

Tameside and Glossop Integrated Care NHS Foundation Trust

Minutes of a meeting of the Board of Directors held on Wednesday, 23rd May 2018 at 9.30am in the Board Room, Silver Springs House, Tameside General Hospital.

Present	Jane McCall	In the Chair
	Trish Cavanagh	Chief Operating Officer
	Anne Dray	Non-Executive Director
	Cathy Elliott	Non-Executive Director
	Karen James	Chief Executive
	Tracey McErlain-Burns	Interim Chief Nurse
	Peter Noble	Non-Executive Director
	Brendan Ryan	Medical Director
	Martyn Taylor	Non-Executive Director
	Claire Yarwood	Director of Finance
In attendance	Amanda Bromley	Director of Human Resources
	Steve Parsons	Trust Secretary

276/17 Welcome and apologies

The Chair welcomed colleagues to the meeting.

Apologies for absence were received from Sallie Bridgen and Pauline Jones.

277/17 Declarations of Interest

No Director declared an interest in respect of the business expected to be transacted at the meeting.

278/17 Presentation- Service Transformation

Karen James shared a presentation which had been given to the recent internal service transformation event, outlining the achievements that the Trust had secured during the course of 2017-2018.

The Board welcomed the presentation, which showed significant progress over the year, and thanked Karen James and the Trust's staff for their efforts during the course of the year.

279/17 Minutes of the meeting held on 29th March, 2018

The minutes of the Board's proceedings in public session on 29th March 2018 were approved as an accurate record, subject to the following correction-

- Minute 269/17, point c, 'operational' should read 'A&E'

280/17 Matters Arising from the minutes

The Board noted the following updates from the Action Log-

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| 213/17b | This action was now complete |
| 224/17 | Noted that there would be an informal discussion on developing metrics for community services in June 2018 |
| 247/17 | Work was being undertaken by the Governance Department to support Committee consideration of objective judgements of risk.
Re-date reporting back to July 2018 Board meeting. |
| 251/17 | Further Executive discussions, and possibly further Audit Committee consideration, of Standing Financial Instruction's had been scheduled.
Re-date Board consideration to July 2018. |
| 264/17 | Tracey McErlain-Burns confirmed there had been no reduction in patient satisfaction during the IT outage period.
Action completed. |
| 273/17 | This action was now complete |

The Board also considered the circulated paper on Committee comments from the revised Terms of Reference. The Secretary reported that this set out the comments received from the various Committees, as requested by the Board. Following Board discussion and decisions today, final versions of the Terms of Reference would be considered by Committees leading into the July meeting of the Board for approval.

The Board's attention was particularly drawn to the following-

- i. The suggestion of expressing the work of the Committees in overseeing partnership working, whilst ensuring that it did not imply responsibility for matters outside of the Trust's control;
- ii. The suggestion of having all proposals considered by every Committee, to ensure that all aspects were addressed. However, it was recognised that there was a risk of becoming acclimatised to the proposal through repetition.

Anne Dray noted that the suggestion of multiple presentations ensured that all angles were considered, but might not work in practice. However, it was important to ensure that proposals had appropriate visibility at all Committees to ensure all aspects were considered. Karen James noted that the Board would require Chairs of Committees to work together on such matters, and Claire Yarwood noted that similar co-operation would be required from the lead Executive Directors.

The Board agreed-

- a. That co-ordination of proposals should be achieved through triangulation by the Chairs of the various Committees, as a matter of course;
- b. Subject to that, to agree the suggestions made by the various Committees for changes in approach in the Terms of Reference;
- c. Asked that the Secretary revise the Terms of Reference in accordance with those suggestions;
- d. Asked that the revised drafts were considered by the Committees in the June cycle of meetings (July for Quality and Governance Committee);

- e. Noted that final versions would be brought forward for Board approval in July 2018;
- f. Directed that the Terms of Reference be reviewed after a year (July 2019), with prior consideration by Board Committees.

ACTIONS-

- a. Secretary to revise Terms of Reference as agreed by the Board, by 18th June 2018;
- b. Secretary to submit revised Terms of Reference to Committees for consideration and comment, in the June cycle of meetings (July for Quality and Governance Committee);
- c. Secretary to submit final Terms of Reference, incorporating Committee comments, to Board for approval in July 2018;
- d. Secretary to schedule a review of Terms of Reference in July 2019, with Committee consideration in the prior Committee round.

281/17 Chair's Report

The Chair presented the circulated report. No Director raised any questions, and the Board noted the report.

282/17 Chief Executive's Report

Karen James presented the circulated report, and drew attention to the following items-

- a. The recent bid for £7.5 million capital funding by the GM Digital Board had been approved in the previous few days, providing funds to develop inter-operable systems across the region;
- b. NHS Improvement and NHS England had announced plans for joint working in the future, including the introduction of shared arrangements at regional and local level. The Board noted the letter indicating the intended arrangements affecting Greater Manchester;
- c. There had been very positive feedback from the recent monitoring visit on Post-Graduate education; decisions were now for the General Medical Council, but management was optimistic that progress would be formally recognised;
- d. There had also been a very positive meeting with a team from the Department of Health and Social Care, regarding how other Trust could learn lessons to moving out of 'special measures'. The team had been very impressed with the progress and development of the Trust;
- e. She noted that HM Government had announced an intention to launch a Green Paper in the summer on longer-term planning and finance for the health and social care systems, covering up to 10 years. Greater Manchester were contributing to the preparatory work, and would be formally responding when the Green Paper was published;
- f. The Board would wish to note that, following national discussions, Ministers had now asked CQC to include cyber-security within the regular inspection progress. The Trust was working to ensure it met all relevant standards as they were announced.

Jane McCall took the opportunity to note that arrangements were being made for her and Karen James to meet with the Regional Director of NHS Improvement. One item

for discussion would be to understand how the closer working between NHS Improvement and NHS England would impact on the Trust.

Brendan Ryan noted that, in addition to the positive visit related to Post-Graduate training, the Trust had also received 4 Gold awards from Manchester University for the quality of its training for Year 4 medical students. The Board welcomed the awards and congratulated those who were involved.

The Board then noted the report from the Chief Executive.

283/17 Integrated Performance Report

Trish Cavanagh presented the report, drawing attention to the following-

- a. The regular meeting with NHS Improvement, held earlier in the week, had recognised the strong performance of the Trust during the difficult winter period;
- b. The Trust had continued to meet the required standards for Referral to Treatment times, Diagnostic waits, and Cancer pathway times;
- c. The Board had previously noted the proposed changes to calculation of cancer waiting times. Arrangements were being made for Greater Manchester partners to meet with NHS Improvement to discuss these, as the changes appeared to be detrimental to providers with no apparent countervailing benefit;
- d. There had been improving performance in the Emergency Department, with better patient flow across the supporting services;
- e. There had been an increase in delayed operations, which had been driven by higher in-patient demand during the winter period. It had also been affected by some Consultants being unwell during the period, forcing their lists to be postponed.

Martyn Taylor noted the increase in RIDDOR incidents, and enquired as to any concerns. Trish Cavanagh noted that no trends had been identified. Anne Dray commented that the Board had decided to phase the target for staff attendance to reflect seasonal factors, but this didn't appear to be reflected in the report. Amanda Bromley advised that this had been completed, and she would ensure it was reflected in future reports. Jane McCall also felt that the target dates needed to be more specific, in terms of having a month rather than within the year.

Cathy Elliott referred to the reported delay in implementing the electronic CAS-card system. Trish Cavanagh advised that full implementation was now expected in the first two weeks in June, and the Quality and Governance Committee would be receiving an update on implementation.

Jane McCall referred to the number of serious incidents reported, and queried whether this was a local trend for the Board to consider, or merely reflected the pressure in the system. Trish Cavanagh advised that these were a range of individual issues rather than showing a trend; and did not reflect system pressures. Tracey McErlain-Burns concurred in that assessment

The Board then noted the Integrated Performance Report for April 2018.

284/17 Safe Staffing Report

Tracey McErlain-Burns presented the report, noting that it included the 6-monthly review of staffing levels against the national benchmarking tools. Key issues to note included that the Care Hours per Patient Day (CHpPD) had improved to 7.2, and there was some confidence of seeing a ratio of 7.3 in the next report. This had been driven, in part, by the focus on sickness absence, together with better management of rotas and supernumerary positions. The Board also needed to be cognisant of the effects of continuing increases in acuity, particularly being seen in Ward 40 and the Children's Unit; the latter was being driven by changes in the business model which had increased the staffing needs. Tracey McErlain-Burns also recommended continuing a full review under the national tools every six months, given the current position of the Trust.

Jane McCall thanked Tracey McErlain-Burns for the report, and welcomed the report showing that the Trust was meeting the Board's previously-stated objectives. She enquired about whether the CHpPD figure should be regarded as good compared to others. Tracey McErlain-Burns advised that it very much depended on the local context, and also that national comparative figures were not currently available beyond January 2018. The real question was whether others were also improving following the winter period, which would be covered in the following report.

Peter Noble asked for the risk appetite in this area to be outlined. Tracey McErlain-Burns reported that the base position was not to allow ratios to fall to one Registered Nurse per shift on each area: this was a red-flag which some other organisations in Greater Manchester had experienced during the winter. She outlined the escalation procedures, which were designed to ensure staff movement in order to ensure ratios remained at the acceptable minimum level. The Trust was also looking to implement NHS Improvement's safe staffing risk assessment template, in a planned way to avoid unexpected effects. As a general statement, the Trust had and would continue to have a very low appetite for the risk of unsafe care being provided.

Anne Dray referred back to the dashboard in the Integrated Performance Report, and noted that there was no stated target for staff turnover. Amanda Bromley advised that the target was 11.5% in respect of nursing staff. Jane McCall asked that the dashboard was updated with all available targets, together with benchmarks wherever possible. Karen James advised that benchmarking information could be quite scarce; the recent exercise to benchmark for the success criteria against the corporate objectives had shown limited available data. The Board also noted that increasing the metrics considered at Board level was undesirable, although Committees might have more detailed data to consider.

Cathy Elliott welcomed the reference in the report to the impact of efficiency schemes, which showed they were having appropriate consideration for potential impacts. She enquired whether the decision to leave the European Union was impacting on workforce availability; Karen James noted this was an issue being raised at the highest levels of Government by the sector. The Chair noted the need for the Workforce Committee to remain sighted on these issues.

The Board then-

- a. Noted the Safe Staffing Report, and the included detailed review of staffing requirements;

- b. Noted the improved position on CHpPD as reported;
- c. Noted that, subject to approval of business cases, Ward 40 and the Children's Unit would be prioritised for investment in nurse staffing;
- d. Requested that the dashboard in the Integrated Performance Report was updated to show all relevant targets;
- e. Requested that the dashboard was also updated to show benchmarks where available;
- f. Agreed with the recommendation to continue 6-monthly reporting to the Board on required staffing levels, rather than reverting to annual reporting.

ACTIONS-

- a. IPR dashboard to be updated to include targets and (where available) benchmarks, by July 2018.

285/17 Mortality Review

Brendan Ryan presented the circulated quarterly review of mortality information, prepared in accordance with national guidance. He noted that the report confirmed the methodology being used, and that Table 4 in the paper set out progress to date. There had been a sizeable movement nationally in quarter 4, which reflected the demand experienced. The report identified one potentially avoidable death in the year; this case was still with HM Coroner owing to both logistics and the background, and would not be finalised until the verdict of the Inquisition was announced. However, it had been investigated and appropriate internal actions taken. Mr Ryan assured the Board that issues from mortality in the Learning Disabilities group of patients were being addressed as part of the overall mortality review process.

Jane McCall enquired as to details of the potential avoidable death, and when the case would be finalised. Brendan Ryan noted that the timings were in the hands of HM Coroner completing the Inquest; he noted that giving details would require comment on the performance of an identifiable member of staff. The Board agreed that it would return to this question in private session.

Brendan Ryan drew attention to the various learning points that were set out in the paper; he noted that, as every death in the Trust was fully reviewed, there were also a lot of points of learning from good practice that were identified and shared. Overall, there was evidence of improvement in performance. This included better communication with the families of the deceased, covering both negative and positive experiences and suggestions. In reference to the statistical information, Mr Ryan reminded the Board that the overall numbers were fairly small, and so a single case could make a notable difference to the numbers.

Anne Dray was concerned that about 18% of deaths were shown as within Palliative Care, against the 10% national benchmark, and sought assurance that this was not a mis-coding issue. Brendan Ryan noted that this was more likely to reflect a change in practice or speciality approaches; Claire Yarwood noted that different interpretations of national policy could also impact. Karen James noted that the Board could take assurance from the Trust's policy of reviewing every death for learning, rather than the sample approach required to meet the national requirements.

Anne Dray also enquired what work was going forward to address mortality in the integrated care context. Brendan Ryan advised that Trish Cavanagh was leading a

working group on the subject; she commented that the Local Health Economy was working to support patients in identifying their preferred place of death. The Neighbourhoods were also leading in this area, and the Board noted the recent event held by the Glossop neighbourhood to allow people to openly talk about death and dying. Trish Cavanagh noted that there had been a reduction in the rate of patients dying shortly after attending the Emergency Department, which could be a proxy indication that care home staff had more confidence in allowing patients to die in their preferred location, rather than referring to the Emergency Department.

Cathy Elliott, as the Lead NED for this area, noted that it was worth emphasising this was a developing area of reporting, and the Trust was progressing well in this process. She also welcomed the better engagement with families, which supported both them and the Trust through the Bereavement Team.

Peter Noble noted that there seemed to be considerable national variation, and the Trust's performance was no better than the median position; he enquired whether we understood the drivers so as to improve. Brendan Ryan commented that there were a number of factors, some of which could be covered in the private session report related to serious incidents. He also noted that the Quality and Governance Committee reviewed these items regularly, and would report the available assurance levels to the Board. The background matters would be likely to be similar across the piece, although specialist services might influence overall outcomes; the quality of coding might also impact outcomes, as most palliative care coding would be discounted from the figures.

The Board then noted the Mortality Report for the period to the end of March 2018.

286/17 Workforce Report

Amanda Bromley presented the periodic report on Workforce issues, which had been circulated. She advised that the retention action plans were in progress, and drew attention to the work being undertaken in relation to equality and diversity, and the recent reporting of the gender pay gap. She noted that a Talent Management strategy had been developed, and was expected to be considered by the Workforce Committee in July 2018. Finally, she referred to the work being undertaken to support sickness absence and staff wellbeing; in order to positively support colleagues with muscular-skeletal issues, a physiotherapist would be available in Occupational Health on three Fridays in the month, addressing the need shown by these matters being the second-highest reason for staff absence.

Cathy Elliott enquired how the Trust was gaining assurance regarding the skill levels of staff working with the Trust in external providers. Amanda Bromley confirmed that the Trust was working with local care at home providers to bring about a level of consistency through implementation of the Care Certificate. Tracey McErlain-Burns noted that the Trust was seeking to have a consistent approach across the local health economy and was taking a cautious approach. The starting point was getting consistent grading of pressure ulcers through simple steps, and re-enforcing the care plans in place. Root Cause Analyses would be a key point of learning to feedback, together with metrics from high-risk categories. Trish Cavanagh noted that the Digital Health programme was also contributing to this in terms of supporting and giving confidence to care-home staff.

Anne Dray referred to the information on the gender pay gap, and the impact of the

Clinical Excellence Awards system; she enquired whether the process had some inbuilt bias. Amanda Bromley noted that the Awards were operated as part of a national scheme, and there was an application process as the first stage. The Trust was seeking to support female Consultants in making the applications, to ensure that they entered the system effectively. Jane McCall asked if the equality and diversity information raised any 'red flag' issues for the Board. Amanda Bromley advised that no specific issues arose for the Board's attention; there had been some regional discussions, which noted that local community factors tended to impact. She noted that the number of female medical students was much higher than in the past, so in the long-term the balance could be expected to change over time. One other factor that the Board should bear in mind was that Consultants from overseas often brought experience with them, which would place them further up the pay scale.

In respect of faith diversity and equality, Cathy Elliott noted the charitable funds investment in publicity on various religious festivals, which had achieved a very positive reaction and would be continuing for the coming year. She also noted that Greater Manchester would be producing a Community Cohesion report in the summer of 2018, which might well include some relevant points for the Trust in terms of equality and diversity development. Martyn Taylor asked for an update on oversea recruitment; Amanda Bromley noted the recruitment was being taken forward, with 7 or 8 candidates in progress. The current challenges were to obtain the necessary Tier Two visas to enable them to commence at the Trust.

The Board noted the periodic update on workforce matters.

287/17 Report from the Workforce Committee

Peter Noble presented the report from the Committee's initial meeting, which had focused on the best ways for the Committee to work. He also noted that he had arranged to meet with Andrew Foster, the Workforce Chair for Greater Manchester, to understand the wider workforce issues in the region.

The report of the Committee was noted.

288/17 Outcomes from Corporate Objectives 2017-2018

Karen James presented the circulated report, which showed that the overwhelming majority of the success criteria set by the Board had been achieved. A few areas were not currently available for measurement as data was not yet available.

No questions were raised by Directors. The Board noted the achievements against the success criteria, and thanked colleagues across the Trust for their efforts in achieving this very positive outcome.

289/17 Board Assurance Framework and Significant Risks

Karen James presented the circulated update report, and noted the changes as set out in the paper. No new significant risks had been identified, and the Board's attention was drawn to the proposed score reduction to the Information Governance risk (CR4012). Two risks were proposed for removal from the Board Assurance Framework; Representative Membership (AF 4.3) and CQC registrations requirements (AF 1.19). The paper also recommended a temporary extension to the Risk Management Strategy and Policy, to allow a more detailed review following the

discussions at the April Seminar, to the end of October 2018.

Jane McCall referred to the proposed re-scoring of the cyber-security risk, and queried whether (given recent events) it was too soon to be lowering the risk score for this item. Karen James noted that the driver for the proposal was that the Trust had implemented recent national requirements to improve security, and which had been assessed as reducing the risks in this area.

The Board then-

- a. Noted the update report on Board Assurance Framework and Significant Risks;
- b. Agreed the proposed re-scoring of risk CR4012 (Information Governance)
- c. Approved the withdrawal of risks AF 1.19 and AF 4.3 from the Board Assurance Framework;
- d. Agreed to extend the current Risk Management Strategy and Policy to October 2018.

ACTIONS-

- a. Secretary to schedule consideration of the updated Risk Management Strategy and Policy for September 2018.

290/17 Reports from the Audit Committee

Anne Dray presented the reports from the Audit Committee meetings in April and May 2018, noting that the May report had been laid on the table. In addition to reviewing the Annual Report and Accounts documents, the Committee had received updates on the review of the March information technology incident, and would be receiving a final report in July. The Committee had also received an assurance report on the implementation of the General Data Protection Regulation in the Trust.

The Board noted the reports from the two meetings of the Audit Committee.

291/17 Reports from the Quality and Governance Committee

Martyn Taylor presented the reports from the April and May meetings of the Committee, and drew attention to the following points-

- The Committee had held 'deep dive' reviews into mandatory training, prior to it passing to Workforce Committee; and had received positive assurance;
- There had also been a 'deep dive' into pressure ulcers work, which had also provided positive assurance;
- A presentation on the Engagement Strategy had been positively received. However, the Committee had noted that it was less integrated in the Glossop area and steps would need to be taken to ensure that there was appropriate engagement with the statutory bodies (High Peak and Derbyshire CC, together with Parishes) in that area;
- There had been very positive feedback on Children's Services through the Patient Voice process.

Brendan Ryan updated the Board on the Organ Donation item from the April report. The process for identifying organ donation opportunities was outlined, and Mr Ryan

confirmed that there was continuing work to ensure the reported figure was realistic given the pressures in the Emergency Department in particular. However, better engagement from that Department was planned for, and it was hoped that the number of missed opportunities would reduce. The Trust's performance relative to others was quite good overall.

The Board noted the reports from the April and May meetings of the Quality and Governance Committee.

292/17 Finance Report, Month 1 (April 2018)

Claire Yarwood presented the circulated report, noting that the report was more summary than usual owing to resource being required for planning and Annual Accounts work. Directors commented that the summary, 'on-a-page' approach had some advantages for Directors and could be used for communication outside of the Trust.

Performance for the first month was generally positive, although there were some areas of under-performance, mostly driven by some of the winter escalation measures running into the new financial year as a result of the timing of Easter. Actions were being taken to address these matters.

Jane McCall enquired about the apparent under-achievement in clinical income. Claire Yarwood advised that these related to activity for Associate CCG's, and were being positively addressed. There was an efficiency scheme in place to ensure that appropriate income was obtained for patients who had been involved in transformed pathways; and the Finance & Performance Committee was monitoring this in detail. Similarly, work was in hand to ensure that walk-in patients were appropriately charged for when resident in an Associate CCG's area.

Cathy Elliott asked about the timetable for changes to the Trust estate and use, particularly noting the move of the walk-in centre to the Tameside General Hospital site. Claire Yarwood advised that, as NHS Improvement funding had been unavailable in 2017-18, a business case was being prepared for consideration by Tameside MBC and the CCG to support this development. The intention was to avoid service disruption during the 2018-2019 winter period, so the transfer of activity might fall into the 2019-2020 financial year.

The Board then noted the Financial Report for month 1.

293/17 Reports from the Finance and Performance Committee

On behalf of Sallie Bridgen, Anne Dray presented the Committee's reports from their meetings in April and May 2018. The Committee had discussed ensuring that the performance information was discussed in the right governance forum, as set out in the earlier paper on Committee terms of reference. The Committee had also reviewed the presentations made to NHS Improvement regarding long-term financial planning, which the Board would be considering in the private part of the meeting.

Claire Yarwood noted that the Month 12 finance report, which had been considered in detail by the Committee, showed that the Trust had met the agreed financial plan for the year for all of revenue, cash and capital. This was reflected in the Annual Accounts that the Board would consider later in the meeting.

The Board noted the reports from the April and May meetings of the Finance and Performance Committee.

294/17 NHS Improvement Provider Licence- Annual compliance declarations

The Secretary presented the circulated paper, which invited Board approval for the required declarations under Conditions G6 and FT4 of the NHS Improvement Provider licence. As set out in the paper, given the existence of Enforcement Undertakings, some matters could not be regarded as compliant, and the Board was invited to declare accordingly.

Jane McCall queried whether the Trust should declare breach of the governance conditions, as the view of the Board was that governance met the reasonable requirements. The Secretary noted that the basis of the Enforcement Undertakings was that NHS Improvement (Monitor) had cause to suspect a breach of various governance requirements; and so declaring compliance would not be compatible with that. Whilst there could be a debate about whether a failure to achieve break-even in any year meant that governance had necessarily failed, that was the current position being adopted by the regulator. Anne Dray noted that the external auditors had advised that they were unable to identify any further actions the Trust could take to significantly mitigate the deficit position.

The Board then-

- a. Approved the declarations as appended to the paper;
- b. Authorised the Chair and Chief Executive to sign them on behalf of the Board, as required.

ACTIONS-

- a. Secretary to submit GC6 declaration to NHS Improvement by 31st May 2018;
- b. Secretary to submit FT4 declaration to NHS Improvement by 30th June 2018.

295/17 NHS Protect- Maternity services self-certification

Tracey McErlain-Burns presented the report, which was a self-assessment process in support of the NHS Protect scheme allowing reductions in the 'premium' for maternity cover. She was satisfied that the assessment was properly reflective of the current practices in the unit, noting that the assessment indicated that 8 standards were met and 2 were partly met. She also had assurance that the unit were taking positive action to address the two standards that were not fully met, in a defined time-frame and with an agreed action plan. Further national guidance had been issued the day before the Board, and any issues would be resolved before the assessment was submitted.

Jane McCall enquired about the expected outcomes of the process. Tracey McErlain-Burns advised that the NHS Protect scheme offered a reduction in maternity-related 'premium' of 10% for Trusts able to show compliance with the 10 standards; and proportionate reductions for those meeting some of them, although the amount of that proportion was currently unclear. No dis-benefits had been identified within the process. A 10% reduction would be about £192,000: the Trust would gain less than this given the 2 partial compliances, but a substantial saving was anticipated.

The Board then-

- a. Approved the self-assessment of maternity services for NHS Protect;
- b. Noted that it would be discussed with Commissioners prior to submission;
- c. Authorised the Chief Nurse to arrange submission to NHS Providers by the end of June 2018.

ACTIONS-

- a. Interim Chief Nurse to arrange to discuss maternity self-assessment with Tameside CCG;
- b. Interim Chief Nurse to arrange submission of maternity self-assessment to NHS Protect by end of June 2018.

296/17 Guardian of Safe Working Hours- periodic report

Amanda Bromley presented the periodic report, which formed part of the arrangements for junior medical staff under the new contract arrangements. Amanda Bromley advised that there had been a significant reduction in the number of exception reports being received compared to the previous quarter, reflecting better working with the Educational Clinical Supervisors and also the training programme that had been in place for those colleagues. There was one outstanding issue within in the Emergency Department, which was being addressed; the exceptions related mostly to working hours, and no issues had been raised over educational quality.

Anne Dray asked if the Board should be concerned about a falling-off in attendance at the Junior Doctor in Training Forum. Brendan Ryan noted that this was a different meeting to the similarly-titled Junior Doctor Forum, which had been in place for some time and continued to have good attendance. The Junior Doctor in Training Forum was a requirement of the new contract arrangements, and had a different focus.

The Board noted the update report from the Guardian of Safe Working Hours.

297/17 Report on the use of the Trust Seal

The Board noted that the Common Seal had not be utilised in the period January to March 2018.

298/17 Forward plan of Board business

The Chair advised the Board that she had asked the Secretary to prepare a comprehensive programme of forward work over the following 6 to 12 months, with an intention that it would be a rolling programme going forward. She anticipated that this would enable the Board to clearly see the planned progress of business through Committees and Board; and would also indicate where Council would consider matters. The Board could then consider and agree where Non-Executive Directors would engage in the development of policy and proposals.

Karen James noted that an issue with this would be proposals from Greater Manchester, where there was often very limited notice and a request for quick approval by the Boards of individual organisations. It would therefore be difficult to give the Board a long-term view of these items.

Peter Noble commented that the forward plan should also show the Board how projects to deliver both the strategic objectives and the agreed five-year strategy were coming forward; this might require a longer-term window to be covered.

The Board then-

- a. Supported the development of a forward plan tool as outlined by the Chair;
- b. Asked the Secretary to lay the forward plan before the Board in July 2018.

ACTIONS-

- a. Secretary to prepare a comprehensive forward plan of governance business for Board, Council and Board Committees, on a rolling twelve-month basis;
- b. Secretary to lay the plan before Board for consideration in July 2018.

299/17 Intermediate Care provision

Trish Cavanagh advised the Board that she had just received information to the effect that, at its meeting earlier in the day, the Strategic Commissioning Board had agreed that the conditions it had set to enable the move of Intermediate Care from Shire Hill Hospital had been met, and the transfer could accordingly proceed.

300/17 Encomium- Claire Yarwood

The Chair noted that this would be Claire Yarwood's last Board meeting, and on behalf of the Board thanked her for her service and contribution. Claire Yarwood thanked colleagues for their support and assistance during her time as Finance Director, and wished the Trust well for the future.

301/17 Motion for Private Session

The Chair moved, and it was *Resolved*, That members of the public be excluded from the remainder of the meeting, owing to the confidential nature of the business to be transacted; related to individual members of staff and the commercial affairs of the Trust.