Mr J Goodenough introduced the patient story and explained that the patient was admitted to the hospital with pneumonia after having a fall at home. She was originally admitted to the Intensive Care Unit for a period of two weeks and subsequently transferred to a medical ward for the remainder of her hospital stay.

Mr Goodenough stated that it was clear that this lady was very happy with the level of care she received. Her experience illustrated the positive changes that have been made over the previous twelve month period and that the quality improvement strategy is being successfully implemented across the organisation.
The Board discussed and noted the key lessons and learning from the patient story.

**76/14 Action Log**

The action log was reviewed and noted.

**77/14 Minutes of the meeting held on 27 March 2014**

The minutes of the meeting held on 27 March 2014 were approved as an accurate record of the meeting.

**78/14 Matters Arising**

Mr Ryan drew the board’s attention to page 5 of the minutes (58/14) which referred to the issue of DNACPR. Mr Ryan confirmed that the task and finish group set up to review the policy and the form used to capture the data had in fact achieved its objectives and the revised policy has been re-launched. Mr Ryan stressed that the level at which the decision is made regarding indefinite DNACPR has been elevated to consultant level.

Mr Ryan also reported that with regards to the item in 59/14 relating to the invited per review, the review did take place on 1 April as reported and some very positive feedback was received.

**79/14 Chair’s Report**

Mr Connellan informed board that the monthly Monitor conference was conducted by teleconference on Tuesday 22 April 2014 and the main focus was on quality issues. The teleconference was positive and Monitor were generally supportive of the Trust.

With regards to Healthier Together, all of the CCGs within Greater Manchester met last week as a combined committee in order to take decisions relating to the initiative, and the intention is to commence the public consultation in June 2014. There is a concern that the consultation will focus on a range of generalities rather than specifics.

*Everyone Matters at Tameside* was a stunning success and it received a lot of positive media coverage and Mr Connellan congratulated Ms James and her team.

Mr Connellan reminded board that the government has been successful in amending the Social Care Act (section 119) subject to ratification by the House of Lords. If any hospital across Greater Manchester is put under the control of an administrator, effectively NHS England could potentially reconfigure services across the entire Greater Manchester Health economy.

Mr Connellan also reported that he recently had a conversation with Stephen Hay, the Managing Director for provider regulation at Monitor, in which the Trust’s future strategy was discussed. Mr Connellan asked how an organisation gets out of special
measures and Monitor has agreed the process with NHS England, and this is due to be published in the near future. Mr Goodenough stated that 6 May was day zero for the CQC inspection team and that a team of approximately 30 inspectors would be on-site for the whole week. In response to a question from Mrs Soboljew, Mr Goodenough stated that the staff were confident and positive that the inspection team would observe the significant improvements made since the last inspection.

Mr Connellan concluded by stating that together with Ms James, he met with one of the Directors of the trust’s PFI partners recently and that he is very willing to become more involved with the organisation in any future community ventures.

80/14 Chief Executive’s Report

Ms James invited questions and comments on the Chief Executive's report which included the following items:

- Q4 declaration to Monitor
- Monitor's revised approach to risk assessing NHS foundation trust transactions
- The new Competition and Market Authority
- Strengthening corporate accountability in health and social care
- Emergency Planning, Resilience and Response (EPRR) Core Standards 2013
- The Southern Sector Challenged Health Economy Programme
- Everyone Matters Celebration.

After discussion, and noting the considerable amount of work being undertaken within the organisation along its journey of improvement, the board agreed to submit the following Q4 declaration to Monitor:

A not confirmed response to the statement that the board anticipates that the trust will continue to maintain a Continuity of Service Risk Rating of at least 3 over the next 12 months.

A not confirmed response to the statement that the board is satisfied that plans in place are sufficient to ensure on-going compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forward.

A confirmed response to the statement that the board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework page 21, diagram 6) which have not already been reported.

Ms James previously reported to the board that Monitor was intending to make revisions to its Risk Assessment Framework. Monitor has now confirmed revisions to Appendix C which relates to its approach to risk assessing foundation trust transactions.
Ms James also advised that from 1 April 2014, the Competition and Markets Authority (CMA) is the primary enforcer of competition law in the UK, replacing both the Office of Fair Trading (OFT) and the Competition Commission (CC).

With regards to compliance with the EPRR Core Standards, Ms James reminded the board that there were three standards on the schedule to completed by the end of March 2014. At the end of March the trust was compliant with all of the standards with the exception of standard 7.25, and this outstanding issue is the subject of discussion at the regular Health Economy Resilience Group chaired by the CCG.

As previously reported to board, several health economies across England are facing major challenges in delivering high quality clinical services to patients in a way that is financially sustainable. Eastern Cheshire, together with Stockport, South Manchester and Tameside and Glossop have been identified as one of these challenged health economies. The programme of work to deliver this strategy has just commenced and will run until the end of June supported by McKinsey and Carnall Farrar. This work will take account of what has already been undertaken in the health economy. Linking this to Mr Connellan’s comments about the Care Bill, Mr Ward enquired if after publication of this report there was the possibility that the findings could trigger a reconfiguration of services across the East Cheshire sector. Ms James agreed that it could, however the work that has already been undertaken within East Cheshire would be acknowledged, and stated that this organisation is much more advanced in its thinking particularly in relation to Integrated Care.

Ms James concluded by commending the Everyone Matters celebratory launch of the trust’s values and brand which took place on 16 April 2014. Ms James also stated that she has received a substantial number of supportive letters from members of the general public stating that the quality of care provided by the hospital has significantly improved.

Mr Goodenough commented that in relation to Ms James’s comment in her report of Hard Truths, there is a requirement that trust boards receive a very detailed report on nurse staffing by June 2014.

The board discussed and noted the Chief Executive’s Report.

81/14 Improvement Update

Ms James introduced the Improvement update report and reminded board that as soon as the actions on the Integrated Action Plan turn green, they are fed through the trust’s normal governance processes in order to embed the changes.

The report only highlights actions by exception, and these are actions which are still being monitored because they have still to achieve the completion stage.

With regards to the implementation of the Urgent Care Recovery Plan, most actions are progressing well however the Keogh review on 30 December expressed
concerns in relation to the level of 30 day admissions. The 30 day readmissions audit which focuses across the whole health economy has been delayed primarily due to insufficient engagement by the GPs. It is now anticipated that this audit will be complete by the end of May 2014.

The action relating to the phased increase to the MAU consultant numbers (initially to 5 with a Monday to Friday 12 hour presence, then to 7, 7 day, 12 hour consultant led service to the MAU) is progressing. There are currently 2 existing MAU consultants with a new recruit due to commence employment in June. Dr Patrick who came over from UHSM to support the trust has decided to become a permanent employee of the trust.

The action related to improvements to clinical leadership, decision making and communication to ensure appropriate supervision remains amber due to this being raised as an issue of concern during the December 2013 review visit. New Clinical Directors have been recruited as specialty leads and Mr Ryan is undertaking a programme of clinical leadership development and supervision with the leads. An internal invited peer review has been completed to determine the progress that has been made against this action and there is evidence of good progress being made. Mr Ryan added that a formal Deanery review is scheduled for the end of May 2014, and the messages and learning from the invited peer review will be beneficial in the lead up to the Deanery visit.

The board noted with respect to the annual reporting system for quality in Foundation Training taking place in the North West, TGH had the second highest overall programme score, achieving the top score in one domain and second highest in 3 more.

Regarding the action relating to ensuring staffing levels are in line with establishment, Ms James advised that staffing has increased by a considerable number and used the example of nursing where an additional 60 nurses have been recruited. More medical staff are also being recruited, particularly at the middle grade level and until these staff are actually in post, this action will remain amber.

In response to a question from Mrs Soboljew, Ms Bromley confirmed that Student Nurses training with us being approached and encouraged to obtain substantive posts with the Trust. Two Student Nurses have been successful and have start dates for September once they qualify.

With regards to the Trust’s recruitment of nurses from Italy, Ms Bromley confirmed that they are compliant with GMC standards. Mr Goodenough added that the Trust specifically targeted Italy because of the similarities between the two countries with respect to the levels of compassion, caring nature and values embraced by the Italian family orientated culture.
Ms Higgins acknowledged the recruitment of additional nursing staff however commented that during her unannounced ward visits, nursing staff were still commenting on the immediate staffing situation. Ms Higgins added that the Quality and Governance Committee discussed the importance of making sure nursing staff were aware of the various recruitment initiatives and when the additional staff would feed through to the wards.

The board discussed and noted the Improvement Update.

82/14 Integrated Quality Report

Mr Williams introduced the Integrated Quality Report and stated that with regards to 18 week RTT, that the trust had been unable to declare its 18 week position in a timely manner owing to issues relating to Lorenzo. After a period of intensive validation the trust has now submitted both admitted and non-admitted RTT performance. The trust is however unable to declare compliance with the incomplete pathway metric and Monitor is aware of this situation. In order to correct this issue, experienced 18 week validators have been recruited, and in the space of two weeks, the team has made significant progress, enabling the February position to be declared. The March submission will be two weeks late however it is anticipated that the April submission will be made on time. Mr Williams added that the validation team are working with the Lorenzo project team to allow them to feedback to the software manufacturers to permanently correct the identified issues. By the end of May 2014, the team anticipate being in a position to provide weekly performance information by specialty in order to proactively manage the patient pathways.

Mr Williams highlighted the continued improvement to SHMI which was standing at 110, and also advised the trust had narrowly failed the emergency access standard for March 2014. Although the emergency access standard performance had significantly improved in April, there were currently 73 patients in the trust who were fit for discharge to sub-acute or community care but there was limited capacity. The CCG were aware of the issue and the increased strain this was placing on acute patient flow.

With regards to mortality, Mr Ryan stated that the improved performance does not now trigger an exception report but had decided to keep reporting the rate as it was such an important issue for the trust. The mortality review process is embedding across the trust and the data quality element is also being reviewed. A meeting was recently held with Dr Foster and this has created a number of areas for further investigation to ensure the trust’s data is accurate.

With regards to the risk assessment data for VTE, it is showing an improvement but still requires further work to progress the advancements being made. The VTE specialist nurse is virtually reporting real time on a day to day basis and many areas are reporting 100% performance.
Mr Goodenough reported that a number of C.Difficile cases have been identified and the detailed Route Cause Analysis (RCA) is underway and the samples have been sent to the external laboratory for enhanced finger printing and tissue typing to understand how transmission has occurred. It is believed that the cases may be related to environmental factors and a significant amount of intensive cleaning has been undertaken. A mattress review has also been undertaken and a significant number have been exchanged as a result. Mr Goodenough reminded board of the extensive range of other measures being taken to reduce the incidence of C.Difficile.

In response to a question from Mr Ward, Mr Goodenough confirmed that the C.Difficile target for the 2014/15 year is 41 cases. In response to a question from Mr Ward in relation to last minute cancelled operations, Mr Williams responded that during March, A&E experienced significant increases in the levels of attendances, with a corresponding increase in admissions. This had placed significant strain on the inpatient capacity, unfortunately resulting in last minute cancellations. The bed base within surgery is currently being reviewed to ensure it is at an appropriate level to accommodate the increase in non-elective demand and to reduce the frequency of surgical outliers in medical beds.

In response to a question from Mrs Dray in relation to the reporting of grade 3 and 4 pressure ulcers on StEIS, Mr Goodenough agreed that historically the trust has not been reporting grade 3 and 4 pressure ulcers on StEIs, but it is now. The work being undertaken in relation to the safety thermometer has indicated that patients being referred from care homes have had grade 3 and 4 pressure ulcers. The work with the safeguarding team and improvements to the governance systems has developed strong links with the CCG. The report is positive as it illustrates that the trust is being open and transparent and also illustrates the system wide working.

In response to a question from Ms Kalloo, Ms Bromley stated that with respect to attendance management, the policy has been reviewed and monthly performance meetings with managers in the Clinical Divisions are taking place to monitor performance and address issues.

Mr Goodenough drew the board’s attention to the section relating to complaints and stated that out of the 287 cases dealt with during the last 6 months, only 9 cases were returned and this illustrated the significant improvement that has been made in this area.

Mr Connellan raised the issue of TIA and Mr Williams described the pathway changes that have been implemented during April. Mr Williams advised that changes in practice from referring GP’s were a key enabler to improve access to the service and that the Trust would promote the pathway, in conjunction with the CCG, during May.

The board discussed and noted the Integrated Quality report.
Mrs Herring introduced the Finance and Activity Report and stated that the trust is reporting a normalised deficit of £3.6m at the end of the year and a Continuity of Service Risk Rating of 1 against an expected rating of 2. Without the release of non-recurrent funds, the cumulative normalised deficit is £7.4m for the year and Mrs Herring stressed that these funds will not be available in 2014/15.

Activity remains well below activity levels at this time last year across all points of delivery with the exception of elective.

Pay costs are overspending by £1.198m in the month and £11.21m cumulatively.

Underperformance against the CIP target is £3.26m at the end of the financial year, taking into account recurrent and non-recurrent savings. The full year effect of the 2013/14 recurrent savings is £4m, leaving recurrent undelivered CIP of £5.7m. Cash is below plan by £8.21m at the end of the year.

Mrs Dray who is the Chair of the Finance and Performance Committee added that the committee is actively tracking the financial position, and the end of year position did not produce any surprises.

The board extensively debated the likely reasons for the drop in activity and concluded there were a number of factors contributing to this including a change in case mix, re-categorising day case and outpatient activity, and the increasing use of the ambulatory care pathways. It was agreed that a discussion with the CCG was required to ensure that a fair tariff is paid for patients treated on the various ambulatory care pathways.

The board discussed and noted the Finance and Performance Report

84/14 Sealed Documents Quarter 4

The board noted that the Trusts’ seal was used on two occasions during quarter 4.

Significant Risk Report

Mr Goodenough reminded board that the significant risk register report provides the board with details on all identified significant risk exposure through the Risk Register and Board Assurance Framework.

A new significant risk has been added to the Board Assurance Framework which relates to the IM&T infrastructure and service provision across the organisation. The risk score associated with the failure to discharge patients with adequate information has been increased to reflect the revised risk assessment of discharge prescriptions. Mitigation plans have been identified and are being actioned as part of the Lorenzo work.
It was suggested that in relation to C4, the risk associated with clinical service sustainability regarding individual specialties or overall portfolio should be more explicit in identifying which specialties are under risk.

The board discussed the Significant Risk Report and noted the actions being taken to mitigate the risks.

86/14  Human Resources Performance Dashboard

Ms Bromley introduced the Human Resources Dashboard and explained the report is designed to provide the board with an overview of the HR Division’s performance against the Trust KPIs in addition to the Trust position with regards to KPIs.

In response to a question from Mr Connellan, Ms Bromley confirmed that an annual report would be presented to board in highlighting the progress made with Medical Revalidation

Ms James commented on the compliance with mandatory training and enquired what actions were being taken to increase performance against the target of 95%. Ms Bromley described the measures being taken to increase current compliance from 90% to the target of 95%. Ms James stressed that mandatory training is compulsory, and welcomed the move to link incremental progression to the successful completion of the mandatory training package.

In response to a question from Mr Ward, regarding the apparent discrepancy between the establishment and staff in post, Ms Bromley explained that currently there are more people in post that is funded, and that the establishment figure represents those funded posts only. Mrs Parker added that a controls group has been established to review and control the use of premium pay such as over-time and agency usage.

The board discussed and noted the Human Resources Performance Dashboard.

87/14  Patient Experience Report

Mr Goodenough introduced the Patient Experience Report and drew the board’s attention to a number of issues raised within the report.

Regarding the Friends and Family Test (FFT), the trust has remained the top performing trust for FFT across Greater Manchester as identified in the data published by the Open and Honest improvement programme. The data for A&E shows a 15.1% response rate and inpatients shows a 55.6% response rate, equating to a combined response rate of 24.1% (20% target).
Mr Goodenough reminded the board that the meeting opens up with a patient story and confirmed that these stories are fed back through the divisions to ensure the learning from patients experience is disseminated throughout the organisation.

Board was previously made aware of the dining companions’ project and Mr Goodenough reported that two open days were held and 30 volunteer dining companions were recruited. Links are also being forged with Tameside College, Health and Social Care course. It is anticipated that the students will link with the trust as part of their placement programme for the second year of their course.

As part of the support provided to Carers and patients with dementia, the Deputy Director of Nursing went to present to the Glossop Carers group to share the work the hospital is undertaking with patients and carers.

Mr Goodenough drew the board’s attention to the ‘heat map’ on the final page of the report related to ward accreditation and reminded colleagues that this is not a performance related methodology. This initiative is an improvement methodology and the ward accreditation standards are particularly challenging with the aim of wards aspiring and achieving to ‘elite’ status. Some of the wards flagged as amber on the heat map have progressed to green status since the production of the report. In response to a question from Ms James, Mr Goodenough confirmed that a ward had to receive 3 consecutive green assessments before it was eligible for ‘elite’ status, and that this generally took between 12 to 18 months.

In response to a question from Mr Connellan, Mr Goodenough stated that there has not been a significant change in the net promoter score used in the FFT. The number of patients stating that they are likely to use the trust’s services again has increased but this has little impact on the net promoter score. The volunteers associated with this initiative and led by Helen Howard, the Head of Patient Experience have made a significant difference to the positive responses being received.

The board discussed the Patient Experience Report and noted the processes that are in place to support the delivery of a high quality experience for patients, families and carers at the trust.

88/14 Inpatient Survey Results

Mr Goodenough introduced the Inpatient Survey Overview and reminded board that the results are from a survey of patients discharged in July 2013. This survey will act as a good baseline for improvement since the Keogh review.

The board discussed the results and noted the improvements observed during the unannounced Non-Executive ward and departmental visits.
Committee Reports

a. Quality and Clinical Governance Committee held on 13 March 2014.

Ms Kalloo summarised the discussions of the Quality and Governance Committee that was held on 13 March 2014 and reported that the meeting commenced with an integrated presentation from the Trust’s Safeguarding Leads.

The board discussed and noted the summary report of the Quality and Governance Committee held on 13 March 2014.

b. Finance and Performance Committee held on 25 March 2014

The minutes of the Finance and Performance Committee held on 25 March 2014 were presented to Board for noting.

Mrs Dray reported that the Finance and Performance Committee met on 23 April 2014 and summarised the key areas of discussion.

Mr Griffiths the General Manager for the Emergency Service and Critical Care Division had appeared before the committee and was given the opportunity to respond to questions and challenges from the members. Issues including general budgetary management and control, nursing rates, capacity planning and the avoidance of waiting list initiatives were raised.

Mr Porter the Turnaround Director also attended the committee to describe the detail of the Cost Improvement Programme, and a paper describing a number of cost saving opportunities based upon a number of benchmarking sources was discussed.

Presentation - Mr Ben Bridgewater – Consultant Cardiac Surgeon UHSM

Mr Bridgewater a Cardiac Surgeon from UHSM delivered a very interesting and informative presentation relating to the experience of collecting data on clinical outcomes, benchmarking, managing the outliers, and the subsequent publication of the data.

Mr Bridgewater described the journey and the obstacles encountered along the way in the benchmarking and publication of clinical outcome data. The events relating to the Kennedy Breast Care Review and events at Mid-Staffordshire were used to support the case for publicising outcomes data in order to improve outcomes and the patient experience.

The board agreed that quality needs to be the responsibility of everyone and also needs to be understood and driven by every member of the leadership team. The board extensively debated the revalidation and appraisal process and how this feeds into ensuring trust can develop a truly transparent quality clinical service.
91/14 Date and Time of next meeting

The next meeting will be held on Thursday 29 May 2014 at 9.30 am in the Silver Springs Board Room

92/14 Special Resolution

Special Resolution: (Section 1 (2) Public Bodies (Admission to meetings) Act 1960) The Board passed a special resolution to exclude the representatives of the press and members of the public 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.