MINUTES OF A MEETING OF THE
TAMESIDE HOSPITAL NHS FOUNDATION TRUST BOARD
31 MARCH 2011

Present

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
Miss K Brown 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 Kalloo Non-Executive Director

Position

In Attendance

Mr D Wilkinson Director of Human Resources

51/22 Presentation – Patient Stories

Mr Dylak introduced a short DVD of a COPD patient recalling her experience of care and treatment at Tameside Hospital. It was agreed that Mr Dylak would write to the respective ward leader outlining the key messages contained within the patient story so that appropriate service improvements can be made. Mr Dylak also agreed to write to the patient on behalf of the board, thanking her for agreeing to share her story.

Mrs Green reminded the Board that as part of the Board to Ward initiative, the future intention is to present two patient stories on a quarterly basis. These stories will help identify the positive aspects of patient care, and also any potential areas for improvement, which will be shared with the appropriate clinical areas.

52/11 Apologies for absence

There were no apologies for absence.

53/11 Minutes of the meeting held on 24 February 2011

The minutes were approved as an accurate record of the meeting.

54/11 Matters arising from previous meeting

a. Finance & Activity Report – January 2011 (minute no 37/11 refers)

Mr Ward enquired when it would be possible to be provided with the underlying profit schedule as previously discussed. Miss Brown stated that a detailed analysis will be provided with the Going Concern Statement, which will also be accompanied by PWC’s assessment.
Chief Executive’s Report

The Chief Executive introduced her report and opened by providing a verbal update on two additional matters, the CQC Review process and the Trust’s Contract Negotiations with the PCT.

- CQC Review – verbal item
- Contract Negotiations – verbal item
- Monitor’s Decision
- Financial Update including Appointment of Financial Consultants
- External Auditors – Audit of Going Concern
- Mortality
- Parliamentary & Health Service Ombudsman (PHSO)
- Directorate Performance Reviews

In respect of the contract negotiations, the Board discussed and noted progress made in respect of the exploratory discussions with the PCT on a block-style contract in respect of non-elective work. The management of risk was felt to be helped by such a contract. Miss Brown had advised the Board against signing up to the current contract offer from Tameside and Glossop PCT, which represents a significant level of income reduction. The Board acknowledged that the contract would not be signed by 1 April 2011 and unanimously agreed that the Trust should continue to pursue the non-elective block contract option with the PCT.

In relation to the statement of going concern, Mr Ward enquired if the going concern was linked to funding or surplus. Miss Brown stated that this will be based on an assessment of the underlying financial position, security of funding, risk, and liquidity. The going concern statement will be brought to the special board meeting scheduled for 2 June 2011 as had been the case in previous years.

Mr Presswood commented on the links between the Ombudsman Report and the Trust’s Dignity in Care work.

The Board discussed and noted the Chief Executive’s report.

Finance and Activity Report – February 2011

The finance position at the end of February 2011 was reported at a cumulative deficit of £1,550k against a revised planned deficit of £1,556k. The in-month position had been a deficit of £262k giving an overall positive variance of £6k. The financial risk rating of 2 was noted.

There was a detailed discussion of the underlying causes of the position, including the impact of the 30% non-elective tariff, the fall in demand for obstetric services and the premium costs of agency/locum/staff in A&E.

The position on CIP delivery was noted with regard to 2010/11 and 2011/12 recurrently.

There was a discussion regarding the pressure on the Trust’s liquidity position, which was currently at 2 and 10 days, on the metrics reported. The Board sought reassurance regarding the projected position in March and Miss Brown stated that the position may remain at 2 given the planned small surplus for March. The importance of meeting the agreed trajectory for the outturn position was re-stated.

There was a full discussion regarding the Statement of Going Concern which would be prepared for presentation to the Board in June with the accounts, following discussion at the Audit Committee.
The Board discussed and noted the report.

57/11 Statement of Position report – February 2011

Miss Brown highlighted the planned cash transactions over the year end period. There was a discussion regarding the planned level of the capital programme, which would be lower than depreciation in order to support the cash flow position. The majority of the capital programme related to items that had been contracted, including contracts let in previous years such as wards, PACS and the continuation of the A&E scheme, which included significant spend in 2011/12. Other areas related to risk management / contingency e.g. IT equipment and medical equipment.

The Board noted the Statement of Position.

58/11 Performance Report – February 2011

In relation to the 18 week performance Miss Brown stated that the February and March positions is in line with what was expected and not a deviation away from the planned position, which was a significant dip in February, and improved performance in March, but still below 95%. She stressed that the trajectory had been agreed with the PCT.

In respect of A&E performance Mr Corless understood that from 1 April hospitals would be measured against some new targets and enquired if this would be problematic for the Trust. Mr Griffiths outlined the detail of the 5 new targets and said that the department has put in place mechanisms to record performance against these targets. There are financial penalties associated with the non-achievement of these new standards. The monthly performance report which is discussed at Board report will record the performance against these targets.

The Board discussed and noted the Performance Report.

59/11 Infection Prevention and Control Report

Mr Presswood expressed disappointment at the occurrence of another case of MRSA, which brought the in-year performance to 3 hospital-associated cases against a target of 4 cases. A Root Cause Analysis (RCA) has been conducted to identify the reasons for this latest case. Given the time of the month, Mr Dylak said it was nevertheless likely that the hospital will achieve its target for the year.

In respect of CDiff, the situation was less encouraging. Although there have been less cases this year compared to last year, there had been further cases since those identified in the report. Mr Dylak said he expected the hospital to have had about 24 cases over its target of 90. Dr Mahmood stated that achieving the CDiff target will be a key priority for the new financial year and he will continue to work with his Consultant colleagues in order to reduce the number of CDiff cases.

The position regarding MSSA and E Coli bacteraemia was discussed. Mr Dylak explained that whilst the emphasis was currently on data collection, he did expect this to lead to the setting of performance targets in due course.

The Board discussed and noted Infection Prevention and Control Report.

60/11 Corporate Objectives 2011/12

Mr Presswood opened the discussion by stating that he thought the ordering of the corporate objectives was entirely correct. Even in the current financial climate, quality, patient care and safety must come first. Mr Ward suggested that the action related to objective 3, embedding and sustaining stakeholder engagement, is strengthened around the Trust’s relationships
with future GP Consortia. A small number of minor presentational changes were also proposed and agreed.

Subject to these minor amendments, the Corporate Objectives for 2011/12 were approved by the Board. The Chief Executive undertook to circulate the amended version.

61/11 Patient Safety Strategy

The Board noted performance against the metrics underpinning the Patient Safety Strategy, the majority of which were positive. It was agreed that the strategy should be used to drive the content of the patient Quality Account. Mrs Green advised the Board that the Patient Safety Strategy will be reviewed and refreshed every year and presented regularly to the Board.

The Board discussed and noted the Patient Safety Strategy.

62/11 Domestic and Portering Services Contract Report

The Domestic and Portering Services Contract Report was discussed and noted.

The Board endorsed the recommendation to award the contract to Mitie Facilities Services Ltd for provision of both Domestic and Portering Services for the sum of £2,918,026.00 at April 2011 prices.

63/11 Committee Reports

a. Quality and Clinical Governance Committee held on 7th January 2011

The report and minutes of the Quality and Clinical Governance Committee were discussed and noted.

b. Quality and Clinical Governance Committee held on 10 February 2011

The report and minutes of the Quality and Clinical Governance Committee were discussed and noted.

64/11 Non Executive Reports

Mr Presswood reported that he had attended a recent North West of England Chair’s meeting which was also attended by Sir David Nicholson. It was announced that in the short term, there would be one commissioning cluster developed for Greater Manchester.

Mr Presswood also reported that the Trust’s recent round of public meetings in the townships had now been concluded. He added that the Council of Members would be reviewing the contents for the summer schedule.

Finally, he noted that the Celebrating Tameside Event had been an enjoyable occasion with 5 prizes awarded to employees of the Trust.

Mr Ward reported that he had attended a recent North West Academy workshop on GP Commissioning.

65/11 Any Other Business

i. Risk Register

Miss Brown tabled a copy of the revised Risk Register and requested that any comments are fed back to her.
ii. **Single Gender Accommodation**

Mr Dylak reported that the Trust is obliged to make a declaration of compliance with single gender accommodation regulations and place it on its public website. The rules for compliance have recently been changed and are now more difficult to achieve, particularly in the MAU. Systems and processes have been developed to achieve compliance and have been reviewed by the Tameside and Glossop PCT, Oldham PCT and the SHA. The SHA has confirmed that our arrangements and estate are compliant with the regulations, and the fact that breaches may occur due to bed pressures does not undermine the veracity of our declaration. Mr Dylak reported that the SHA wished to work with the Trust and PCT to look at capacity and flow issues within MAU which in turn would help to secure compliance.

The Board approved the proposed declaration of compliance and suggested that Mr Dylak should write to confirm his conversation with the SHA.

iii. **Teenage Pregnancy Service – National award**

Mrs Green reported that Dr Fiona New and her team have recently won the Value in the Public Sector category of the National CBI People Awards.

66/11 **Date and time of next meeting**

The next Board meeting will take place on 28th April 2011 at 10.30 am in the Darnton Meeting Room