

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 153rd Meeting of the Bedford Hospital Trust Board
held at 10am on Wednesday 28th July 2010 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 Mrs L Hunt Chief Operating Officer Mr K Lewis, Non Executive Director Mr D Gear, Non Executive Director Mr I Pickering, Non Executive Director Mr P Hutt, Non Executive Director Miss E Jones, Director of Nursing & Patient Services
In attendance:	Mr A Dickinson, Trust Board Secretary Mrs H Mulhern-Wilson, Deputy Director of Finance & Performance (for Director of Finance & Performance) Mr P Beal, Interim Director of Organisational Development (left before item 62/10) Mr N Benjamin, Director of Organisational Development Designate Mrs P Miller, Interim Chief Operating Officer Designate Mr M Coleman, Chairman Bedfordshire LINKS (left before item 62/10)
Apologies:	Mr G Johns Vice Chairman Mr A Warren, Director of Finance and Performance

WELCOME

The Chairman welcomed to the meeting Mr Coleman, Mr Benjamin, Mrs Mulhern-Wilson and Mrs Miller. He reminded the Trust Board that this was Mrs O'Callaghan's last meeting as Chief Executive and on behalf of the Board expressed formal thanks to her for her contribution. She had turned the Trust round from deficit and left a legacy of a high-performing trust offering high quality and safe services as well as a strong management team to take the organisation forward. He also thanked Mr Beal for his useful contribution over the last four months with the Trust.

53/10 DECLARATIONS OF INTEREST

There were no new Declarations of Interest.

54/10 MINUTES OF THE MEETING HELD ON THE 26TH MAY 2010

With the following amendments these were agreed as a correct record for signature by the Chairman.

1. Amend the date in the heading from March to May.

Page 4 under Patient Experience - amend *influence the patient survey results to improve the outcome of*

Page 5 - 43/10 expand last sentence to read *basis of the information available including the figures in...*

55/10 MATTERS ARISING/ACTION LOG

73. Estates Strategy - this had been circulated for comments and the final version,

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including proposals for the future of Gilbert Hitchcock House, would be brought to the September Board.

- 80. Assurance Framework - on the agenda.
- 82. Francis Report - covered in the Director of Nursing & Patient Services report.
- 83. Patient Survey - included in the Divisional presentations to the Board.
- 84. Bedford Adult Social and Healthcare Policy review and development committee - on target for September Board.
- 85. AGM - to take place at 5pm that day.

The Medical Director confirmed that he had circulated the factors used by CHKS (minute 40/10) and that a draft report had now been received following the supportive safeguarding visit (47/10) which provided good assurance on the Trust's systems.

56/10 PATIENT EXPERIENCE

Dr Abdul Elmarimi, Consultant in Stroke Medicine, Sue Chirico, Stroke Coordinator, Irene Quince, Ward Manager, Victoria Ward and Ranjini Beveridge, Divisional General Manager, Medicine and Diagnostics, in attendance for this item.

Dr Elmarimi gave a presentation indicating the progress made by the unit in the last year. On the sentinel stroke audit, the Trust's performance had risen from a poor position to being at the median. Turnover had increased, the number of patients cared for only in the unit had increased, infection rates had decreased and the length of stay had decreased dramatically. A TIA service had been introduced (Mondays to Fridays) and the unit was taking direct admissions from the Accident and Emergency Department. He gave details of two sample cases which illustrated the benefits of thrombolysis. The Stroke Coordinator gave a further presentation, drawing attention to the improved feeding regime, the introduction of goal centred therapy and the valuable contribution from the specialist nurse. She also drew attention to the new NICE targets which were considerably tighter than the existing ones and would require additional resources including a 24/7 thrombolysis service, an increase in specialist staff and more consultant input to cover at least holidays/sickness. The Divisional General Manager Medicine and Diagnostics confirmed that the additional requirements would be included in the unit's service plan and stressed that stroke was an NHS Bedfordshire priority. The Chief Operating Officer commended the team on its passion and its achievement and stressed the need for appropriate network arrangements, particularly in the short term. Following other questions, which the team answered, the Chairman thanked the team for their excellent work and excellent progress and encouraged them to develop proposals for the clinical service plan, stressing the pressure on resources and the need to meet commissioner expectations. He acknowledged that the team had put forward a powerful argument and that it was rewarding to see the progress made.

57/10 UPDATE ON PATIENT EXPERIENCE STORY REPORTED TO THE MAY BOARD

The Medical Director explained that his paper tried to answer the questions raised by board members at the last meeting. The report was received. The Chief Executive advised that she still had to see the child death report and felt that these reports must be considered by management.

58/10 STRATEGIC SCORECARD

The report was received. It was felt however that the report was becoming estates centred and the EMG was asked to review the content, balance, frequency and focus, while bearing in mind the importance of project reporting.

59/10 NHS WHITE PAPER

The Board received the presentation given by the regional Chief Executive to Chairs and Chief Executives. The Trust Board recognised that there were huge implications in the paper but as yet a lot of the detail was still unclear. Further documents were being published at regular intervals and all needed to be considered. Mr Hutt stressed the importance of retaining a good relationship with NHS Bedfordshire over the next three years. The Medical Director advised on current thinking on the size of GP consortia and

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the need to try to influence this. It was however not clear how far consortia would commission individually and how far they would continue with a lead commissioner approach. The Chief Executive drew attention to the new public health role of the unitary authorities and the implications of this. The Trust Board accepted the importance of continuing good working relationships with individual GP practices and agreed that a revised marketing strategy/GP engagement strategy should be presented to the Trust Board in September and that GPs should be fully involved in the development of the Trust's clinical service plans. It also agreed that it needed to set aside time to have strategic discussions to understand the implications of the white paper, likely timescales and to respond to the various consultation documents. The Chairman updated the Board on his relationships with Bedford Borough Council and the proposals coming from the Milton Keynes/South East Midlands consortium.

60/10 FOUNDATION TRUST UPDATE

The Chief Executive reported that it was still anticipated that the Trust's application would be considered by the Department of Health's applications committee on 13th August. Various questions had been raised by the Strategic Health Authority and responses given, covering cost improvement programmes, patient experience, financial review and the timeline for the appointment of a new Chief Executive.

61/10 OPERATIONAL REPORT

The Chief Executive advised that the Trust had now heard that the Trust had not been selected as one of the last three bidders going forward for the provider arm tender, which was disappointing in the context where the government was suggesting that the Trust would remain responsible for patients for 30 days from discharge. A debriefing session was to be held at lunchtime and the board would need to reconsider its position in the light of information given. The potential of competing for relevant community services still however remained.

Finance

Mr Gear, as Chairman of the Finance Committee, confirmed that finance issues had been discussed in detail at the Finance Committee. The main concerns had been in relation to the split of recurring and non-recurring cost improvements and the importance of evaluating these for risk in relation to quality and safety. The other concern had been the finance review. The Deputy Director of Finance & Performance confirmed that the financial improvement team was pursuing the issue of cost improvements with a view to presenting a report to the Finance Committee meeting on the 24th August. Mr Gear stressed the importance of the board understanding the main areas of cost improvement and the associated risks and possibly monitoring the main ones. The overall financial position was better than predicted at this stage in the year although still in deficit by £154k. Mr Pickering asked about the current status of the side letter sent to the PCT with regard to reopening issues at the end of the quarter. The Deputy Director of Finance & Performance advised that a reply was still awaited and that under national timescales the date for resolving quarter 1 issues was not until September. She would pursue the matter.

Activity

The Chief Operating Officer advised that three specialties were still struggling with the 18-week target but action plans were in place. There would still be a dip in activity in August although less than originally proposed. This had been agreed with the PCT. The Medical Director explained the background to the changed ratio on new/old outpatient attendances. The Chief Operating Officer advised that she was seeking to re-profile the contract in these areas. She confirmed that discharge summaries were currently being monitored on a day-by-day basis. Directors queried the reduction in day cases, and it was explained that this was attributed to the temporary closure of the ENT Theatre which meant that more complicated cases were being undertaken and asked for comparative information on readmission rates to be included in the report.

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Patient safety

The Medical Director confirmed that he was still looking at ways of making the patient safety information more current, including revising the timing of meetings. He gave an update on venous thrombo-embolism prophylaxis, where it was planned to have the new system in operation by the time the new doctors started at the beginning of August. He apologised for the omission of the information from Quality Intelligence East and agreed to circulate this separately. Directors responded to questions in relation to pressure ulcers, serious incident levels, PAR team activity and mortality. On mortality the Medical Director confirmed that, while Hospital Standardised Mortality Rate was above 100 it was within the accepted range. He understood the trigger points to be 115 or 108 over a number of quarters. The Trust had never reached those levels.

Workforce

The Interim Director of Organisational Development presented the report, drawing attention to continued good performance on sickness, reduced overspend on total pay against budget and the overall decrease in the number of staff used in the month even though the escalation wards were open at the beginning of the month. He confirmed that the HR review was now complete and it would now be for the Director of Organisational Development Designate to take the proposals forward.

Infection prevention and control

The Director of Nursing & Patient Services advised that the format of the report had been reviewed following comments at the last board meeting. The comments had been appreciated. She was disappointed to report a second case of MRSA in the Trust. A Root Cause Analysis was still in progress, but issues had already been identified and were being pursued. There had been one death from *clostridium difficile* and this had been reported as a serious incident. An unannounced visit from the Care Quality Commission could therefore be anticipated. Renewed work was taking place to improve levels of MRSA screening and hand hygiene audit systems were being reviewed. She was planning to achieve a better link between all the high impact interventions in relation to catheter insertion, nutrition and the prevention of pressure ulcers. She responded to directors' questions on the time to isolate, progress with the inter-trust discussions on the first MRSA case of the year and naming and shaming persistent hand hygiene offenders.

Patient experience

The Chief Executive advised that there were still issues with waiting times in the outpatients' department. The Director of Nursing & Patient Services advised that good scores had been received in all three areas following the PEAT inspection. Mr Gear was concerned at the increase in the number of patients reporting pain and increased dissatisfaction with care and the quality of information given. The Director of Nursing & Patient Services advised that these were possibly the result of surveys taking place on consecutive days and more complex patients being treated. She accepted that more work needed to be done on pain control in the trust. It was now proposed to launch the Patient Experience Strategy in September, linked to the start of the Personal Best training programme.

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REVISION TO 2010/11 BUDGET

Mr Gear as Chairman of the Finance Committee reminded the Board that at the beginning of the year the Service Level Agreement with NHS Bedfordshire had not been agreed. In line with best practice however it had been decided to agree budgets for the year at the start of the year and this had been done on the basis of the best information then available. Following agreement of the Service Level Agreement, revised budgets had been prepared and were now submitted to the Trust Board for formal approval, following consideration and approval by the Finance Committee. The Deputy Director of Finance & Performance confirmed that the budgets were in line with the figures included in the Integrated Business Plan and reflected changes suggested by the Strategic Health Authority including recalculation of salary costs in relation to incremental drift,

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using as baseline figures the actual figures in the annual accounts for 2009/10 and more detail on cost improvement plans, together with the impact on the budget of the agreed ophthalmology element in the Service Level Agreement and the funds therefore due to Moorfields. She confirmed the level of contingency was that recommended by the Department of Health and Monitor. She responded to further questions from directors on individual items.

The Trust Board **resolved** to approve the revised budgets for 2010/11.

62/10 **ASSURANCE FRAMEWORK**

Mr Pickering, as Chair of the Audit Committee, confirmed that the revised Assurance Framework had been considered at the last meeting of the Audit Committee and was considered to be fit for purpose. He felt however that the NHS approach did not represent that in the current combined code and had a weakness in that it only covered the one year and did not look ahead.

The Trust Board accepted the framework but asked the Audit Committee to review the overall governance arrangements in the light of current Department of Health guidance and best commercial practice.

63/10 **GOVERNANCE RETURN AND NON-FINANCIAL RISK RATINGS**

The Board noted that currently the financial risk rating was three/amber and that on the Monitor early warning indicators it was also an amber rating. The Governance rating of 1.5 was amber/green. The Board **resolved** that the Chairman be authorised to sign the declaration for submission to the Strategic Health Authority.

64/10 **AUDIT COMMITTEE**

Mr Pickering as Chair of the Audit Committee reported that proposals had now been received for the finance reviews from KPMG and Grant Thornton and work had started. He was concerned by the proposal received from KPMG and would be discussing this with them later in the week to ensure that the project gave what the Trust wanted. Because of the issues with the annual accounts, the Trust was again likely to receive a low ALE score, which was disappointing. For the same reason, there had also been an increase in the audit fee. There were no significant items to report from Internal Audit. The Governance Committee had provided assurance on a number of issues but had expressed concern at attendance at its feeder meetings. The Board expressed concern at this and the Chief Executive was asked to pursue the matter with managers.

65/10 **DATE, TIME AND PLACE OF NEXT MEETING**

The next public meeting of the Trust Board will take place 10am on Wednesday 29th September 2010 in the Committee Room.

66/10 **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 most of the meeting.