

In relation to the Fit for 2012 Campaign, and in line with the Trust's Standing Orders, Ms Kalloo was not present for this item as she had previously registered a formal interest.

In response to a query Miss Brown and Mr Wilkinson confirmed that the contract had been awarded after an assessment of all proposals against both value for money and quality criteria. The Board then endorsed the proposal, noting its importance given the challenging times facing the Trust.

The Board noted the improvement resulting in a rating of excellent in all three areas of the Patient Environment Action Team (PEAT) assessment.

In respect of the NHS Litigation Authority General Risk Management Standards (CNST Level 3) the Board congratulated the Trust on its successful assessment to level 3 which was the highest possible level against the risk management standards. In response to a question, Mr Dylak said that the level 3 accreditation lasts for a period of three years. Mrs Green noted that the success was down to the efforts of a great many individuals and departments within the hospital, and the Board expressed their thanks to the staff concerned for these efforts.

The Trust's quarterly performance against the Better Care Better Value Productivity Metrics was noted as was the fact that these metrics inform the financial recovery plan. With regard to length of stay and bed closures it was noted that work is on-going with clinicians relating to the implementation of improved clinical pathways which should result in savings whilst maintaining quality of service. It was also acknowledged that some of the factors influencing length of stay are externally driven and that since the PCT commissioned Tribal report the Local authority and the PCT, aided by re-ablement funding, have invested in alternatives to hospital admission.

The performance review report in respect of the Women's and Children's Service Division was noted.

The Board discussed the CQC's findings and the timescale that the Trust should be in a position to request a CQC review.

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

89/11 Finance and Activity Report April

The finance position at the end of April was reported at a deficit of £1,141k against a planned deficit of £1,638k and the Trust was therefore £0.5m ahead of the planned position. However due to the size of the deficit the financial Risk rating for the month was a 1 which was as expected in the plan submitted to Monitor.

There was a detailed discussion of the non-elective penalties i.e. non payment for activity implicit in the operating framework and PbR tariffs for 2011/12. The Board noted the implications for the Trust, ie an expected loss of income of £2.9m with no change in associated activity

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The findings of the NAO report “Management of NHS hospital productivity” regarding the impact on cost base for hospitals with a high proportion of non-elective work were noted given Tameside FT’s ratio of non-elective to elective activity.

The national data collection exercise on the impact of non-payment for readmissions on providers was also discussed.

The CIP integrated report was discussed, and its interim format was noted. It was agreed that the CIP report generated by the Interim Turnaround Director and the Programme Management office should remain as an integral part of the financial report. It was agreed that the report would develop over time to include a dashboard to show a summary position of the 18 work streams supported by individual reports. The report for each work stream would also include progress on the quality and risk assessment process.

The Board discussed and noted the Trust’s financial position

90/11 Statement of Position April

The report was noted together with the projected position on the cash flow balances. The proposal regarding withdrawing compliance with the Better Payment Practice Code was formally endorsed recognising the Trust’s liquidity risks.

The Capital Programme for 2011/12 shown in Appendix B was discussed and approved, including the provision in respect of the Darnton Building.

The Board noted the Statement of Position Report

91/11 Performance Report – April

Mr Griffiths confirmed that the new A&E metrics are effective from Quarter 2 of the financial year. The A&E department is currently monitoring its performance against the new metrics and a performance report will be brought to the Board in August 2011. The challenge around some of the metrics would also be discussed later on the agenda when dealing with the Annual Plan.

The Board expressed concern at the PCT’s withdrawal of the Access Booking and Choice (ABC) service and the implications for the Trust in terms of the increased cost and administrative burden. This has the potential to delay the referral process and contribute to increasing waiting times for new outpatients.

The Board discussed and noted the April Performance Report.

92/11 Infection Prevention and Control Report

Mr Dylak stated that the Trust’s C.Diff performance remained of particular concern, with 15 cases being reported to date. The target for quarter 1 is 18. The Medical Director described a number of actions he is undertaking to ensure performance improves. For example, a Medical Director from another Trust with on-target performance has agreed to identify the critical differences between practices in this

hospital and theirs, an internal summit has been organised by the Medical Director so that existing practices can be reviewed, and the Medical Director of the SHA has been invited in to the hospital to review medical staff practice. A number of measures to further reinforce best practice in relation to antibiotic prescribing were also described by Dr Mahmood as was the importance of working with colleagues in primary care.

The Board expressed concern about the Trust's CDiff performance, in particular medical staff compliance and asked Mr Dylak and Dr Mahmood to expedite the actions described with a view to reducing CDiff infections.

93/11 Quarterly Medical Director's Dignity in Care Report

Dr Mahmood discussed progress with the new dignity in care work for 2011/12.

Professional Standards of Performance have been developed and discussed at CCMG. There was support from the consultant body for these new standards. These will enhance patient safety and improve the efficiency in the Trust.

In response to a question from Ms Kalloo concerning the challenges over the Christmas period relating to Consultant leave, Dr Mahmood stated that many good practice recommendations on consultant leave had now been incorporated in the new study leave policy which had been agreed at the Local Negotiating Committee. He added that emergency cover during the last 2 bank holiday weekends had been strengthened in the department of Adult Medicine.

The Quarterly Medical Director's Dignity in Care Report was discussed and noted.

94/11 Annual Plan Submission Report

The Annual Plan submission reflecting the contents as discussed in several Trust Board Seminars was endorsed by the Trust Board. A discussion on the Monitor declaration resulted in the Trust Board agreeing that the declaration should identify two risks to compliance, CDiff and A & E.

The Board endorsed the completion of the Annual Plan submission on that basis.

95/11 Review of Scheme of Delegation, Standing Orders and Financial Instructions

Miss Brown introduced the report and clarified a point about titles and definitions. It was also agreed that the Capital Planning Committee make recommendations to TEG and to the Trust Board. She also added that the Audit Committee had proposed that the report from the Chairman regarding the use of Emergency Powers (4.2) would be in writing.

The proposed limit regarding Board approval being required for capital schemes above £2 million was debated and further information would be sought regarding the limits applied by other Trusts and reported at the next meeting.

The appointment of David Jago, Director of Finance and IT as the Trust SIRO, with effect from the 3rd June was also discussed and approved.

The Board endorsed the Scheme of Delegation, Standing Order and Financial Instructions, subject to the above clarifications.

96/11 Risk Management and Health and Safety Report

A discussion took place on the increase in aggression towards staff and Mr Dylak said that he had asked the Trust's Security Manager to produce a report to enable the Director of HR and himself to understand what underlies this increase, and what actions need to be taken in response.

In response to a comment from Mr Ward related to Falls, Mr Dylak explained that the increase in falls during quarter 4 was partly due to improved reporting and a desire by the Trust to fully understand and address the issue, which is proving to be an increasing challenge across the NHS. The vast majority of patients' slips, trips and falls were defined as moderate.

The Risk Management and Health Safety Report was discussed and noted.

97/11 LINK Report

Mr Dylak reported that he met with Mr Peter Denton, the Tameside LINK Coordinator, who was happy with the progress made against the plan. Mr Dylak said that Mr Denton wished to review some further evidence before signing off the plan. An update on this would be included in the next Chief Executive's report to the Board.

98/11 Patient Survey

In response to a question from Mr Corless, it was noted that the communication training introduced by the Trust for medical staff should have a positive impact on the next set of survey results. The Medical Director and Director of Nursing were encouraged to introduce the planned local survey focusing on the lowest scoring questions as soon as possible to ensure further actions could be put in place.

The Patient Survey Report was discussed and noted.

99/11 Quality Accounts 2010/11 and 2011/2012

The draft Quality Accounts for 2010/11 has been reviewed by the Auditors and they have indicated that they are satisfied with the document. A number of additional data items have been requested however these are not material to the declarations requested.

The Auditors also reviewed three indicators and made suggestions for improvements on two. One related to the 62 day cancer pathway linked to rare and unusual cancers and the way in which they are reported. The Trust was compliant with the target but as a result of the review, will now change the way in which data is presented. The other resulted in a rationalisation of data collection in respect of pressure sores.

Mr Dylak's report also made reference to Monitor's new Quality Governance Framework given its relevance to the Quality Account. The report stated that the Trust is compliant with the good practice guidance and this provides a good link to the work that is being undertaken around financial recovery.

The Board endorsed the Quality Account and report for 2010/11, and noted the Quality Account Metrics for 2011/12

100/11 Sterile Services Tender Approval

The Board endorsed the award of the contract for the provision of Sterile Services for the period 2011 to 2018 to Synergy Health (UK) Ltd.

101/11 Committee Reports

a) Quality and Clinical Governance Committee held on 9 May 2011

The report and minutes of the Quality and Clinical Governance Committee held on 9 May were discussed and noted. The minutes from the 8 April meeting will be presented at the June Trust Board meeting.

b) Audit Committee held on 27 April 2011

The report and minutes of the Audit Committee held on 27 April were discussed and noted.

102/11 Non Executive Directors' Reports

Mrs Bates visited the Risk Management Office recently and found the staff to be well motivated

Mr Ward stated that he recently attended a workshop for North West Chairs and Non-Executive Directors. A number of issues were discussed including service reconfigurations and the learning to be gained from the Mid-Staffordshire Trust.

103/11 Any Other Business

i) Board to Board Meeting

It was announced that the Primary Care Trust has requested a postponement for the next Board to Board meeting.

ii) Director of Finance

It was acknowledged that this was Miss Brown's last formal Board meeting before she leaves the Trust to take up a post as Director of Finance at the University of Salford. On behalf of the Board the Chairman thanked her for all her hard work and effort and wished her every success for the future.

104/11 Date and Time of Next Meetings

Thursday 2 June at 2.15 pm and Thursday 30 June at 10.30 am in the Darnton Meeting Room.