

BEDFORD HOSPITAL TRUST BOARD

**Minutes of the 160th Meeting of the Bedford Hospital Trust Board
held at 10am on Wednesday 28th September 2011
in the Committee Room, Bedford Hospital**

Part 1

Present:	Mr R Rankmore, Chairman Mr D Gear, Non Executive Director Ms E Goddard, Chief Operating Officer Mr J Harrison, Chief Executive Mr P Hutt, Non Executive Director Mr G Johns, Vice Chairman Miss E Jones, Director of Nursing & Patient Services Mr K Lewis, Non Executive Director Mr E J Neale, Medical Director Mr I Pickering, Non Executive Director Mr D Richards, Interim Director of Finance
In attendance:	Mr A Dickinson, Trust Board Secretary Mr S Conroy, Director of Strategy and Service Development Mr N Benjamin, Director of Organisational Development Mr S Collins Deputy Chief Operating Officer
Apologies:	Mr M Coleman, Chairman, Bedford LINKs Mr A Dennis, Chairman, Bedfordshire LINKs

- 72/11 Welcome**
The Chairman welcomed Miss Goddard to her first meeting as a director and observers from the Strategic Health Authority.
- 73/11 DECLARATIONS OF INTEREST**
Miss Goddard confirmed that she had no Interests. Mr Johns advised that he had been appointed a trustee and director of the Lymphoma Association. He saw no conflict between this role and his role as Non Executive Director of the Trust. The Chairman reported that he had now been appointed Chairman of Milford Haven Properties. He saw no conflict between this role and his role as Chairman of the Trust.
- 74/11 MINUTES OF THE PART ONE MEETING HELD ON 27TH JULY 2011**
With the following amendments these were agreed as a correct record for signature by the Chairman.
60/11 correction of typographical error in line one
64/11 amend to *quality account*
69/11 amend to *the Trust would be undertaking a project on quality management and the University of Bedfordshire would be helping to validate the data.*
- 75/11 MATTERS ARISING/ACTION LOG**
80. Patient Story - Diabetes Audit Report – the Director of Nursing & Patient Services confirmed that this would be submitted to the next meeting of the Audit Committee.
93. Finance Committee Terms of Reference – Mr Gear as Chair of the Finance Committee confirmed that this matter was in hand.
94. Estates strategy – the Interim Director of Finance advised that a draft was now ready for internal discussion prior to consideration by the Trust Board in November.

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He confirmed that it would link to the Trust's objectives and known clinical developments and would include options for the North Wing site. The Chief Executive advised that the clinical strategy should be available for consideration at the same meeting.

62/11 Revalidation – the Medical Director advised that he would be putting a paper to the Trust Board in January 2012. Regional Policy and guidelines were now not expected until November.

6/11 Operational Report - Mr Gear's request for training to understand the Operational Report would be included in the Board Development Programme and take place before the next meeting of the Trust Board.

77/11

PATIENT EXPERIENCE – UROLOGY ONE STOP SHOP

Ian Pridding, Clinical Business Unit Manager, Surgery and Hilary Jones, Associate Director of Clinical Operations, Elective Business Units, in attendance for this item

The Clinical Business Unit Manager explained that the drive to establish a one-stop-shop in Urology had come from Mr Aasem Chaudry Consultant in Urology, who was unfortunately unable to attend the Board because of a clinical commitment. The vision was to develop patient centred service which provided early diagnosis by providing all tests and consultations at the initial attendance. While there were similar models in operation elsewhere, there was no local hospital providing a similar model and successful introduction should improve the Trust's market share in this area. By reducing the number of appointments overall, additional capacity would be generated. The proposals had been successfully piloted for two clinics and it was now proposed to undertake a longer pilot before submitting the final business plan to the EMB. Patient feedback had been very positive, but some investment was needed. It was also necessary to make sure that an appropriate local tariff was agreed for the service.

The Chairman was impressed by the benefits gained and the way the service would enhance the service for patients and as well improve the Trust's reputation and market share. The Medical Director felt there was potential for developing the model in other specialties as it took forward the concept of one-stop-shop beyond simple diagnostic assessment. Responding to a question from Mr Pickering, the Clinical Business Unit Manager advised that the service was located in the existing one-stop colorectal area and capital investment would be needed for significant further development of the approach. The Associate Director and the Director for Strategy and Service Development drew attention to the work taking place with GPs in terms of improving pathways. The Deputy Chief Operating Officer advised that the Cancer Network was impressed by the implications of the development for the cancer pathway.

The Chairman congratulated the Clinical Business Unit and the Urology team for developing the proposals, which were a good example of bottom-up, clinically led change. The Medical Director agreed to arrange for a similar presentation to be made to the Medical Advisory Board. The Associate Director and the Clinical Business Unit Manager were thanked for attending.

Under this agenda item, Mr Pickering sought and was given assurance that concerns raised by a complainant who had drawn his concerns to the attention of Non Executive Directors had been dealt with appropriately and the Trust had provided all the information required. To date there had been no reaction from the complainant to the Trust's response.

78/11

MILTON KEYNES COMMUNITY SERVICES TENDER

The Chief Executive explained that at the end of July, the Trust had been asked if it wanted to bid for a one-year hosting arrangement for Milton Keynes Community Services. He had responded positively. A PQQ had been submitted and following a presentation to the relevant stakeholders on the 20th September, the Trust had been informed that it had been selected as the preferred host. A formal announcement was due to be made the following day. A full Due Diligence process, including the

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agreement of legal documentation, would need to take place before the Board formally agreed to go forward. He stressed that the cost of the Due Diligence work would be cost neutral to the Trust and the Trust would benefit from receiving a hosting fee on a monthly basis.

Mr Hutt asked what would happen after the initial one year period and whether it would lead to a longer term partnership. The Chief Executive advised that the initial period would give the Trust time to consider these issues. The initial preferred bidder had been Milton Keynes Hospital Foundation Trust and the future partly depended on links with that trust. Mr Pickering felt that the management distraction created by taking on extra responsibility should not be underestimated, as the board would need to provide oversight and he understood that there were morale issues within the Milton Keynes Community Services unit. The Chief Executive advised that he had received a lot of reassurance from existing stakeholders on this issue, but accepted that the proposal would create pressures. Mr Johns was concerned about financial liabilities for the Trust. The Interim Director of Finance advised that in arrangements elsewhere, the onus was on the trust, but this was for negotiation with the relevant PCT. The structure within the community services had however been reviewed to strengthen its governance arrangements and a financial due diligence report carried out by Grant Thornton covering the period up to the end of March 2011 had been positive. It needed however to be updated to test for any issues which had arisen subsequently and the due diligence process needed to be broadened beyond finance. Mr Johns stressed that the arrangements needed to be a hosting one with all liabilities remaining with the PCT. Mr Gear was concerned about the Trust's capacity to take on additional responsibilities and the implication for existing priorities. The Chief Executive full accepted the importance of the Trust achieving what it intended to achieve.

Recognising the strategic benefits of links with Milton Keynes and with community services, the Board supported discussions continuing, subject to appropriate due diligence taking place across financial, clinical, human resources and governance areas and all identified risks being covered appropriately in the contract, to minimise risks to the Trust. The process would be led by the Director of Nursing & Patient Services and the Director of Strategy and Service Development and an update report would be provided to the Finance Committee.

79/11

REPLACEMENT CT SCANNER

The Board received the paper setting out the background to the proposal and noted that the EMB had confirmed the scheme could go ahead in order to improve the service provided to patients. The Interim Director of Finance confirmed that the proposal would provide nett savings of £27000 a year and although there would be a nett cost, there would be revenue benefit. In future, he was proposing a present value cost benefit approach to capital investment. Mr Gear stressed the importance of the decision on whether to buy or lease being considered in the context of the capital programme as a whole. Mr Pickering felt that it should be based on the best economic value. It was agreed that a further paper on this should be submitted to the Finance Committee. The Chief Executive confirmed that the other options had been spelt out in a paper approved by the EMB. The Medical Director stressed that the existing machine was used to the full daytime capacity and its unreliability was a risk. The enabling works which formed part of the scheme would be of long-term benefit for the department. The Board supported the proposal and urged early implementation.

80/11

OPERATIONAL REPORT

The Operational Report was taken as read. The Chief Executive explained that the report's format and content were still evolving. The current version included only red and green with no ambers. The result was a large number of red indicators, which was not helpful in understanding the problem areas. Mr Pickering felt that the report was much clearer and welcomed that, but felt that there were too many metrics included and asked for there to be comments on red areas. The Chief Executive accepted the Chairman's view on the need to reference the report to the issues covered in the

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Strategic Health Authority governance return, but believed the metrics to be reviewed in terms of the overall health of the organisation were broader than those covered in that return. The next report would include a summary of the areas which had improved, remained the same or deteriorated to give a sense of direction.

Finance

This had been covered in detail at the Finance Committee and the report from the Committee later in the agenda outlined its concern about savings, the unresolved Service Level Agreement with Luton PCT, the need to secure transitional funding and obtaining external support for securing more efficient ways of working.

Performance

The Chief Operating Officer advised that the issues reported in relation to cancer targets were patient-choice related. There was however a need for more specialist nurses to ensure issues were fully discussed with patients. The numbers involved were small. In relation to Accident and Emergency targets, good progress was being made but there were some areas which needed more attention. These went beyond the department itself and included flow from the department into inpatients beds and for assessment. In terms of overall performance, the Chief Executive advised that the area of concern to him was stroke. He was talking to the Overview and Scrutiny Committee about this in the new year. It was important however to differentiate between the hyper-acute service and the acute service. Discussions were currently in progress about the possibility of appointing a second Acute Stroke Consultant. The Director of Nursing & Patient Services confirmed that she had discussed with the Overview and Scrutiny Committee the Care Quality Commission's report on Dignity and Nutrition.

Quality, Patient Experience and Infection Control

Mr Johns was disappointed about the time to isolate, which was still unsatisfactory and by the dip in VTE performance. The Director of Nursing & Patient Services advised that she was working on the time to isolation issue with the Chief Operating Officer. A major constraint was the lack of cubicles in which patients could be isolated and this would be addressed as part of the reconfiguration of beds. The position had however improved with the introduction of cohort bays and she advised that one cubicle was available every day for patients who needed speedy isolation. Mr Pickering was concerned about failure to achieve the MRSA screening target and the incidence of MSSA. The Director of Nursing & Patient Services advised that numbers of those not screened were few and gave examples of how it occurred. In relation to MSSA, she advised that there were currently no targets but information was being collected in the current year potentially for setting targets in future years. Referring to the figures contained in the annual Control of Infection report for 2010/11, it was noted that the incidence had dropped, with only one case to date this year. In relation to VTE she advised that again there were very few patients involved and that the performance to date in September was considerable better. The position was being monitored three times daily. In view of recent national publicity on the issue, Mr Johns asked about the use of healthcare assistants in the Trust. The Director of Nursing & Patient Services advised that the Trust sought to achieve the ratio recommended by the Strategic Health Authority for trained:untrained of 65:35 and she was committed to appropriate professional standards. The QIPP proposals were however changing ward dynamics and staffing levels needed to be reviewed. She confirmed that this would be kept under review and she would present a report on the position in her next Francis Report update. She advised that registered nurses remained responsible for work they delegated and this issue was reviewed in the regular quality rounds. The Chairman was concerned about the cancer breaches. The Medical Director advised that there were discussions in progress with GPs to ensure that they explained to patients clearly the reasons for the referral and the need for an early result. The Board supported patients getting information at an earlier stage.

Mr Johns drew attention to the recent Care Quality Commission report on Paediatrics in Milton Keynes and asked whether the Trust had reviewed its position against the findings in that report. The Medical Director advised that the Trust was compliant in

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relation to high-dependency. There were however some issues in relation to the number of paediatric-trained nurses available in recovery and in the Accident and Emergency Department. Vacancies were however being filled. The whole paediatric service was currently being examined. He was reviewing the situation with the Director of Nursing & Patient Services and would report back to the Board. The service was however sustainable in the short term. Mr Pickering asked for an explanation on the new measure of mortality which was being used. The Medical Director confirmed that mortality was regularly reviewed within Clinical Business Units and actions taken where appropriate. Discussions were still taking place about the introduction of a standard national measure. Mr Pickering was reassured by this comment but suggested that this was an area where a trend graph might be appropriate.

Organisational development

Mr Johns was concerned about the low level of appraisals. The Director of Organisational Development outlined the work currently in progress to improve this because of the link to the staff opinion survey. The performance of individual managers was being reviewed to see who needed support. The Chairman stressed this was a zero tolerance area and staff must be appraised. Mr Pickering asked about midwife recruitment. The Director of Nursing & Patient Services advised that vacancies had been held so that there were posts for students qualifying locally and there was always therefore a drop in the summer of staff in post. The Director of Organisational Development stressed that midwifery vacancies were given a priority for recruitment. The report was received.

81/11 GOVERNANCE RETURN AND NON-FINANCIAL RATING

The Chief Executive advised that a number of the features in this were outwith the control of the Trust e.g. the reason for the cancer breaches and the timescale of the Care Quality Commission in responding to the Trust's response on Dignity and Nutrition. He would therefore have further discussions with the Strategic Health Authority before the return was submitted. The Interim Director of Finance explained that work taking place to respond to the performance notices received from the PCT on the areas which had been discussed under the previous item. In relation to the finance return, he advised that all the secondary features should be resolved by January. Subject to amendment in the light of the Chief Executive's discussions with the SHA, the Board **resolved** that the Chairman be authorised to sign declaration two for submission to the Strategic Health Authority.

82/11 GOVERNANCE AND RISK STRATEGY AND POLICY

This was submitted for approval prior to the NHSLA assessment of the Trust due to take place the following week. The changes mainly related to the review of the Trust's organisational structure in the past few months. Mr Pickering thought that it was not clear how the Audit Committee was able to scrutinise the effectiveness of other committees now that there was no Governance Committee. He also felt that there needed to be further work done on Non Executive Director oversight of risk through the Audit committee or through another Committee. He had also detailed comments in relation to responsibility for strategy, risk appetite and the relationship of the Trust Board Secretary to the Trust Board. In view of the urgency of agreeing the document, the Chairman proposed and it was agreed that a subcommittee of the Trust Board should be established under the Chairmanship of Mr Johns to the review the document, and agree changes so that an approved document could be submitted to the NHSLA by the end of the week.

83/11 CONTROL OF INFECTION ANNUAL REPORT 2010/11

The report was received and approved, subject to the amendment of the table on page 5. It was noted that it was a national requirement to prepare this report. Mr Gear welcomed the significant improvement in MRSA and *clostridium difficile* incidence during the year and the Board expressed appreciation to the Director of Nursing & Patient Services and her team for their work in bringing this about.

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84/11 AUDIT COMMITTEE

Mr Pickering, as Chairman of the Audit Committee, presented the report from the Committee's September meeting. He drew attention to the improvement in discharge summaries and the committee's concerns about performance against the Information Governance Toolkit particularly in relation to training and corporate records. A red-rated report had been received from Internal Audit on the use of procurement cards and the agreed action needed to be implemented by the next meeting of the committee. The Director of Finance confirmed that the amounts in question were relatively small. The committee had requested reconsideration of proposed changes to SFIs. The Director of Nursing & Patient Services advised that she would present a report to the next meeting of the Committee but confirmed that all six recommendations in the internal audit report on safeguarding vulnerable adults had been implemented.

85/11 REPORT FROM THE FINANCE COMMITTEE

Mr Gear, as Chair of the Finance Committee confirmed that the report summarised the robust discussion at the Committee, where concerns had been expressed about a number of areas. There would be further discussion in the Part 2 meeting on the proposed external support for cost improvements.

86/11 KEN LEWIS

This was Mr Lewis' last meeting as a Non Executive Director of the Trust. The Chairman paid tribute to him for his efforts over the last eight years, particularly his passion for detail, cost savings, lean measures, efficiency and customer relationships. His input had been appreciated. On behalf of the Trust Board he made a presentation to Mr Lewis. In response, Mr Lewis advised that he had found his period as a NED useful and that he had learned lessons which he had taken back into his own company. He wished the Trust every success in the future.

In terms of the replacement, the Chairman confirmed the process for appointment was in progress. He encouraged Trust Board members to encourage suitable candidates to apply.

87/11 DATE, TIME AND PLACE OF NEXT MEETING

It was agreed that the next public meeting of the Trust Board would take place on Wednesday 30 November 2011 starting at 10am in the Committee Room.

88/11 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.

A member of the public was present for the meeting.