

BEDFORD HOSPITAL TRUST BOARD

**Minutes of the 136th Meeting of the Bedford Hospital Trust Board
held at 9.30 am on Wednesday 26th September 2007
in the Committee Room, Bedford Hospital**

Present: Mr R Rankmore, Chairman
Mrs J O'Callaghan, Chief Executive
Ms J Halliday, Director for Turnaround
Mrs L Hunt, Chief Operating Officer
Mr E J Neale, Medical Director
Mr B Herdan, Vice Chair
Mr B Portch, Non-Executive Director
Mr K Lewis, Non-Executive Director
Dr V Mayor, Non-Executive Director
Mr A Warren, Director of Finance and Performance

In attendance: Mrs K French, Acting Director of Nursing and Patient Services
Dr F Mutch, Clinical Director, Medicine and Diagnostics
Dr D Liu, Interim Clinical Director, Surgery
Mr G C Budden, Clinical Director, Women & Children's Services
Mrs A M Buck, Director of Human Resource
Mr A Dickinson, Trust Board Secretary
Mrs H Baily, PPI Forum
Mr G Johns Associate Non-Executive Director

APOLOGIES AND WELCOME

Apologies for absence were received from Ms C Sumner, Non Executive Director
The Chairman welcomed to the meeting Dr Liu, Interim Clinical Director Surgery & Anaesthetics, Mrs Baily, PPI forum and Mr Johns, Associate Non executive Director.
Mr Johns gave a brief summary of his career in fund management and investment banking and explained that in retirement he wanted to offer his skills and experience.

83/07 DECLARATIONS OF INTEREST

There were no new declarations of interest. Mr Johns had no interest to declare

84/07 MINUTES OF THE MEETING HELD ON 25th July 2007

These were agreed as a correct record, subject to deleting "and governance" in the title of the Audit Committee. A non executive director suggested that future minutes should reflect more of the challenges and debate that took place.

85/07 MATTERS ARISING/ACTION LOG

The position on all the items listed was noted except in relation to:-
item 3- estates strategy. The Director of Finance and Performance explained that the revised estates strategy would be presented to the next Trust board meeting
Item 9- values. It was clarified that the organisational development plan was in two parts, values and behaviour, which was on the agenda for this meeting and succession planning, which would be on the agenda for the next meeting.

Confirmed

86/07 CHIEF EXECUTIVE'S REPORT

The Chief Executive presented her report, drawing attention to the pleasing financial situation, good work throughout the organisation in meeting operational challenges in the last month and providing up to date figures on hospital acquired infection (*Clostridium difficile*, 9 cases to date in the month all of which were relapses and 1 case of MRSA at the very end of August which was considered not avoidable). In relation to the Foundation Trust application she advised that just under a thousand members had been recruited to date. There has been good response to the "wrap around" in the local newspaper and a mail drop was planned. The NHS East of England had produced a consultation document on "Saving Lives" and she would circulate this to members, inviting comments, so that a collective response can be put to NHS East of England. The advertisement for the Director of Corporate Services would appear in the current week. She believed that although the East of England review of acute services was continuing it would to a large extent be overtaken by Lord Darzi's national review of services which was more clinically oriented.

The Board received the report, welcoming the strong performance it highlighted.

PERFORMANCE REPORTS

87/07 Operational Performance Report/Balanced Score Card

The Chief Operating Officer introduced her report, to be read in conjunction with items 2 and 4 of the balanced score card. The report focused on the areas marked as red on the score card and outlined the action proposed. In relation to delays in the accident and emergency department, the escalation process would now start at three hours. The problem was caused largely by bed issues. On cancer waits, while the Trust remained within target, tight control would be needed for the rest of the year to make sure that this remained the case. Currently, there was a daily review to ensure no further slippage. On thrombolysis, there would be discussion with the Ambulance Trust and emergency care network in the near future. New measures had been put in place to ensure that, where operations were cancelled on the day, patients were re admitted within 28 days. She believed that in future this indicator would be green.

Good work was taking place in infection control. Activity was better aligned with levels within the SLA. There was currently over performance in ENT and a decision from the PCT on this was expected shortly. In relation to delayed transfers, a meeting of all parties in the local health community was planned to agree an appropriate policy. In response to queries from board members, the Chief Operating Officer confirmed that

- progress on reducing lengths of stays was in hand and a report would be submitted to the next meeting.

- where there were breaches of the cancer targets this was normally only 1 or 2 days and there was no risk to the patient.

- a review of re-admissions indicated that generally this was because of co-morbidity. A report would be presented to the next meeting on this.

- she accepted the need to clarify national targets and areas monitored because of local choice.

- cancer targets were shown as provisional because of the time scale for producing reports meant that not all checks could be undertaken. The figures however should not be included as green on the score card until they had been substantiated.

- in relation to delayed discharges, the aim was to ensure a response on these within

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24 hours and transfer within 48 hours, linked to a review of internal processes and clear expectations. Delayed discharges did of course increase lengths of stay.

-the Trust dress code was currently out for consultation and would be discussed at the EMG the following Monday. Although Department of Health guidance had only just been publicized, it had been available for some time and it was reflected in the Trust's proposals.

-the importance of the new Chief Information Officer post in ensuring appropriate reporting was stressed. She confirmed that there was generally clinician buy in.

The Board stressed that targets must be achieved and the Trust must still provide quality services. The Clinical Director, Medicine and Diagnostics, confirmed there were changing expectations within the medical staff.

88/07 **Finance Report**

The Director of Finance and Performance presented his report and highlighted that the surplus of £2.374 million at the end of August was £320,000 better than the profiled surplus required to deliver the planned out turn of £5.4 million surplus at the end of the year. He stressed however that it was still early to give a firm predicted outcome. He drew attention to the fact that although a credit note had been issued to the PCT for the first quarter in the sum of £444,000, following review the sum in question had been reduced to £15,000. This was because of the long time frame for valuing activity. The Chairman confirmed that an early version of the report had been discussed robustly in the finance committee where members had had the opportunity to debate issues in detail. The one significant item was the different treatment of the deficits in East and North Herts and Bedford, even though both Trusts employed the same external auditors. The Director of Finance and Performance advised that this was basically a presentational issue, linked to the statutory duty to break even over a three year cycle. He had raised the issue of the inconsistency with the auditor, but had yet to receive a reply. The Director was requested to chase a reply as the difference and treatment was damaging and undermining.

In noting the position, directors recognised that the risk to achieving the proposed end of year surplus had reduced and the figures presented were based on achieving the SLA, no more, no less. Members asked to be provided with a best case and most likely scenarios and congratulated the staff for their efforts. They stressed however that there must be no complacency, and controls must not be relaxed.

89/07 **Human Resources Report**

The Director of Human Resources presented her report and confirmed that the number of staff employed by the Trust had reduced during the month in consequence of the transfer to Moorfields, although this had no effect on the service provided. She drew attention to the level of agency staffing used in August when bank staff availability was low. This raised the issue of managing annual leave. Sickness was down but this had not been reflected in a reduction in the demand for additional staff, possibly because of holidays and the opening of additional beds. A non executive director queried whether finance was included in induction programmes; he believed that it should be. While this could be reviewed for the February intake of doctors, the Medical Director stressed that the induction day for junior doctors was already over loaded. There were however national discussions taking place about including finance in undergraduate training and he would look to see how appropriate elements could be introduced during the F1 and F2 years. Trainees at specialist registrar level did receive management training. The Chief Executive advised that the comment from the feed-back from the Deanery on F1 and F2 training was that too much financial information was included. She was following this up. Directors raised issues in relation to:-

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the carry over of annual leave which they stressed should be exceptional and minimal. They recognised that for consultants it was 10 days and that in future the appropriate allowance would be needed to be made in the accounts because of a revised accountancy standard.

-the reasons for extra staff usage, which included vacancies, leave and the opening of additional beds.

-the welcome ability through CapPlan to plan staffing better and to predict issues such as the impact of half term.

-the need for Directors' reports to relate better to staffing costs

- the review of the use of temporary staff being undertaken through the turnaround process

- the fact that the sickness target was not being achieved although there had been some reduction in sickness

- the turnaround target for staff reduction, which had not been achieved, although there was under-expenditure on pay across the Trust. The finance committee would need to be assured that the target would be achieved.

The report was received, noting that further action was required to manage leave and vacancies.

90/07 **Infectious Disease Prevention and Control Annual Report 2006/07 and Annual Programme 2007/08**

The Medical Director introduced the report, and explained that there were two elements, the annual report for 2006/7 for information and the plan for 2007/8 for approval. The report was a summary of highlights in relation to activity of the team, the role of the infection control committee, the number of infections, the rate of incidence, a summary of outbreaks and how these had been managed throughout the year. He drew attention to the reduced numbers of MRSA cases, although the target had not been achieved, and the rise in the number of *clostridium difficile* cases leading to the establishment in January of a cohort area for medical patients. This had been successful in reducing the number of cases.

The report was received.

In relation to the programme, he advised that this had been built up from the requirements in the hygiene code and took account of the turnaround requirements for *clostridium difficile*, the outcome of the SHA visit and the visit from the Healthcare Commission.

Directors questioned

- the base line for *clostridium difficile* cases, given that the central report was of cases reported by the laboratory, not those occurring in the hospital. The Medical Director confirmed that reporting was one of the issues being addressed by the turnaround team.

- escalation arrangements if targets were not being achieved.

- the facilities available for hand cleaning, in particular gel and wash basin facilities. The latter was currently being worked on by the estates department.

- the status of the visitors policy. This was under consultation and it was confirmed that it included a communications strategy.

- uniform policy

-whether on admission, the hospital was alerted to potential cases, through patients being flagged on the computer system.

The programme was approved. It was agreed that the measure of success would be

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the reduction in the number of infections reported, across the board.

The board congratulated the Senior Nurse, Control of Infection on the excellent report and stressed that infection control was a top priority, with the aim of eliminating all avoidable infection. It requested an action plan setting out achievement against the SHA's recommendation and when they were achieved. It noted that feed back from the Health Care Commission's inspection had yet to be received.

Annual Maternity Survey.

91/07

Dr Reg Race, Quality Healthcare, in attendance for this item.

Dr Race was welcomed to the meeting and confirmed he had no interest to declare. He advised that the survey results were available at three levels, a high level series of actions points, a more detailed management report and the raw data, which was available for access. He outlined the back ground to the survey, the first of its nature commissioned by the Healthcare Commission, and the factors which influenced the scoring, in particular ethnicity, social status and age. The Trust scored well in relation to choice, ante-natal care, caesarean section rate and screening. The Trust scored less well in relation to quality of food, cleanliness of toilets, support for breast feeding and support for babies, especially in relation to skin care and crying. Overall the Trust was above average and systems in general were performing well.

The Clinical Director, Women and Children's Services commented that the overall conclusion was just about satisfactory. The division was aware of the issue of breast feeding and was making improvements. Caesarean section rates were a national issue, but were being looked at locally and were reducing. The role of midwives was being reviewed as part of the "Maternity Matters" proposals. Once mothers were in established labour, 80% received 1-1 care.

The board welcomed the report and congratulated staff on a generally good performance. They requested that an action plan be drawn up to improve the areas highlighted as below average, in particular of cleanliness of toilets. Dr Race was thanked for his presentation and left the meeting.

92/07

Foundation Trust update

Hilary Jones, Foundation Trust lead, in attendance for this item.

The Foundation Trust Lead outlined the progress made, drawing particular attention to the progress on the integrated business plan, the workshop planned for 17th October and the feedback received from the SHA. Support for the proposals had been received from the Patients' Forum, the Overview and Scrutiny Committee and from various individuals and stake holders. Membership was rising. Key messages had been sent to staff and discussions with ethnic groups were in progress. The Medical Director stressed the difficulties of undertaking consultation over the holiday period and felt the Trust had done all it could. The Chairman congratulated the Foundation Trust Lead for her efforts with the consultation process. The Board agreed to delegate approval to sign off the final version of the business plan, which would go to the Secretary of State on 1st November to the meeting of the members of the board to be held on 31st October.

93/07

Risk Strategy

The Medical Director explained that the existing risk strategy expired at the end of July 2007. To meet the requirements of the NHS Litigation Authority's accreditation, due to take place in November, some changes were required.

The EMG had however not been able to work through the full strategy in detail, in particular the precise terms of reference of various committees. A risk forum had been introduced but there was still a lack of understanding in the organisation of

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what significant risk was. It was important that the board was informed of the key risks but the number of these was likely to be small. Directors confirmed their support for existing strategy being updated to meet the requirements of the NHS Litigation Authority, to be followed quickly by a more fundamental review of arrangements which would ensure that the board was aware of high level risks and was able to contribute on a top down basis to identifying those which would not necessarily arise from a bottom up process. As part of the review, the risk register process and software used should be examined and there should be more emphasis on the risks being owned and managed, with action plans in place for tackling significant risks.

94/07 Lean Thinking Strategy

The Chief Operating Officer introduced her paper, indicating how lean thinking could be incorporated into the organisation to take forward the strategic framework. It would be managed by a steering group, possibly developed from the existing turnaround team. Work programmes would be managed on their outcomes. The process would require a good communications strategy and some training of leaders. The service improvement team would have a major role to play.

The Board supported the proposals on the basis that they were a way of life, not a technique and not a quick fix. It noted the seven areas targeted for initial action. The Board felt the proposals represented an appropriate vehicle from taking forward turnaround in the organisation. It was noted that the start up costs and training requirements would be minimal, as only 12 trainers needed to be trained. There was scope for working with other organisations, which might provide some free training. One non executive director had experience of this and felt the Trust was unusual in taking lean thinking forward on such a wide basis and suggested the initiative be launched under the "every patient matters" banner. It was agreed that an update should be provided to the board in October

95/07 Development of Behaviour and Values Framework

The Director of Human resources introduced her paper, stressing that the framework had been developed using focus groups of staff so that it could be applied effectively across the Trust.

The Board agreed that it was important that all staff conformed to the behaviours and values set out in the paper. Interview candidates' approach could be checked at that stage and advice should be given to the staff responsible for recruitment on this, and existing staff should have their behaviours and values discussed at appraisal.

In terms of implementation, it was agreed that the behaviours and values framework should not be a stand alone project but that it should be linked to the 'lean' approach. The appraisal process should be reviewed to incorporate values and behaviour. The message should be reinforced regularly and the links to good professional practice should be stressed.

An action plan setting out how this should be achieved in conjunction with lean strategy should be presented to the next board meeting, to include a communications plan.

96/07 Patient Survey Action Plan

The Acting Director of Nursing and Patient Services presented the action plan. She felt there had been considerable improvement in response to the survey in relation to better patient information, maintenance of the patient call bell system, and the introduction of red trays. She was asked to ensure the second item was included in the action plan, to add dates of achievement and stress in future action plans the main items against which improvements could be shown. It was noted that some areas were based on perceptions, and patients' perception might not be the same

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as the position as seen by professionals e.g. care on mixed wards, staffing levels and hand hygiene. It was important that staff should be encouraged to keep giving the appropriate messages to patients on these issues.

The Board welcomed the progress made.

97/07 Staff Survey

The Director of Human Resources presented the report and drew attention to more accessible training, better staff support and improved change management. The Chief Executive stressed that importance of making sure staff were aware of the actions taken and proposed prior to the issue of the next survey, which was imminent and which would include all staff. Directors drew attention to confusing terminology in relation to appraisal and performance review, and stressed the importance of 100% appraisals being carried out and of giving a positive message to staff.

98/07 South East Midlands Local Improvement Finance Strategic Partnership Agreement

The Director of Finance and Performance presented his paper, recommending that Bedford Hospital should participate in SE Midlands LIFT strategic partnering agreement, subject to the views of the Trusts solicitors. This would give the Trust potential to provide services from premises procured under LIFT off the main hospital site without the need to tender. However there was no obligation to use the LIFT partner in such projects. The Board agreed to the proposal and to the appropriate documents being completed by the Director of Finance and Performance.

99/07 Progress Report against Trust objectives for 2007/8 as at 31st August 2007.

The Board noted the progress made, and in particular that good progress had been made against every objective. The Director of Finance and Performance confirmed that the objectives being measured were those agreed by the Board in the Business plan for the year.

100/07 Clostridium difficile update

The Medical Director presented the update on behalf of the Director for Turnaround. Most of the areas were green. Those which were amber or red had a lead in time e.g. estates issues. While the 3 month period given to the Trust to make improvements would expire shortly, he believed that the progress being made would be acceptable to the SHA. The main issue was that the number of cases was reducing. The Chief Executive confirmed that a lot of good work had been undertaken and good results achieved and that a bid had been made to the East of England challenge fund for £170,000.

She highlighted that the report from the Healthcare Commission following their visit had yet to be received and there had been suggestions that the Trust would be served with an improvement notice. She felt this would be unjustified and might refute it, given the progress made and the delay in issuing the report. A pro-active media approach would be taken. An adverse report might however have an impact on the Foundation Trusts application.

The Board again stressed the importance of all avoidable infection being eliminated.

101/07 Quarterly Quality and Infection Control Reports.

The Medical Director suggested that these two reports should be taken together as

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the infection control report expanded on the infection control elements in the quality report and when infection control was a less high profile issue the two might be amalgamated. In relation to mortality and re-admission indicators, when benchmarking using a single standard deviation approach, the Trust was within the expected range He would however in future mark as amber any indicator which deteriorated. He explained the peaks in surgical mortality were linked to the *clostridium difficile* outbreak last November. He invited directors to suggest any improvements or changes they would like to make to the report, which was still evolving.

To give better assurance The Chief Executive suggested that the complaints figures should be expanded to outline actions taken and trends. The Acting Director of Nursing and Patient Services advised that complaints were looked at in detail within Divisional CRAGs, a more detailed summary was presented to the Patient Safety Committee and action plans were being introduced for all significant complaints. The information in the report was noted.

102/07 **Safeguarding Children quarterly report**

The Clinical Director, Women and Children Services presented the report, drawing attention to

- staffing changes, which were working well.
- the concern about training outside Women and Children Services
- the changes in multi agency working.

The Chief Operating Officer advised that through the use of CapPlan appropriate training opportunities could be identified. The report was received.

103/07 **Board Papers**

The Chairman asked that covering sheets should be completed more clearly to indicate the action required by the Board. A Non executive Director requested that abbreviations should be spelt out or included in a glossary to aid understanding.

104/07 **Meeting Arrangements 2008**

The Board agreed to continue to meet on the last Wednesday of every month except August when there would be no meeting and December (when the meeting would be on the 17th), alternating public and developmental meetings. Away days were agreed for the second Wednesdays in March, July and October.

105/07 **Date and Time of Next Meeting**

Wednesday 28th November 2007 at 0930 in the Committee Room Bedford Hospital.

106/07 **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.