NHS
Manchester University
NHS Foundation Trust

MINUTES OF THE BOARD OF DIRECTORS' MEETING

Meeting Date: 12th March 2018

(Held in Public)

46/18 Apologies for Absence

Apologies were received from Mr John Amaechi, Mrs Julia Bridgewater, Mr Michael McCourt, Mrs Chris McLoughlin, and, Professor Bob Pearson.

47/18 Declarations of Interest

There were no declarations of interest received for this meeting.

Decision:	Noted	**Action by:** n/a	**Date:** n/a

48/18 Patient Story – 'What Matters to Me'

The 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.

Decision:	Noted	**Action by:** n/a	**Date:** n/a

49/18 Minutes of the Board of Directors Meeting held on 8th January 2018

The minutes of the meeting held on the 8th January 2018 were agreed as a correct record.

50/18 Matters Arising

The Board reviewed the actions from the Board of Directors meeting 8th January 2018 and noted progress.

51/18 Group Chairman's Welcome and Opening Remarks

i) The Group Chairman reported that the first ever Manchester University NHS Foundation Trust annual Excellence Awards took place on Friday, 9th March 2018 at The Principal Manchester (formerly The Palace Hotel) on Oxford Road. It was noted that the event had been very well attended and celebrated the many examples of the best MFT has to offer. The Group Chairman also extended her thank you to the organisers of the event following many months of detailed planning and co-ordination.

ii) The Group Chairman also reported that the Trust had held the first Access Matters conference the previous week at the Whitworth Art Gallery**.** She explained that over 150 delegates attended with a focus on developing MFT's leadership position on improving accessibility for local communities.

iii) The Group Chairman also reminded the Board of the forthcoming Great Manchester 10K Run on Sunday, 20th May 2018.

iv) It was noted that the Trust had received a National Award for Quality Improvement and the Group Chairman extended her congratulations to the Quality Improvement Team on their success.

v) The Group Chairman reported that the new MRI Endoscopy Unit had recently been opened. She explained that the unit had been completely transformed to provide much improved facilities for patients and staff and full compliance with the latest best practice guidelines. It was also noted that the new facilities, with state of the art decontamination design, enable improved turnaround times for the processing of endoscopes across the MRI.

vi) The Group Chairman also congratulated Mr John Amaechi (Group Non-Executive Director) who had been awarded the *'Fellowship of the Royal Society of Public Health'.*

Decision:	The Chairman's Report was noted	**Action by:** n/a	**Date:** n/a

52/18 Group Chief Executive's Report

i) The Group CEO reported that all MFT hospitals were continuing to respond to heightened levels of emergency and urgent care pressures; both in terms of numbers and acuity of patient attending the A&E Services. He thanked all services for their tireless energy and continued efforts to go *"the extra mile"* in delivering high quality patient care.

ii) The Group CEO confirmed that the Trust had now concluded the appointments of all the new Chief Executives to the Group's Hospitals/MCS with Sarah Tedford joining the MRI as the new Chief Executive on 5th March 2018. It was also reported that Mr Silas Nicholls (Group Deputy CEO) would soon be starting in his new post as CEO for Southport & Ormskirk NHS FT.

iii) The Group CEO also reported that a successful Board to Board meeting had taken place with the Manchester Health & Care Commissioning Board of Directors on 15th February 2018. It was noted that there had been a very positive exchange and connection between the two Boards with a common interest in successfully delivering the Manchester Locality Plan (SHS, LCO etc) over the coming years.

Decision:	CEO's Report was noted	**Action by:** n/a	**Date:** n/a

53/18 Operational Performance

Board Assurance Report

The Group Joint Medical Director reported that the Trust continued to maintain its high safety culture in terms of reporting incidents, undertaking investigations and learning across the organisation. In relation to mortality, it was noted that the Trust's indices (SHMI & HSMR) were continuing to fall and the HSMR in particular was now below 99.8% (which benchmarked well against other Shelford Hospitals). It was also noted that MFT had the lowest 'Crude Mortality' within the North West (GM & Merseyside) and this was significant given the size of the new organisation and Case Mix.

Dr Benett offered his observations that this latest position on the mortality indices was the best the organisation had witnessed over many years and was 'really good news' and offered a heightened level of assurance on the care delivered across the organisation.

The Group Chief Nurse reported that in relation to Food & Nutrition, it was the Annual Food & Nutrition Week with a range of activities underway across the organisation along with the introduction of new arrangements for capturing feedback from patients on the Oxford Road and Wythenshawe hospital sites. The information gathered would be used to enhance reporting within the Board Assurance Report going forward.

The Group Chief Transformation Officer/Deputy COO provided an overview of the Group's emergency & urgent care performance with a focus on winter pressure this year. It was noted that the organisation's performance in Q4 (2017/18) to date was 85.42% and whilst falling short of the national target, it was still the best level of performance in GM. It was particularly noted that maintaining 'Patient Safety' and supporting staff was at the forefront of all activities and key operational decisions (inc. managing flu) during this challenging period. It was also noted that as the result of the emergency pressures, the elective programme had been adversely impacted on during this period and RTT had, in turn, not performed well against the planned trajectory. Recovery plans remained in place and good progress had been made in attaining <2% trajectory in Q4 for diagnostics. The Group Chairman confirmed that RTT Performance would continue to be reviewed by the Quality & Performance Scrutiny Committee over the coming months.

In response to a question from Mr Rees & Mr Clare, the Group Chief Transformation Officer/Deputy COO explained that the adverse impact on elective care activity was due to the heightened levels of emergency & urgent care demand and not necessarily due to the recent bad weather, a recent 'business continuity' issue (burst water mains), or, flu. It was also noted that the organisation and workforce had responded well to these additional challenges with heightened levels of resilience and focused efforts to maintain patient safety & experience. It was also confirmed that there was 4.4% delayed transfers of care for MFT with improvement continuing in Wythenshawe (with a focus on 'stranded patients' >7 and >14 days). In response to a question from Dr Benett, it was reported that there had not been an adverse impact on the 28 day patient re-scheduling indicator/marker following a cancelled operation.

The Group Executive Director of Workforce & OD reported that in terms of staff attendance, January was traditionally a challenging month. However, it was noted that three MFT Hospitals had improved their performance compared to previous months (and previous Januarys) with two Hospitals remaining static and two falling below their expected trajectories. Attention was drawn to the sickness rate at one Hospital which is 2.3% higher than the next worse performing Hospital/MCS. It was noted that this facility would be shortly transferring to new leadership arrangements as part of Wythenshawe Hospital in April 2018. The Group Executive Director of Workforce & OD also reported that Nursing & Midwifery Turnover improved significantly in January whilst appraisal still required continued focus to ensure a sustained level of performance going forward. In response to a question from Mr Gower, the Group Executive Director of Workforce & OD explained that MFTs attendance performance compared to the Shelford Group did not compare well and further analysis was required to determine the reasons for this position. The Board also noted the new, proactive arrangements for Occupational Health Services within the organisation.

The Board noted the Board Assurance Report (January 2018)

Decision:	Noted	**Action by:** n/a	**Date:** n/a

Progress Report on the Single Hospital Service (SHS)

The Director for the SHS provided an update on the Manchester SHS Programme activities. Particular attention was drawn to the integration work which was set out in the Post Transaction Integration Plan (PTIP) and it was noted that delivery to Day 100 had been managed by the Integration Oversight Group (IOG) chaired by the Director SHS. The Board was reminded that three integration steering groups had supported the work of IOG (Corporate Integration Steering Group, Clinical Governance and Risk Steering Group, and, Operational and Transformation Steering Group).

The Board was advised that all of the corporate integration plans for day one had been successfully delivered at the point of merger and all other plans remained on track. It was noted that up to 40% of the clinical integration projects were now in the delivery phase with benefits and milestones clearly defined and implementation underway. Particular attention was drawn to the progress in the clinical projects for the first 100 days which included introduction of the first new urgent gynaecology theatre lists at Wythenshawe Hospital; introduction of lithotripsy lists for MRI patients at Wythenshawe Hospital; pooled day case waiting lists for urology patients offering increased choice and reducing waiting times for common procedures.

The Director for the SHS reported that as part of the drive for improvement in the next phase of integration, clinical teams were working on a range of projects to introduce benefits for patients, namely, Cardiac services; Trauma and Orthopaedics; Gastroenterology / Endoscopy; and, Stroke. The Board was advised that in addition to the planned integration work, the formation of the new organisation had brought about a number of additional benefits for patients through staff working more closely together, and the removal of organisational boundaries. Examples cited included patient transfers from Wythenshawe to Trafford Hospital; emergency department diverts; and, Haemato-oncology services.

The Director for the SHS provided a summary update on the continued enhancement of the Post Transaction Integration Plan (PTIP) which had been updated following the merger, and a fourth iteration was being produced to coincide with the completion of the first 100 days of the operation of MFT (21st February 2018) and in readiness for the year ahead.

The Board was advised that the benefits of the merger outlined in key documents to date had been recorded in a Benefits Realisation Register which would form the basis of a detailed benefits tracking process to ensure that a robust approach to benefits management was effectively delivered within the Trust. The Director for the SHS explained that the benefits realisation process would be used to ensure the organisation remained focussed on the process of fully delivering the potential of a Single Hospital Service.

The Director for the SHS also provided a brief overview of the second stage in the creation of a Single Hospital Service, namely, the transfer North Manchester General Hospital (NMGH) into MFT. He reminded the Board that the process for MFT to acquire NMGH would be complex and required a significant degree of co-operation and partnership work across a range of stakeholders. He also confirmed that MFT remained committed to the NMGH acquisition process and continued to collaborate effectively with all stakeholders to ensure the transaction could be delivered at the earliest practicable opportunity.

The Group Board of Directors noted the progress made to date and consider the on-going actions and planning.

Decision:	Noted	**Action by:** n/a	**Date:** n/a

Chief Finance Officer's Report

The Group Chief Finance Officer confirmed that a Finance Scrutiny Committee was scheduled to take place on 14th March 2018 during which particular focus and attention would be placed on the organisation's comprehensive Financial Plans for 2018/19.

The Board was advised that based on the current Month 10 financial position (2017/18), the organisation was just 'on track' with its Control Total performance (£200k ahead of the Control Total trajectory) which was regarded as a very small margin.

Mr Roberts explained that non-elective income had been 8% above profile in January 2018 (with December 2017 being slightly higher) which was the sharpest sustained increase in non-elective workload over a 9-week period, which the Trust had experienced in over a decade. This reflected the unprecedented heightened levels of demand on urgent care services across our hospitals over the winter period. He paid tribute to the Trust's workforce in responding to the increased demand whilst also managing to maintain a sustained level of performance in other areas resulting in a stable cumulative financial position.

In conclusion, the Group Chief Finance Officer explained that the organisation was currently 'on track' to achieve its control total by 31st March 2018.

The Group Chief Executive Officer explained that despite the heightened levels of demand and challenges facing the new merged organisation over the winter period, it was to everyone's huge credit that a significant amount of the key performance indicators, including the organisation's financial performance, had been delivered and sustained.

The Group Chairman & Group Chief Executive, on behalf of the Board, wished to thank the entire MFT workforce for their unstinting and continued energy, commitment and resilience in delivering such high quality care to patients and their families.

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

Decision:	Noted	**Action by:** n/a	**Date:** n/a

54/18 Strategic Review

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 National strategic developments including NHS England's national service reviews. It was noted that MFT's involvement to date was around ACHD, Genomic lab re-designation and, Paediatric critical care (the emerging view was that increase in PHDU capacity was required and a 'Managed Network' model proposed).

The Group Executive Director of Strategy described the current status of the Theme 3 projects and confirmed that new projects now being taken forward within the programme included cardiac and respiratory services. In relation to GM Cancer, it was noted that the inaugural meeting of the *GM Haematological Cancer Diagnostic Partnership (HCDP) Board* had taken place on the 15th February, chaired by MFT haematologist and clinical director John Burthem.

It was also noted that Service leads at MFT were working closely with colleagues at The Christie to establish the service and begin to repatriate samples to the GM services that were being sent outside of GM for analysis, from July.

The Board noted that the Manchester Health and Care Commissioning (MHCC) was in the process of updating their Manchester locality plan to both reflect the achievements over the last year, predominantly the formation of the Single Hospital Service, MHCC's integrated commissioning organisation and the LCO, and confirm priorities for the year ahead. MHCC's seven key priorities for 2018/19 were noted.

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

Decision:	Noted	**Action by:** n/a	**Date:** n/a

Annual Plan 2018/19 - Update

The Group Executive Director of Strategy provided an update in relation to the annual planning process for 2018/19. He confirmed that the Hospitals / MCS were developing their first draft Business Plans for 2018/19 which were to be submitted to Executive Directors by 29th March 2018. It was noted that there would then be a process to feedback comments and make amendments before submission to the Group Management Board in June 2018.

The Board was advised that a draft of the Hospital / MCS key priorities was being circulated to the Council of Governors for comment and any feedback received would be considered by each Hospital / MCS and, if appropriate, reflected in plans.

The Group Executive Director of Strategy explained that an overarching MFT Annual Plan was also being developed and this would provide a high level summary of the organisation's overarching aims and corporate department priorities for the year ahead. The Board noted that it would also show how the Hospital / MCS key priorities and plans would support the organisation in achieving its vision and strategic aims. The aim was for the MFT Annual Plan to be submitted to the Board of Directors in July 2018.

The Group Executive Director of Strategy reported that a previous Annual Planning paper presented to the Board of Directors suggested that a draft Annual Plan would be brought to the Board in March 2018, so that the Board could review the document in advance of the requirement to submit to NHS I in April 2018. However, it was noted that further guidance on the national requirements for planning for 2018/19 indicated that there was no requirement for an Annual Plan narrative document this year.

The Group Executive Director of Strategy explained that Providers were required to submit refreshed operational plans for 2018/19 to NHSI, which consisted of updated finance, workforce and activity planning templates along with a supporting narrative to provide an overview and explanation of changes. It was further noted that the 2018/19 Financial Plan would be presented to the Finance and Scrutiny Committee in March 2018 for approval.

The Board was advised that of the internal process for annual planning for 2019/20 was being developed and would bring forward the timelines so that Hospitals/MCSs and corporate departments plans could be approved for 1st April 2019. It was also noted that proposals would also be developed for how the MFT Council of Governors would be engaged in the forward planning process.

The Board of Directors noted that an Annual Plan narrative document was not required by NHS I, and, an MFT Annual Plan would be brought to the Board in July 2018.

Decision:	MFT Annual Plan to be submitted to the Board of Directors in June 2018.	**Action by:** Group Director of Strategy	**Date:** July 2018
Decision:	2018/19 Financial Plan would be presented to Finance and Scrutiny Committee	**Action by:** Group Chief Finance Officer	**Date:** March 2018

Update on the Local Care Organisation (LCO)

Ms Katy Calvin-Thomas (LCO) provided an update on progress regarding the development of the Manchester LCO. She confirmed that the Manchester LCO would go live in April 2018, leading the integration of out of hospital health and social care services in Manchester. She also reminded the Board that the organisation had been established in a way that would enable it to lead the delivery of an agreed scope of services under their existing contractual arrangements across health and social care.

Particular attention was drawn to the LCO Transaction (inc. Partnering Agreement & Business Plan, and, Service Level Agreements); New Models of Care; Neighbourhood Structures; and, arrangements for the North Manchester Community Services.

Ms Calvin-Thomas provided an outline of the key work streams over the coming period which included the continued progress in the establishment of the Manchester LCO including the completion of the Partnering Agreement, 2018/19 Business Plan and priority Service Level Agreements with Partner organisations; the further implementation of the new models of care across health and social care associated with the Greater Manchester Transformation Fund and work on the implantation of the clinical priorities set out by the newly formed Clinical Advisory Group with wide ranging clinical input; progress with the work associated with developing the new neighbourhood structures with the staff who were in scope of the LCO and initiate the recruitment process for the Integrated Neighbourhood Manager positions; and, the continued progress with the work around the North Manchester Community Health Services with all key stakeholders, with the aim of contracts moving in April 2018 subject to relevant approvals.

The Board noted the contents of the update report.

Decision:	Update report noted	**Action by:** n/a	**Date:** n/a

55/18 Governance

Report on Never Events

The Group Joint-Medical Director presented a report on 'Never Events' (NEs). She reminded the Board of the NEs definition along with the NE Framework which was updated in January 2018. It was noted that there had been a number of changes to existing definitions and guidance with the addition of 2 completely new NEs, and, the new guidance which came in to force from February 2018. The Board was advised that work was underway to communicate these changes across the organisation and to undertake an assessment of risk in relation to the changes.

The Group Joint-Medical Director reported that in 2017-18, the legacy organisations of MFT reported 3 NEs and post-merger, there had been a further NE reported making 4 in total during the 2017/18 financial year (as of the end December 2017). She also provided a brief summary of the NEs reported along with the key findings, recommendations and key actions.

In response to questions from Mr Rees and Mr Gower, it was noted that there is a particular focus on reviewing Safe Surgery, Sedation and Consent procedures, review of risk assessments, development of Local Safety Standards for Invasive procedures and education and awareness raising across the Trust. The Joint-Medical Director also confirmed that the Trust would be working with HSIB to develop a simulation training video in relation to the wrong route medication error.

The Board of Directors noted the information and the actions planned to mitigate risk of recurrence as presented. It was also noted that an update report would be provided on progress with actions in 6 months.

Decision:	Update Report on Never Events action plans to mitigate risk of recurrence to be presented to the Board in six months.	**Action by:** Group Joint Medical Director	**Date:** September 2018

Results of the Staff Survey

The Group Executive Director of Workforce and OD provided the first of two briefings to the Board on the 2017 national Staff Survey results. She explained that this initial summary report provided an immediate high level overview of the results received on the 21st February 2018 and that a more detailed analysis of the results, by staff group and Hospital Site / Division (structure as at 01.09.17), including further information on national, Shelford and local trends, would be presented to the Board Seminar in April 2018.

The Board was reminded that the 2017 Staff Survey reported on 32 Key Findings, three of which contributed to an overall staff engagement score: recommendation of the organisation as a place to work/receive treatment; staff motivation at work; and contribution towards improvements at work. The Group Executive Director of Workforce and OD explained that most Key Finding scores were generated from responses to 2 or more questions. It was also noted that the Staff Survey results included benchmarked data.

The Board noted that for the overall staff engagement, both result sets were ranked as average. The Board also noted the Key Findings which were above (better than) average in both CMFT & UHSM along with those which were below (worse than) average. Attention was also drawn to some of the examples cited in the ‘free text comments’ captured within the survey.

The Group Executive Director of Workforce and OD explained a second report on the 2017 Staff Survey results would be presented to the Board of Directors at its meeting in May 2018, following further analysis and the development of an action plan to address Group-level priorities for staff engagement and staff experience in 2018-19. She also explained that Hospital and Division-level results would be disseminated over the next two weeks and staff engagement scores were to be reflected in the next Accountability Oversight Framework (AOF) reporting.

The Board of Directors noted the first stage Staff Survey Report.

Decision:	Second, more detailed Staff Survey Report to be presented to the next Board Seminar	Action by: Group Director of Workforce & OD	Date: April 2018

Safer Staffing Bi-Annual Report

The Group Chief Nurse presented the Safer Staffing Bi-Annual Report. The Board noted the Trust's position against the requirements of the National Quality Board (NQB) Safer Staffing Guidance 2013, NQB Guidance 2016, and, the National Institute of Health and Care Excellence (NICE) guidance issued in July 2014, for adult wards. The Board also noted that the paper presented was the first bi-annual Safer Staffing report provided to the Group Board of Directors following the establishment of the new organisation in October 2017. The Group Chief Nurse explained that the report provided analysis of the former Trusts (UHSM & CMFT) merged workforce position from June 2017 with a summary of the Nursing and Midwifery workforce position as at the end of December 2017.

The Group Chief Nurse reported that a Commons Health Select Committee had been looking at Nurse & Midwifery Staffing across the country and a response to its conclusions was now expected from the Department of Health. However, it was noted that the report did recommend that Nursing & Midwifery workforce needed to expand at scale and pace in order to meet the heightened demand on the NHS.

The Group Chief Nurse explained that at the end of December 2017, there were a total of 700 wte (10.2%) qualified Nursing and Midwifery vacancies across the Group compared to 833.9 wte (12.2%) at the end of July 2017. She pointed out that this was a reduction in overall nursing and midwifery vacancies of 133.9 wte since July 2017. It was also noted that there had been an overall increase from July to December 2017 to the Nursing and Midwifery establishments of 129.67 wte due to readjustment of the financial ledgers post SHS merger and developments in services i.e. midwifery expansion.

It was explained that if the establishment had not increased, the overall nursing vacancy factor would have reduced by a further 1% to 9.2%.

The Group Chief Nurse confirmed that the majority of vacancies were within the staff nurse (band 5) workforce and at the end of December 2017, there were 534.2wte (15%) staff nurse (band 5) vacancies across the Trust compared to 644.82wte (18.07%) at the end of July 2017 and therefore a reduction of Band 5 Nursing and Midwifery vacancies of 110.6wte.

The Board was advised that Trust wide recruitment campaigns continued to attract experienced and newly qualified nurses and midwives with 296 wte Nurses and Midwives currently with conditional job offers whose appointments were being progressed through the Trust recruitment processes.

Other key headlines captured and noted within the Safer Staffing Bi-Annual Report included Red Flags; Acuity and Dependency (inc. analysis by Hospital/MCS); Care Contact Time; Care Hours Per Patient Day (CHPPD); Workforce Efficiency; Recruitment and Retention (Domestic & International); Retention; Nursing Associate; Workforce Supply verses Demand (Summary); and, Key Risks.

The Board received and noted the full content of the paper as presented which highlighted that the Nursing and Midwifery staffing position of MFT was on trajectory to achieve a reduction in vacancies. The Board also noted the actions taken throughout the organisation to recruit and retain the correct number of staff to provide safe care to patients and service users.

In response to a question from Professor Bailey on Student attrition rate, the Group Chief Nurse confirmed that MFT's rate was no higher than other comparable FTs and the impact of the 'bursary' was not yet known. She also explained that the QAA programme on both the Oxford Road and Wythenshawe sites were deemed to be very good.

It was agreed that an interim report setting out the vacancy position and trajectory, by Hospital/MCS, be provided for the HR Scrutiny Committee and incorporated in the next bi-annual report.

Decision:	Interim report setting out the vacancy position and trajectory, by Hospital/MCS, be provided for the HR Scrutiny Committee and incorporated in the next bi-annual report.	**Action by:** June 2018	**Date:** Group Chief Nurse

Quarter 3 Complaints Report (2017/18)

The Group Chief Nurse provided an overview of the Quarter 3 (2017/18) complaints report for MFT, covering the period 1st October 2017 – 31st December 2017. She explained that during Q3 (2017/18), work had continued to be undertaken to integrate the Trust's complaints functions and develop a single set of performance metrics. The Board noted that during Q3, there had been a total of 408 formal complaints received and this compared to 333 complaints received in Q1 and 400 complaints received in Q2 (2017/18).

The Group Chief Nurse explained that the largest numerical increase in complaints over this period was in the Royal Manchester Children's Hospital which had an increase of 13 cases (+36.1%). She also confirmed that the largest decrease in complaints from Q2 to Q3 was the Manchester Royal Infirmary which had a reduction of 23 cases (-19%).

The Board was advised that there had been a 0.2% increase (positive) in the proportion of complaints closed within 25 working days, with 37.9% of the total complaints closed in Q3 compared to 37.7% of the total closed in Q2. The Board noted a number of other key performance indicators and it confirmed that the MFT Patient Services Team continued to work with Hospital / MCS leadership teams across the Trust to identify and develop service improvements informed by complaints (noted in the report presented).

The Board noted the information highlighted within the report and accompanying plans for continued integration and devolution of the Complaints processes to Hospitals / MCS Leadership Teams from 1st April 2018.

Decision:	Report Noted	**Action by:** n/a	**Date:** n/a

Report on the 'Well Led' Self-Assessment Process

The Group Director of Workforce & OD reported that a component part of a CQC comprehensive inspection was the key line of enquiry (KLOE) 'Well-led'. She explained that in addition, based on the CQC's key lines of enquiry for its well-led domain, was the NHS Improvement recommendation to undertake a self-assessment exercise (NHSI Developmental Review of Leadership and Governance). The Board noted that this process included a self-review by the Board of Directors, following which a review was undertaken by an external party, recommendations were made with the actions to take in response, to be agreed by the Board of Directors.

The Group Director of Workforce & OD provided an overview of the eight Key Lines of Enquiry, each with a subset of questions. It was also noted that there were 3 additional lines of enquiry which have been followed in other Trusts, namely, "How the Board is assured that the arrangements for the Guardian of Safe Working Hours are in place and effective?"; "Is the Board assured that the organisation is implementing the Learning from Deaths framework?"; and, "Is the organisation championing learning and quality improvement?"

The Board of Directors also noted the new process called "The Use of Resources" which, to date, had been undertaken only in a few Trusts on a pilot basis. It was explained that this assessment would look at the use of resources by the organisation and would be carried out jointly by the CQC and NHS I. The Group Director of Workforce & OD explained that the Trust was awaiting guidance on whether this review would be undertaken and what the timing of that would be.

The Group Director of Workforce & OD confirmed that preparation for the Well-Led and Use of Resources reviews would be undertaken in conjunction with the overall preparations for the CQC Comprehensive Inspection

The Board of Directors noted the approach to be taken in assessing the leadership and governance strengths of the new MFT with agreed milestones within a defined timescale.

Decision:	Report Noted	**Action by:** n/a	**Date:** n/a

The MFT Board Assurance Framework (March 2018)

The Board of Directors received the latest iteration of the Board Assurance Framework (March 2018) for the Manchester University NHS Foundation Trust (MFT).

It was particularly noted that the Board Assurance Framework was a 'live' document and ongoing review took place to inform the agendas of the Group Board of Directors & Group Scrutiny Committees. In response to questions from Mr Rees regarding risk mitigation and the movement between inherent, current and target risks (with some examples of current and target risks appearing to remain unchanged), it was agreed that further explanation of each area of the BAF would be considered by the Trust Audit Committee and the relevant scrutiny committees on behalf of the Board of Directors.

The Board of Directors noted the report

Decision:	BAF (March 2018) Noted	**Action by:** n/a	**Date:** n/a

To Note Committee meetings which had taken place:

- Trust Risk Management Committee held on 22nd January 2018
- Finance Scrutiny Committee held on 30th January 2018
- Quality & Performance Scrutiny Committee held on 5th February 2018
- Audit Committee held on 7th February 2018
- HR Scrutiny Committee held on 19th December 2017
- HR Scrutiny Committee held on 20th February 2018

56/18 Date and Time of Next Meeting

The next meeting of the Board of Directors held in public will be on **Monday, 14th May 2018** at **2:00pm** in the **Main Boardroom.**

57/18 Any Other Business

There was no other business.

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

BOARD OF DIRECTORS' MEETING (Public)

ACTION TRACKER

Board Meeting Date: 12th March 2018			
Action	Responsibility	Timescale	Comments
MFT Annual Plan to be submitted to the Board of Directors.	Group Director of Strategy	July 2018	
2018/19 Financial Plan would be presented to the Finance Scrutiny Committee	Group Chief Finance Officer	March 2018	
Update Report on Never Events action plans to mitigate risk of recurrence to be presented to the Board in six months.	Group Joint Medical Director	September 2018	
Second, more detailed Staff Survey Report to be presented to the next Board Seminar	Group Director of Workforce & OD	April 2018	
Interim report setting out the N&M vacancy position and trajectory, by Hospital/MCS, be provided for the HR Scrutiny Committee and incorporated in the next bi-annual report.	Group Chief Nurse	June 2018	