is appreciative of work that has been carried out. Nick Mapstone enquired around the timescale of the release of capital Marcus Hassall advised that he is anticipating some sort of answer at the end of September. Nick Mapstone also enquired around delivery of CIP. Marcus Hassall confirmed that it would on current forecast, without corrective action, be around £10m this year instead of £15m although there is still scope for delivering the full £15m, and this should be the objective.</p> <p>Linda Jackson advised that the changes to the medical model is losing some pace, however there is a Multi-Agency Discharge event in August which will hopefully re-energise this. Linda Jackson wished to re affirm all work being carried out on contracting. On the Temporary Staffing report Linda Jackson stated that the Committee supported a more focused resourced centre approach.</p> <p>Sandra Hills asked if within the contract activity plan and the current discussions around service pathways, has account being taken of this in terms of income, and if so has any agreement been reached with the CCG to compensate. Marcus Hassall stated that this is a risk, the trust is to commit to help CCG's deliver the improved pathways. Marcus Hassall will work with the CCG's to build the reporting framework, linking Trust and CCG plans. A discussion took place around delivery of £15m CIP, efficiency, productivity and improving quality.</p> <p>Tony Bramley started a conversation around Capital Expenditure and the impending risk to Coronation Block and the proposal which should come September/October. Peter Reading stated STP announcements in principal will be made in September. Within that is the capital required to replace Coronation block. Peter Reading gave a detailed explanation on planning consent, preparation work and procurement and stated that if no decision is made in September then there would be a major problem. Shaun Stacey stated that this is critically linked to Operational delivery. The restricted availability of Capital is challenging. Not having state of the art equipment to facilitate patient flow though services can present a bigger challenge than the workforce constraints. The Board recognised this and is working with NHSI.</p>
9.	Items for Approval
	<p>9.1 Workforce Race Equality Standard (WRES) Report – NLG(18)276</p> <p>Karl Portz asked the Trust board to note the current position and achievements of this report and to agree in principal the key priorities and further actions.</p> <p>The Board noted and also agreed the contents that can be shared with the Trusts Commissioners and NHS England. Jeff Ramseyer questioned the percentiles and Karl Portz confirmed that the document should be amended to state that the outstanding 10% would be un-disclosed. Anne Shaw asked if panels are refused unless there is a BME candidate. Jayne Adamson confirmed that this is the case.</p> <p>The Board approved the paper.</p>
	<p>9.2 Annual Audit & Children Safeguarding Report 2017/18 – NLG(18)277</p> <p>Tony Bramley confirmed that the paper had been to Q & S and is recommending for it to be approved and supported by the Trust Board. Anne Shaw asked about the request to place on the Trust Risk Register, Tara Filby confirmed that it had been agreed at the June meeting. A discussion took place around the plan of work, national guidance, concerns around DOL's and if this would require any additional capacity.</p> <p>The Board approved the report.</p>

	<p>9.3 Mental Capacity Act & The Deprivation of Liberty Safeguards Annual Report 2017/18 – NLG(18)278</p> <p>Richard Painter confirmed that the report has been through Q and S, recommended to Trust Board.</p> <p>The Board approved the report.</p>
	<p>9.4 Schedule of Third Parties with Whom the Trust has a Duty to Co-operate – NLG(18)279</p> <p>Wendy Booth advised the schedule had been updated to reflect changes to some of the third party organisations referenced within the document and also to reflect changes to Director portfolio's and responsibilities. Anne Shaw enquired as to why Ofsted is aligned to the Chief Nurse. Tara Filby confirmed that it is to do with Safeguarding. Shaun Stacey noted that clinical pathology accreditation is not linked to a Board Director and was happy to take the role.</p> <p>Subject to the above amendment in respect of clinical pathology, the Board agreed and approved the paper.</p>
10.	Items for Information/To note (please refer to appendix A)
	<p>Anne Shaw brought item 10.6 to the Board's attention. This is Recognition and Partnership Agreement and sets out who the Trust works with. Jayne Adamson stated that the Trust has never had agreement historically and this is a partnership with the unions that we work with. Anne Shaw congratulated Jayne Adamson and her team for the work done on this.</p>
11.	<p>Any Other Urgent Business</p> <p>There was no any other urgent business.</p>
12.	Board Performance and Reflection
	<p>To consider the performance of the Trust Board, including asking:</p> <ul style="list-style-type: none"> • Has the Board focused on the appropriate agenda Items? Are there any item(s) missing or not given enough attention? • Where appropriate, have relevant items been debated at the relevant Board assurance Sub-Committee • Are Board members satisfied with the quality of papers: <ul style="list-style-type: none"> - Is the purpose and content clear? - Is the paper clear on the Board action required? - <p>Tony Bramley stated that it is encouraging to see the new format of the IPR.</p> <p>Linda Jackson stated that she liked the deep dive into RTT and Cancer. It took less time to read the documents.</p> <p>Jeff Ramseyer commended the work carried out on the IPR. There are some reports where the information is repetitive; however there has been a good improvement in the past 30 days.</p> <p>-</p>
	<p>Date & Time of next Public meeting</p> <p>Date: Tuesday 28 August 2018 Time: 10.00am Venue: Main Boardroom, Diana Princess of Wales Hospital, Grimsby</p> <p>Anne Shaw thanked members for their attendance and closed.</p>