

**Manchester Mental Health and Social Care Trust**

**BOARD MEETING**

**To be held at 11.00am-12.00pm on Monday 12<sup>th</sup> December 2016**

**The Boardroom, Chorlton House, Chorlton, Manchester, M21 9UN**

		LEAD	ACTION	WRITTEN REPORT	INDICATIVE TIMINGS
<b>STANDING ITEMS</b>					
1.	Inclusion of the Public	JS	To receive & note	Verbal	1100
2.	Declarations of Interest	JS	To receive & note	Verbal	
3.	Apologies for Absence	JS	To receive & note	Verbal	
4.	Minutes of the Trust Board meeting held on 24 <sup>th</sup> November 2016	JS	To receive & approve	✓	
5.	Action Log & Matters Arising	JS	To discuss	✓	
6.	Transaction Agreement	JS	To approve	✓	1110
<b>URGENT BUSINESS</b>					
7.	To consider any items which the Chair has agreed in advance to be submitted as urgent	JS	To discuss	Verbal	
8.	<b>DATE &amp; TIME OF NEXT MEETING</b> No further Trust Board meetings are scheduled to take place prior to integration with Greater Manchester West Foundation Trust on 1 <sup>st</sup> January 2017.				

**Trust Board Paper**

**Date of Trust Board: 12<sup>th</sup> December 2016**

**Agenda Item 4**

Author by Title:	Mrs Michelle Hughes, Trust Secretary
Date prepared:	29 <sup>th</sup> November 2016
Subject of Paper:	Minutes of Trust Board Meeting held on 24 <sup>th</sup> November 2016
Purpose of Paper:	To maintain an accurate recording of decisions taken by Board
Recommendation:	To note the report and agree the minutes as a correct record
Enquiries to:	Mrs Michelle Hughes, Trust Secretary
Impact on:-	
Users:	✓
Carers:	✓
Staff:	✓
Finance:	✓
Equality Impact Assessment:	✓

## Minutes of Manchester Mental Health and Social Care Trust Board Meeting

Held on Thursday 24<sup>th</sup> November 2016, 10.00am, the Boardroom, Chorlton House

### PART I

Present: Mr. John Scampion, Chair  
Mr. John Harrop, Acting Chief Executive  
Mr. Tim Gilpin, Non Executive Director  
Mrs. Samantha Simpson, Director of Finance  
Dr. JS Bamrah, Medical Director  
Ms. Evelyn Asante-Mensah, Non Executive Director  
Prof. Tony Whetton, Non Executive Director  
Ms. Debbie Hodgkinson, Director of Workforce & Organisational Development  
Mr. Gary Gillett, Acting Chief Nurse

In attendance: Ms. Deborah Goodman, Deputy Director of Operations/Divisional Director Adult Inpatient, Urgent Care and Prison Healthcare  
Mr. Jock Rodger, for Ms Hazel Summers, Strategic Director Families Health and Wellbeing, Manchester City Council (MCC)  
Mr. Patrick Cahoon, Head of Patient Experience (for Items 220/16 and 233/16)  
Mrs. Michelle Hughes, Trust Secretary/Corporate Affairs Manager

#### 220/16 Patient Stories

The paper presented a patient story 'A funny thing happened on the way to the asylum' to develop awareness around the impact of Trust services as experienced by our service users and to remind Board that all discussions should link directly to patient care.

It was noted the storyteller was unable to attend today and the Chair asked the Head of Patient Experience to present the story. The key issues for the storyteller were outlined and it was noted that he was hugely complementary about the Trust.

The story provided an insight into the reality of living with a mental health condition, the impact of taking medications over a prolonged period and the importance of effective and responsive help and support from mental health services. The importance of service users and their families having access to easily understandable and helpful information on medicines and mental health conditions was clear within the story.

Some of the key issues the storyteller wanted to emphasise was that of the need for easy to understand medication advice for service users, the need for involvement in decisions in care and treatment and the importance of personal and social activities to supplement the care that professionals provide.

The CEO noted the importance of communication and having a good nurse and asked how much feedback nursing staff receive in terms of hearing from service users what makes a real difference to them. The Acting Chief Nurse outlined how this was done, including the compassionate care approach adopted by staff.

Prof. Whetton, Non Executive Director stated that he was struck by the naked power of the story which was reiterated by other Board members. He noted the majority of the story described what was going on in the service users head and the final five percent or so noted that "then some people helped me and I got better".

The Medical Director highlighted the importance of Black Minority Ethnic (BME) issues and

how staff do a lot of things for this population that are not always captured. Ms Asante-Mensah, Non Executive Director outlined the challenges for providing for such a diverse BME community. She added that a lot had been learnt, but that there was still a lot to learn and hoped the new provider in January recognises the challenge and hoped the learning was not lost.

The representative for the Strategic Director at MCC noted the importance of listening and noted that complaints seen in the Local Authority demonstrate how it is largely the system that frustrates complainants and not people.

The Chair noted the importance of handing over to Greater Manchester West, when integration of organisations takes place in January, the diverse nature of the population served by this Trust and the need to build upon the progress that has been made here.

The Head of Patient Experience was asked to feedback to the storyteller the thanks of the Board for sharing such a powerful story.

The report was noted.

**221/16 Inclusion of the Public**

The Chair welcomed members in the public gallery. No questions had been received on today's agenda items.

**222/16 Declarations of Interests**

No interests were declared.

**223/16 Apologies for Absence**

Board Member apologies were received from Ms. Vicki Baxter, Non Executive Director. In addition, apologies were received from Mr. Philip King, Director of Operations.

**224/16 Minutes of the Trust Board Meeting held on Thursday 27<sup>th</sup> October 2016**

The minutes of the meeting held on Thursday 27<sup>th</sup> October 2016 were accepted as a correct record.

The minutes will be signed by the Chair and entered into the record.

**225/16 Action Log & Matters Arising**

The Chair highlighted progress against actions requiring an update at the November 2016 Board from the action log.

Progress on actions requiring an update to the November Board were noted and it was confirmed that all actions arising from previous Trust Board meetings had been completed.

**226/16 Chairs Report**

The Chair did not have any additional items to those on the meeting agenda.

**227/16 Chief Executive (CEO) Report**

The CEO presented the report which provided an overview of the month across the Trust, across the city and nationally. Particular attention was drawn to:

- Service visits
- Fire on Laurel Ward; management of the incident and aftermath by staff was highly commended
- Manchester Dementia Strategy; this is one of the early health and social care priorities as part of Greater Manchester Devolution and recognises the importance of partnership working across health, social care, housing and the voluntary and community sector
- Buzz; the new service was officially launched on 22<sup>nd</sup> November. It was announced at the event by the city's Director of Public Health that the contract is going to be extended by an extra year.
- Investigator of the Year; Dr Leroi, one of the Trust's Consultants was named at the 2016 Greater Manchester Clinical Research Awards.

#### *Social Work for better Integration*

The CEO updated on a piece of work the Trust and Manchester City Council commissioned in early 2016 to support our integration agenda, what we hoped to learn from the Trust's experiences of social work integration and was a study backed by the Department of Health. The report was presented at an event on 18<sup>th</sup> November and was extremely positive and some of the key findings from the report were highlighted:

- There was a strong sense of collective leadership and peer support
- Robust supervision was in place
- Good governance arrangements in place
- There was a stable, high-quality workforce

#### *NHSI Performance Reporting*

The CEO drew attention to two areas of performance NHSI has recently begun to report on - a daily situation report for A&E performance and agency usage.

With regards to agency use, the North region report mentioned the Trust as having the third highest 'spend vs ceiling' figure at 77.8%. The reasons for this have been routinely reported to Board through the Finance report and relate to the level of observations and temporary staffing decisions in support of the transaction. The Director of Workforce & OD stated it is a requirement of the overall approach from NHSI that Boards assure themselves that the executive is taking account of all possible actions regarding the use of agency staff. Key questions for consideration have been produced to enable this and the attached response was appended to the report. In response to Mr Gilpin, Non Executive Director, it was confirmed that discussions had taken place with GMW regarding the current position. The Chair noted these issues had been a significant item in Board meetings. The actions taken were accepted by Board as evidence of all measures, where possible, being addressed and approved the document for CEO and Chair signature.

#### *December Trust Board Meeting*

The CEO noted the December meeting will be used to sign the formal agreements for transfer of the Trust to GMW and that the November Board is expected to be the final meeting of the Trust. He took the opportunity to thank all Board members for their dedication to the Trust and contribution to its development and success. The CEO noted that a great deal had been achieved by the services in this organisation and those involved in its oversight and governance should feel proud of our collective achievement and the legacy left for GMW to exploit and more importantly for service users, their carers and our staff. He also offered thanks for the support he had received from colleagues in his short tenure as Acting CEO.

In noting there will be no full meeting of the Board between 24<sup>th</sup> November to 31<sup>st</sup> December 2016, Board were asked to delegate power for decisions usually reserved to the Board to the Chair and Acting Chief Executive between 24<sup>th</sup> November and 31<sup>st</sup> December 2016.

The report was noted.

Board approved the self-certification checklist for Chair and CEO signature and submission to NHSI.

Board delegated authority for the Chair and Acting Chief Executive to have the required power to take any decisions normally reserved to the Board between 24<sup>th</sup> November and 31<sup>st</sup> December 2016.

228/16 **Publication and Policy Highlights**

The CEO presented the report which provided a summary of recent publications and policy developments. No issues were raised.

The report was noted.

229/16 **Transaction Update**

The CEO presented the report to provide a final summary of the key points in the transaction process ahead of services integrating with Greater Manchester West (GMW) Foundation Trust on 1<sup>st</sup> January 2017 and to provide assurance that all requirements and duties have been met. The report also described how issues for handover to GMW are to be addressed.

The detailed report provided an update on:

- The background to the transaction process
- A summary of the process and the key dates
- Information provided as part of the process, including but not limited to the Memorandum of Information, Due Diligence, Clarification requests
- Plans for transition; it was noted senior teams have been working together in all areas to ensure the transfer occurs as effectively as possible
- Risk Management; any outstanding risks after discussion at the November Board will be passed to GMW as part of the legacy documentation.
- Staff consultation; the outcome will be shared with staff on 9<sup>th</sup> December and following this all staff will receive a letter confirming their transfer to GMW.
- Service user and carer engagement
- New Trust Name; the outcome of the consultation to choose a new name is awaited.

The CEO confirmed the final actions for the Trust and Board in relation to the transaction is for the formal signing of the 'Transaction Agreement' and 'Letter of Application' to NHSI for the transfer to take place. These are scheduled for the Board meeting to be held on 12<sup>th</sup> December 2016.

Ms Asante-Mensah, Non Executive Director noted the process had been challenging and commended the professionalism of teams during this time in maintaining the level of service.

Prof Whetton, Non Executive Director stated that not taking forward the organisational memory of the senior team posed a risk and could have an effect on the acquiring Trust which had been aired at the Audit Committee on 23<sup>rd</sup> November.

The CEO emphasised the considerable uncertainty the transaction held for a number of staff and that he believed there were a number of managers across the organisation to support the new organisation.

The representative for the Strategic Director at MCC stated it had been a complex process for all partners and added his support to the professionalism of Trust staff throughout the process which he described as very impressive.

The Chair added that it had been nationally recognised at how quickly things can be done and commended the contribution of staff.

The report was noted.

#### 230/16 **Integrated Quality Report**

The Acting Chief Nurse presented the report to Board which provided a summary of items considered by the Quality Board to provide an overview on the quality oversight of the organisation. The Board were taken through the report in detail which included;

- Infection Prevention and Control
- Safeguarding
- Patient Experience and Quality Improvement
- Medicines Management
- Nursing Revalidation
- CPA update
- Matrons update
- Lessons learned
- 2016 carer audit; the key points and improvement areas were highlighted

Attention was drawn to discussions that have taken place with service users and staff over the name of the former Brian Hore Unit and the consensus to name the building "River House". However, as the building is registered with the Local Authority, after checking the proposed name with them, there is already a "River Lodge" and therefore the proposal of 'River House' cannot be used. The Divisional Director for Community and Place Based Care will revisit the issue with staff and service users and work with Manchester City Council to develop a new proposal that is agreeable.

The report was noted.

#### 231/16 **Safer Staffing**

The report provided Board with details of the October inpatient safer staffing position within the Trust's inpatient settings. The thresholds reported against are when staffing levels have been below 80% of establishment and above 120% of establishment. It was noted that where inpatient wards used staffing above establishment, it was done in order to deliver prescribed observations of patients to militate against the risk to self and others.

It was noted that quality is considered through triangulation of incidents and complaints data in relation to staffing and that incidents of violence and aggression are showing a reduction in October. Abuse incidents overall have reduced, however there has been a slight increase of self-harm incidents.

During October the inpatient wards that used staffing above establishment did so to deliver prescribed observations of patients to militate against the risk to self and others. A work plan was approved at the Integrated Risk Management and Clinical Governance

Committee in October 2016 to reduce levels of violence and improve support to staff.

In relation to future work, Dr Keith Hurst is assisting the Trust in its safer staffing review and this work commenced earlier in November. It was noted that published guidance was anticipated in December.

The report was noted.

#### 232/16 **Research and Innovation (R&I) Annual Report 2015/16**

The Medical Director presented the report to provide an overview of Trust research activities and portfolio. The Medical Director thanked the researchers and academics who have worked at the Trust over the years and drew attention to a number of achievements including:

- The Trust had another successful year coming second in the United Kingdom for numbers of mental health research studies published in 2015-2016. The clinical impact of the Trust has been demonstrated by a number of prestigious National Institute for Health Research (NIHR) research programmes and clinical trials, service improvements and adoption of research evidence into NICE to improve health and social care.
- The Trust's in-house research pharmacy is the only Mental Health Trust pharmacy undertaking such a range of mental health medicines safety work.
- In 2015/16, the Trust recruited 1034 Trust patients into 52 studies adopted by the NIHR Clinical Research Network portfolio, exceeding our target by 40%.
- Dr Leroi was named Investigator of the Year at the 2016 Greater Manchester Clinical Research Awards.

The report also provided a summary on:

- Supporting academic and clinical excellence from bench to bedside and it was noted Trust clinicians and academics have an increased national profile in many areas of research and publications
- Supporting research grants and clinical trials and the report outlined the impact demonstrated by a number of research programmes
- Governance and quality systems for clinical trials (CTiMPs) sponsored by the Trust;
- Annual business objectives; it was noted these had been met
- Intellectual property and innovation;
- Income.

Prof. Whetton, Non Executive Director stated that there had been good research undertaken over the years and the work had been of benefit to the Trust, stakeholders and patients. He added that he was hopeful of the future and that GMW as the acquiring Trust was aware of the high quality of the work that benefits Manchester. Prof Whetton stated he had always been impressed by pharmacy in the Trust. The Medical Director added that the Trust's Chief Pharmacist, Petra Brown has been active in both her clinical work but also in supporting high quality research across the Trust and commended her work and the way in which she and her team uniquely support research.

Mr Gilpin, Non Executive Director added that it was not just pure research that leads to a better outcome for patients it's also what it adds to the culture of the organisations.

The priorities for next year will be delivered in the changing environment of the region's devolution of health and social care harnessing collective expertise to develop the infrastructure needed for clinical trials and health informatics and the aims of R&I were noted.

The CEO thanked the Medical Director for the report which highlighted the profile and volume of activities across the R&I Division. He stated the number of publications was fantastic.

The report was noted.

## 233/16 **National Patient Survey 2016**

The Chair invited the Head of Patient Experience to present the report.

The Care Quality Commission report was published on 15th November. Attention was drawn to the key points of the report, benchmarked scores, performance issues and future priority areas from the national patient survey of community mental health services. It was noted that the Trust had improved in 23 of 27 areas from last year and in a couple of areas had only marginally missed being the top in England.

Particular attention was drawn to:

- The National Service User Survey was undertaken for the Trust between February and June 2016 and the response rate for 2016 was 26% (217 responses from a usable sample of 824). This is 4% up on 2015 (22%)
- The Trust did not receive any results in the worst scoring 20% of all mental health trusts. This has been the case now for four consecutive years.
- Scores relating to health and social care workers, organising care, reviewing care, changes in who people see, crisis care, treatments, support and wellbeing and overall views of care and services are all within the above average quadrant of the intermediate scoring Trusts.
- The Trust's highest thematic scoring category for 2016 was for organising care for our service users.
- The Trust scores for both how well care and services are organised and service user involvement in decision making around treatments and therapies are rated as better by the CQC in comparison to those received by other mental health trusts in England
- For 2016, Trust scores have improved from those reported in 2015 in 23 out of the 27 areas where direct comparison can be drawn. Scores remained the same in 1 area and reduced marginally in 3 areas.

A summary was provided at the end of each section that triangulated survey data against other available forms of Trust feedback. This included feedback from complaints, entry and exit questionnaires, clinical audit, patient feedback and the Friends and Family Test

The Chair stated the report was very encouraging and that what has been achieved in the last couple of years when the organisation was in a period of change was a huge credit to staff.

Prof. Whetton, Non Executive Director reflected that the Trust had been on a journey and that generally it had been an upward journey. He noted that the acquiring Trust, GMW, was in a fortunate position as it was not acquiring a failing Trust but one that had improved its services. The Medical Director supported this and commended the quality of care provided by our staff that had improved in the face of rising acuity.

The CEO stated the patient survey results were one of many things the Trust could celebrate. He noted the challenge for the Trust now is to look at areas where the general average has reduced and to target acuity into those focussed areas.

In formally thanking staff, Board noted that performance over a number of years had shown a gradual improvement which had been established through firm metrics and benchmarking and as a Trust, the hard work of staff over the last few years was appreciated.

The Chair stated that he will take the opportunity to bring the results to the attention of the Clinical Commissioning Group (CCG) Chairs as it was important the achievements are recognised and that going forward the achievements are built upon by the new provider.

The report was noted.

#### 234/16 **Corporate Risk Register**

The Corporate Risk Register had been reviewed for a final presentation to Board in preparation for the planned acquisition and handover to GMW.

There were no proposals for additions and 6 proposals for the removal of risks from the Corporate Risk Register. The proposals for removal were discussed in detail.

The Deputy Director of Operations updated Board on operational and managements steps being taken to improve compliance around the use of the Trust's lone working system, Argyll. It was noted that GMW have asked the Trust to continue with it as they currently do not have one of their own. Following discussion it was agreed this risk needed to remain on the Corporate Risk Register.

The Board discussed the contents and the assurance updates provided and agreed that the remaining risks recorded within the Corporate Risk Register were to be handed over to GMW. In relation to risks 'CR13' and 'CR14', at the request of the Director of Finance, Board agreed to a slight amendment to the wording for clarity, but that the rating would remain unchanged.

The report was noted and Board agreed to the removal of 5 risks, with the risk relating to Argyll remaining and the amendments to the remaining risks were all approved.

Board agreed the final sign off position of the Corporate Risk Register.

#### 235/16 **Board Assurance Framework**

In preparation for the integration of the Trust with GMW the Board Assurance Framework had been reviewed for agreement prior to handover to GMW.

The main changes to the Board Assurance Framework were noted as:

- Clearer explanations regarding the purpose of the Board Assurance Framework have been included
- The Trust's strategic objectives for 2016/17 have been refreshed
- An updated 'Statement of Trust Intentions' has been provided
- All risk scores and assurance gradings had been updated to reflect the current position.
- Narrative updates have been provided in relation to the 10 principle risks included within the Board Assurance Framework.

It was noted that for each of the 10 principle risks, the content of the Controls and Assurances sections have remained largely the same since the previous presentation to the Board as they remain reflective of the current arrangements.

The Board Assurance Framework was approved.

236/16 **Financial Performance Month 7, 2016/17**

The Director of Finance presented the report to update the Board on the Summary Revenue and Capital financial position for the period ended 31<sup>st</sup> October 2016 and the forecast outturn position for 2016/17. Attention was drawn to:

- Income & Expenditure: year to date deficit of £1.120m against a profiled plan of £1.125m; It was noted that the forecasts for the periods to 31<sup>st</sup> December 2016 and 31<sup>st</sup> March 2017 are in line with the plan and control total (deficits of £1.424m and £1.890m respectively)
- Capital: revised to £814k against a plan of £1.5m following review by Capital Management and Monitoring Group (CMMG)
- Cash: forecast in line with planned year-end cash balance of £1m

The forecast outturn was noted to be a considerable achievement.

It was noted that work continues to manage the pressures around beds and that additional staffing on wards is still required over and above establishment to manage acuity.

*Going Concern*

In preparation for the final accounts for the Trust as at 31<sup>st</sup> December 2016 it was noted that accounts will be prepared on a going concern basis. Going concern is a fundamental accounting concept and requires that the following have been considered:

- Continuity of services - whilst it is known that the Trust will cease to continue in its current organisational form, the services provided by the Trust will continue under the acquiring organisation.
- 2016/17 financial performance - the Trust is forecasting in line with the planned position for the year.
- Cash financing - during 2016/17 the Trust has utilised the approved Revolving Working Capital Facility (RWCF) to the value of £560k to support its cash position. This is expected to be repaid in December 2016 as it is no longer required.

The Chair reported he had met with the CEO and Director of Finance on 16<sup>th</sup> November to go through the financial position in detail in the absence of a Scrutiny Committee; this was a very positive, challenging meeting that allowed an in depth discussion. He stated it was a real achievement to have met all financial targets and thanked the Director of Finance and her team.

The Chair stated the collaborative work led by the Director of Finance with key partners including CCGs and NHS Improvement has made a huge difference to the Trust and thanked the Director of Finance for her work.

The Board note the contents of this report and the summary financial position as at 31<sup>st</sup> October 2016, the level of forecast outturn deficit for 2016/17 and the position with regards to going concern in preparation for the 2016/17 final accounts for the Trust.

237/16 **Integrated Performance Report October 2016**

The Director of Finance presented the report and stated that overall performance across the Trust remained good. Attention was drawn to the recently published NHS Benchmarking weighted population report which demonstrated that all mental health Trusts in England have been under severe pressures from demand and rising costs.

- Occupancy; adult bed occupancy has remained high at 97.8%. Nearly half of patients admitted to the Trust were detained under the Mental Health Act which is higher by far than most Trusts and is highest in the region.
- Delayed Transfers of Care; the number of delays has decreased from last month. The benchmarking report noted the Trust is amongst those with the highest patients with no fixed abode admitted to the Trust's beds. It was felt this contributed to some of the increase in length of stay.
- Quality requirements A&E avoidance of 2 hour breaches; excellent performance at over 95%
- Clustering; a decrease in performance. The CEO highlighted a steady decline over a 12 month period. The Medical Director felt this was partly due to the expectation that tariffs for mental health will not be based on clustering. However the CEO emphasised that clustering captures activity and was the only way to demonstrate acuity.
- IAPT; a lot of focussed work has been undertaken and performance has improved again.

It was noted that all of the issues highlighted in the benchmarking report support the challenges to operational delivery discussed in previous Board meetings. With all of these challenges to deal with the Director of Finance stated that to be still able to perform as the Trust does is a significant achievement.

The Director of Workforce & OD drew attention to a number of workforce performance areas including:

- Sickness; an increase had been seen in month and this was expected to increase the culmulative in year performance.
- Turnover; a decrease in month and increase in year.
- Mandatory training; there had been a decrease in performance between October and December. A communication is to be sent to staff confirming MMHSCT mandatory training will be retained until the end of the financial year before integration with GMWs mandatory training requirements and modules.
- Bank & agency; there had been an increase in usage in inpatient areas to suuprt observations and acuity. Significant recruitment activity was underway.
- Job planning; a further improvement had been seen since production of the Board papers.

The report was noted.

238/16 **Transformation Programme Board 13<sup>th</sup> October 2016**

No issues were raised.

The minutes of 13<sup>th</sup> October 2016 were noted.

239/16 **Audit Committee 28<sup>th</sup> September 2016**

No issues were raised. It was noted a final meeting had been held on 23<sup>rd</sup> November and any issues for Board had been highlighted throughout the Board meeting.  
The minutes of 28<sup>th</sup> September 2016 were noted.

240/16 **Quality Board 19<sup>th</sup> October 2016**

No issues were raised.  
The minutes of 19<sup>th</sup> October 2016 were noted.

241/16 **Date and Time of Next Meeting**

The next Trust Board meeting will be held on Monday 12<sup>th</sup> December 2016, the Boardroom, Chorlton House, 70 Manchester Road, Chorlton, Manchester, M21 9UN.

*The Chair noted this was the last full meeting of the Trust Board and expressed his thanks to executive and non executive members of the Board for their service to the Trust.*

*The Chair stated there would be one final Board meeting to approve the Transaction Agreement. The meeting would be held in public on 12<sup>th</sup> December 2016.*

242/16 **Exclusion of the Public**

The Chair invited the Board to adopt the following resolution:

“That representative of the press and other members of the public are excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”  
(Section 1(2) Public Bodies (Admission to meetings) Act 1960).

The Board so resolved and the remainder of the meeting was conducted in confidential session.

**Trust Board Paper – Executive Summary****Date of Trust Board: 12<sup>th</sup> December 2016****Agenda Item: 5**

Title of Report	Action Log & Matters Arising
Date Produced	5 <sup>th</sup> December 2016
Purpose of Paper	To assist in Matters Arising discussions and ensure actions from Board meeting meetings are completed/pursued
Key Points	To assist members in undertaking actions
Action Required	To note and pursue agreed actions
Author / Contact	Mrs. Michelle Hughes Trust Secretary/Corporate Affairs Manager 0161 882 1366

Manchester Mental Health Social Care Trust

Trust Board Action Log

Actions Arising from Trust Board Meetings						
Date of Board	Minute number	Agenda Item	Action	Lead	Timescale	Update Report
24/11/2016		No actions arising from the November 2016 Board meeting.				
Outstanding Actions arising from previous Board meetings for feedback at a later meeting						
All Board actions have been completed and reported to previous Board meetings.						
A copy of the full Action Log recording actions reported back to Board and closed/completed is available from the Trust Secretary						

**Trust Board Report**

**Date of Trust Board: 12<sup>th</sup> December 2016**

**Agenda Item: 6**

Title of Report:	Transaction Agreement
Date Produced:	5 <sup>th</sup> December 2016
Author:	Name: John Harrop Title: Acting Chief Executive Tel: 0161 882 1368
Purpose of Paper:	To present the resolution to confirm the acquisition of the Trust by Greater Manchester West NHS Foundation Trust.
Key Points:	The Transaction Agreement and Joint Application letter are presented for approval
Action Required	To approve

**Monitoring and assurance framework summary**

	Reference / Link to Corporate Objective/s & Risks		Description
Link to Trust Corporate and Directorate Annual Objective(s)	1,2,3,4,5		
Link to Corporate Risk Register	n/a		
	Any Action Required?		
Have all implications been considered?	Yes	Yes	N/A
Legal	√	Detail in report	
Financial	√		
Human Resources	√		
IM&T	√		
Estates	√		
Users and Carers	√		
Equality and Diversity	√		
	Yes	No	
To include in 2016/17 Quality Account?		√	
Have the principles of the NHS Constitution been reflected in the decisions and actions proposed?	√		

## **Manchester Mental Health and Social Care Trust**

### **Transaction Agreement**

The Trust has, over a period of time, been engaged in a transaction process with the aim of integrating with Greater Manchester West Foundation Trust (GMW) on 1<sup>st</sup> January 2017. Regular reports have apprised the Board of ongoing progress throughout the process.

As discussed at the November 2016 Board meeting, the final act to complete the transaction is for both Trusts to sign the Transaction Agreement.

In addition to the signed Transaction Agreement, a joint application from the Trust and GMW to NHS Improvement, signed by Chairs and CEOs of both organisations, will be required following approval of the Transaction Agreement.

#### **Recommendation/s:**

1. To enter into the Transaction Agreement in the form annexed for Board members
2. To make a joint application with Greater Manchester West Mental Health NHS Foundation Trust to Monitor (acting through NHS Improvement) in accordance with section 56(A)(1) of the National Health Service Act 2006, in the form of the letter annexed for Board members
3. That the Chief Executive Officer and Chair may sign the Transaction Agreement and Application Letter on behalf of the Trust.

**John Scampion**  
Chair

**John Harrop**  
Acting Chief Executive

**6<sup>th</sup> December 2016**