

MINUTES OF THE BOARD OF DIRECTORS' MEETING

Meeting Date: 8th January 2018
(Held in Public)

18/18 **Apologies for Absence**

Apologies were received from Mr J Amaechi (Group Non-Executive Director) and Mr S Nicholls (Group Deputy CEO)

19/18 **Declarations of Interest**

There were no declarations of interest for this meeting.

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| Decision: | Noted | Action by: n/a | Date: n/a |
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20/18 **Patient Story – ‘What Matters to Me’**

The Group Chief Nurse introduced a patient story in the form of a DVD clip. The Board did not debate or discuss the clip, preferring to use the story and the imagery to keep the business of the Board focused on the patient experience.

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| Decision: | Noted | Action by: n/a | Date: n/a |
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21/18 **Minutes of the Board of Directors Meeting held on 13th November 2017**

The minutes of the meeting held on the 13th November 2017 were agreed as a correct record.

22/18 **Matters Arising**

The Board reviewed the actions from the Board of Directors meeting 13th November 2017.

23/18 **Group Chairman’s Welcome and Opening Remarks**

- i) The Group Chairman reported that the Group Non-Executives and Executives (Board of Directors) had been confirmed in their substantive roles in December 2017 (by the Council of Governors and the Trust Remuneration Committee). It was also reported that Mr Dave Edwards (Public Governor – Rest of GM) had been elected as Lead Governor (for a term of 12 months).
- ii) The Group Chairman extended the Board’s congratulations to Ms Ros Hirst (Senior Chief Cardiac Physiologist, Heart Centre, MRI) on receiving a British Empire Medal (BEM) in the New Year Honours. It was noted that Ms Hirst had been a member of staff at the MRI since 1966 (52 years this June 2018).

- iii) The Group Chairman also congratulated Mr Adrian Roberts (Group Chief Finance Officer) who had won the HFMA Finance Director of the Year Award in December 2017 for his work helping steer the Trust through the merger process and in overseeing a successful financial turnaround programme.
- iv) It was noted that the Trust had hosted a Cabinet Office roundtable discussion in December 2017 about the Race Disparity Audit. The Group Chairman was delighted to welcome to the Trust Mr Richard Laux from the Race Disparity Unit and Ms Henna Khan, Head of Strategy and Communications of the Cabinet Office, as well as colleagues from a variety of organisations in Manchester.

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| Decision: | Chairman's Report was noted | Action by: n/a | Date: n/a |
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24/18

Group Chief Executive's Report

- i) The Group CEO drew attention to the heightened Urgent Care Pressures experienced within the NHS throughout the UK and locally in Manchester.

The Group Chief Operating Officer provided an update on the pressures experienced in MFT. It was noted that between Christmas and New Year, due to unprecedented pressures in the system, a decision was taken locally in MFT (and before a similar decision was taken at a National level) to reduce the elective programme during the first two weeks in January (inc. some Daycase activity). It was emphasised that maintaining Patient Safety was at the forefront of the decision to reduce elective activity. The Group Chief Operating Officer also explained that the pressure was not restricted to just the A&E Department but was also evident throughout the organisation due to the impact of heightened emergency activity on 'patient flow'.

The Board also noted the excellent working relationships and levels of support and assistance witnessed between the Oxford Road (MRI) and Wythenshawe sites during this period with 'diversions' between sites helping to maintain safety and meet the increased volume of attendances. The Group Chief Operating Officer also explained that increased Senior Leadership (Clinical & Non-Clinical) had been introduced across all sites.

The Group CEO emphasised the key design principle adopted throughout the organisation was safety and maintaining a dignified experience for all patients coupled with the health & wellbeing of the workforce; who went 'over and above' in maintain the services during this challenging period.

Mr Trevor Rees reported that during a recent tour of the MRI and a particular visit to the A&E Department, he and other NEDs had heard from staff that Patient Safety was of paramount importance and that they believed and understood that the organisation was very clear on this key message.

In response to a further question from Mr Rees, the Group Chief Operating Officer assured the Board of Directors that there was no substance whatsoever to a recently reported incident on Social Media of the death of a patient on a trolley in a corridor at Wythenshawe Hospital.

- ii) The Group CEO confirmed that the new organisation was progressing with appointments to the Hospital leadership teams and Group Corporate Functions. It was noted that all six Hospital Chief Executives had now been appointed to provide strategic and operational leadership to the Groups six Hospitals/Managed Clinical Services.

- iii) The Board was advised that MFT had been awarded the contract to host Health Innovation Manchester; and the new CEO had been appointed, Professor Ben Bridgewater (ex Cardiac Surgeon from Wythenshawe).
- iv) The Board noted that through the Trust's JV Partner, MSP, the organisation had secured the necessary funding package required to commence the Citylabs 2.0 development (starting in 2018).

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| Decision: | CEO's Report was noted | Action by: n/a | Date: n/a |
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25/18

Operational Performance

Board Assurance Report

The Group Joint Medical Director reported that the investigations into the Never Events previously reported were near completion and the summary learning would be shared throughout the organisation. He also explained that the Mortality Indices reported in the Board Assurance Report were at or below the national averages which was very good news. In response to a question from Dr Bennett, the Group Joint Medical Director explained that there continued to be improvements to Coding (especially downward trends in 'R' codes) throughout the organisation. It was noted that there was ongoing work to further improve Coding in all areas.

The Group Chief Nurse highlighted the ongoing work to improve data collection (and IT system) and the resulting management of complaints >41 days at the Wythenshawe site. In response to a question from the Group Chairman, the Group Chief Nurse explained that following a further month of development work with the Hospitals, a view would be taken on whether any issues or themes highlighted through the Complaints process would require further in-depth scrutiny at the Quality & Performance Scrutiny Committee. In response to a question from Mr Rees, the Group Chief Nurse confirmed that the delays witnessed on the Wythenshawe site in managing complaints was not an historical resource issue and it was more an issue with the use of the IT System. She also explained that the monitoring and management of the >41days would suggest that a third were deemed more complex and would take longer to resolve whilst the balance was around being more responsive to complaints as they are received in the organisation.

In response to a question from the Group Chairman, the Group Chief Nurse provided an update on the work programme to improve Nutrition throughout the Oxford Road site. It was noted that a significant amount of work undertaken in key areas such as the RMCH with a further update to be included within the next Board Assurance Report.

The Group Chief Operating Officer reported that the end of Q3 (2017/18) for the A&E targets was 87.44% against a trajectory of 90.8%. It was noted that the Greater Manchester position was 84.6%. The Board also noted that the position for MFT, as at 8th January 2018, was 82.61% (GM was 75%) and the previous week, MFT was within the top 30 performing NHS FTs in the country (out of 134) which was an indication of the heightened pressures evident throughout the system. It was particularly noted that there would be an anticipated impact on the number of cancelled operation due to the reduction in the elective programme and every efforts would be made to re-accommodate patients at the earliest possible opportunity.

The Group Chief Operating Officer was pleased to report that there was good progress with the diagnostics & RTT performance with the aim of returning to the trajectories by the end of Q4 (2017/18).

The Group Chief Nurse also provided the Board of Directors with an update on the significant increase in the number of reported Flu cases within the Trust (laboratory confirmed cases increases from 1-3 a week to 28 a week in the previous few weeks) which was also mirrored throughout the country. In response to a question from Mr Gower, the Group Executive Director of Workforce & OD reported that there was evidence of a small increase in flu related cases amongst the workforce and this was currently being closely monitored throughout the organisation. Discussion also centred on vaccination programmes and ensuring heightened levels of publicity amongst the workforce and the wider Public.

The Group Executive Director of Workforce & OD reported that there had been a dip in overall staff attendance and whilst there was some improvement in some areas, there were two of the three MRI Divisions currently showing significantly lower levels of performance. It was noted that the new Hospital Directors of HR & OD would be paying particular attention to work programmes aimed at improving the overall position of the hospitals over the coming months. It was also noted that the new Employee Assistance Programme (previously only in Wythenshawe) had been rolled-out to the rest of the Group, and, the planning for the integration of the Occupational Health Services at the former CMFT & UHSM was now complete.

The Group Executive Director of Workforce & OD also reported that there were improvements in November in three out of the four Appraisal indicators. However, it was also noted that there had been a slight deterioration in Appraisal of Non-Medical Staff at the Oxford Road site compared to previous months. It was recognised that whilst further work with individual Hospitals would be undertaken, improvements in overall Appraisal performance was not anticipated until towards the end of Q4 (2017/18). The Group Chairman also drew attention to the improvement reported in Mandatory Training performance.

The Board noted the Board Assurance Report (November 2017)

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| Decision: | Assurance Report Noted | Action by: n/a | Date: n/a |
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Progress Report on the Single Hospital Service

The Director for the Single Hospital Service (SHS) provided an update on the Manchester SHS Programme activities.

The Board noted that following the successful merger of University Hospital of South Manchester NHS Foundation Trust (UHSM) and Central Manchester University Hospitals NHS Foundation Trust (CMFT) on 1st October 2017, an evaluation report was currently being finalised with the aim of capturing lessons learnt to inform the development of the second stage of the SHS Programme – the incorporation of North Manchester General Hospital (NMGH) – and to share with the wider NHS. The Board also noted the emerging strengths of Project 1.

The Director for the SHS confirmed that a Legacy Plan had also been produced following the completion of the merger with the aim of ensuring that corporate memory of the transaction was retained and that important information relating to the transaction could be accessed in the future.

The Board was advised that following completion of the merger, MFT was focussed on planning and delivering the integration of services to achieve the planned merger benefits. Attention was drawn to the governance arrangements in place to support the overseeing of work to delivery of the Post Transaction Integration Plan (PTIP) and completion of associated integration planning activities.

The Director for the SHS explained that the work was currently focussed on the implementation of activities for the first 100 days and planning for year 1 and beyond. He confirmed that corporate integration was progressing to plan and clinical and operational integration was also moving at pace through the development and delivery of 41 integration projects organised into 27 clinical work streams.

The Director for the SHS reported that at the request of NHS I the proposed acquisition of NMGH by MFT is currently being managed to run concurrently with the dissolution of Pennine Acute Hospitals NHS Trust (PAHT) and the expected acquisition of the remainder of the Trust by Salford Royal NHS Foundation Trust (SRFT). He explained that the process to acquire NMGH was likely to be complex and would require a significant degree of co-operation and partnership across a range of stakeholders.

The Board noted the proposed transaction governance arrangements would be governed by the NHS Improvement (NHS I) Transaction Guidance and based on the criteria described in the guidance, the proposed acquisition of NMGH would be a significant transaction and would therefore, be subject to a detailed NHS I review. The Director for the SHS also explained that this review would be a two stage process involving the development of Strategic Case followed by the production of a Business Case; in addition, work would be required to satisfy the requirements of the Competition and Markets Authority. The Board was advised that the ambition remained to achieve the transfer of NMGH to MFT by April 2019 although this was subject to validation.

The Board noted the current position of the Single Hospital Service Programme and progress made to date.

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| Decision: | Progress Report Noted | Action by: n/a | Date: n/a |
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Transforming Care for the Future Programme 2017/18 - Quarter 3 Report

The Group Chief Operating Officer reminded the Board of Directors of the main focus of the MFT Transformation Strategy which was approved in September 2017. Particular attention was drawn to the Transforming Care for the Future Programme objectives for the next 3 years with a current focus on the PTIP Day 1-100 deliverables and 'Safer Standards'.

The Board noted the comprehensive range of activities and transformation programmes of work underway throughout the organisation as presented in the report including under the theme of 'Culture for Change', building capacity, and emphasis on improving delivery.

In response to a question from Mr Rees, the Group Chief Operating Officer confirmed that there had been improvements in Did Not Attend (DNA) during Q3 from Q2 by 1% going from 11.6% to 10.6% overall for new and follow-ups. The Group Deputy CEO highlighted the significant improvements witnessed in RMCH and the shared learning from the approach adopted in RMCH. She emphasised the importance of re-focusing on the basics and adoption of clear communication with parents and families attending clinics. It was also noted that up to 45% reduction in DNAs had been witnessed in some specialties and the learning from RMCH would now be shared with other Out-Patient facilities throughout the organisation. The Group Chairman thanked the Group Deputy CEO and the RMCH Team for their work in this particular area during recent months.

The Board noted the content of the remaining Transforming Care for the Future Programme 2017/18 Quarter 3 Report.

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| Decision: | Report Noted | Action by: n/a | Date: n/a |
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Chief Finance Officer's Report

The Group Chief Finance Officer reminded the Board that the key messages outlined in the report had been presented to the Finance Scrutiny Committee in some detail on the 20th December 2017. He explained that the Trust remained 'on track' with the Control Total after 8 months of the current financial year and that the sustained improvement in delivery of the planned levels of elective and out-patient activity (along with the benefits of timely access to services by patients) across all MFT hospitals remained evident throughout November and into December 2017. It was noted that this was despite the increase in emergency and urgent care activity, previously reported under separate agenda heading, which was a credit to the MFT Workforce. It was noted that this was strong evidence of sustained improvement since the 10th September 2017 all the way through to the Christmas / New Year period.

However, the Group Chief Finance Officer went on to explain that the Trust had performed £3.1m worse than the forecasts across all Hospitals apart from Wythenshawe in Month 8. It was noted that the organisation had experienced unsustainable levels of both pay and non-pay expenditure which had disappointingly outweighed the progress made with stabilising clinical income over the autumn. Particular emphasis was placed on the need to improve the month-by-month run-rate delivery between December 2017 and March 2018 by £1.5m a month in order to sustain delivery of the Control Total and thus secure access to £17m of remaining Sustainability funding. It was important that the organisation provided intense leadership focus on key areas such as sustained income delivery; renewed grip and control over expenditure; continued drive on agency costs reductions; and, continued savings delivery.

The Board was advised that the Control Total delivery trajectory in MFTs plan (agreed with NHS I) continued to rise significantly over the second half of the financial year, requiring an £18.2m surplus by the end of March 2018. The Group Chief Finance Officer emphasised that securing the remaining Sustainability funding for 2017/18, a core feature of MFT's Operational plan for this year, continued to depend on delivery of this improvement trajectory in the organisation's month-by-month operating financial results.

In response to a question from Mr Clare, the Group Chief Operating Officer described some of the work programmes and daily communication undertaken with Partner organisations (inc. Social Care) in facilitating timely discharge planning from the acute care setting.

The Group Chairman confirmed that a further deep-dive into the Trust's current financial performance and Turnaround Programme would be undertaken at the next Finance Scrutiny Committee scheduled for the 20th January 2018.

The Board noted the content of the Group Chief Finance Officer.

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| Decision: | Report Noted | Action by: n/a | Date: n/a |
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Update on Key Strategic Developments

The Group Executive Director of Strategy provided an update on a range of key strategic issues which were currently being progressed. Particular attention was drawn to NHS England Board's announcement of their final decisions regarding the future configuration of congenital heart disease services on 30th November 2018.

It was noted that Liverpool Heart and Chest Hospital (for adults) and Alder Hey (for children) were announced as the designated provider of Level 1 surgical services for the North West of England. It was also reported that MFT would continue to deliver the full range of Level 2 services, and, maternity care for women with ACHD would continue to be provided in Manchester. The Board was advised that going forward, the Trust would continue to play a leading role in the development of care pathways and maternity multidisciplinary discussions.

In response to a question from Dr Benett, the Group Executive Director of Strategy and Group Joint-Medical Director explained that one of the Sub-Groups of the Oversight Board is focused on 'Workforce' and the aim was to ensure effective and consistent communication with all staff providing CHD & ACHD services. He explained that work was ongoing on developing the clinical models and pathways and what Level 2 services in Manchester means and what it means for the Workforce. It was noted that staff were involved in developing the models and specific pathways going forward.

The Group Executive Director of Strategy reported that the GM Health Care Partnership had now committed all but £36m of the £450m GM Transformation Fund, mostly to localities. He also explained that further bids had been received for the remainder of the funding, of which £26m had been agreed for 'essential further spend' for Pennine Transformation and locality commitments. The Board noted that a number of bids totalling £38m were now being considered against the £10m of remaining funds and the Transformation Fund Oversight Group would review the remaining bids and recommend how they would be prioritised and how other funding streams could be utilised.

The Board noted the current status of the Theme 3 projects as outlined in the report presented by the Group Executive Director of Strategy (Gynaecology Cancer; Pathology & Radiology; Radiology; Haematological Cancer Diagnostic Service; and, Theme 3 Wave 2 – Cardiology, Respiratory, Critical Care; and, Anaesthetics).

The Group Executive Director of Strategy described the programme of work underway to develop a service strategy for MFT. It was noted that this would comprise an overarching Group Service Strategy that would outline the organisation's long term vision and ambitions including elements of services to grow, cease providing or contract; elements of services to start to provide; recommendations on addressing specific long standing issues; and, configuration of services.

The Group Executive Director of Strategy confirmed that a draft programme plan had been developed and was currently being shared with Executive Directors, Hospital / MCS CEOs and Clinical Leaders. The Board noted that a further version of the plan would be produced taking into account the comments and views that had been received. The aim is that the programme will coincide in late 2018 so that the output can be incorporated in Annual Planning for 2019/20. It was also confirmed that the programme of work and timings would be aligned with GM and relevant national work.

The Board of Directors noted progress and the current position in relation to the key strategic areas as presented.

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| Decision: | Report Noted | Action by: n/a | Date: n/a |
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Update on the Local Care Organisation (LCO)

The Group CEO of the LCO provided an update on progress regarding the development of the organisation. He reported that a draft Partnering Agreement had been developed by all partners and the document would be a legally binding, ten-year agreement which would sit above and inform contracting agreements, predicated on the agreed scope of services for the LCO. It was noted that there were a number of schedules that were due to be completed by early January 2018 prior to sign off by all partners with a key schedule being the delegated authority framework.

The Board was advised that a draft financial plan had been developed focusing on addressing two key issues - the LCO's affordability in 2018-19 and financial viability over the first three years.

The CEO of the LCO reported that the LCO Partnership Board had agreed that an LCO business plan would be produced which would bring together the Partnering Agreement, Target Operating Model + Mobilisation Plan and Financial plan into a single, cohesive document. He advised that the LCO business plan would be circulated in draft form to partners week commencing 15th January 2018 with comments invited by c.o.p. 22nd January 2018. He also confirmed that the plan would be circulated to all partners on the 29th January 2018 in order for the business plan to be submitted for consideration by MCC in terms of their budget setting process.

The CEO of the LCO described some of the key activities undertaken and anticipated within the LCO setting. He drew particular attention to the focus Nursing Homes and explained that in Manchester, the LCO would work with Nursing Home providers to ensure that the City had a more balanced provision across the North, Central & South footprint (diving out variation). He also explained that transformation work was also ongoing to further improve a community response to the growing urgent care demand with a focus on supporting discharge from A&E Departments, or, providing alternative provision to hospital-based admissions in the first place.

In response to a question from Professor Bailey, the CEO of the LCO explained that the Voluntary, Community & Social Enterprise Sector was an extremely important area and was a key part of the LCO brief. He confirmed that 16 events had been held during the Summer 2017 working with the VCC Sector looking at what contribution they could make to the developments in Manchester. He also explained that discussions were ongoing with Commissioners to look at resources and priorities/innovation with the VCC Sector going forward.

In response to a question from Mr Rees, the CEO of the LCO confirmed that the development of the LCO's organisational form was 'on track' (Phase 1) as presented in the report with further work underway with the Partnership Board to ensure the overall arrangements were fit-for-purpose going forward.

The Board of Directors supported the development of the LCO business plan.

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| Decision: | Development of the LCO business plan supported by the MFT Board of Directors | Action by: n/a | Date: n/a |
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Transforming the Health & Social Care System in Manchester Partnership Agreement

The Group Chief Finance Officer provided a summary overview and background to the proposed agreement and following a short discussion, the Board of Directors accepted and supported the 'Transforming the Health & Social Care System in Manchester Partnership Agreement'.

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| Decision: | Transforming the Health & Social Care System in Manchester Partnership Agreement' accepted and supported by the MFT Board of Directors | Action by: n/a | Date: n/a |
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27/18

Governance

Updated Statement of Compliance (Emergency Preparedness Resilience and Response Core Standards Self Assessment)

The Group Chief Operating Officer provided a summary overview to the Board of Directors of the legacy organisations' (MFT and UHSM) self-assessments against the NHS England Core Standards for Emergency Preparedness Resilience and Response (EPRR). It was noted that the NHSE EPRR Framework (Gateway ref: 04295) set out the requirements of all NHS funded organisations in England to meet the requirements of the Civil Contingencies Act 2004. It was also noted that under the CCA 2004 Acute Providers were a category 1 responder, which was recognised as being at the core of emergency response and were subject to the full set of civil protection duties including: risk assessment of emergencies, to have in place emergency plans and business continuity management arrangements and a requirement to share information and cooperate with other agencies.

The Board received the Statement of Compliance and it was confirmed that the legacy organisation of CMFT had declared a compliance level of '**Substantial**' (which was the same level of compliance as in 2016/17); and, the legacy organisation of UHSM had declared a compliance level of '**Partial**' (this is the same level of compliance as in 2016/17). The Group Chief Operating Officer confirmed that the EPRR Core Standards declarations would form the basis of the integration plan for MFT, and both Emergency Planning teams were working collaboratively to provide mutual support and expertise. She also confirmed that progress against both action plans would be monitored through the Trust Emergency Planning Steering Committee, with external oversight provided through the Local Health Economy Resilience Groups.

The Board of Directors noted the contents of the report.

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| Decision: | Statement of Compliance noted by the Board of Directors | Action by: n/a | Date: n/a |
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Update on the formation of the new MFT Council of Governors

The Group Executive Director of Workforce and OD provided an update on the formation of the Manchester University NHS Foundation Trust Council of Governors and the selection of a Lead Governor. Attention was drawn to the background leading up to the merger of the previous two legacy organisations (which had been previously well documented in earlier Board of Directors Public minutes), and **the** creation of the new Manchester University NHS Foundation Trust (MFT) on 1st October 2017.

The Board was reminded that in keeping with legislative and statutory requirements, the new MFT was required to establish a new Council of Governors at the earliest opportunity post-merger. The Group Executive Director of Workforce and OD explained that arrangements were put in place to instigate the MFT Public & Staff Governor election process (in keeping with the Model Election Rules for NHS Providers) immediately after authorisation of the new organisation with a view to the new Council of Governors being in place by the beginning of December 2017. It was also noted that the Trust had invited the Electoral Reform Service (ERS) to independently oversee the MFT Governor Election process and a timetable was drawn up which would serve to secure a new Council of Governors within 42 days (minimum duration required by ERS to complete a fair, open and transparent election cycle). Key Stakeholders had been contacted separately by MFT to secure the Appointed [Nominated] Governors; again in keeping with the new MFT Constitution (October 2017).

The Board noted that the Governor elections concluded on the 28th November 2017 and the results were announced at a Special Members Meeting on 6th December 2017 (the names of the 31 Public, Staff and Appointed Governors highlighted in the report were noted). In keeping with the requirements of the MFT Constitution, it was also noted that on the 20th December 2017, the new MFT Council of Governors had elected Mr David Edwards (Public Governor, Greater Manchester) as the new Lead Governor for a term of 12 months (announced at the inaugural Council of Governors meeting).

The Group Chairman thanked Mr Alwyn Hughes (Director of Corporate Services / Trust Board Secretary) and Ms Donna Beddows (Foundation Trust Membership Manager) for their work in successfully overseeing the formation of the new MFT Council of Governors within the timescales agreed earlier in the year.

The Board of Directors noted the update on the formation of the new MFT Council of Governors and election of the new Lead Governor.

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| Decision: | Report Noted | Action by: n/a | Date: n/a |
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Report on 'Learning from Deaths'

The Group Joint Medical Director described the work underway across the organisation to implement the National Quality Board's (NQB) National Guidance on Learning from Deaths (LFD). The Board noted the background to the report and requirement for all Trusts to have a mortality policy in place by September 2017 on how organisations responded to and learn from deaths. It was also noted that all mortality policies should include a clear process for engagement with bereaved families and carers including giving them an opportunity to raise questions or share concerns in relation to the quality of care received by their loved ones. The Group Joint Medical Director also explained that from April 2017, collection and publication of specified information on deaths through a paper and agenda item to a public board meeting set out in the Trust's policy (by end Q2) and publication of the dashboard and learning points (by end Q3).

The Group Joint Medical Director described the Mortality Review Policies separately developed in the former CMFT and UHSM legacy organisations and it was noted that whilst CMFT had published its legacy document on its public facing website as required by the guidance, the legacy UHSM document had been ratified but not published. She confirmed that both documents were aligned with the guidance and the post transaction implementation plan detailed the aim of bringing these together and publishing as one policy by the end of January 2018.

The Group Joint Medical Director confirmed that at December 2017, the primary metrics for organisational mortality measurement within the new organisation stood at 100 for SHMI; 91.7 for HSMR, and, 1.23 for 'Crude Death Rate'. She also confirmed that whilst these latest figures were as expected (or below), and whilst some assurance could be taken from these metrics, it was evident that each could be impacted on by issues other than quality of care, such as the translation of information into coding or the complexity of activity across the Trust. She explained that in order to learn and improve quality of care it was therefore important that deaths are subject to further review.

The Group Joint Medical Director went on to describe the Trusts aims to review deaths from a number of cohorts, as set out in the Learning from Deaths guidance.

It was noted that whilst the data presented would be split by the two legacy sites, the aim was to bring the methodologies together by March 2018.

The Group Joint Medical Director explained that in summary, for the data period reported (April 2017 - September 2017), 893 patients died and of those reviewed, there was one death identified that was deemed as avoidable and a further eight where it was felt that sub-optimal care may have contributed to death.

The Board noted the reviews undertaken and the identified a number of themes as presented in the report (both 'Positive', and, 'Improvements') along with a comprehensive range of actions underway (as detailed) in response to learning across the whole organisation.

The Board of Directors noted the report and the actions taken to further reduce avoidable harm.

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| Decision: | Report Noted | Action by: n/a | Date: n/a |
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To Note Committee meetings which had taken place:

- Audit Committee held on 1st November 2017
- Trust Risk Management Committee held on 6th November 2017
- Finance Scrutiny Committee held on 10th November 2017
- CRF Governance Board held on 30th November 2017
- Quality & Performance Scrutiny Committee held on 5th December 2017
- Finance Scrutiny Committee held on 20th December 2017

28/18 Date and Time of Next Meeting

The next meeting of the Board of Directors held in public will be on **Monday, 12th March 2018** at **2:00pm** in the **Main Boardroom**.

29/18 Any Other Business

There was no other business.

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| Present: | Mr D Banks Professor Dame S Bailey Dr I Benett Mrs J Bridgewater Mr B Clare Mrs K Cowell Sir M Deegan Mr N Gower Mrs G Heaton Mrs M Johnson Mrs C McLoughlin Professor C Lenney Miss T Onon Professor R Pearson Mr T Rees Mr A Roberts | - Group Exec. Director of Strategy - Group Non-Executive Director - Group Non-Executive Director - Group Chief Operating Officer - Group Deputy Chairman - Group Chairman - Group Chief Executive - Group Non-Executive Director - Group Deputy CEO - Group Exec. Director of Workforce & OD - Group Non-Executive Director - Group Chief Nurse - Group Joint-Medical Director - Group Joint-Medical Director - Group Non-Executive Director - Group Chief Finance Officer |
| In attendance: | Mr P Blythin Mr D Cain Mr M McCourt Mr A W Hughes | - Director Single Hospital Service - Deputy Chairman Fundraising Board - Chief Executive Officer, LCO - Director of Corporate Services/Trust Board Secretary |
| Apologies: | Mr J Amaechi Mr S Nicholls | - Group Non-Executive Director - Group Deputy CEO |

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING (Public)

ACTION TRACKER

| Board Meeting Date: 8 th January 2018 | | | |
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| Action | Responsibility | Timescale | Comments |
| Further update on the Trust Nutrition Programme to be included within the next Board Assurance Report | Prof. C Lenney | March 2018 | - |