

B E D F O R D H O S P I T A L T R U S T B O A R D

**Minutes of the 145th Meeting of the Bedford Hospital Trust Board
held at 10.00am on Wednesday 25th March 2009
in the Committee Room, Bedford Hospital**

PART 1

- Present:** Mr R Rankmore, Chairman
Mrs J O'Callaghan, Chief Executive
Mr E J Neale, Medical Director
Mr A Warren, Director of Finance and Performance
Mr D Gear, Non Executive Director
Mr B Herdan, Vice Chair
Mr C Ovington, Director of Nursing & Patient Services
Mrs L Hunt, Chief Operating Officer
Mr K Lewis, Non Executive Director
Mr G Johns, Non Executive Director
Mr I Pickering, Non-Executive Director
- In attendance:** Mr A Dickinson, Trust Board Secretary
Mrs A Buck, Director of Human Resources (for Director of Corporate Services) for items 23/09 to 29/09
- Apologies:** Mr A Dennis, LINKS representative
Mr I Stoneham, Director of Corporate Services

- 23/09 DECLARATIONS OF INTEREST**
Mr Herdan reported that he had ceased to be the interim Chief Executive of the Security Industry Authority and was now the Chief Executive of the National Fraud Strategic Authority. Mrs Hunt reported that she had been appointed a Trustee of the Bedford YMCA.
- 24/09 MINUTES OF THE MEETING OF BEDFORD HOSPITAL TRUST BOARD HELD ON 28th JANUARY 2009**
With the following amendments these were agreed as a correct record for signature by the Chairman:-
04/09 the figure should read first quarter of 08/09.
13/09 amend worging to working.
- 25/09 MATTERS ARISING/ACTION LOG**
23. Staff engagement strategy - presentation on part 2 of the agenda.
25. Decontamination and the Healthcare Commission
The Director of Finance & Performance reported that the Healthcare Commission had been invited to attend meetings with the Trust but had cancelled on several occasions. Agreed to delete.
33. Seminar to discuss IM&T - to be arranged as part of the Trust Board development programme.
36. European Working Time Directive - the Director of Human Resources confirmed that the issues were within surgery. Measures were in hand to make the rotas compliant to achieve the requirement by the 1st August and be signed off by the SHA. This would entail the appointment of additional staff. The Medical Director advised that there had recently been a breach of the European Working Time

Confirmed

Directive by junior staff in medicine, possibly linked to the high level of activity. The reasons were however being pursued as a matter of urgency and he would report back to the next meeting of the board. The Chairman stressed the importance of complying with the directive and the EMG was asked to keep the issue under review.

37. High intervention graphs - included in the mandatory reporting report.

38. Complaints - for the next quarterly report.

41. Audit reports - It was noted that responsibility for data security had been agreed at the last meeting of the Trust Board. The Director of Finance & Performance confirmed that there was a system in place for processing audit reports. Mr Pickering, as Chairman of the Audit Committee, advised that there had been difficulty in getting managers to respond to draft reports and this was not satisfactory.

42. PCT Director of Public Health - the PCT had not responded and it was agreed that the Trust Board Secretary should pursue the matter.

26/09

PATIENT EXPERIENCE - JUST A ROUTINE OPERATION

The Board viewed the video from the NHS Institute for Innovation and Improvement.

The following points emerged in the ensuing discussion:-

The purpose of the exercise was for the Trust Board to be more aware of the impact of its decisions on patients with a view to reducing the extent of mortality and harm. Steps to achieve this had already been taken through the introduction of the global trigger tool, signing up to Leading in Patient Safety and the Patient Safety First campaign. Two positive steps were the introduction initially on a pilot basis of the WHO Surgical Checklist and the introduction from the 1st April of the patient at risk team. It was likely that more protocols and guidelines would be introduced and further training supplied.

The implications for organisational change including leadership, cooperation and teamwork were stressed. Arising from a recent incident the anaesthetists had agreed to work together with an experienced industrial psychologist to see how they could improve the service they provided.

It was agreed that there should continue to be a presentation on patient experience as the first item on every agenda of the Trust Board.

27/09

OPERATIONAL REPORT

The Chief Executive reported that consultation on A Healthy Bedfordshire had started. The Trust would need to respond. She drew attention to a problem in meeting targets in the Accident and Emergency Department which was really struggling to cope with an increase in demand. The Chief Operating Officer advised that she was proposing to undertake a patients' survey to see what had led patients to attend the department rather than seek help from another service. She was currently reviewing all breaches individually and it appeared that some patients had already sought help from several sources before coming to the hospital. She advised that the number of admissions arising from Accident and Emergency Department attendances was continuing in the same proportion, and this had led to a considerable increase also in the number of admissions. The information from the survey would feed into the urgent care strategy consultation and it was important that the outcome of that reflected what patients wanted. The issues were being discussed with the PCT and a staffing bench-marking exercise was proposed.

The Chief Executive reported on the unannounced visit by the Healthcare Commission to review compliance with the hygiene code. This had led to an unexpected unfavourable outcome but she was pleased to report that following the Trust's representations and prompt action, the Healthcare Commission had decided not to issue an improvement notice. The issues related largely to mattresses and commodes. Directors sought assurances and explanations as to how this situation had arisen. The Chief Executive confirmed that the issue with the mattresses had been identified by management but the replacement mattresses which had been

Confirmed

ordered had not arrived until after the visit. She confirmed that regular audits of mattresses would continue and management would undertake more inspections. A Non Executive Director raised concerns about how the Healthcare Commission had now twice identified failings of which management was unaware and felt that the Trust should not be reliant on outside agencies to identify weaknesses. The Board confirmed that it wanted to see in place appropriate procedures and suitably trained staff and both appropriately monitored, to ensure that the hospital was safe. It needed assurance that that was the situation. In relation to Standards for Better Health, it was noted that the process was likely to change in the following year, with the introduction of the Care Quality Commission, which would be looking at things prospectively rather than retrospectively. The Director of Nursing & Patient Services was complimented on his speedy response to the hygiene code visit.

The Chief Executive referred to the recent Healthcare Commission report on the hospitals in Mid-Staffordshire. She advised that these were of a similar size to Bedford Hospital and had achieved good ratings in the Annual Healthcheck. The hospitals had however a higher mortality ratio than Bedford and lower ratios of doctors and nurses to beds. This suggested that current assessment systems did not look at all the relevant factors. The issues which were paramount for the Mid-Staffordshire board were however the same as for Bedford i.e. foundation trust status, targets and finance. The transformation programme in Bedford had however led to service changes, not just reductions in budgets. The Trust had had a number of inspections over the past few months and was doing its best to be open and to improve.

She confirmed that the previous evening, the Strategic Health Authority had asked the Trust to press on with its Foundation Trust application and had issued a letter of support for its Standards for Better Health declaration. The timescale for submitting the long term financial model was, however, likely to be tight.

The Chief Executive also advised that following recent publicity about poor quality of learning disability services across the country, the EMG would be reviewing the local position. They would also be reviewing the Trust's position on mixed sex wards following the receipt of revised guidance. The Director of Nursing & Patient Services advised that the PCT had carried out an inspection the previous day and this had indicated that although in some areas the new standards could be met relatively easily and cheaply, there were areas such as the AAU where it would be difficult and expensive to achieve the standard. The financial penalties for not reaching it were however considerable. Once further work had been undertaken a report would be submitted to the Board. The Chief Operating Officer advised that there was some lack of clarity in the new guidelines. The Trust had already made an application against national funds for building alterations, but this had been done before the new guidelines had been published and therefore a revised bid would be submitted. The Board asked that a report setting out what needed to be done, together with costs and timescales and source of funds be submitted to the Trust Board at the earliest opportunity with an update next month in any case. The issue would also be raised at the discussions with the Strategic Health Authority.

In discussion of the circulated reports, the following issues were raised.

The Director of Nursing & Patient Services confirmed that there still had been no cases of MRSA in the month

Directors drew attention to the graphs on Accident and Emergency Department activity not indicating the situation as described, and asked for them to be revised. The first booking had now been received under electronic choose and book. The Strategic Health Authority coordinator's view was that the timescale for achieving 90% bookable electronically by July was not feasible and that October was more realistic. The issue was partly one of GP confidence.

On thrombolysis a director was reassured that the Trust was on target to achieve

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compliance for the year as a whole.

The Board was disappointed with the level of appraisals, although it noted the upward trend. The Board asked the Executive to stress the importance of appraisals to managers as appraisal was key to staff engagement, and asked the Director of Human Resources to ensure that the correct denominator was being used.

On the assessment for the Healthcare Commission rating, it was noted that assumptions had been made about thresholds and in the light of the publication of the national sentinel stroke audit and the results of the staff survey these might prove to be over optimistic.

In relation to electronic discharge summary the electronic portal was not yet working but the number of complete and timely summaries was improving.

The Medical Director explained that the mortality figures had changed, following a review by CHKS of their presentation, and confirmed that all the information on mortality in the hospital was very positive. He believed however that it would still be possible to achieve a year-on-year reduction of 5% and outlined how this might be possible.

28/09

FEEDBACK ON THE STAFF SURVEY 2008

Dr Reg Race, Managing Director of Quality Health, in attendance for this item.

Dr Race confirmed that performance, having been largely static between 2003 and 2007, had improved considerably as it had done in many other trusts. He drew attention to the substantial variations in the survey results between different organisations and different staff groups. Improvements noted nationally for 2008 included more training, especially in infection control, infection control materials more available, improved job satisfaction, fewer people wanting to leave the NHS and a reduction in the level of stress. These changes reflected the broader perspective and external factors as well as those prevailing in the individual organisation. He advised that most results for the hospital were close to the national mean. He drew attention to the areas where the Trust had improved significantly - work/life balance, infection control training, appraisals, clear objectives, staff feeling their work was valued, they got clear feedback, felt there was effective communication, felt patient care was the top priority and reported less physical violence and stress. He commented that in some areas the Trust remained below average on these factors. Training in equality/ diversity was particularly low.

Following the presentation, directors raised issues in relation to the possible assessment by the Healthcare Commission, relative versus absolute performance, the need to improve in areas such as equality training and appraisal, the difference between London and other areas, the need to look at comparisons over a period as improved levels were still not as good as in 2003, and concern that in spite of the improved performance the Trust was above average on only 3 out of 36 indicators.

29/09

REPORT ON THE PATIENTS SURVEY 2008

Dr Reg Race, Managing Director of Quality Health, in attendance for this item.

Dr Race presented the findings from the survey, drawing attention to the impact on the results of the balance of responders by emergency/elective admissions, gender, ethnicity and age. The Trust had had a high response from emergency admissions, although the other factors and the overall response rate were similar to the overall position. He drew attention to areas where the Trust had performed worse than average in terms of perception of mixed gender sleeping areas, noise, lockable areas to store belongings, choice of food and help with eating food. Information before treatment was better than information on discharge and the number of delayed discharges was also high, with patients waiting for doctors or drugs. The overall number of patients describing the service as good or excellent had risen from 69% to 76%, and there was a significant improvement in those noting that hand washing had taken place, which had risen from 33% to 50%, cleaning scores, food

Confirmed

quality, ratings of doctors and nurses, pre-operative information and patients copied in to letters to GPs. He identified key areas for action as being cleaning, food service/help, mixed gender wards, pain relief and discharge information. He drew attention to the improvements after several years of flat performance and generally congratulated the Trust on its improved performance.

In discussion Dr Race suggested that it was reasonable to expect 80% returns from the PROMS surveys.

Mr Herdan left during discussion of this item.

30/09

OPTION APPRAISAL FOR THE PROVISION OF SINGLE SITE BREAST AND COLORECTAL OUTPATIENT SERVICES

Mr Michael Callam, Consultant Breast Surgeon and Mr David Skipper Consultant Colorectal Surgeon in attendance for this item.

Mr Callam explained that the hospital was unusual in not having purpose built breast unit. This placed the Trust at a disadvantage. In a peer review carried out two years previously, the Trust had been told that a purpose-built unit was necessary for the hospital to retain the breast service. The next inspection, beginning with a local self-assessment, was due in the current year and he believed it would be sufficient to retain the service if at that stage the scheme was on site. Mr Skipper advised that while the pressure for the colorectal single stop service was not as great, changes in the cancer target meant that volumes had increased and provision of the new facility would release space in the endoscopy unit for the increased numbers coming from the introduction of the bowel screening programme. The Chief Operating Officer stressed the urgency and importance of becoming compliant. The new facilities should enable workload to increase and also release space in the x-ray department. Directors sought clarification over the revenue consequence, the relationship between bowel screening and the colorectal services, the revised cancer target, the reasons for phasing the scheme and the financial analysis.

Following discussion the Board RESOLVED to approve the phased option in order to improve quality, efficiency and in order to give patients a better pathway. The Trust Board asked for future business cases to include NPV and IRR analyses.

31/09

STRATEGIC SCORECARD

The scorecard was based on the model previously agreed with the addition of project reporting. The Trust Board welcomed the information provided on hepatitis C, the PAR Team and legal developments but felt that overall the scorecard was too internally focussed and did not include, for example, reference to the economic environment. It was agreed that a strategy report should be considered as the second agenda item on all future Board agendas. Project reporting should be on an exception basis. The Chief Executive drew attention to the impact of the creation of unitary authorities from the 1st April and new developments in the Safeguarding of Vulnerable Adults.

32/09

PROGRESS WITH THE SERVICE LEVEL AGREEMENT FOR 2009/10

The Director of Finance and Performance reported that the PCT had now made an improved offer of £104.29M This was an increase of about £2m over the previous offer, and did link to the activity plan. Further discussion was needed on the detail including areas where financial penalties applied. If accepted, the offer should result in a financial surplus of £2m, which was less than the figure used in the LTFM.

Directors raised issues regarding the options, including arbitration, if agreement could not be reached, the areas included, areas of possible penalties and the impact on the Trust's FT application. There was a clear view that the Trust should not sign a SLA which could not be delivered.

It was agreed that a special board meeting be convened for 30 March to take stock of the position and decide whether the SLA could be signed or not.

33/09 DRAFT ANNUAL PLAN FOR 2009/10

The Chief Executive introduced the item. There were at this stage a number of gaps, some inconsistencies and the document had not been edited and there was a need to strengthen the reference to Patient Safety on page 4 and to add a section on leadership on page 5. It was agreed to delete reference to Turnaround on page 9, and that the financial figures needed to link to those agreed in the Service Level Agreement. It was agreed that the document should be reviewed and updated and the revised version made available for agreement at the special meeting on 30th March.

34/09 ANNUAL BUDGET 2009/10

The Director of Finance & Performance said it was good practice to have agreed budget before the beginning of the financial year. The current version reflected the income currently proposed by the PCT, with expenditure based on discussions with spending departments at the beginning of the year. The long term financial model would be revised to reflect the budget and the Service Level Agreement.

Directors raised queries over the cost of maternity services, including the impact of tariff changes, insurance premiums and the requirement to appoint additional midwives; the status of the items shown in the capital programme; the possible need to fund pathology IT, depending on the outcome of the Pathology tender process; the various categories of the reserves and how they would be managed and specific items in the development programme. The Chief Operating Officer drew attention to the need to make financial provision for contracting-out work in orthopaedics and urology to the private sector in order to achieve the activity level required by the PCT. This was not included in the current version and would therefore reduce the proposed surplus. The Trust Board also discussed the implications of activity exceeding Service Level Agreement levels as had happened in the past two years and the likelihood of incurring penalty charges from the PCT. In relation to discharge summaries the Chief Operating Officer advised that she was confident that these would be issued but had proposed a time limit on GPs for querying their completeness.

The Trust Board agreed that it was not yet in a position to agree the budgets and that revised documentation should be provided for the meeting on the 30th March. Prior to then, the long term financial model should be tested with a projected surplus of £1.5m. The Trust Board however believed it was legitimate to argue that income was likely to be received in excess of budgeted income because of over-activity and that this figure could be used as a base for the long term financial model if necessary.

35/09 STANDARDS FOR BETTER HEALTH DECLARATION

The Director of Nursing & Patient Services advised that the document had to be signed off at the next meeting and that it was important therefore to clarify any issues at this meeting. Following discussion of the compliance report at the last Audit Committee meeting a revised version had been prepared, which was tabled, setting out the extent of lapses. Directors stressed that it was for the Board and not for the Executive to come to a view as to whether lapses were significant or not and that to do so more information was required on the number, scale and impact of lapses.

It was agreed that the compliance document should be reviewed accordingly and reviewed at a special meeting of the Board arranged for 2pm on the 8th April.

36/09 ASSURANCE FRAMEWORK

The Director of Finance and Performance explained that this had been reviewed at the EMG and Audit Committee. It was a live document and changes had occurred since it was circulated with the papers. The Trust Board noted the position.

- 37/09 GOVERNANCE RETURN AND NON FINANCIAL RATINGS MONTH 11**
The Director of Finance & Performance explained that this document had been prepared on the basis of lapses in relation to decontamination, clostridium difficile in the month and Accident and Emergency in the month. The thrombolysis figure had been based on the year to date. The overall conclusions on governance the Trust scored amber on governance and green on finance. After debate the board **RESOLVED** that declaration 2 be signed, referring only to decontamination.
- 38/09 MRSA POLICY**
The Director of Nursing & Patient Services advised that the updated policy needed board ratification. There were no significant changes. Subject to clarification in relation to the antibiotic policy the Board **RESOLVED** to approve the policy.
- 39/09 REPORT FROM THE AUDIT COMMITTEE**
Mr Pickering as Chairman of the Audit Committee presented his report and drew attention to the issue with management responses to audit reports which would impact on the Head of Internal Audit's opinion. The Director of Finance & Performance confirmed that management responses on the two reports outstanding from previous years had now been submitted to the auditors. Mr Pickering also drew attention to a special meeting of the committee to review the updated statement of internal controls. The report and minutes of the January meeting were received.
- 40/09 THE PRODUCTIVE WARD**
The Director of Nursing & Patient Services advised that the project to implement this, linked to the LEAN process, was being worked up. He believed it would be of great benefit to the Trust. A fuller report would be submitted in due course.
- 41/09 QUALITY REPORTS**
The Chief Executive tabled a draft response to the national consultation on the content of quality reports which was agreed for submission.
- 42/09 TRUST OBJECTIVES FOR 2009/10**
The Chief Executive tabled a set of draft objectives on which comments were invited by 8 April, so that a revised version could be prepared for and approved at the next meeting of the Board.
- 43/09 DATE, TIME AND PLACE OF NEXT MEETING**
The next public meeting of the Trust Board will take place at 10.00 am on Wednesday 27th May 2009.
- 44/09 EXCLUSION OF PRESS AND PUBLIC**
The Board resolved under Standing Order 3.1 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 number of staff members were present for the survey reports. There were no members of the public present