

**MINUTES OF A MEETING OF THE
TAMESIDE HOSPITAL NHS FOUNDATION TRUST BOARD
28 June 2012**

| Present | Position |
|----------------|-------------------------------|
| Mr P Connellan | Chairman |
| Mrs C Green | Chief Executive |
| Mr A Anderson | Non-Executive Director |
| Dr T Mahmood | Medical Director |
| Mr R Corless | Non-Executive Director |
| Mr D Jago | Director of Finance |
| Mr P Dylak | Director of Nursing |
| Ms A Higgins | Non-Executive Director |
| Mr T Ward | Non-Executive Director |
| Mr P Williams | Director of Clinical Services |
| Mr T Kalloo | Non-Executive Director |

In Attendance

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| Mr D Wilkinson | Director of Human Resources |
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101/12 Apologies for absence

Ms A Higgins, Non-Executive Director

102/12 Minutes of the meeting held on 30 May 2012

The minutes of the meeting held on 30 May 2012 were approved as an accurate record.

103/12 Matters arising from the previous meeting

- i) Complaints (minute 99/12 refers)

Mr Ward reported that Mr Dylak had reviewed one of the complaint responses referred to Mr Ward and concluded it was not in line with the customary standard of reply.

Mr Connellan stated that he had recently sent an e-mail to all non-executive directors asking them of their views on complaint responses.

Mrs Green reported that Mr Goodenough would be reviewing the management of complaints now that the PALS Service had been transferred into the Trust.

104/12 Chief Executive's Report

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

- LINK
- Industrial Action
- Director of Finance Appointment
- Walkrounds

In response to a question from Mr Corless relating to the British Medical Association's (BMA) day of industrial action on 21 June, Mrs Green stated that all cancelled patient appointments falling on that day had been re-appointed as close as possible to the original date, and within the 18 weeks Referral to Treatment Time (RTT) national standard.

The Chief Executive also presented a patient story and the Board discussed the implications of the story and endorsed the actions taken. It was agreed that Mr Goodenough would meet with the relative to discuss how the story would be used going forward.

The Board discussed and noted the Chief Executive's report and the Patient Story.

105/12 Finance and Activity Report

Questions and comments on the finance and activity report for May 2012 were invited.

Mr Anderson observed that medical staffing pay was 10% worse than plan and nursing costs 5% worse than plan and asked Mr Jago if this would impact on the CIP programme. Mr Jago reported that in respect of medical pay at the end of month 2, there was £215k on undelivered CIP contributing to the variance. Similarly with the nursing variance, there was also £190k of undelivered CIP within the variance. This situation is being managed within the overall bottom-line through strong performance on income however plans need to be put in place to pull back the recurrent CIP slippage to ensure delivery of the in year CIP target and the recurrent financial plan. Mrs Green confirmed that there has been an increased focus on the delivery of CIP, together with the management and monitoring of the process with the aim of approving proposals more quickly.

Mr Ward noted that in May the nursing and theatres CIP workstreams were rated overall as red from previous amber ratings in April. Mr Jago reminded the Board of the significant number of schemes contained within these workstreams and explained that a red rating may be given because the PID has not been updated rather than a fundamental concern over the ability to deliver the project. With regard to the e-rostering project, the methodology and assumptions employed around accounting for annual leave were discussed in detail, as it had been necessary to revise the leave assumption upwards to 32 days.

In respect of the theatres workstream performance, Mr Williams stated that an issue related to recoding delays had been resolved and thus the savings will now be posted. The other contributory issue relates to the waiting list reserve and further work is required to determine if this money can be posted as a CIP.

In response to a question from Mr Corless relating to the phasing of the CIPs across the financial year, Mr Jago explained that some schemes required a statutory period of staff consultation and this inevitably pushed the delivery of the CIP towards the

second half of the year. Mrs Green reminded the Board that last year the schemes were back-ended with 20% being delivered within the first 6 months of the year and the remaining 80% delivered in the latter part of the year. This year the profile delivery is closer to 40/60 with a number of schemes coming to fruition within the first 6 months of the year.

Mr Connellan sought assurance that validation for additional expenditure (agency/locum etc.) is robust. Mrs Green explained that last year Mr Wilkinson, Mr Dylak and Mr Griffiths reviewed all applications for staff expenditure and this introduced a rigour and control into the process. However, she stressed that Mr Williams had introduced a more sustainable system at General Manager level which is just as rigorous but enables requests for additional expenditure to be dealt with in a more timely manner. Mr Wilkinson added that in addition to this, every week a vacancy review panel meets and all vacancies have to be approved for recruitment at executive director level.

The issue of readmission penalties was discussed and it was noted that the results of the audit of Q1 readmissions should be available in next months report.

The Board discussed and noted the Finance and Activity Report, in particular that the Trusts performance at month 02 was broadly in line with plan.

106/12 Performance Report

In response to a question, Mr Williams confirmed that any red rated indicators appearing on the performance dashboard were subject to an improvement plan and that he was confident that the ratings would improve before the end of the financial year.

In response to a comment from Mr Connellan relating to mandatory training, Mrs Green stated that all executive directors have been provided with relevant information on mandatory training take up rates within their areas of responsibility and have agreed trajectories with their direct reports. Mandatory training is now a standing item on the agenda of all Divisional and Directorate Management Teams. Whilst compliance levels will not change immediately, a robust process has been established to ensure compliance by the end of the year. Mr Williams and Mr Goodenough had both recognised the importance of this.

With respect to the 18 week Referral to Treatment (RTT) standard, Mr Corless observed that oral surgery missed the RTT target. Mr Williams stated that this occurred because of the elevated volume of referrals received within the trust and the limited capacity available to deal with them.

In response to a question from Mr Connellan relating to performance against the A&E unplanned re-attendance rate within 7 days, Mr Williams stated that this was a whole health economy issue and could only be resolved with the involvement and support of partner organisations within the local health economy. Work is being undertaken to engage with the CCG and other partners including GPs, Social Services and Nursing Homes, with the aim of reducing the number of patients re-attending within 7 days. A discussion took place on the importance of the wider health economy also being held to account for this, rather than simply the hospital.

The Board discussed and noted the Performance Report.

107/12 Infection Prevention and Control

Mr Goodenough stated that the message relating to infection prevention and control was very positive. The C.Diff target for 2012/13 is 60 cases which requires the Trust to have an average of no more than 5 cases in every month. In the year to date, there have been 6 cases. At the same point last year, there had been 24 cases.

In response to a question from Mr Anderson, Mr Goodenough confirmed that there is evidence of a direct correlation between action plans and performance improvements against the C.Diff target. All of the plans and interventions put in place, particularly around anti-biotic prescribing and ward level hygiene actions appear to have culminated in a reduction in the level of cases reported.

The Board discussed the Infection Prevention and Control report and noted performance against the new targets for MSSA and E.Coli in addition to MRSA and C.Diff.

108/12 CQC Action Plan

The CQC visit was discussed in considerable detail. The on-going actions following the visit in October were discussed, as was the importance of cultural and attitudinal change. The improvements noted were not yet universal, and this was borne out by the results of ward level audits presented to the Board. Mr Goodenough described his approach to ensuring that professional standards are at the forefront of nursing practice and commented that it should eliminate any variation in practice and deliver a further sustainable improvement.

The Board also discussed the importance of the next meeting with the CQC, and also the revised arrangements in place to ensure the Trust fully exploited its regular meetings with the designated CQC relationship manager.

109/12 Register of Interests (Annual)

Mr Anderson informed the Board that that he wished to update his entry to reflect that he is a designated member and Partner in Ralli Solicitors, a Director of Ralli Limited, and a Director of Oceanstrata Limited. He stated that none of the companies he is associated with undertakes any work for government organisations. Mr Neve was asked to amend the Register.

The Board discussed and noted the Register of Interests and in particular the additional changes made to the entry of Mr Anderson.

110/12 Annual Report of the Director of Infection, Prevention and Control 2011/12

Mr Goodenough introduced the annual report of the Director of Infection Prevention and Control for the 2011/2012 financial year. He advised the Board that although it is regrettable that the Trust did not meet its MRSA and C.Diff targets during 2011/12, the Board should take assurance that the evidence presented in the report indicates clearly that there is no generalised problem.

Mr Connellan suggested in relation to C.Diff, the foreword of future reports should describe the Trusts actions in the context of the whole health economy performance as C.Diff is an issue that cannot be resolved by the hospital working in isolation.

The Board discussed, noted and commended the annual report of the Director of Infection Prevention and Control.

111/12 Mortality

Questions and comments were invited on the joint Hospital and PCT/CCG "Review of Hospital Mortality indicators at Tameside Foundation Trust" and also on the review on the Trust's approach to mortality undertaken by Birmingham University.

Mr Connellan commented that the Birmingham University report makes a number of recommendations for the Board to consider. Dr Mahmood agreed to report back to Board in his next report with an analysis of the recommendations.

With regard to the Hospital and PCT/CCG document, Mrs Green reported that progress against this plan this would be regularly discussed at the Trust/CCG interface meetings, as well as featuring in the Medical Directors Mortality Report to the Board.

Mrs Green noted the Birmingham report comments on the difference in the Trust's HSMR and SHMI results. Mr Connellan suggested the Trust should consider hosting a seminar inviting Dr. Mohammed Mohammed, and other stakeholders from the local healthcare economy to discuss the mortality issues raised within the report. Dr Mahmood agreed to ensure this was discussed further at TEG.

The Board discussed and noted the Mortality report

112/12 Committee Reports

- a) Audit Committee held on 28 May 2012.

The Board discussed and noted the minutes of the Audit Committee held on 28 May 2012.

- b) Risk Management and Corporate Governance Committee held on 11 June 2012.

The Board discussed and noted the minutes of the Risk Management and Corporate Governance Committee held on 11 June 2012.

113/12 Financial Plan 2012/13 – 2014/15

The Chair invited questions and comments on the FT's Summary Financial Plan which included income and expenditure plans and balance sheet assumptions for the trust for the period covering 2012/13 – 2014/15.

Mr Connellan asked Mr Jago for clarification around the assumption relating to the pay freeze. Mr Jago stated that the latest guidance has indicated an uplift on pay in

the region of 1.25% and for 2013/14 and 2014/15 a pay award uplift has been catered for with an estimated impact of £400k on top of incremental drift. It was discussed that there may be a potential upside to the plan given that tariff deflation had been assumed and if a pay award was made tariff deflation would take this into account. It was agreed to formally note this in the financial plan narrative

In response to a question from Mr Ward concerning the ambulatory local tariff, Mr Jago stated that this was built into the current years financial plan.

Mr Jago confirmed that within the contract quantum offer received from NHS Tameside and Glossop there is transitional support of £1.7m to sustain the required levels of beds. A formal review of contractual performance at the end of Q1 will be undertaken with the CCG. It is clear that the Trust is still relying on surge beds and fixed term or temporary staff, and this will have implications for the funding that will be required on a recurrent basis for the 2013/14 financial year.

Mr Ward observed that in respect of working capital the Trust received a cash benefit from a reduction in working capital of £6m and in the next year this reduces to £3m. Mr Jago confirmed this was predominantly the effect of deferred income in relation to the HIT scheme.

Mr Jago brought to the attention of the Board the fragility of the liquidity metric in 2013/14 stated that he would be presenting a liquidity paper to TEG in the near future which will identify a number of potential risk mitigation strategies.

The Board discussed and noted the Summary Financial Plan 2012/13 – 2014/15 and commended the clarity of the report.

114/12 Non-Executive Director Reports

Mr Corless reported that he attended a Trust “Branding” Group meeting. He added that he had also attended an event on 8 June 2012 at which certificates were presented to 60 volunteers working at the Trust.

Mr Anderson reported that he had recently attended an External Reference Group meeting to which representatives from external organisations were invited. It was agreed that Mr Wilkinson would make arrangements to ensure that regular non-attendance at these meetings is proactively managed.

115/12 Date and Time of Next Meeting

The next meeting will be held on Thursday 26 July at 9.30 am in the Silver Springs Board Room