

**MINUTES OF A MEETING OF THE
TAMESIDE HOSPITAL NHS FOUNDATION TRUST BOARD
30 June 2011**

Present	Position
Mr T Presswood	Chairman
Mrs C Green	Chief Executive
Mr P Dylak	Director of Nursing
Mr A Anderson	Non-Executive Director
Mr T Ward	Non-Executive Director
Mr D Jago	Director of Finance
Mrs D Bates	Non-Executive Director
Dr T Mahmood	Medical Director
Mr A Griffiths	Director of Clinical Services
Mr R Corless	Non-Executive Director
Ms T Kallou	Non-Executive Director

In Attendance

Mr D Wilkinson	Director of Human Resources
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114/11 Apologies for absence

Apologies were received from Mr T Ward, Non-Executive Director

115/11 Presentation Patient Story

Mr Dylak introduced a short DVD in which a patient told her story. This was the second "patient story" to be presented to the Board and illustrated some particular strengths of the hospital, but also identified areas for improvement. A copy of the DVD will be provided to the Divisional Nurse Manager for the area concerned so that staff can use the patient's experience to improve the care they deliver. Dr Mahmood will also make a copy available for medical staff training. The Board discussed the key learning points from the presentation and Mr Presswood agreed to write to the patient on behalf of the Trust Board, thanking her for sharing her experiences with the hospital.

**116 /11 Minutes of the meeting held on 26 May 2011
Minutes of the meeting held on 2 June 2011**

The minutes were approved as accurate records of the meetings.

117/11 Matters Arising from previous meeting

- a) Review of Scheme of Delegation, Standing Orders and Financial Instructions
(minute 95/11 refers)

Based on the practice of other local Trusts, the Board approved the proposal that the limit regarding Board approval being required for expenditure schemes should be any scheme greater than £1 million.

118/11 Chief Executive's Report

Questions and comments were invited on Mrs Green's report, which included the following items:

- Living Well with Dementia – the National Dementia Strategy
- LINK Action Plan
- Single Gender Compliance
- Mortality
- The National Confidential Enquiries into Patient Outcomes and Deaths (NCEPOD)

In respect of the National Dementia Strategy, the Board was pleased to note the Trust's expression of interest in joining a Dementia Strategy Reference Group led by NHS North West.

The Board expressed surprise that whilst LINK had originally indicated that it would be prepared to sign off the action plan as complete, it was now stating that this is a matter for the Trust only. The Board therefore agreed to sign off the LINK action plan as fully implemented. It was also agreed that Mr Presswood would write to the LINK Coordinator expressing the Trust Board's concern about the process underpinning the publication of the recent LINK report, and questioning the accuracy of some of the content.

Compliance with single gender requirements for the month of May 2011 was noted and welcomed by the Board.

The continued improvement in the Trust's HSMR was noted and the Board was informed that the new mortality indicator, Summary Hospital-level Mortality Indicator (SHMI) is likely to replace the HSMR later this financial year.

Finally, the Board commended the thorough process the Trust has for ensuring National Confidential Enquiries into Patient Outcomes and Deaths (NCEPOD) are acted upon.

The Board discussed and noted the contents of the Chief Executive's Report.

119/11 Finance and Activity Report - May

The revised Board report format was welcomed and noted as work in progress and in particular the key financial metrics table was welcomed.

The key issues noted from the report were:

- a reported cumulative EBITDA of (£259k) against a planned EBITDA of (£1.15m) some £894k above plan
- a reported cumulative deficit of £1.94m against a planned deficit of £2.79m some £846k above plan
- cash position in line with plan at £7.24m
- CIP achieved of some £586k against a plan of £416k with detailed separate report noted

In response to a question from Mr Corless, Mr Jago confirmed that although the liquidity rating remains at a 1, liquidity has fallen from 8.9 days to 6.8 days, albeit still some 2.5 days better than plan.

It was noted that the planned cash position had a low point at the end of the financial year of £226k although action has been taken in reviewing cash management for the Trust and a number of further actions will be taken to mitigate the risk.

In relation to the financial penalties that may be levied against Acute Trusts for re-admissions, Mrs Green stated that the analysis of existing data does not indicate any pattern related to the reasons for re-admission. It is anticipated that any common reasons or themes will be more evident after an audit has taken place and at the end of Quarter 2. The Chief Executive's report will include an item on the findings of the audit.

The progress report against each of the Cost Improvement Plans was welcomed, and Mr Presswood stated that it gave the Board confidence that the Financial Recovery Plan was being overseen very well by the Programme Management Office (PMO).

A number of questions were raised about the Quality Impact Assessments (QIAs) which are required to be completed for every project. The Executive Directors confirmed that QIAs have been undertaken for all of the projects for which they are responsible, although it was noted that a small number had not yet been submitted to the PMO.

The Board noted and discussed the Finance and Activity Report and in particular the positive progress being made against the Trust's CIPs and its overall Financial Plan.

120/11 Statement of Position - May

The report presented highlighted a cash position standing at £7.24m and in line with plan. The impact on liquidity due to an increase in net current liabilities was also noted.

Capital expenditure of £438k was reported standing at some £77k above plan, predominantly driven by the phasing of the A&E scheme. It was reported that this scheme would not exceed the plan set for 2011/12

The planned receipt from the sale of Hyde Hospital at a net £850k has been incorporated into the capital plan.

The Board noted the Statement of Position Report.

121/11 Performance Report - May

The Trust's 18 week RTT performance was discussed and confidence expressed that the waiting time targets would continue to be met in the future. Performance against the C Diff target remains a key concern.

In response to a question from Mr Corless, Mrs Green stated that the level of GP referrals were down for all providers, not just this Trust, and whilst this was not a major concern at the moment, the situation would continue to be monitored. The PCT has implemented demand management measures and it is likely that the referral threshold for some GPs may have changed.

It was noted that outpatient mean waiting time had increased to 6.1 weeks in May, marginally above the 6 weeks benchmark, and the importance of maintaining the 6 weeks standard was discussed.

The Board discussed and noted the May Performance Report.

122/11 Infection Prevention and Control Report

The Board expressed concern about the Trust's C Diff performance but welcomed the performance in respect of all the other Healthcare Associated Infections (HCAI).

Mr Dylak reported that he and the Medical Director had met with Helen Crombie, the SHA Lead Nurse for HCAI on 24 June 2011. This was a very valuable meeting, and provided a number of new actions to be incorporated into the Trust's plan, which he and Dr Mahmood explained to the Board. Mrs Crombie had stressed to Mr Dylak and Dr Mahmood that C Diff is a health economy issue, and whilst concentrating on internal measures to reduce C Diff is essential, the key requirement is to break the cycle of infection through close working with GP colleagues.

Dr Mahmood reported that he attends the PCT's Clinical Congress meetings, which includes both GPs and hospital doctors. Given the health economy wide nature of the issue, C Diff related protocols will be implemented jointly via the Congress. The Board suggested that Mr Dylak and Dr Howard Sacho should also attend the relevant GP meetings with Dr Mahmood.

The Board discussed and noted the Trust's performance and in particular the additional actions included in the consolidated recovery plan.

123/11 Register of Declaration of Interests

Mr Presswood noted that in accordance with the rules of corporate governance, relevant Director Interests are entered into the Trust's register and are available for public inspection.

The Board noted the entire contents of the Register of Interests and confirmed its accuracy in respect of each of their individual entries.

124/11 Francis Action Plan

The Board noted that this was the final progress report against the plan and approved its sign off. The Chairman added that the pro-active approach taken by the Trust had proved very constructive.

125/11 Annual Report of the Director of Infection Prevention and Control

The report clearly illustrated the comprehensive range of infection and control activities undertaken in the Trust during 2010/11, reflecting the Trust's commitment and investment in relation to infection prevention and control. The report indicates that improvements continue to be made, but again recognises that C Diff is particularly challenging.

The Board noted the content of the Annual Report of the Director of Infection Prevention and Control.

126/11 Estate Rationalisation

The Board discussed and noted the report and approved the TEG decision to sell four residential properties. In addition the Board also approved the delegation of authority to the Chief Executive and Director of Finance acting together to agree optimal sale price and timing of each individual sale.

127/11 Committee Reports

a) Quality and Clinical Governance Committee held on 8 April

These minutes should have been presented to the May 2011 Trust Board meeting. Instead, the minutes of the meeting held on 9 May had been presented in error.

Mrs Bates reminded the Board that the Quality and Clinical Governance Committee operates two agendas, which alternate month on month. The members required to attend also varies.

The report and minutes of the Quality and Governance Meeting held on 8 April were discussed and noted.

b) Audit Committee held on 25 May and 2 June 2011.

The Board formally noted their thanks to the external auditors, Price Waterhouse Coopers.

The report and minutes of the Audit committee meetings held on 25 May and 2 June 2011 were discussed and noted.

c) *Risk Management and Corporate Governance Committee held on 24 May 2011.*

The report and minutes of the Risk Management and Corporate Governance Committee held on 24 May 2011 were discussed and noted.

128/11 Non Executive Reports

Mr Presswood reported on the recent meeting with Monitor. A copy of the Trust's presentation had been circulated to all Board Directors.

Mr Presswood went on to report that he had attended the recent PCT Board meeting. Dr K Chand, the previous Chairman of Tameside and Glossop PCT has been appointed as a Non-Executive Director of the Cluster Board. Mr Presswood also attended the Cluster Board meeting and was impressed with the progress made to date. He noted that Dr Raj Patel has been appointed the Cluster's Medical Director, and Hilary Garratt, the Nursing Director

Finally, he stated that following his visits to various hospital departments including the Intensive Therapy Unit, and the Orthodontic Unit, he had submitted his patient safety walkround documentation to Mr Dylak.

Mrs Bates reported on her visits to the Pharmacy department and the Physiotherapy department.

Mr Corless reported that he had visited ward 42 and found the staff to be very helpful and the ward very well ordered. Mr Corless stated that on the day of his visit, 14 of the wards 30 beds were occupied by patients who were medically fit for discharge but there was no community alternative available.

Ms Kalloo had visited Paediatrics and found the staff to be very dedicated. She had met with a family whose baby was being discharged. The family was impressed with the service received from Tameside Hospital and would recommend the Trust's services in future.

129/11 Any Other Business

i) Official Opening of the Hartshead South Building

Mrs Green reported that the official opening ceremony of the Hartshead South building has been scheduled for the afternoon of Tuesday 27 September 2011.

130/11 Financial Recovery Plan – Quality and Safety Dashboard (Confidential Item)

Mr Dylak presented the Board with a baseline report on the Quality and Safety metrics that the Board planned to use to provide additional assurance that quality and patient safety are being maintained whilst the Trust's savings measures are being implemented.

The report identified a range of indicators that would highlight any significant departure from accepted standards. This in turn would prompt further investigation and action if necessary.

The Board agreed that the indicators selected were the appropriate ones and recommended that they should be incorporated into the monthly performance report along with the previously signed off HR quality metrics.

131/11 Date and Time of Next Meeting

Thursday 28 July at 10.30 am in the Darnton Meeting Room.