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BEDFORD HOSPITAL TRUST BOARD

**Minutes of the 132nd Meeting of the Bedford Hospital Trust Board
held at 9.30am on Wednesday 29 November 2006
in the Committee Room, Bedford Hospital**

Present: Mrs H Nellis, Chairman
Mrs J O'Callaghan, Chief Executive
Mrs L Hunt, Chief Operating Officer
Mr A Warren; Director of Finance and Performance
Ms J Halliday, Director of Nursing and Patient Services
Mr E Neale, Medical Director
Mrs A Buck, Director of Human Resources
Mrs A Clarke, Divisional Clinical Director for Diagnostics & Therapeutics
Dr J Saunders, Divisional Clinical Director for Medicine and A&E
Mr G Budden, Divisional Clinical Director for Women & Children's Services
Mr K Lewis, Non-Executive Director
Mr J Bassill, Non-Executive Director
Dr V Mayor, Non-Executive Director
Mr B Portch, Non-Executive Director
Mr B Herdan, Non-Executive Director
Mr I Husain Divisional Clinical Director for Surgery and Anaesthetics

In attendance: Mr A Dickinson Trust Board Secretary
Mr R Rankmore Turnaround Director
Mr J Biggs, Patients Forum

136/06 DECLARATIONS OF INTEREST

No interests were declared.

137/06 MINUTES OF THE MEETING HELD ON 27 SEPTEMBER 2006

These were agreed as a correct record with the following amendments

117/06 Amend to "reduce level to 2.5%"

119/06 add "Mr Lewis asked it to be minuted that he did not support the proposal"

138/06 MATTERS ARISING

042/06 Estates Strategy

An update would be presented to the Board in January.

085/06 Staff Survey

The Director of Human Resources confirmed this was now in progress using the same company as for the Patient Survey. The survey did include certain local questions and it was proposed to establish focus groups to consider the outcome once this was available. Board members felt it was important to know what our customers, including GPs, wanted in order to inform planning. While resources were probably inadequate to deliver a rolling survey it was agreed that the Director of Human Resources and Director of Nursing and Patient Services should develop proposals for consideration in the Spring.

117/06 SLA

The Director of Finance and Performance reported that the programme for agreeing the SLA for 2007/8 was in place and the national model contract would be used.

139/06 ELECTION OF VICE CHAIRMAN

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Mr Herdan was elected Vice-Chairman for the next 12 months

140/06 REPORTS FROM THE CHAIRMAN AND CHIEF EXECUTIVE

Chairman's Report

The Chairman reported it had been another busy month especially in relation to control of infection issues. Good progress had been made on developing the future strategy for the hospital and there would be a stakeholders' meeting on this issue the following day as well as discussion with outside bodies. As the Trust moved towards a demand - led service, it was important to know who our customers were and what they wanted. While overall the Trust was performing well, publicity was still unfortunately poor. She stressed that good clinical care continued to be provided by the hospital and good financial progress was being made. It was important that the Trust effectively communicated its direction of travel to the local community.

Chief Executive's Report

The Chief Executive presented her report. The Board noted the current situation with regards to the South East Midlands Decontamination Collaboration project and supported continued commitment to completion of the full business case.

The main issue continued to be finance where the SHA was applying pressure on the Trust to achieve its control target. The Trust was now on level 1 intervention. This might increase, as the SHA considered that the Trust was not performing as expected.

There had been issues over bed availability but she confirmed that patients were moving on appropriately.

The Trust had not been successful in its pilot CNST Level 1 accreditation review which involved a different assessment process, concentrating on the details of policies. Formal feedback was still awaited but informal feedback indicated that the clinical care element scored the highest. The situation overall however was disappointing, but both sides had learnt from the pilot process

The Strategic Health Authority was likely to report on the outcome of its Acute Services review shortly, which would make it possible for the Trust to assess the implications when developing its own strategic thinking. She informed Board members of a major public meeting organised by the Mid Beds District Council to take place 5th December when there would be presentations by the Health Authority, Bedfordshire PCT and the Trust.

She was pleased to report that National Clinical Excellence Awards had been awarded to Mr Neale and Dr Robert Thomas. The Board congratulated them on this significant achievement.

Feedback from the Strategy Workshop held the previous week was tabled and the Board confirmed its agreement to the general direction. The information would now be cascaded to the staff groups and then released to the public and the media. It was important to develop a strategy for each aspect in the high level strategy eg IT. The regional acute review might impact on certain aspects of service but while it might change detail, the overall direction was unlikely to change. She confirmed that a strategic direction was a requirement before the Trust could proceed with Foundation Trust application. The SHA had recently reviewed the Trust progress in relation to this and in view of the Trust's financial position had advised it would not be recommending the Trust go forward in the October 2007 wave. The Director of Finance and Performance advised that the current requirement for eligibility for FT application was that a Trust had to have a working plan to get into financial balance. .

141/06 BALANCED SCORECARD

The Director of Finance and Performance presented the scorecard and advised that there were only minor changes to the position previously reported. The second quarter activity matrices from Department of Health were not yet available. GUM clinic figures had been added and there had been a cancer breach in October partly attributed to Papworth and thus counting as 0.5. In relation to the MRSA target he stressed the difficulty of achieving this because of the low base line and confirmed that all cases were investigated. There was now new guidance from the Department of Health on this. In relation to lengths of stay, this was a turnaround project, with high stay areas being targeted. The Director of Clinical

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Operations advised that lengths of stay had been taken into account in the development of the clinical service plans and the project group was looking at each area working with intermediate care and the ISIP process to ensure that the community services played their part.

Currently the position on Standards of Better Health, especially in relation to the public health targets, was reported separately and an action plan to address issues from the 2005/6 check would be coming to the January Board.

In terms of providing the Board with assurance the Directors queried whether in future the report should be limited to red and amber areas. The section on diagnostic services would be extended in future reports

Commenting on the management of the current Norovirus outbreak, the Medical Director stressed that the outbreak was very virulent. It appeared to have been caused both in the previous year and the current year by visitors to the hospital and proactive publicity next Autumn advising people who are unwell to refrain from visiting would be considered. The report was received.

Finance Report

The Director of Finance and Performance summarised his report by saying that while expenditure was now pleasingly less than income, the Trust was considerably off track for the achieving the £4.5 control target. His financial forecast had narrowed but there were still considerable uncertainties. He confirmed the Trust was doing everything it could to achieve savings in the current year and the measures being taken should have a significant effect in the following year, which would be reflected in the medium term financial plan. He advised that it was unrealistic to expect PCTs to pay more, although the Strategic Health Authority had adjusted some activity levels upwards. This meant there was as yet no firm base line for planning for 2007/8.

The Turnaround Director reported that he was working on nine key areas. The plans identified originally would not deliver the total saving required and new savings had now been identified which, if fully achieved, would give a total turnaround figure of £5 million. There were however some risks in terms of feasibility and politics and some resistance to change. He stressed that everything that was being proposed had already been carried out in other Trusts. The main thrust was to make effective use of beds by treating more patients as day cases, reducing lengths of stay and admitting patients only on the day of surgery. Progress in these areas was slower than had been anticipated. Staff had to accept the need to change if the Trust were to survive. The Clinical Director, Surgery and Anaesthetics, confirmed that progress was being made for example in relation to the admission of patients in Urology and in Trauma and Orthopaedic surgery and work was taking place on a dedicated emergency care programme. The Clinical Director Women and Children's Services advised there were some capacity issues in relation to day care surgery but these were being worked round. The Clinical Director Diagnostics and Therapeutics advised that new ways of working in Pathology were being seen positively and a similar model was under consideration in Radiology. Allied Health Professionals accepted the need for change. The Director of Nursing and Patient Services advised that there was a range of opinions amongst the nursing staff. Some accepted change, others saw it as inevitable. For example some were working e-rostering but were not convinced of its effectiveness. The Turnaround Director felt that overall there was a high resistance to change and that change needed driving harder. The turnaround team was doing what it could with the EMG to achieve this. The Chief Executive confirmed that although the intention was to push on and persevere to achieve the targets, the SHA would be informed that while the Trust would do everything possible to achieve the control target it envisaged that there would be a gap. The Chairman stressed the importance of only agreeing to what was achievable, whatever the political pressure. The Turnaround Director stressed the importance of eliminating expenditure now and of engaging all staff in the process for the future of the Trust. He felt there were blockers in the system who in the commercial world would be removed. The Chief Executive advised that there should be a stronger message from the Board, that achieving savings was non-egotiable. It had to be done and plans had to be delivered. It was felt that with the end of the current round of consultations and the beginning of staff leaving the organisation, people would see that things were actually

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happening. It was agreed that a clear statement should be issued to staff confirming that the Board expected plans to be delivered, that managers were accountable for delivery and in January the Board wanted to see evidence that turnaround was actually happening, accepting that new proposals were unlikely to have an impact in the current financial year. The Medical Director stressed the interdependency of a number of projects and stressed the need to ensure that patients did not lose out and the Trust continued to deliver high quality health care.

The Director of Finance and Performance confirmed that his assessment of risk was based on a medium not worst case forecast although some elements were worst case and agreed to extend the description of assumptions and values for the Finance Committee meeting in January.

The Chairman of the Patients' Forum advised that the SHA had yet to respond to issues raised by the Forum on the Trust's financial position.

The report was received.

Human Resources Report

The Director of Human Resources presented her report and drew attention to overspending on medical pay in relation to protected sessions for junior staff rotating across the region. A Deanery lead was required to resolve this issue. She also drew attention to the progress towards the target of 2.5% for cover by locum and agency staff. It had now been agreed that the Trust would in certain cases receive requests for voluntary redundancy in areas where staff reductions had to be made. Work to develop a three year workforce plan was starting and a discussion document on this would go to the December EMG. The work would need to take into account the strategic direction of the hospital and particular projects eg the 18 week wait. The Board confirmed its agreement to the implementation of the organisational plan resulting in staff reduction of 115 wte, continued work to support the organisational change plan through vacancy and sickness management and control and developing the three year workforce plan.

142/06 ASSURANCE FRAMEWORK

The Director of Nursing and Patient Services presented the revised Assurance Framework as approved by the Audit Committee in September and subsequently considered by the EMG. It was noted that there was strengthened evidence in some of the areas of 8b which would be included in the next revision of the document which would go to the Audit Committee in January. The Assurance Framework was approved.

143/06 REPORT ON 18 WEEK WAITING TARGETS

The Chief Operating Officer gave a presentation on this issue, stressing this was a must do alongside achieving financial balance and that it focused on individual patient pathways from referral to the start of hospital treatment. She stressed this was a major change and the baseline needed to be reset. Systems, behaviour and terminology all had to be reviewed. She paid tribute to the work of the Assistant Director of Information who had contributed to developing the model across the region. She drew attention to a graph indicating a number of hot spots where it was likely to be difficult to achieve the target eg Urology, Trauma and Orthopaedics. Other areas were at capacity but currently were likely to be able to meet the target based on current clinic rules. One requirement was for some patients to be regarded as "watch and wait" with further diagnosis/treatment being scheduled only when and if required. With the implementation of Choose and Book, new clinic rules had been introduced which also reflected the latest guidance on low priority treatments. Once the system was in balance, Choose and Book would ensure that waiting times for outpatients and subsequent treatment did not exceed the target. There was however a need for an in depth review of diagnostic services including scoping and urodynamics and a series of treatment guidelines was being prepared, as already adopted in the Acute Assessment Unit.

In terms of achieving the target, fortunately in a number of the hot spot areas the contracted activity for the current year had already been achieved. This should make it possible to realign capacity whilst still achieving the activity target. The risks associated with the project were delays in agreeing consultant planned activity sessions, the implications of not

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accepting new patients in the last three months of the year, financial risk and the risk of increasing cancer and emergency referrals/attendance.

The Medical Director confirmed that the consultants were keen to align their sessions to their new job plans. The Chief Executive advised that discussions were in progress with GPs in areas where there would be a three month closure of service. The Director of Finance and Performance confirmed that some over-performance was required on existing activity targets to gain the extra £1 million promised by the PCT. The Chief Operating Officer advised that while the 18 week project should be commissioner led and linked to a reduction in emergency attendances, this was not currently being achieved and the increased number of emergency patients seen should provide the additional income.

The Chairman of the Patients Forum advised that he was concerned about what happened to the patients who needed treatment when particular services were closed although he appreciated they had the option of being referred elsewhere. His forum was trying to link with the PCT forum on this issue but to date had not been successful. He was advised that if all services were at capacity the commissioner would commission additional services to ensure patients still received appropriate treatment.

The Board welcomed this important work, was glad to note that capacity issues appeared to be being handled appropriately and requested an update on progress in January.

144/06 DISABILITY EQUALITY SCHEME

The Director of Human Resources presented the scheme, explaining that the Trust Board had already approved the Race Equality Scheme and would need early in 2007 to consider a Gender Equality Scheme. The Board was required to publish a scheme and to do an impact assessment. A Non Executive Director and the local equality network had been involved in preparing the document to set out a programme of work over three years. There would be resource implications eg training which would be incorporated into the next training needs assessment. The Board approved the document for publication, noting that the funding required had yet to be identified.

145/06 AUDIT COMMITTEE REPORT

The Chair of the Audit Committee presented the report from the Audit Committee meeting held on 26th September. The report was received.

146/06 APPROVAL OF REVISED STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS, AND SCHEME OF DELEGATION

The Board approved the revised document as approved by the Audit Committee noting that it was based on the latest national model.

147/06 CLINICAL GOVERNANCE COMMITTEE

The Board received the report from the Clinical Governance Committee and noted that it had now transferred its responsibilities to other groups. Dr Mayor was thanked for her role in chairing this important committee.

148/06 INTEGRATED GOVERNANCE – UPDATE ON IMPLEMENTATION

The Director of Nursing and Patient Services presented her report on progress with Integrated Governance against the ten areas for attention and also setting out progress against key objectives and milestones. The Chairman of the Audit Committee confirmed that it saw its role under the new structure as to be assured that progress was being made and that issues needing highlighting from other groups and the EMG were raised appropriately. The Chairman noted that the Trust deviated from the recommended pattern and still had a Finance Committee. It was agreed that a review of Intelligent Board reporting should take place. A Maturity Matrix was circulated for Directors to complete and return to the Trust Board Secretary by Christmas. The report was received and welcomed.

149/06 UPDATE ON COMMUNICATIONS STRATEGY

Mrs Vivienne Allen, Head of Communications in attendance.

The Head of Communications presented her update which outlined ongoing links with other organisations. The process of developing links with PCTs had been handicapped because

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of the recent reorganisation but good links had been established with a wide range of bodies. There were concerns that the PPI Forum was not involved adequately and that media coverage was not good because of issues of redundancies. It was a struggle to get positive news published. The Medical Director advised that links between consultants and GPs had suffered because of the different ways of working which were now adopted by both groups and it was now proposed to have more direct contact. He was however optimistic about future relationships as practice based commissioning developed. The Director of Nursing and Patient Services advised that Nursing links with the PCT were not well developed, but that there were well developed regional meetings. The Board was keen that its discussions on its new direction should have a positive media message. It was an issue for the local community. The national message about the hospital was negative although the Board accepted that those seeking more funding for Bedfordshire were well motivated. The Chief Executive advised that there was positive feedback from the Strategic Health Authority and Mr Lewis drew attention to the positive support of the hospital shown through eg the Bedford Hospital Charity. Mr Herdan felt that a positive story could be made out of Choose and Book and 18 week wait issues. The Chairman and Chief Executive planned to meet the press in relation to the future direction of the hospital proposals. It was noted that communications with staff were not included in the current report. The Head of Communication stressed that there were annual plans for internal/external communications which were reviewed annually as well as plans to deal with the communications aspect of each significant issue. Others issues were dealt with on an hoc basis In terms of updating the Board on these issues, there was a section in each Chief Executive's report on media relations. It was agreed that an oral report on progress on key communication issues should be made at the January meeting.

150/06 MEDIA POLICY

The Board approved the revised Media Policy with the addition of a cross reference to the Disciplinary Policy.

151/06 PPI FORUMS

The Chairman of the Forum advised that the Forums had now been extended to the end of 2007. Funding for their successors, Links, was very limited.

152/06 CHILDREN'S SERVICES

The Medical Director reported that in a recent inspection of local children's services by the Social Care Inspectorate and Ofsted, the County had achieved adequate or good standards in three areas and been commended as making signs of improvement.

153/06 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.

154/06 DATE AND TIME OF NEXT MEETING

The next public meeting of the Trust Board will take place at 9.30am on Wednesday 31st January 2007 in the Committee Room.