

Tameside and Glossop Integrated Care NHS Foundation Trust

Minutes of a meeting of the Board of Directors, held on Thursday, 22nd February 2018 at 9.30am in the Board Room, Silver Springs House, Tameside General Hospital.

Present:	Jane McCall	In the Chair
	Sallie Bridgen	Non-Executive Director
	Trish Cavanagh	Chief Operating Officer
	Cathy Elliott	Non-Executive Director
	Anne Dray	Non-Executive Director
	Peter Noble	Non-Executive Director
	Karen James	Chief Executive
	Tracey McErlain-Burns	Interim Chief Nurse
	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

5 members of the public

238/17 Welcome and apologies for absence

The Chair welcomed colleagues to the meeting, and particularly Peter Noble who was attending his first meeting of the Board since his appointment as a Director. She also welcomed Governors who were observing.

Apologies for absence were received from Pauline Jones.

239/17 Declarations of Interest

In respect of the cyber-security item in the Chief Executive's report, Jane McCall reminded the Board of her declared interest as a Non-Executive Director of the Information Commissioner's Office.

240/17 Patient Story

Tracey McErlain-Burns introduced the item by noting a 'moment of magic'- a wedding held on the Integrated Surgical Gynaecology Unit for an end-of-life patient.

She noted that this month's story was a slight change of approach, taking into account the comments made by the Board in January; the presentation showed the use of the *Care Opinion* web-site for a patient's experience. The role of the web-site was outlined, together with how the Trust linked to it; and it was noted that as a result of sharing her experience on the web-site, the patient's experience was now in the public domain. The individual in this case related to the patient's experience of a dietician and the provision of information provided by the dietetics service.

With the increasing use of digital technology for patient views, the Trust had committed to a clear process for ensuring that feedback received an appropriate response within a clear timeframe. This included an initial response within 72 hours of the patient's posting. This was then followed by a detailed response, usually within 30 days, to address any concerns and show that the Trust was both listening and learning. The responses included contacts if the patient wished to be involved in further improvement work.

Cathy Elliott noted that this system complemented the information that was available through the 'Friends and Family Test' and NHS Choices web-site; she felt it gave positive assurance to see this process in place to respond to patient feedback and comments. Jane McCall enquired whether there was the opportunity to identify and report back themes of key issues arising through the patient comments; Tracey McErlain-Burns advised that this had been requested, and was being undertaken over the next 2 to 3 months. All of the comments were fed into the Trust's database of feedback, which itself informed the work on developing services for patients.

Peter Noble welcomed the way in which this patient feedback is being addressed; and enquired whether the positive outcomes could be made available for the local press. Tracey McErlain-Burns advised that she was working with the Communications team to see what positive actions could be taken, and that outcomes were regularly put on various social media streams including 'tweeting'. Claire Yarwood noted that there was a (closed) staff group on Facebook which often had reports of positive staff interventions, and that these would also be useful to bring into consideration. Tracey McErlain-Burns confirmed that all main social media streams were monitored and taken into consideration.

The Board thanked Tracey McErlain-Burns for the presentation, and welcomed the development of the Trust's engagement with patient feedback through social media routes.

241/17 Minutes of the meeting held on 26th January, 2018

The draft minutes as circulated were noted. A number of Directors noted corrections to the minutes, as follows-

- a. Minute 219/17, first paragraph, second line, should read "care opinion"
- b. Minute 224/17, second paragraph, first line, should read "did not attend"
- c. Minute 228/17, point i, provide more detailed information
- d. Minute 229/17, first paragraph, first line, to remove the word 'about'
- e. Minute 229/17, second paragraph, third line, to remove 'as many referrals were now being made more locally to the CCG'
- f. Minute 233/17, agenda title to read "Guardian of"
- g. Minute 226/17, third paragraph, to include the word 'absence'

Subject to those corrections, the Board approved the minutes of the public session held on 26th January 2018 as an accurate record of the proceedings.

242/17 Matters Arising from the minutes

The following were noted from the circulated Action Log-

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| 205/17c | The allocation of the Emergency Planning function would be covered in the review of Committees.
Re-date to March 2018 |
| 207/17 | The electronic 'CAS card' system had been reviewed at the Quality and Governance Committee.
Action completed |

- 224/17 The graphs would be included in the next quarterly workforce report expected in May 2018
Re-date to May 2018
- 227/17 Risk identification had been included within the forward plan for Board seminar sessions.
Action completed
- 230/17 A seminar session on Equality and Diversity had been scheduled in the forward plan.
Action completed

243/17 Chair's Report

The Chair presented the circulated report, noting that it had been a busy period involving a range of meetings both internal and external to the Trust. She particularly noted her recent visit to Community Services in Glossop, which had been a very informative event with Trust staff based there. She also drew the Board's attention to the informal meeting with Governors that had been held earlier in the week.

No questions arose, and the Board agreed-

- a. To note the Chair's report
- b. In agreement with the Chair's recommendation, to appoint Mr Peter Noble to serve on the Audit Committee, the Quality and Governance Committee, and the Nomination and Remuneration Committee
- c. As Trustee of the Charity, and in agreement with the Chair's recommendation, to appoint Mr Noble to serve on the Charitable Funds Committee.

244/17 Chief Executive's Report

Karen James referred the Board to the circulated report, and drew attention to the following points-

- a. The national planning guidance for 2018-19 had now been published by NHS Improvement and NHS England. The main targets remained unchanged, with a clear trajectory for improvement in the Accident and Emergency 4-hour wait metric across England. Of note was the proposal that Integrated Care Systems, such as Greater Manchester, could take a system control total for 2018-19, and would be required to do so for 2019-20. Greater Manchester were reviewing whether they could agree arrangements to secure a GM control total.
- b. New national guidance on safe staffing ratios in various sectors had been published by the National Quality Board. These would feed into the Safe Staffing report that the Board regularly received. The guidance on District Nursing was being fed into the review of this service that was underway.
- c. The review of issues at Liverpool Community Trust, by Dr Bill Kirkup, had been published. It was a sobering reminder of the importance of focusing on patient care, and the Trust would be seeking to apply the learning to its own position as appropriate. The Board also noted the further reviews that had been announced by Ministers to the House of Commons. Any proposed changes to the 'Fit and Proper person' test in the legislation would be advised to the Board.
- d. Updates on cyber-security and resilience had been updated by the Department of Health and NHS Digital. The Trust was reviewing them for implementation, but the Board was reminded that access to the relevant capital funding was dependent on agreeing a Control Total, so currently the Trust could not access this capital.
- e. The Trust had appointed three Associate Medical Directors to support Mr Ryan in his work.

- f. There had been an engagement meeting with the CQC earlier in the week, which had been very positive. It was expected that there would be regular such events into the future, taking into account CQC's desire to have continuous engagement with providers.

Jane McCall referred to the item on cyber-security, and asked about the positive assurance that the Board could have that systems were adequate. Karen James noted that the only significant issue was around Pathology systems; these were national software issues, and there was protection in that they could only be accessed through Trust hardware. Sallie Bridgen noted that the Board had previously been advised of this, and accepted that it was a low risk. Anne Dray commented that, as the lead Non-Executive Director for the Emergency Preparedness, Resilience and Response framework she would wish to pick up cyber-security as part of the Business Continuity strand in the emergency planning work. Trish Cavanagh confirmed that a significant part of business continuity work related to IT systems.

The Chair also took the opportunity to advise the Board that Karen James had been elected to be the Deputy Chair of the Greater Manchester Provider's Federation, which was a clear indication of her reputation with her Chief Executive colleagues. The Board congratulated Karen James on her election.

Brendan Ryan referred to the appointment of the Associate Medical Directors, noting that the appointment provided more robust senior leadership for medical colleagues, and also set in place the basis for succession planning in this area. This also responded to concerns previously expressed by CQC about the robustness of medical leadership. Claire Yarwood noted that the positions were largely funded on an 'invest to save' basis, contained within the medical section of the Trust Efficiency Programme.

Cathy Elliott enquired how the Non-Executive Directors could gain assurance that the Trust was learning from experiences, in the light of the Kirkup Report into Liverpool Community Trust. Karen James noted that the detailed work in Board Committees was the basis for the Board to gain positive assurance. Jane McCall commented that the Quality and Governance Committee would be looking in more detail at the possible lessons to be learnt. Brendan Ryan noted that the Kirkup Report had found fault with the focus of that Trust on delivery of significant financial savings without consideration of their care impacts, which was relevant to the Control Total question.

The Board then noted the report from the Chief Executive.

245/17 Integrated Performance Report

Trish Cavanagh presented the circulated report, noting that the figures largely related to January 2018 but some would be for December 2017 owing to the time-scales for data validation. Key highlights were-

- The Sentinel Stroke National Audit Programme (SSNAP) rating, related to stroke care, had improved to a 'C' and was anticipated to further improve to 'B' in the next period. The Trust continued a focus in this area to embed improvement
- The Pharmacy Business Case was still under consideration, not approved as stated in the papers
- The Trust was continuing to meet the 18-week referral to treatment standard, and had not seen significant need to reduce elective work, as reported to the previous meeting of the Board
- The Trust was continuing to meet the waiting time standards for cancer treatment, and also the 6-week standard for diagnostic testing

Turning to the exception reports, Trish Cavanagh noted that the 62-day cancer target was reported as an exception at every meeting, reflecting best practice. The Trust was continuing to

meet the standards, and expected that this would continue into the future.

Brendan Ryan referred to the exception report on discharge summaries, and noted that the implementation of the electronic CAS card was going well and being welcomed by staff. He anticipated that, with the new system automatically generating discharge summary information, there should be improvements showing in the March 2018 figures. The change was also positively impacting patient safety in the Emergency Department by ensuring the legibility/readability of the records. Following full implementation in the Emergency Department, the next step would be to roll-out the system to support the two wards with the greatest challenge around discharge summaries, as their patient flow was similar to that in the Emergency Department. Karen James noted that the target had been set by the Trust and was not a national standard: Brendan Ryan commented that discharge summary rates improved markedly by the 4-day point.

Amanda Bromley moved to the sickness absence exception report, and ran through the actions being taken to address this area. Rates were generally lower than at the same point 12 months previously, but were higher than those across a longer period of time. Analysis was showing that the reasons for absence were broadly similar to previous periods, but there was a rise in gastrointestinal reasons for absence. Focused work to improve the position was being undertaken with the Infection Prevention team, and the Finance and Performance Committee had discussed the benchmarking around sickness absence in more detail at their recent meeting.

On performance against the four hour waiting standard for Accident and Emergency, Trish Cavanagh reported that whilst performance was not meeting the standard it would be significantly worse without the diversion arrangements that were in place. Bed occupancy was running at a high rate, and the Trust had opened additional provision as required. However, there were no specific issues to report regarding delayed transfers of care which were around a third lower than the same time last year. Increasing acuity meant that patients remained in hospital for longer periods, which had continued into February. Nationally, the Trust's performance had been placed around 50th of 130 providers in January. Looking forward, the picture for February was of a continuing high rate of demand and subsequent admissions.

On 'Did-Not-Attends' (DNA) in the outpatient department, Trish Cavanagh advised that work was being actively undertaken to address these challenges, including extending the text reminder service and extension of the e-Referral arrangements.

Coming finally to Theatre Utilisation, Trish Cavanagh reported that a driver for the under-performance in month had been the issues of high bed occupancy. Work was being put in place to ensure that theatre management was as effective as possible, including an audit of late starts to lists.

Anne Dray enquired as to the impact of having GP streaming in the Emergency Department, as per the national expectations. Trish Cavanagh advised that effectiveness had not been as great as hoped, with fewer patients utilising this route than expected. Conversations were continuing with the service provider to improve the arrangements, and it was recognised that both the GP's and Trust staff may need to learn how to make the system work better. The Trust's experience was reflective of experience across Greater Manchester. Karen James commented that, if the walk-in centre moved to the Trust site from the current location, it was likely that this streaming would become more effective. Claire Yarwood reminded the Board that the capital funding to re-design A&E units to support GP streaming had been conditional on acceptance of a Control Total, and so the Trust had not been able to access it to date.

Tracey McErlain-Burns took the opportunity to advise the Board that an avoidable *C. Diff.* Infection had been identified since the previous Board meeting. The Root Cause Analysis had been undertaken and completed, with antibiotic prescribing being identified as an area for learning.

Peter Noble commented that the metrics being reported were focused on the acute service, and enquired where the Board was able to take assurance regarding performance of Community services. The Chair noted that, at the January Board, it had been reported that Community metrics were expected to be proposed in June 2018 following a review by the Finance and Performance Committee.

Peter Noble also commented that the report helpfully highlighted both areas for concern and actions being taken. He suggested the following, for reflection by the Board, which could assist in the Board and the public gaining assurance-

- How the Board had oversight of cultural issues that might need to be changed;
- How the Trust was leading the use of technology;
- How the Trust was ensuring the workforce was flexible and used with imagination to meet staffing challenges

The Board discussed these suggestions, and Trish Cavanagh noted that management recognised some cultural factors had needed to be dealt with. She commented that a range of smaller changes were being made, which would address both culture and efficiency, often through the Trust Efficiency Programme; and would be happy to discuss those in detail after the meeting. Martyn Taylor took the opportunity to advise the Board that the Non-Executive members had asked for the Quality and Governance Committee to conduct regular 'deep-dive' reviews in the future into significant issues.

Cathy Elliott referred to the sickness absence position, and enquired what action was being taken to support colleagues suffering from mental illnesses. Amanda Bromley commented that the Trust had taken a positive decision to recruit a mental health specialist nurse as part of the Occupational Health team, and outlined the other support that the Trust provided in this area. Karen James noted that the Trust also has a counselling service available for staff.

The Chair, summarising the discussion, commented that performance had been good in challenging circumstances. There were still areas where improvement could be obtained, particularly regarding productivity and efficiency, linking to the financial challenges that the Trust faced. There were also some strategic challenges, including culture, which would need to be considered. Finally, the Board recognised the need to put the Community metrics in place to gain positive assurance.

The Board then noted the Integrated Performance Report.

246/17 Safe Staffing Report

Tracey McErlain-Burns presented the report, noting that the detailed heat-map had been circulated separately owing to an administrative problem with the Board pack. This provided greater detail for the Board on the areas of concern. She also noted the three sets of guidance issued by the National Quality Board during the month, which would be used to support the analysis to be reported in April. She also recommended to the Board that this analysis should be undertaken twice-yearly, to ensure assurance, rather than just annually which was the minimum requirement in the guidance.

Turning to the detailed information in the report, Tracey McErlain-Burns confirmed that turnover rate for Registered Nurses was below 12%. This was an exceptionally good performance, and NHS Improvement were looking to use the Trust's work as a case study for other organisations. The Care Hours per Patient Day (CHpPD) ratio had reduced to below 7, largely driven by the increase in bed days for the Trust during the winter period with the opening of escalation facilities. Given a reduction in that demand, it was expected that the ratio would recover to above 7 in March, if not earlier.

Jane McCall commented that, in terms of the CHpPD ratio, whilst the reasons for reduction were understood, the ratio did need to improve quickly. Anne Dray sought clarification of the reference to temporary staffing availability; Tracey McErlain-Burns advised that there was a clear preference from agency staff to make themselves available for night shifts rather than day, but this could mean that there were few substantive staff available on a given ward with potential impacts on the continuity of care provided. Where a longer-term or planned absence was identified, the Trust sought to obtain an individual on a continuing basis to provide continuity of care. Anne Dray sought assurance that the Trust was pro-actively responding to these situations. Tracey McErlain-Burns advised that wards were expected to be finalising rotas six weeks prior to date, so that expected absences could be covered in a positive way; the heat-map indicated those wards not currently achieving compliance with this expectation. Amanda Bromley noted that the Trust was looking, if possible, to extend that window to 8 or 12 weeks in advance. For medical staff, she noted that known absences were managed with continuity of provision; it was unexpected absence that caused the challenges.

Peter Noble enquired whether there was 'on the day' analysis of staffing issues, and when these would trigger a business continuity response. Tracey McErlain-Burns advised that the agreed escalation arrangements operated as the business continuity response; these included clinically-registered staff who were not clinically-based moving into wards, up to and including Executive Directors. It was important to note that having these arrangements operating long-term would affect other work, as the normal role for those staff would be impacted. However, the Board was aware that the Trust was setting expectations for clinically-registered staff who were not ward-based to undertake regular clinical shifts. On the analysis question, she confirmed that it was not formally available 'in-day', but the regular capacity meetings through the day had input from the relevant professionals.

Martyn Taylor welcomed the assurance available on the retention position, which showed a very good performance by the Trust and staff colleagues. Sallie Bridgen referred to the heat-map, suggesting that it could usefully include information on the vacancy and sickness rates for each area. Tracey McErlain-Burns advised that it was not possible to provide these at present, but this was being considered for the future. Sallie Bridgen highlighted the benefits of the table cross-referencing information on wards against those wards with pilot projects in progress.

Cathy Elliott referred to provision for district nursing, and enquired about progress. Tracey McErlain-Burns advised that the next meeting had been set for early March, to review 5 pilot schemes; she also confirmed that the new National Quality Board guidance would be taken into account, with a report to the April 2018 Board. Trish Cavanagh noted that the co-location of district nursing teams with social care colleagues was being put into place.

The Board then noted the Safe Staffing report for January 2018.

247/17 Board Assurance Framework and Risk Register

Karen James presented the circulated report, noting that during the month a new significant risk had been added. This arose from the joint safeguarding work with Tameside Council and the outcome of their recent review by OFSTED. Tracey McErlain-Burns was leading on this area, and working closely with the Council to deliver the necessary outcomes. Karen James advised that risk scores have been reduced in terms of nursing home beds, reflecting the work undertaken in this area.

Martyn Taylor queried the reduction in risk related to care home capacity. Trish Cavanagh advised that the decision to reduce the rating was considered against performance data related to delayed transfers of care, which had significantly improved. Whilst the risk remained, the impact if it eventuated had reduced. Martyn Taylor confirmed he accepted that the underlying risk position had improved; and sought clarification on the developing relationship with the nursing home

community. Trish Cavanagh advised that a lot of collaborative work was being undertaken with homes to improve and enhance care. This included helping with reductions in costs and reviewing their workforce. The Board also noted that the availability of nursing care home beds was an issue being discussed at the Greater Manchester level.

Anne Dray felt that the Board needed more assurance that the judgements reflected in the BAF and risk register were objective rather than subjective; the Board agreed that the relevant Committees should be asked to review this in detail for the risks under their supervision.

Cathy Elliott thanked management colleagues for the helpful updates to the risks. She noted that the Quality and Governance Committee had received a detailed presentation on Children's safeguarding (and would receive one related to Adult Safeguarding), which showed how the wider system and issues within other partner organisations affected the Trust's work.

Peter Noble referred to the discussion at the Audit Committee earlier in the month on the subject of risk management and control. He suggested that the steps being taken to manage and mitigate needed to be presented in a more dynamic way, to give the Board assurance that all appropriate steps were being taken as quickly as possible; and that the impacts of mitigations were described with greater clarity, so that the Board understood better the irreducible minimum risk.

The Board then noted and agreed the updated Board Assurance Framework.

248/17 Report from the Quality and Governance Committee

Martyn Taylor introduced the circulated report, and drew the Board's attention to the following points-

- The presentation of the electronic CAS card system had shown it to be an excellent model and should make a significant contribution to patient safety and care. The Non-Executive Directors were keen that the Trust obtained some financial return on its development, if possible
- The Committee had positive assurance on the work related to both child safeguarding and pressure ulcer prevention
- As the new Chair of the Committee, he intended to introduce 'deep dives' to the programme, to ensure that the Committee could obtain adequate positive assurance over areas of significant risk or concern
- The Committee had discussed the future of Director walkabouts, given the decision to move the Committee to monthly formal meetings. It suggested to the Board that it was important, particularly for Non-Executive Directors, that an alternative programme of visits around the Trust was put into place as quickly as possible. These would be in addition to the First Friday walkabouts which all Board members were invited to attend.

In relation to the electronic CAS card system, Claire Yarwood confirmed that management were looking at appropriate options regarding intellectual property rights. Cathy Elliott commented that the new system benefited from being designed with the staff who needed to use it, and the Trust should include staff in the process for future developments

The Board noted the report from the Quality and Governance Committee's meeting in February 2018.

249/17 Finance report, month 10 (April 2017 to January 2018)

Claire Yarwood presented the report, noting the following main points-

- To the end of the period, the Trust's deficit was £21 million, some £700k worse than the

agreed plan. This reflected an adjustment to the plan accounting for the additional Accident and Emergency funding from the centre, which NHS Improvement regarded as covering spend already incurred and so required to be taken directly to improve the 'bottom line'

- Performance had been reviewed in detail by both the Finance and Performance Committee, and the Financial Recovery Board. At present, the expectation was that the Trust would achieve the financial plan by the year-end in March 2018
- The principle risk to the position was the need to achieve a further £1.1 million in efficiency schemes; and any unexpected event requiring additional expenditure. For the efficiency schemes, some £500k was identified and expected to be paid by the Clinical Commissioning Group before the year-end.

Jane McCall commented that the Board would need to pay close attention to ensuring the Trust met the financial plan as agreed, in order to ensure credibility for future discussions with NHS Improvement. She also expressed the Board's appreciation for the hard work undertaken so far in delivering a challenging financial plan.

Peter Noble enquired what the main mitigation to the risk identified was. Claire Yarwood outlined the structure of the Trust Efficiency Programme (TEP) as a number of smaller projects, together with the management oversight of the programme as a whole. Several of the projects had been identified as ready for 1st April, and some work was being undertaken to bring them forward if possible so that some savings could be achieved in the 2017-18 year. There was reasonable confidence from the detailed work undertaken that the savings could be achieved in the year; as noted, with £500k from a single source just pending payment, there was £600k left to deliver. Martyn Taylor confirmed that the Finance & Performance Committee had undertaken robust reviews of both the TEP and the Recovery Plan, and had positive assurance as a result.

The Board noted the financial position at the end of January 2018, and the steps being taken to deliver the agreed financial plan for the year.

250/17 Report from the Finance and Performance Committee

Sallie Bridgen referred the Board to the circulated report, and noted the following points-

- There was positive assurance, through the Financial Recovery Board, that the Trust should meet the agreed financial plan by the end of the year. This included positive assurance that the Trust should meet the agency cap set by NHS Improvement.
- The Committee had positive assurance regarding the delivery of the TEP programme overall in year.
- There had been a useful detailed report on the impact of transformational schemes, which had improved the Committee's understanding and given positive assurance
- The committee received a detailed report on how the 2018/19 TEP is being developed utilising benchmarking information and comparison to Model Hospital The Committee was assured that all opportunities for efficiency while maintaining quality and safety are being explored and pursued.
- The Committee had also been positively assured that efficiency schemes were being scrutinised for effects on operational performance and patient care prior to approval
- The main focus of discussions had been on the development of the plans for 2018-2019, which the Board would consider in the private session

The Board noted the report from the Finance and Performance Committee.

251/17 Report from the Audit Committee

Anne Dray presented the written report, noting that-

- The Committee had considered the report on the *Care Together* programme (prepared for the CCG) which had given substantial assurance overall. Some areas for development regarding how the Trust's governance linked to the programme had been identified
- The programme for external audit of the Annual Report and Accounts had been considered and approved.
- The Committee had reviewed the Board Standing Orders and the Standing Financial Instructions, and recommended their adoption by the Board in April 2018.

The Board noted the report of the Audit Committee.

252/17 Update on Emergency Planning

Trish Cavanagh presented the circulated update, which set out the assurance available following the Trust's self-assessment and the nationally-directed 'deep dive' review into governance in this area. Four standards had been identified where the Trust did not have full compliance: the Trust had plans in place to address these, with one action pending for a core standard, and full compliance was expected by the end of March 2018. There had been a regional review process by Greater Manchester, to ensure consistency of approach. Jane McCall sought confirmation as to the Trust's compliance position, and Trish Cavanagh confirmed that full compliance was anticipated at the next review.

No questions arose from the Board, and the Board then accepted the report.

253/17 Update on *Better Births*

Tracey McErlain-Burns presented the report, which responded to a previous Board request to be updated on the implementation of these national changes. She recommended that the Quality and Governance Committee undertake a further review, to provide the Board with continuing assurance, in September 2018. There were two areas of challenge- (a) Meeting the expectation that women had at least three choices of location for birth, and (b) ensuring the digitisation of records. Both of these had capital implications.

Anne Dray enquired whether the lack of choices for birth could mean women going elsewhere for delivery; Tracey McErlain-Burns advised that this was not expected, as the Trust was able to offer an effective midwife-led service. However, the location currently would be a largely clinical setting with the possibility of more medical intervention than was desirable; so the proposal was to create a separate attached unit for that service. The business case was pending consideration by the Capital and Revenue Investment Group (CRIG) as part of the priority-setting process for the capital programme. Claire Yarwood noted that the cost had been estimated at approx. £650,000, and was being looked at for investment over 2 years and with no additional revenue costs.

Peter Noble asked for confirmation of the main purpose of the review. Tracey McErlain-Burns advised that the driver was to provide greater continuity of care to women, which was more challenging with this pathway than others; the NHS had taken the view that the choice available to women needed to be increased across England, with a particular focus on providing midwifery-led care where appropriate. The Board noted the need to ensure that changes did not lead to further negative revenue impacts, but this was less likely given the integrated approach being adopted at the Trust. Claire Yarwood noted that other Trusts had experienced difficulties with midwife-led units owing to costs being well above tariff levels. Tracey McErlain-Burns noted that introducing a unit alongside the current provision should mitigate that risk. Cathy Elliott enquired about the challenges being faced for digitisation of records. Tracey McErlain-Burns advised that the

discussions were about forming a single system to operate across of all Greater Manchester, and further detail would be included in the update to the Quality and Governance Committee in September 2018.

Jane McCall referred to her recent visit to the Maternity Unit, which had shown some areas for development but had overwhelmingly been positive in terms of the care and experience of patients overall. She congratulated staff in the unit for their work and achievements.

The Board then-

- a. Noted the update on implementation of *Better Births*;
- b. Agreed that a detailed further update should be provided to the Quality and Governance Committee in September 2018.

254/17 Update on Greater Manchester Transformation work

Karen James presented the report, which updated the Board on the progress of the various transformation schemes under the Greater Manchester umbrella. She drew attention to the following-

- The overview of the programmes taking place to deliver Greater Manchester strategic plan. A plan which considers localities to be the delivery vehicles for the improvements going forward. The GM approach is to align healthcare with other determinants to health for example; employment, housing and transport
- There were 5 main streams, as outlined in the report, under which a range of strands were sitting to deliver concrete change
- Of particular note was the work in programme 3 that would include setting out how the District General Hospital would look and fit into Greater Manchester's wider health system in the future
- Overall, there were approximately 300 projects in existence across the five GM programmes; the challenge for individual organisations was to remain effectively engaged with the work at this scale.
- GM was also undertaking a review of the maturity of locality systems, with a view to their ability to deliver the strategy.

Peter Noble commented that there did not seem to be clarity regarding the outcomes being sought over a five to ten year period; he was also concerned about the demands on management resource, particularly for the Executive team. Karen James confirmed that there was clarity about the outcomes, but at present the work did feel very process-driven. Claire Yarwood noted that there was a GM business plan called 'Taking Charge' which supported the work, with the key aim of securing financial viability for the GM health and social care system as a whole. The Trust was looking to see savings coming from that work as it developed.

The Chair noted that it would be of assistance if the key documents supporting the GM work could be circulated to the Board, and asked that the Executive team arrange for this. Circulation of the CPT report that had set the initial direction for the Trust's work would also be of assistance. Trish Cavanagh noted that the outcomes in the Trust's strategy were aligned to those set by GM including key reference points. Sallie Bridgen requested that a copy of the locality plan was also circulated to Directors.

The Board then-

- a. Noted the update on the GM transformation work;
- b. Requested that the Executive Team circulate the key documents from the GM work to Directors, for information.

255/17 Report from the Charitable Funds Committee

Acting as the Trustee of the Charity, the Board received the report from the Charitable Funds Committee. Cathy Elliott, the Chair of the Committee, drew attention to the following-

- The Committee was developing a draft strategy for the Charity
- Workshops and other engagement events had been held with fund managers and others. These had been very positive and made a significant contribution towards a forward path for the Charity
- The Committee had agreed that there should be more pro-active support of the Everyone Matters (general) Fund for the Charity.

Jane McCall thanked the Committee for their work, particularly around the draft strategy. Claire Yarwood reminded the Trustee that the Foundation Trust's support for its work was undertaken on a limited resource, and the Trustee would need to keep this firmly in mind as it considered the strategy to adopt. The approach was currently tailored to the resource available, which was reflected in the limited activity that the Charity undertook. Jane McCall suggested that the Board would welcome the Committee's view, in the context of the strategy, on whether there were opportunities to invest in staff resources if a business case could be developed to show additional revenue being generated.

The Trustee noted the update from the Charitable Funds Committee.

256/17 Minutes of Committee meetings

The Board noted the minutes of the following Board Committee meetings-

- Finance and Performance Committee, 19th January 2018
- Audit Committee, 19th December 2017

Trish Cavanagh noted that she had a correction to the Finance and Performance Committee's minutes; Claire Yarwood noted that the uncorrected version was in the pack owing to the timing of meetings.

257/17 Motion for private session

The Chairman 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.

Members of the press and the public accordingly withdrew. At 11.42am, the Board adjourned until 12 noon.

Board action list, February 2018

Minute	Description	Lead	Timescale
241/17	Complete corrections to minutes and re-print	SIP	March 2018
245/17	Trish Cavanagh to meet Peter Noble to outline Trust work streams for efficiency/cultural changes	TC/ PN	March 2018
246/17	Detailed Safe Staffing analysis to be reported to Board twice-yearly	TMB	April 2018 October 2018
246/17	Review including in the 'heat map' indication of wards undertaking pilots on staffing developments	TMB	April 2018
247/17	Quality and Governance Committee to review the BAF risk re nursing beds in care homes	MT	March 2018
247/17	Board Committees to consider assurance around judgement of risk (objective rather than subjective) for risks within their area	SIP (to agenda)	April 2018
251/17	Schedule Board consideration of changes to the Standing Financial Instructions (as recommended by the Audit Committee)	SIP	April 2018
253/17	Quality and Governance Committee to have detailed update review on <i>Better Births</i> for assurance	TMB	September 2018
254/17	Provide background documents on GM Strategic work to Directors	Executive team	March 2018