

Confirmed

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 147th Meeting Bedford Hospital Trust Board Meeting held at 10:00am on
Wednesday 29th July 2009 in the Committee Room, Bedford Hospital**

Part 1

- Present** Mr R Rankmore, Chairman
 Mrs J O'Callaghan, Chief Executive
 Mr A Warren, Director Finance and Performance
 Mrs L Hunt, Chief Operating Officer
 Mr D Gear, Non Executive Director
 Mr K Lewis, Non Executive Director
 Mr G Johns, Non Executive Director
- In attendance** Mr A Dickinson, Trust Board Secretary
 Mrs A Buck, Director of Human Resources (for Director of Corporate
 Services)
 Mrs S Blackley, Deputy Director of Clinical Governance (for Director of
 Nursing and Patient Services)
 Dr J McNamara, Deputy Medical Director (for Medical Director)
- Apologies** Mr Herdan, Vice Chairman
 Mr Pickering, Non Executive Director
 Mr Neale, Medical Director
 Mr Ovington, Director of Nursing and Patient Services
 Mr Stoneham, Director of Corporate Services
 Mr Dennis, Links representative

The Chairman congratulated Dr McNamara on his appointment as Deputy Medical Director and welcomed him to the meeting. He also welcomed Mrs Buck and Mrs Blackley

- 86/09 **DECLARATIONS OF INTEREST**
 There were no new declarations of interest.
- 87/09 **MINUTES OF THE MEETING OF BEDFORD HOSPITAL TRUST BOARD HELD
ON 27th May 2009**
 These were agreed as a correct record.
- 88/09 **MATTERS ARISING/ACTION LOG**
 It was noted that numbers 45 46 47 and 52 were included on the agenda.
- 48 Business Continuity Plans
Drafts of these had been discussed at the last meeting of the EMG and were being evaluated by an external consultant. The final versions should be completed within the next month and tested in September. The plans will be submitted for approval to the Governance Committee, with the Audit Committee receiving assurance that the plans were in place and effective.
- 49 Mid Staffs - external review
It was noted that the review by the Medical Director of the NHS of the Trust's Foundation Trust application would provide a valuable external review of the quality of services provided to the patients.

89/09

PATIENT EXPERIENCE

Juliet Magee Lead Nurse, Infection Control in attendance for this item.

The Lead Nurse, Infection Control, gave an audio visual presentation on pressure sores. She stressed that they were in important measure of quality and an integral part of the patient safety strategy was to reduce the number of hospital acquired sores. She outlined the patient groups at risk, implications for patients and the cost to the NHS. She stressed the high incidence of pressure sores: approximately 9% of all patients had them, and the methods available for prevention and treatment. She encouraged board members on their patient safety visits to check audit results, whether assessments had taken place and whether appropriate equipment was being used.

In response to queries she confirmed that there were arrangements in place for turning patients, that there were enough pressure mattresses available within the hospital and agreed to modify the presentation of her routine report.

90/09

PCT COMMISSIONING PROPOSALS

The Chief Executive reported that the PCT was proposing to put £542 million of health services out to tender. The Trust would be registering its interest as a provider as an organisation rather than as a series of departments. She confirmed that everything was open to competition and the Trust would need to assess where the risk areas were. Interests had to be registered by 21st August. Work was to continue to take place with Horizon to develop a service specification for the urgent care pathway. The Board debated the benefits of involvement in preparing specifications in terms of understanding commissioning requirements against the risks of sharing its knowledge. The Board noted that as there were national tariffs for a wide range of services, the emphasis in selecting preferred providers would be on quality. The Chief Executive stressed the importance of being proactive and ensuring that similar opportunities from adjacent PCT were followed up and that an interest was registered in acquiring services from Hinchingsbrooke Hospital. The Board asked to be kept informed of progress via the strategic update.

91/09

STRATEGIC UPDATE

The report was welcomed. Mr Johns asked question about thrombolysis and the PCT provider arm and it was confirmed that the proposed pre exemption had been overtaken by the proposal to tender for all services. The Chief Operating Officer explained the arrangement for out of hours CT scans to be reported on by staff at Addenbrooke's Hospital.

92/09

PCT SUPPORT FOR FT APPLICATION

The Board noted that there were three areas of concern by the PCT about the Trusts application for Foundation Trust: performance, financial viability and approach. The Board accepted that while there were some inconsistencies in performance, overall the Trust was high performing Trust and this could be evidenced. The SHA's view was the same. in terms of viability, work needed to be done over the next month to prove that the Trust had adequate financial headroom even if the worst predictions of NHS expenditure reductions over the next few years came to pass. The most difficult area to address was that related to attitudes, where the Trust was considered to be defensive. The Chairman stressed the importance of an improved customer focus in all areas. It was noted that by mid September positive support was needed from the PCT for the Trust's application to go forward. At that stage the PCT must believe that the Trust was a credible, viable organisation. It was noted that the SHA was encouraging a facilitated meeting to be held as soon as possible between the Trust and the PCT to take the matter forward.

93/09

OPERATIONAL REPORT

The operational report was taken as read. Mr Johns raised concerns about back

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logs and the plateau reached in hand hygiene performance. The Chief Operating Officer confirmed that the main areas of concern were OMF and dermatology where there were capacity problems. Daily reporting was in place and the aim was to catch up with the situation prior to any swine flu surge. She confirmed that current advice was that there would be no relaxation of targets because of the swine flu pandemic. On hand hygiene compliance it was noted that the last week's figures were low because the number of returns had not been submitted, possibly because of pressure from staff sickness and holidays. The Deputy Director of Clinical Governance agreed to raise the issue with the Director of Nursing and Patient Services. The Board stressed its policy of zero tolerance and emphasised that the disciplinary process would be followed where necessary. The Chief Operating officer was asked to convey that message to the Divisions.

On cancer targets, the Chief Operating Officer advised that the threshold levels had now been released by the DOH and the Trust now met the standard on the one month decision to treat target, she was checking the base figure for consultant upgrades and the only area of concern related to subsequent treatments. The impact on the total score would be to raise this from 21 to 26, one point from a good rating. Work was currently in progress in relation to stroke, to achieve the Care Quality Commission's target for the number of patients who spend 90% of their time on a stroke unit and the number of high risk TIA patients treated within 24 hours. She would add these indicators to the score card. The Board stressed the importance of achieving a good overall rating by the end of the year. It was noted that learning disabilities was to be added to the target from 2010 and preparatory work needed to be done to assure that this target was met. Mr Gear, noting that the weak rating for 2007/8 was because of the failure on existing targets, asked about the achievability of meeting the target in respect of cancelled operations. The Chief Operating Officer advised that the situation was tight but achievable. The Chief Operating officer explained that the LEAN project in urology had not started because of the current pressure on the department.

In relation to the finance report, the Director of Finance and Performance confirmed that the risks outlined in the report were not included in the graphs. He drew attention to the issue of CIP delivery but confirmed that where divisions were unable to achieve the original CIP they had to produce an alternative. By September it would be clearer what contractual risks had been mitigated and what had not and appropriate provision would be included in the Board report from September onwards as agreed at the last meeting of the Financial Committee.

On infection control it was noted that the Trust had its first case of MRSA bacteraemia since October 2008, the C Difficile rate was on trajectory for June but above for July. This was not satisfactory. The Board noted that mortality still remained below the peer comparative group on risk adjusted mortality.

On European working time directive compliance, the Director of Human Resources confirmed that planned rotas were ready for introduction by 1st August but five doctors who had been expected to join the Trust had in the past week had indicated that they would not be coming. Locums were being sought, but because of market forces it was difficult to be confident that all posts could be filled. The Deputy Medical Director confirmed that could be a last minute issue and that he was not aware of any specific reason why doctors were choosing not to join the Trust. There was however general expansion of medical posts. He advised that activity levels had been scaled down to allow for the implication of 100 doctors joining the Trust at the beginning of August. The Director of Human Resources confirmed that 47 qualified nurses/midwives had accepted posts in the Trust but pressure would remain until they actually took up post. Two recruitment days were planned over the next week. In terms of staff sickness the Director of Human Resources advised that to date 24

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staff absences were reported as being due to swine flu.

On patient experience, the Deputy Director of Clinical Governance drew attention to the implications of the new complaints system which meant that more patient concerns were having to be dealt with formally. This was leading to pressure on the complaints team. She stressed the importance of issues being dealt with locally. The Board stressed its commitment to learn from patient experience and welcomed the enhanced role of the Improving Patient Experience Committee in this. The Chief Operating Officer confirmed that patients were included in the LEAN team looking at the outpatient experience. Mr Lewis was disappointed to note that in spite of increased customer care training, staff attitudes remained the main issues raised by complainants.

94/09

MONTHLY SELF CERTIFICATION RETURN – JUNE 2009

The Director of Finance and Performance advised that the paper which had been circulated would need to be updated to reflect the new cancer targets discussed earlier in the meeting. Two targets would now be green and one amber, with the 62 day target remaining red. Mr Lewis expressed concern at the failure to reach the target on MRSA screening for elective inpatients. The Chief Operating office advised that an action plan had been developed to achieve this by the 30th September, although it was hoped to do it by the end of August. The Board **resolved** that the amended declaration be signed by the Chairman and submitted to the SHA.

95/09

CHARITABLE FUNDS COMMITTEE – REVISED TERMS OF REFERENCE

Revised terms of reference approved by the committee were put forward for the Trust Board's approval. Queries were raised over the membership, especially the need to involve clinicians and management and it agreed that these issues should be discussed by the EMG and a revised version of terms of reference, including also reporting arrangements, be brought back to the Board for approval.

96/09

ASSURANCE FRAMEWORK

The Board was asked to review the assurance framework, in particular identified gaps in controls and assurance risks and actions proposed. Noting that the current version had for technical reasons been produced late and not been considered by the EMG or by the Audit Committee, it was agreed to review the revised version at the September meeting.

97/09

SAFEGUARDING CHILDREN - Update in relation to three recent papers, the report by Lord Laming, the Care Quality Commission report on the care of 'Baby P' and the Care Quality Commission Review of arrangements

The Deputy Director of Clinical Governance advised that such was the importance of this issue that it had been included in the internal audit programme for the year to give an independent assurance which would be available in time for the Care Quality Commission submission in November. Mr Gear queried the qualifications of internal audit to undertake an audit of this nature and was advised that the audit would be one of process against policy.

98/09

PANDEMIC FLU PLANNING

In the absence of the Director of Nursing and Patient Services, the Chief Operating Officer confirmed that the service plan was due for completion that day. It contained two scenarios, based on Department of Health advice for decisions being made about priority for treatment. The Deputy Medical Director gave an indication of the number of patients who would not be admitted for critical care under the national definition but confirmed that there was an advantage in consistency across the country and protection for clinicians through working within an agreed policy. The Chief Operating Officer drew attention to the impact on activity of a surge in swine flu cases. It was noted that the plan needed to be signed off by the SHA and it was

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agreed that as the SHA had to date been responsible for communications on the swine flu pandemic it should be asked for its views on publicising the criteria for treatment. The issue would begin only when the plan approved by the SHA.

99/09

CANCER TARGETS

Dr Rory Harvey Consultant Gastroenterologist, Trust Cancer Lead and Medical Director, West Anglian Cancer Network, in attendance.

The Chairman welcomed Dr Harvey to give an insight into cancer issues generally. Dr Harvey explained that there had been issues with cancer targets with the introduction of new targets and a revision of definitions together with the entry of all data onto a national data base. Unfortunately the data entered by the Trust had not been accurate and it had appeared that it was the worst performing Trust in the country. Figures for the first quarter of the calendar year/last quarter of 2008/9 were not now being used nationally because of the data problems experienced by most Trusts. Dr Harvey advised that because of improved systems for data capture and checking, the Trust was now meeting its targets and an action plan was in place to improve still further. He stressed that clinicians were now committed to the targets and drew attention to the key role of the MDT coordinators in the process. An access policy was in draft. Board support for the access policy would be needed. He confirmed that the issue primarily was the pressure placed by the new targets on diagnostic services. The Board found the presentation reassuring and the Chairman agreed to talk to the PCT on this issue, stressing the importance of partnership working and dialogue. The Board expressed its appreciation to those involved in the cancer service within the Trust for their efforts to overcome the earlier difficulties.

100/09

PATIENT SAFETY STRATEGY - ACTION PLAN

The Chief Executive explained this was part of the Trust's overall quality strategy. The Chief Executive of the National Patient Safety Agency had visited the Trust the previous week to see what was happening on the ground and had been impressed by the Trust's actions. A good plan had been agreed: it was now a question of implementation. The appointment of a Patient Safety Coordinator would assist greatly in driving forward the agenda. The Board welcomed the appointment of a dedicated resource in this important area and noted that the implementation of the plan would be monitored by the Patient Safety Committee. The Board set a high priority on DVT prophylaxis and prevention and asked for more data to be included in the monthly report to cover this and other key areas.

101/09

REPORT FROM THE AUDIT COMMITTEE

Mr Gear presented the report in the absence of the Audit Committee Chairman. The Board agreed to authorise the Audit Committee to approve the 2008/09 accounts, restated to meet IFRS requirements, for submission to the Department of Health and to receive the external auditors' view on the revised statements. The board also noted the assurance given by recent internal audit reports:- governance, substantial assurance, treasury management, substantial assurance, asset management adequate assurance.

102/09

C DIFFICILE UPDATE

Juliet Magee Lead Nurse, Infection control in attendance for this item.

The report was taken as read. The Lead Nurse stressed the importance of divisions owning the problem, starting with appreciating the financial implication. She advised that root cause analysis was carried out on all cases and the Board supported that approach. Issues arising were that stool charts were not being completed, and repeat tests were being carried out unnecessarily. The Chief Operating Officer stressed the importance of identifying the key individuals in the process, the matrons. Mr Johns stressed the importance of management dealing with the issues. The Board had re-iterated its policy zero tolerance in terms of reducing harm and he

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suggested that performance in this area was included in appraisals.

103/09

PROJECT REPORTING

The Director of Finance and Performance outlined the current situation in relation to the decontamination project. It was intended to bring back the outcome for decision at the October meeting. He reminded the Board that the issue of the current service was that there were cross flows of clean and dirty instruments which was not acceptable by current standards, although it had not caused any known problems. He explained that the delay in moving ahead on the service line management project was because of the involvement of the project manager with the pathology scheme. The Board was concerned that issues remained in choose and book and asked that if the current patch did not work satisfactorily the matter be escalated and ISOFT senior management be asked to explain the situation to the Trust Board. The Board noted the report on the power failure in May and the assurance that the issue had been resolved. The Board accepted that assurance.

104/09

ANNUAL GENERAL MEETING

The Board agreed to hold its annual general meeting on 22nd September 2009 at 5pm. It was suggested that all members of the Foundation Trust be informed of that date as well as invitations being sent to the normal key individuals including Central Bedfordshire Council.

105/09

DATE OF NEXT MEETING

The next meeting of the Trust Board will take place at 10.00am on Wednesday 30 September 2009

106/09

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 for public interest.

There were no members of the public present for the meeting.

Signed as a correct record.....
Chairman of the following meeting