

Confirmed

BEDFORD HOSPITAL TRUST BOARD

**Minutes of the 155th Meeting of the Bedford Hospital Trust Board
held at 10am on Wednesday 24th November 2010
in the Committee Room, Bedford Hospital**

Part 1

Present:	Mr R Rankmore, Chairman Mrs L Hunt, Interim Chief Executive Mr E J Neale, Medical Director Mr K Lewis, Non Executive Director Mr D Gear, Non Executive Director Mr I Pickering, Non Executive Director Mr P Hutt, Non Executive Director Miss E Jones, Director of Nursing & Patient Services Mr G Johns Vice Chairman Mr A Warren, Director of Finance and Performance Mrs P Miller, Interim Chief Operating Officer
In attendance:	Mr A Dickinson, Trust Board Secretary Mr N Benjamin, Director of Organisational Development
Apologies:	Mr A Dennis, Chairman, Bedfordshire LINK

87/10 DECLARATIONS OF INTEREST

There were no new Declarations of Interest.

88/10 MINUTES OF THE MEETING HELD ON THE 29th SEPTEMBER 2010

With the correction of various typographical errors these were agreed as a correct record.

89/10 MATTERS ARISING/ACTION LOG

73. Estates Strategy – NEDs had received a presentation on the draft strategy on the previous day. The final version would be available in the spring, following agreement to the service development plans.
74. GP Engagement Strategy – this would be linked to consultation on the clinical service plan. This would follow agreement on priorities at a meeting to be held on the 8th December. The aim was to complete the consultation by the end of March 2011. The Chairman stressed the urgency of this work as part of the Trust's marketing strategy. The Medical Director reported on a meeting on the white paper presented by the lead GP at which the importance of supporting the local hospital had been stressed.
75. Performance – the Director of Finance & Performance reported that the Service Level Agreement had still to be amended in relation to the A&E target but the financial penalty applied to the national figure rather than the local one. A&E performance was covered under the operational report.
76. Infection Prevention – Isolation – Director of Nursing & Patient Services reported that this had improved.
77. Medical revalidation – the Medical Director advised that the Trust would need to

Confirmed

appoint a Responsible Officer by January 2011. There was still no national job description available. He was however proposing to start the process using one available from another region, so that post could be advertised and an appointment made. He would submit a further report to the next meeting of the Trust Board.

78. Meeting dates – on agenda.

90/10

PATIENT EXPERIENCE – THE STORY A PATIENT WITH DIABETES

Dr Alison Melvin, Consultant in Diabetology and Lesley Cowley, Diabetes Specialist Inpatient Nurse in attendance for this item.

The Chairman welcomed Dr Melvin and Mrs Cowley. Dr Melvin explained that the patient whose story was being told was unfortunately too ill to tell it himself. She then outlined the poor performance of the Trust in the 2007 inpatient survey which contributed to the appointment of Lesley Cowley as Diabetes Specialist Inpatient Nurse in May 2009. In the 2009 National Diabetes survey however only 72% of patients with diabetes treated in the Trust had felt safe and happy. The 2010 survey had just been completed and she hoped the result would be better. She then presented the story of the patient whose insulin had not been prescribed following the cessation of intravenous insulin. The patient had been unable to get the problem remedied and it was only through the Specialist Inpatient Nurse visiting the ward that the problem was identified and resolved. Sadly the patient had had a similar experience on a subsequent admission. Dr Melvin explained that it was now proposed that significant errors in insulin prescription would be regarded as “Never Events” in the extended list now proposed by the National Patient Safety Agency.

On behalf of the Board the chairman expressed concern at the failure in this case to achieve appropriate standards of quality and safety because of issues of attitude and communication. Mr Johns, as Think Glucose Champion, asked about progress with improving training. Dr Melvin advised it was now part of the IV training for nurses, it was covered in junior doctor induction and there was a good e-training module available for doctors. There were issues however with the frequency, that it was not mandatory and with how to ensure that training was refreshed. The Medical and Nursing Directors both expressed concern at the unacceptable professional care that had been described and felt there were system issues and that individuals needed to be held to account for their actions. It was important that expert patients were listened to. Mr Pickering suggested that training in diabetes should be made mandatory and the process audited and reported to the Audit Committee. He was concerned that there should be a process for resolving these issues within the management hierarchy. The Director of Organisational Development agreed that this was part of the accountability process. Mr Lewis suggested a link to the Productive Ward process. Mr Hutt expressed concern about the wider implication. The Interim Chief Executive accepted the need to deal with poor performance and asked Dr Melvin and Mrs Cowley to provide a similar presentation to the EMG. The Trust Board asked for a report back on lessons learned in relation to patient safety and quality raised by this story to assure the Board that they were being addressed. Dr Melvin and Mrs Cowley were thanked for their presentation and left the meeting. The Medical Director agreed to review the action plan from an earlier Serious Untoward Incident involving a diabetic patient. Any issues of clinical governance would be discussed at the Patient Safety Committee.

91/10

STRATEGIC SCORECARD

This was received. It was suggested that the Secretary of State be invited to open the new Decontamination Unit in the spring. The appropriateness of Victoria Ward as a Stroke Unit was queried. The Interim Chief Operating Officer confirmed that the Stroke Service was being reviewed as part of the clinical service plans, and this would link into the Estates Strategy. The implementation of QIPP should provide opportunities for relocation of the ward. Discussions were currently in progress with Milton Keynes about this service. The Medical Director advised that the implications of the proposed reduction of doctors in post graduate medical training had yet to be assessed in terms of

Confirmed

European Working Time Directive compliance and quality of service.

92/10 **CLINICAL NETWORKING**

The Medical Director advised that a meeting of the acute group had been arranged for the 8th December. The Luton and Dunstable Hospital had now agreed to be involved with the discussions. This was welcomed.

93/10 **OPERATIONAL REPORT**

Finance

The Board noted the disappointing position of a deficit of £287k at the end of month seven. Work was in hand to understand the increased expenditure, particularly on locum staff. A report would be made to the next meeting of the Finance Committee. More controls had been introduced on pay. The improved performance on cost improvement was welcomed but the board stressed the importance of delivering on recurring items and not being reliant on non-recurring additional items.

Scorecard

The Chairman expressed disappointment at the number of amber/red items on this and sought assurance/confirmation that appropriate actions were being taken to improve performance. The Interim Chief Executive stressed that measurement was against stretch targets and that the Trust was delivering on the main targets as evidenced by the green governance return. Mr Johns expressed concern about the cancer target achievement and asked for more information about the walkthrough. The Interim Chief Operating Officer explained that the issues related mostly to commissioners whose action in this area was monitored by the Strategic Health Authority i.e. GPs knowing which patients to refer and how. The Medical Director confirmed that the issue had been raised at the PCT's Professional Executive Committee. Every GP practice was being visited to raise awareness about cancer referrals and also about referrals to the Accident and Emergency Department. The Chairman advised that Mr Hutt had been appointed the Trust's cancer champion. The Interim Chief Operating Officer advised that the Accident and Emergency Department had met its target since the 26th October but was still on daily reporting. There would be no financial penalties as the Trust met the revised national standard. It would be possible therefore to provide appropriate responses to the performance notices issued by NHS Bedfordshire. She drew attention however to continued increase in emergency activity which had led to a doubling of the patients treated at the marginal rate during October. She also advised that there was a backlog in relation to the 18 weeks referral to treatment target, linked to the high rate of referrals and capacity constraints. In order to get this matter resolved, it had been flagged up to the PCT on the basis that the NHS Constitution was not being delivered locally because of lack of capacity. She stressed that this was an ongoing problem of increased demand. The Director of Nursing & Patient Services advised that the Trust was hoping to achieve at least 80% of the CQUIN target although this would be challenging. The Trust Board welcomed the reassurances provided by the executive team but stressed that the aim should be to achieve green on all targets.

Workforce

Mr Hutt advised that for him the variance analysis for the year was the key workforce indicator and recommended that it be added to the scorecard. The Director of Organisational Development confirmed that this would be done. He confirmed that pay was being looked at in detail and the October pay figures were being looked at to identify the various factors which had led to increased expenditure, with the aim of being able to introduce appropriate controls in the future. The Chairman stressed that the Trust Board needed assurance that those who spent money on pay were driving costs down, understood the implications of the current levels of expenditure and were committed to addressing them. The Chairman stressed that it was a cultural issue and the Trust had turned round the position on infection and it now needed to do the same in relation to pay. Mr Pickering welcomed the drill down but urged that a fundamental

Confirmed

review of productivity of the permanent work force be undertaken, linked to the introduction of service line management. Mr Lewis believed that a number of activities did not add value to the organisation and this should be looked at to see whether it was legitimate or otherwise.

Patient safety

The Medical Director advised that there had been a change to the PCT's serious incident policy which for final reports where outcomes were outside the trust's control e.g. dependant on an inquest. This would improve the performance on reporting. He also drew attention to the consultation in progress on Never Events and the Trust's response and to work being done to improve prescribing including the discussions at the last round of audit meetings on this. He highlighted the improved performance on VTE assessments and advised that further improvements were likely as more procedures were included on the pre-approval list. Mr Hutt welcomed the improvement in prescribing but queried performance on observations and the significance of this. Mr Pickering was concerned that all wards did not report. The Director of Nursing & Patient Services drew attention to potential under reporting of pressure ulcers and executive directors advised on the significance of observations being undertaken, recorded and acted upon. Mr Johns asked that PROMS be included in future reports. The Interim Chief Executive advised that the annual Dr Foster report would be published the following weekend. The Board stressed the importance of addressing red areas and also looking ahead and setting out what was proposed to resolve issues.

Infection prevention and control

The Director of Nursing & Patient Services advised that MRSA bacteraemia target was now green and that 100% elective MRSA screening had been achieved for the last three months. The Trust was considered an exemplar in this area in the region for its success in matching patients to tests. 97% was currently being achieved for emergency admissions and there were plans to achieve 100% by the end of the year. The extended period without a case of clostridium difficile had unfortunately come to an end with one new case that week. Work was taking place with GPs to reduce rates in the community. Isolation remained a risk because of pressure on beds and high occupancy but she confirmed that all cases of diarrhoea were isolated within two hours. The Interim Chief Executive asked that the divisional action plans to reduce the time to isolation be submitted to the EMG as a matter of urgency. Mr Johns raised concerns about the previous week's low level of hand hygiene performance, but was assured that this was because the number of returns not received and not overall performance and there was no change in the risk. The Board again stressed that there should be zero tolerance where returns were not made on time.

Patient experience

The Director of Nursing & Patient Services advised that the report had been revised and further revisions including RAG rating were planned. The number of complaints regarding attitude had reduced and she or the Medical Director were proposing to meet every individual named in a complaint about attitude. The Director of Organisational Development stressed the importance of clarifying with managers how a change in behaviour should be achieved. The board supported the adoption of a zero tolerance approach in this area. The Board was disappointed at the failure to achieve the target on CQUIN 7 quality of care and asked that this be addressed.

94/10 ITEMS FOR DECISION/APPROVAL

Governance return and non-financial ratings October 2010

Having considered the report the Board **resolved** to authorise the Chairman to sign declaration one in respect of October for submission to the Strategic Health Authority.

95/10 SERVICE LINE MANAGEMENT - REPORT ON CONSULTATION

The Interim Chief Operating Officer reported that consultation on the service line

Confirmed

management proposals had been completed and the proposals were now put forward for approval. She confirmed that they were linked to accountability and appropriate controls and a process of continuous improvement. She advised that there would be a staged process for delegating power to the business units, linked to their ability to take on responsibilities. This would involve development of appropriate senior staff especially those in support services. The next stages would be to consult on the management structure, to agree a senior nursing structure, to appoint to director posts and to choose an appropriate IT system for reporting finance and quality. The Medical Director confirmed that the majority of consultants were in support of the proposals and were ready to take on more responsibility. The Board generally welcomed the proposals and the recognition of the developmental risk but stressed that the clinical business units would be accountable and not autonomous. Mr Pickering accepted the importance of the service line management but urged the importance of improving productivity in parallel. The structure must not just add expenditure for costing activity. The Chairman emphasised the importance of involving Mr Lewis and Mr Pickering in discussions on patient costing. The Director of Organisational Development stressed the importance of setting the ground rules before implementation.

96/10 APPOINTMENT OF CHIEF EXECUTIVE

The Chairman reported that Joe Harrison, currently Deputy Chief Executive for North Middlesex NHS Foundation Trust had accepted the post from the 1st February 2011 and his salary and terms of service had been agreed by the Remuneration Committee.

97/10 ASSURANCE FRAMEWORK

Mr Pickering, as Chairman of the Audit Committee, confirmed that this had been discussed at the Audit Committee and although they had been surprised at the few risks that were over fifteen, had accepted that was the case. He believed that the overall framework was better than the one used previously and it was fit for purpose. The Medical Director stressed that the framework was on a summary of assurances and a number of assurances on individual items had been discussed on the operational report. He also updated the Board in relation to the Colposcopy action plan.

The Board accepted that the framework represented the risks, controls and assurances that were in place and that the actions proposed would improve controls/assurance. The EMG was asked to review the system of scoring and the mechanics of producing the document, in particular in relation to the Risk Register.

98/10 REPORT FROM THE AUDIT COMMITTEE

Mr Pickering presented the report from the Audit Committee meeting held in November highlighting the issues with relation to the Information Governance Toolkit, the committee's proposals for considering clinical audits linked to Care Quality Commission outcomes and the suggested review of governance arrangements. The Interim Chief Executive confirmed that the executive was already considering these issues.

99/10 REPORT FROM THE FINANCE COMMITTEE

Mr Gear's report from the November meeting of the Finance Committee was received. He drew attention to the committee's concern that cost improvements should not be back-ended and suggested that the cost improvement year could to advantage be different from the financial year. The executive explained that traditionally CIPs had been linked to the Service Level Agreement negotiations but they believed that, for 2011/12 and going forward, the programme would be in place at the beginning of the financial year.

The Chairman felt that there were a number of significant financial issues facing the trust, which were detailed in the report. The overspending issue could not be allowed to continue and must be addressed. The Board must understand why it was happening and what the various elements were so that they could be addressed. A report should

Confirmed

be submitted on this to the next meeting of the Finance Committee.

The Board supported the proposal for discussions to take place with the PCT with a view to achieving a guaranteed end of year outcome which would give the Trust an appropriate surplus.

100/10 MEETING DATES OF MEETINGS FOR 2011

The schedule was approved. There might be some flexibility in moving private meetings because of half term commitments. The Director of Finance & Performance would confirm dates for the Charitable Funds Committee meetings.

101/10 TRANSPARENCY

The Director of Finance & Performance confirmed that all contracts entered into by the trust at a value of more than £20k were now included on the Trust's website.

102/10 CHARITABLE FUNDS

Meeting in a general meeting as Trustees for the Bedford Hospital NHS Trust Charitable Funds, the Board agreed to approve the accounts and accounting policies, post audit for submission to the Charity Commission. The Director of Finance & Performance confirmed that the independent examiner (the Audit Commission) would issue a clean opinion on the accounts following this resolution.

103/10 EXCLUSION OF THE PRESS AND PUBLIC

The Board **resolved** under standing order 3.17.1 that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the matters to be transacted, publicity on which would be prejudicial to the public interest.

A member of the public was present for most of the meeting.