

Minutes of the Public Trust Board Meeting

Held on 7th January 2019

New Life Centre, Sleaford

Present

Voting Members:

Mrs Elaine Baylis, Chair
 Mrs Sarah Dunnett, Non-Executive Director
 Dr Chris Gibson, Non-Executive Director
 Dr Neill Hepburn, Medical Director
 Mrs Liz Libiszewski, Non-Executive Director
 Mr Alan Lockwood, Interim Non-Executive Director
 Mr Paul Matthew, Acting Director of Finance and Procurement
 Mrs Gill Ponder, Non-Executive Director
 Mr Jan Sobieraj, Chief Executive
 Mr Kevin Turner, Deputy Chief Executive

Non-Voting Members:

Mr Martin Rayson, Director of Human Resources and Organisational Development

In attendance:

Mrs Jennie Negus, Deputy Chief Nurse (Item 8)
 Mrs Victoria Bagshaw, Deputy Chief Nurse
 Mrs Barbara Dempster, Healthwatch
 Mrs Jayne Warner, Trust Secretary
 Mr Leon Rudman, Interim Deputy Trust Secretary (Minutes)

Apologies:

Mr Mark Brassington, Chief Operating Officer
 Mr Paul Boocock, Director of Estates and Facilities
 Mr Geoff Hayward, Non- Executive Director
 Mrs Michelle Rhodes, Director of Nursing

001/19 **Item 1 Introduction**

The Chair welcomed members of the public to the meeting. The Chair publicly thanked members of staff who had worked over the Christmas and New Year period.

002/19 **Item 2 Public Questions**

The Chair expressed her thanks to the members of the public who had submitted questions.

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

Q1 - There are two bowel cancer screening programmes in Lincolnshire.

- 1) **Bowel Cancer Screening - kit sent every 2 years to people between 60-74. This can lead to further investigation by way of a colonoscopy. This is currently only carried out at Lincoln or Boston.**
- 2) **Bowel Scope Screening - offered to anyone over 55. Procedure is offered at Lincolnshire's 4 main hospitals.**

I'm not a healthcare professional but the 2 procedures seem very similar and their purpose and outcome are the same - the early detection and prevention of bowel cancer.

It seems my case if I had presented via the Bowel Scope Screening programme I could have been seen in Grantham. The procedure requires a powerful enema to be taken on the evening & in the morning prior to the colonoscopy. This makes a journey of any kind distressing, and a 50 minute journey from Grantham to Lincoln or Boston, even more so.

My question is - can't there be some sort of rationalisation / crossover in these two programmes to allow procedures to take place in Grantham, however patients arrive at the need for a colonoscopy?

The Medical Director commented that although the procedures appeared similar, the technical nature of each was different. It was noted that Bowel Screening was done by way of a kit sent to patients, which depending on the results could result in a full colonoscopy; which was done under sub-sedation. The Bowel Scope screening procedure only examined the first part of the bowel and, as it was inherently less risky, it could be conducted at all four of the Trust's sites. The Medical Director confirmed that given the risks associated with full colonoscopies, these were only undertaken where there was adequate surgical expertise and capacity in the event that there was a problem.

Q2 - ULHT board members have publicly stated Grantham + District A+E is little more than an Urgent Care Centre and that any understanding outside this is due to public confusion. This information has also been shared with Clinical Senate's and NHS bodies and those involved in the STP programme. What steps have ULHT board members taken to correct the record regarding the role of Grantham + District Hospital A+E given the evidence that the unit admitted and treated a wide range of conditions, some of which are potentially life threatening, and are from minor to the most severe in acuteness at least up to the time when the decision was made to keep the A+E unit closed at night in December 2017. Have all relevant parties involved in decision making been notified including Clinical Senate/s and NHS England and those involved in the STP process?

The Medical Director commented that the designation was dependant not only on the services provided by the department, but also by the services that lay behind it. The Medical Director advised that the national picture was evolving and that stakeholders were being kept informed.

Q3 - In relation to the Paediatrics paper, by how many has the trainee rotation from HEEM actually reduced, or due to reduce?

The Director of Human Resources and Organisational Development confirmed that from February, the number on rotation was due to reduce from 7 to 3 but that discussions with NHSE continued.

Q4 - Happy New 2019 to you all, Fighting 4 Grantham Hospital are hoping this year will bring some answers for our overnight service. Until then, Could you please give us an update on the orthopaedic trial and how Grantham Hospital coped over the winter so far?

The Deputy Chief Executive confirmed that the trial was progressing satisfactorily and that it continued to have a positive impact on the number of cancelled operations. It was noted that a formal review would take place in February, but that preliminary indications were positive.

Q5 - Stephen Hammond, in a reply to Grantham MP Nick Boles, restated

that:

“the relevant NHS Bodies (were required) report back about the progress relating to the decision to reduce services in the A&E at Grantham & District Hospital”.

The report(s) were due to be presented by the “end of the year”, which I take to be by 31st December 2018. Has the Trust complied with this requirement? If not, why not? And when can we expect for the report to be available for public scrutiny?

The Chief Executive confirmed that a response by the CCG, who were the ‘responsible authority’ to the then Health Minister Steven Barclay’s request had been sent in December confirming the work of the STP partners in the country to develop options for safe and sustainable urgent and emergency services. This would form part of the Lincolnshire STP Acute Services Review which would be consulted on publically in 2019 on completion of NHSE assuring the business case.

Q6 - We all acknowledge that services (shortage of doctors/nurses) are stretched and putting patients lives at risk. Why are ULHT not acknowledging how serious this is and asking for immediate help to address the decline. Until ULHT accept the impact it's impossible to get across the magnitude to the government. We are deprived of services that are considered 'normal' and basic needs in other counties. It is a disservice to the population of Lincolnshire.

This isn't a quick fix as we all know-which then makes it an emergency.

On a recent emergency admission my daughter had to wait 3 days for painkiller. This painkiller enables her to tolerate her pump feed-so she couldn't feed. I often hear nurses at the start of shift saying

“I don't know how I'm going to cope tonight”

“why have we been sent another 2 patients from urology into gastro-they know we can't cope”

You can't begin to imagine how concerning it is to leave a patient in those circumstances plus agency staff telling my daughter to get back in her room when she was desperate for more water (apparently she'd had her 2 jugs a day)

There are also some excellent staff/consultants but their task is impossible and overwhelming when stretched this far.

The Chief Executive confirmed that investigations had been started in respect of the allegations of sub-standard care; which would be dealt with separately.

With regards to the wider issues around services and staffing capacity; the Chief Executive confirmed that these were issues nationally and acknowledged the Trust’s own difficulties. It was noted that when issues had arisen, the system had provided support and that the Trust was positive about the actions it was taking, particularly with regards to the new Nursing Associates which would soon be included in the Trust’s establishment figures.

Q7 - I refer to the CQC report....

Why was there only one child patient being looked after by a paediatric

nurse, when there were 4 other children in the department and 2 paediatric nurses on duty?

The Deputy Chief Nurse advised that she would have to investigate this specific case but commented that work continued to recruit additional paediatric nurses and train additional adult nurses to level 4 competency.

003/19 Item 3 Apologies for Absence

Apologies had been received from Michelle Rhodes, Director of Nursing, Mr. Hayward, Non-Executive Director, Mark Brassington, The Chief Operating Officer and Mr John Baines, HealthWatch. It was noted that the Chief Operating Officer's attendance was required at the TOM Assessment Centre.

004/19 Item 4 Declarations of Interest

There were no declarations of interest which had not been previously declared and recorded.

005/19 Item 5 Minutes of the meeting held on 30th November 2018 for accuracy

The Minutes were agreed as a true record subject to the amendments below: -

A number of typos were identified:-

Item 1176/18 – That the term 'Associate Nurse' and 'Nursing Associate' had been interchanged. Nursing Associate would be used.

Item 1172/18 – That the word "agencies" be substituted for "agency staff"

006/19 Item 6 Matters arising from the previous meeting/Action Log

Item 734/18 – the Deputy Chief Nurse confirmed that a review of Sepsis data inconsistencies within the IPR would be considered at the next Quality Governance Committee.

Item 840/18 – It was noted that criteria for ratings had been included for this item.

Item 1018/18 – It was noted that the meeting between Mrs. Mayer and the Director of Estates and Facilities to discuss George's garden had, due to illness, not taken place and that the action would therefore be carried forward.

Item 1041/18 – Director of Human Resources and Organisational Development provided an update in respect of staff retention. It was reported that progress was ongoing in respect of exit interviews, providing development opportunities, flexible working and returning retirees. It was noted that HEE had funded resource to move the strategies forward and that presently it was difficult to make an assessment of progress.

Item 1143/18 – The Deputy Chief Nurse confirmed that additional triage was in place in order to reduce the waiting time of children at the Pilgrim A&E and that work continued in respect of improving the specialist competencies of existing staff.

Item 1066/18 – The Deputy Chief Executive publicly thanked staff for their hardwork over the Christmas period and noted that as was customary, demand had dropped on Christmas and Boxing Day. The Deputy Chief Executive, whilst acknowledging that performance still fell short of where it needed to be, commented on the small step-change in A&E performance. It was further noted that the Trust continued to prepare itself for when ‘true winter’ arrived.

007/19 Item 7 Chief Executive Horizon Scan

The Chief Executive highlighted the launch of the NHS long term plan which the Trust was yet to receive. The Chief Executive outlined the broad themes and noted that the workforce strategy had been delayed and that a green paper on social care was expected shortly.

008/19 The Chief Executive advised the Board that the Trust had been required to step up preparedness for a ‘no-deal’ Brexit and in doing so had considered supplies and the potential departure of staff who were EU nationals. It was noted that the Trust had engaged with the Local Resilience Forum and had taken the decision to provide assistance and meet any registration fees in respect of its EU national staff.

009/19 Dr Gibson commented on the fluid nature of the guidance and the potential impact on staff and on reciprocal healthcare arrangements, given the significant number of EU nationals in Lincolnshire. The Deputy Chief Executive advised that the guidance received by the Trust in December had led it to ‘ramp up’ preparations; however, it was confirmed that the existing Business Continuity Plan covered many of the likely requirements and it was reported that testing would commence in February. In respect of reciprocal arrangements, it was reported that these would stay in place until 29th March 2019 and that consideration was being given to providing additional resource to the Overseas Visitors team should it become necessary.

010/19 In response to questions from Mrs. Ponder, the Deputy Chief Executive confirmed that the Trust had identified where it participated in potentially affected clinical trials and provide assurance that the Risk Register properly recorded the risk.

011/19 The Chief Executive advised the Board that the Trust had received confirmation of the local NHS capital allocations and that despite some comprehensive and well received plans being submitted by the system, the outcome had, save for some support around additional resource for training and education facilities, been disappointing for the Trust.

012/19 Mrs. Dunnett expressed her disappointment that, given the condition and fragility of the Trust’s estates and services that it seemed to have been overlooked in favour of other systems. In response to a question from Mrs. Libiszewski, the Chief Executive advised that the Trust had been awarded £1.4m of the approximately £50m it had requested.

013/19 The Chief Executive commented that the strategy was a national one and that the overall pot was smaller than it had been previously. It was noted that the denial in respect of the additional resus capacity was particularly disappointing but that additional resource could be made available for specific projects such as E-Prescribing and E-Health Records.

014/19 It was reported that the STP had been very positive regarding out of area mental health and that GP federations had taken up the mantle in respect of extending

opening hours over the Christmas period which had resulted in a positive impact on the Winter Plan.

- 015/19 The Chief Executive provided an update in respect of the Trust Operating Model and it was noted that the assessment centres were underway and that although the response had been mixed, it had been broadly positive. It was further noted that the Trust was working towards tight timelines and that work was underway to complete the Scheme of Delegation and close any identified gaps. The Chair commented that she was looking forward to seeing how the model developed during what she hoped would be a really exciting time for the Trust and herald in a new way of working.
- 016/19 **Item 8 Staff Story**
- Mrs Negus, Deputy Chief Nurse presented the 'Staff Story' to the Board.
- The story was that of portering staff on the Grantham site who were called upon to support staff on wards in the absence of security staff.
- 017/19 It was reported that the Trust had provided a two-day course to a number of staff. It was noted that although the focus of the course was on de-escalation so that physical restraint was used only as a last resort, training was also provided around the use of force and the accompanying legislation.
- 018/19 The Board were told about an urgent incident in Grantham when Mr McDowell and a colleague were called to assist with a distressed post-operative patient. Upon arriving at the scene Mr McDowell together with the Sister, started working through the programs and began to establish a rapport with the patient. Eventually the patient was talked down and was able to be put into a wheelchair, before eventually being put into a bed. Mrs Negus read an extract from an email which had been received from Mr McDowell following the incident, which, credited the training with having brought about a successful outcome for both the patient and staff.
- 019/19 Mrs Negus advised the Board that more buy-in was required from medical teams and that job descriptions might also require review with consideration being given to providing additional pecuniary reward for those porters who were on response teams.
- 020/19 The Chair commented on the wider issues around patients and staff and Mrs. Dunnnett commented on a national rise in violence, particularly in relation to staff, and questioned how such incidents were reported through the Trust's governance structure. Mrs Negus confirmed that incidents were reviewed by the Security Steering Committee and Safeguarding Committee and noted that as Security did not use Datix, incidents had to be manually cross-referenced. In response to a query from Mrs Dunnnett, Mrs Negus confirmed that post-incident debriefs were conducted on all serious and complex incidents.
- 021/19 Mrs. Ponder advised that it would be appropriate for the matter to be considered by the Finance Performance and Estates Committee and undertook to consider the issues at a forthcoming extraordinary meeting of the Committee. The Deputy Chief Executive noted that a Health and Safety dashboard had been developed for the Committee and that it might be appropriate to include the data there.

ACTION: Chair of Finance, Performance and Estates Committee – 5th February 2019

022/19 In response to a request from Mrs. Libiszewski, Mrs Negus agreed to provide training compliance figures and to ensure that all staff that required training were identified.

ACTION: Deputy Chief Nurse – 5th February 2019

023/19 The Chair commented that this was yet another example of a member of staff who put patients first and that the Board remained concerned about escalating levels of violence and needed to be sighted on the matter

024/19 **Item 9 Providing consistently safe, responsive, high quality care SO1**

Item 9.1 Paediatric Monitoring and Assurance Update

The Medical Director highlighted the main points of the report and noted that since the model had been introduced, more than 1,300 patients had been seen, with 161 having been transferred.

025/19 It was reported that a new contract had been put in place to provide a high flow oxygen equipped ambulance service which would address the issue which had arisen with transferring certain patients. In response to a question from Dr Gibson, the Medical Director confirmed that there had not been any incidents relating to transfers. Mr. Lockwood queried the extent to whether the system could be improved by conveying patients directly to the most appropriate setting. The Medical Director confirmed that the vast majority of patients self-presented and that he did not believe that it would be sensible to introduce additional process which may add any confusion into the model.

026/19 The Medical Director reported on the capacity issues at Peterborough and Nottingham which supported the decision to maintain the model. It was noted that the Quality Governance Committee had requested a more detailed and granular plan to deal with the recommendations arising from the report conducted by the Royal College of Paediatricians.

027/19 It was reported that work was underway in respect of making the necessary changes to consultant job plans so that a *1 Team: 2 Sites* model could be adopted. In response to a question from Mrs Dunnett, the Deputy Chief Nurse confirmed that there were still some vacancies and that attempts were being made to directly employ some long-term agency nurses. It was also noted that consideration was being given to developing fast-track adult to paediatric conversion courses.

028/19 Mrs Libiszewski observed that there appeared to be a disconnect between the Program risks and Corporate Risk Registers. The Chair commented on the need for the Board to remain sighted on the risks and requested that the Task and Finish Group be charged with reviewing the matter.

Action: Medical Director – 5th February 2019

029/19 Following due discussion and consideration, the Board:

- Acknowledged the performance of the interim model during the first four months of operation, the number of completed transfers, activity on each site, the issues encountered, and the actions undertaken to resolve those issues;

- Noted the progress with the action plan in response to the RCPCH Report;
- Carefully considered the risks raised in the paper relating to the medical, nursing, managerial and leadership challenges that remain during the operation of the interim model and also for the likely future model in the coming months; and
- Considered each element of the model that has been discussed in the paper for mitigating the immediate risks relating to the medical staffing challenges.

030/19 The Chair, on behalf of the Board, extended her thanks to the team and reflected on the progress which had been made in mitigating the risks to the service in the last 10 months.

031/19 **Item 9.2 Pilgrim Hospital ED: CQC Feedback**

The Board received the report from the Care Quality Commission following the inspection on 30th November 2018. The Chief Executive advised that the Trust remained disappointed and apologised on behalf of the Board to patients and their families; who were not receiving the standard of care that was expected.

032/19 The Chief Executive confirmed that there had been concerns regarding the service and that the decision had been made to invest significantly in expensive temporary staff. It was noted that the performance was now subject to a wider risk summit and that it was regrettable that it took the CQC report to get some partners to provide the level of required support.

033/19 It was reported that the fundamental issues were around increased activity and insufficient staffing levels. Discussion regarding resetting activity to plan had taken place at the risk summit and it was reported that there had been some good work since the December risk summit, with additional resource provided.

034/19 Mr. Lockwood thanked the Chief Executive for the open and honest report and queried the extent to which EMAS transfers were having an impact. The Chief Executive advised that certain postcodes were being diverted to Grimsby and Peterborough; although those hospitals were not without their own pressures.

035/19 Mrs. Libiszewski questioned what further actions had been taken and the Deputy Chief Nurse confirmed that the Trust had looked at the streaming service and of particular concern was monitoring patients in the waiting area. The Board discussed ambulance handovers and it was noted that work was ongoing in terms of making sure that staff were trained in respect of the 'Manchester Triage' and ensuring patients were correctly categorised. It was noted that additional paediatric and level 4 triage capacity had also been provided and that in addition to providing additional staff, there were now 2 hourly safety huddles to look at every patient. The Deputy Chief Nurse confirmed that training had been refreshed and that although some nurses had the relevant paediatric training, they did not necessarily have the requisite ED experience. The Medical Director commented that Paediatric Nurses in the department were now, due to wearing tabards, easily identifiable and had direct lines to paediatric wards. The Medical Director also confirmed that there was an emphasis on leadership and senior support and that there was a need to ensure processes were followed consistently.

- 036/19 The Medical Director reminded the Board that other specialisms had been asked to expedite the pulling through of patients as appropriate.
- 037/19 Mrs Libiszewski raised concerns regarding the governance and noted that it was still unclear as to whether the significant levels of scrutiny and actions taken were having any impact.
- 038/19 Dr Gibson noted that the CQC had identified a 'culture of blame' and the Medical Director acknowledged that the issue of culture was a fundamental one and that the provision of additional oversight would not necessarily provide clearly identifiable improvements in the short-term. The Chief Executive advised that there was both external oversight and a tracking process and that much time, effort and energy had been expended on supporting staff. The Deputy Chief Nurse agreed that staff required support but also that it was necessary to hold people to account and confront, with senior staff, instances where poor care had been identified and ensure that new staff were comfortable with raising any concerns and knew how to do so appropriately.
- 039/19 In conclusion, the Chair acknowledged that the report made for uncomfortable reading and reiterated that it was the Board's responsibility to tackle the issue, with rigour and at pace. It was noted that the issue was all the more concerning given that a second negative report had been issued. The Chair suggested that the focus should move from assurance to accountability. It was agreed that a review of the governance arrangements would be conducted and that this should be captured as an action.

Action: Chair and Trust Secretary – 5th February 2019

- 040/19 **Item 9.3 Assurance and Risk Report Quality Governance Committee**
- The Board received the upward assurance report from the Quality Governance Committee.
- 041/19 Mrs Libiszewski reported that the majority of the meeting had been given over to discussion the report from the CQC and the actions being taken to address.
- 042/19 Mrs Libiszewski confirmed that the Committee had discussed electronic discharges and had, given the significance of the issue, asked for a further report to be provided at the forthcoming meeting. The Committee had also considered the Patient Led Assessments of the Care Environment (PLACE) report, requesting a more detailed action plan.
- 043/19 **Item 10 Providing efficient and financially sustainable services S03**
- Item 10.1 Assurance and Risk Report: Finance, Performance and Estates Committee**
- 044/19 The Board received the upward assurance report from the Finance, Performance and Estates Committee.
- 045/19 Mrs Ponder highlighted the lack of assurance with regards to the Trust's financial position and the ongoing concerns in respect of the delays in capital spending. Mrs Ponder provided an update in respect of the concerns regarding health and safety compliance and the identification and separation of the statutory and non-statutory elements of the Estates Strategy. Mrs Ponder commented that the Board would need to take a view on risk appetite and the Chair confirmed that an

individual had been engaged to work with the Board in this regard.

046/19 The Board noted the limited assurance provided by Internal Audit on Estates and Facilities.

047/19 **Item 10.2 Update on Trust Operating Model (TOM)**

The Board received the report on the move to the revised TOM. Mrs Dunnett acknowledged the efforts of the working group in getting so promptly to the assessment centre and interviews stage but asked management to be mindful of agency spend whilst the change were implemented. The Chief Executive confirmed that he remained cognisant of the risk, which was mitigated to a certain extent by the Interim Model.

048/19 Mrs Libiszewski commented on the need to maintain a site/location-based focus and the Chief Executive confirmed that this had been a feature of the feedback received to date and that the intention had been to reduce the variation in standards. It was noted that there would be individuals with responsibility for site performance to pick up Health and Safety issues.

Action: Chief Executive – 5th February 2019

049/19 The Chair acknowledged the inherent risks in the implementation and confirmed that the Board would be required to hold its nerve and ensure that the right individuals were appointed to the right positions. It was noted that the implementation plan, whilst fit for purpose, continued to evolve and the Chair commented that she looked forward to reviewing the next iteration.

050/19 **Item 11 Providing Services by Staff who demonstrate our values and behaviours S02**

Item 11.1 Engagement: Staff Moves

051/19 The Director of Human Resources and Organisational Development presented the report describing a project, led by Mrs Negus which had been set up in order to identify and relieve the causes of stress that arose as a result of staff moving between departments and ward areas.

052/19 It was noted that almost 1300 staff had engaged with the process and it had become apparent that more could be done to better match skills with requirements and provide inductions for staff moving between areas. The Director of Human Resources and Organisational Development confirmed that whilst there had not yet been any formal feedback, anecdotal evidence from staff, suggested that there had been some improvement.

053/19 Dr Gibson questioned whether there were identifiable 'donor' and 'recipient' wards and suggested that there should be more emphasis on the positive aspects that arose from staff moving between wards. The Deputy Chief Nurse noted that 'recipient' wards tended to have higher vacancy rates and that work was underway to better understand the reasons for this.

054/19 In response to a question from the Chair, the Director of Human Resources and Organisational Development confirmed that the matter had yet to be considered by the Workforce and Organisational Development Committee. It was noted that the level of participation was encouraging and that it was proposed that the process would continue until such time that it became sufficiently embedded.

055/19 **Item 12.1 Integrated Performance Report**

The Board considered the Performance report with the focus on areas not already presented within the upward reports from the committees.

056/19 The Deputy Chief Nurse Brought the Board's attention to the positive improvement with regards to CDiff, although it was noted that there had been underperformance regarding pressure ulcers and SEPSIS. Mrs Libiszewski commented on the improvement in 'Harm-Free Care' but noted that there was some difficulty in correlating the RAG ratings with the available data. It was agreed that this would be investigated ahead of the next meeting.

057/19 **Action: Acting Director of Finance and Procurement – 5th February 2019**

In response to a question from Mrs Dunnett with regards to the Trust's HSMR, the Medical Director confirmed that the recent improvement was derived from improved performance and improved co-morbidity coding.

058/19 The Acting Director of Finance and Procurement noted that the Trust's financial position remained challenging, although it remained in line with expectations.

059/19 It was noted that the improvements from Grantham Orthopaedics were beginning to feed through and the Chair noted that there had not been any marked deterioration, which was positive.

060/19 The Deputy Chief Executive noted that whilst there was still work to do to improve Cancer performance, the overall trend was positive.

The Board noted the performance report.

061/19 **Item 12.2 Progress Against 2018/19 Deliverables**

The Acting Director of Finance and Procurement presented the report detailing progress on 2018/19 deliverables. It was noted that the deliverables would, from the beginning of the forthcoming financial year, be fully aligned to the BAF from the outset.

062/19 The Board discussed the difficulty in getting traction with regard to Job Planning and noted that the original target had been to have the plans completed before the end of the year. It was further noted that holding people to account at the Clinical Management Board has been in place but it was acknowledged that progress to date had been painfully slow.

063/19 The Deputy Chief Executive updated the Board with regards to preparations for Electronic Health Records and confirmed that further funds would be released for the project.

064/19 In considering the Acute Services Review, the Deputy Chief Executive commented that the implication of the recent lack of success in respect of the capital allocation, would require further consideration with both the CCGs and the STP.

065/19 The Board discussed the impact of the 'buddying' scheme with Northumbria and the Chief Executive commented that although it was relatively early days, it was

difficult to conclude that there was an identifiable impact on patient safety. The Deputy Chief Executive noted the very powerful feedback he was aware of and the fact that even though Northumbria had more time to implement changes; green shoots were beginning to emerge. The Chief Executive confirmed that he had agreed with his counterpart at Northumbria that the senior teams from each of the Trusts would meet to take stock of the progress made so far. It was noted that the Trust Secretary was in contact with her counterpart in order to make the necessary arrangements and Board observation. A further update would be received in March.

ACTION: Deputy Chief Executive – 5 March 2019

066/19 It was agreed that the operational plan actions would be brought back to the March Board fully populated.

Action: Acting Director of Finance and Procurement – 5th March 2019

067/19 **Item 13 Risk and Assurance**

Item 13.1 Board Assurance Framework and Corporate Risk Report

The Board considered the report and the Medical Director noted that, there remained a number of high risks.

068/19 The Board reviewed and considered the six most significant risks which were all rated at 20 and the five emergent risks, all of which were detailed in the report.

069/19 In response to a question from Mrs. Dempster the Medical Director confirmed that fragile services were under constant review and the known issues were predominantly workforce related; which were usually mitigated by working in collaboration with external partners.

070/19 Mrs Libiszewski raised concerns that the Board was not sufficiently sighted in respect of Fire Safety and QSIP and suggested that consideration ought to be given as to determine how this would inform the agenda. The Chair noted that the report was now of a standard that it was appropriate that it should inform the agenda.

071/19 Mrs Dunnett commented on the need to perhaps refine the description in the document and Mr Lockwood said that he was concerned regarding the lack timescales and the apparent lack of accountability. The Chair asked each of the Chairs of the assurance Committees to review the description which related to their areas of oversight and noted that whilst she agreed with Mr Lockwood's observations care needed to be taken not to turn the document into an action plan.

072/19 The Deputy Chief Executive expressed surprise at the ratings assigned to fire rating and clinical governance, given the progress that had been made in respect of each of those areas. The Chair commented that each of those areas had an executive owner and that it would be appropriate to challenge the ratings at the assurance committees.

073/19 In considering the six most significant risks (excepting the ongoing issues with Pilgrim ED) the Board concluded that they, and the mitigating actions, were appropriate.

The Chair led a thorough review of the Board Assurance Framework.

074/19 The Board noted the strengthening clinical governance and that Patient Experience remained red. It was further noted that additional work was required to include an appropriate narrative in respect of SO2a and that recording a risk on the register did not in and of itself provide appropriate assurance

The Chair noted the overall continuing improvement.

075/19 **Item 14 Strategy and Policy**

Item 14.1 Board Forward Planner

The Board noted the planner.

076/19 **Item 14.2 ULH Innovation**

The Board received and noted the report.

077/19 **Item 15 Any Other Notified Items of urgent Business**

The Chief Executive confirmed that the Chair had accepted the position as Trust Chair on a permanent basis. It was also noted that Mrs Libiszewski's appointment as a non-executive had also been confirmed as substantive.

078/19 **Item 16 Date of Next Meeting**

It was noted that the next meeting would be held on Tuesday, 5th February 2019

Voting Members	26 Jan 2018	23 Feb 2018	29 Mar 2018	27 Apr 2018	25 May 2018	29 June 2018	27 July 2018	31 Aug 2018	28 Sept 2018	26 Oct 2018	30 Nov 2018	7 Jan 2019
Elaine Baylis	X	X	X	X	X	X	X	X	X	X	X	X
Chris Gibson	X	X	X	X	A	X	A	X	A	A	X	X
Geoff Hayward	X	X	X	X	X	X	X	A	A	X	X	A
Gill Ponder	X	X	X	X	X	X	X	X	X	X	X	X
Jan Sobieraj	X	A	X	X	X	X	X	X	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	A	X		
Michelle Rhodes	X	X	A	X	X	X	A	X	X	X	X	A
Kevin Turner	X	X	X	X	A	A	A	X	X	X	X	X
Sarah Dunnett	X	X	X	X	X	X	X	X	X	A	X	X
Elizabeth Libiszewski			X	X	X	X	X	X	X	X	X	X
Alan Lockwood						X	X	X	X	X	X	X

Paul Matthew												X	X
--------------	--	--	--	--	--	--	--	--	--	--	--	---	---