

Confirmed

BEDFORD HOSPITAL TRUST BOARD

**Minutes of the 157th Meeting of the Bedford Hospital Trust Board
held at 10am on Wednesday 30th March 2011
in the Committee Room, Bedford Hospital**

Part 1

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

The Chairman welcomed Mr Harrison to his first public meeting of the Trust Board. He also welcomed Mr Richards, the Interim Director of Finance & Performance and Mrs Marrs who was deputising for Miss Jones.

20/11 DECLARATIONS OF INTEREST

Mr Richards confirmed that he had no interests although he was still doing some interim work at Kensington & Chelsea PCT. Mr Neale advised that he had been appointed to the Advisory Board of an Australian Company, Home Start Direct UK. He did not regard this as in conflict with his job as Medical Director.

21/11 MINUTES OF THE MEETING HELD ON 26th JANUARY 2011

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

3/11 – 80. Add to Mr Pickering queried and also when the clinical audit on diabetes would be completed.

14/11- Line 4 amend procure to secure and line 8 processed to progressed.

15/11 Line 11 amend would to could and line 13 to no obvious link to operational difficulties.

17/11 amend heading to Change Foundation.

Also amended numbering as there were two paragraphs numbered 14/11.

22/11 MATTERS ARISING/ACTION LOG

73. Estates strategy – the aim was still to present this to the April Board although at that stage only highlights rather than the full report might be available.

74. GP engagement strategy – on schedule but awaiting more up to date information on GP flows from CHKS. The Chairman reported that he and the Chief Executive were meeting Horizon Healthcare Choices in April and would raise appropriate issues then.

Confirmed

79. Decontamination unit – official opening. The Chairman reported that there was a possible date for the Secretary of State to visit the Trust and open the Decontamination Unit in April, subject to the implications of the pending local elections. He had asked for the opportunity to meet the Secretary of State beforehand to discuss the Board's aspirations.
80. Diabetes Audit Report – this should be available for the May meeting of the Audit Committee.
85. CQUIN performance – this was considered on an ongoing basis at the Finance Committee.
86. Patient Story – a letter had been sent. The Deputy Director of Nursing & Patient Services confirmed that the video had been shown at the professional forum and also on a number of wards. Staff members were taking on board the issues raised and customer care was being emphasised. End of Life Care was CQUIN for 2011/12 and a report would be made to the May meeting.
89. Update on Renal Services – this would be included in the Estates Strategy.
92. Safeguarding – the Chief Executive was waiting to meet one of the Unitary Authorities and would report back to the next meeting.
93. Pathology – the Chairman would raise the issue that evening with the regional chairman. With the Chief Executive he had met the Managing Director of GSTS and was meeting with the Chairman of Guys and St Thomas' the following week. The Medical Director confirmed that Pathology Services has been included into the work programme for the Milton Keynes South East Midlands Development Area for future review.

23/11 REPORT ON NATIONAL SURVEYS

The Board received a report on the four national surveys that had been carried out into inpatients, maternity patients, paediatrics and cancer patients. The feedback from the cancer and maternity services surveys was good and the Trust needed to learn from them. Common weaknesses were communications, customer care and values and behaviour. A total organisational approach to these was required. The Chief Executive confirmed that the aim was to link these key themes to individual objectives in order to achieve a measurable improvement in the survey results in the current year. Recognising that the inpatients survey would be seeking views of patients admitted to the hospital in July, the board collectively stressed the importance of making significant improvements in future survey results and stressed the need to have a strong action plan in place to address the issues of attitude and communication in order ensure that the Trust continued to attract patients in a competitive market. Responding to a question from Mr Johns, the Director of Organisational Development confirmed that the new customer care training programme building on Personal Best was being put in place with the emphasis being on taking the training to groups. Mr Hutt enquired about the staff survey and the Director of Organisational Development confirmed that a report and action plan would be submitted to the next meeting of the Trust Board.

24/11 FOUNDATION TRUST UPDATE

The Chairman advised that much depended on the end of year outcome. The Trust had not achieved its CIP target for the year and the cash position was not as good as had been hoped. The Strategic Health Authority was however still supportive of the Trust's position. The Integrated Business Plan and the long term financial model were currently being updated prior to submission to the Strategic Health Authority on the 11th April. The Chairman stressed the importance of the Board as a whole supporting the assumptions in the revised long term financial model, which would still include a down-side situation.

25/11 OPERATIONAL REPORT

Introducing the report, the Chief Executive congratulated all involved in achieving excellent performance in the month on VTE screening and discharge summaries. The expectation was that the Trust would achieve a financial breakeven in operational terms. Hand hygiene scores had however deteriorated and a zero tolerance approach was

Confirmed

being enforced. The Chairman stressed that the Trust must improve in this area. The Chief Executive advised that this was linked to a change of emphasis from the Executive team which would increasingly be reinforcing values and expectations. It would however take time to achieve the required change. The Chairman stressed that hand hygiene was at the top of the Board's agenda and this needed to be emphasised throughout the organisation. NEDs would need to set an example and challenge poor behaviour. Mr Lewis was concerned about the limited sanctions available. Mr Hutt asked about the format of the report. The Chief Executive advised that a more integrated report was required and work was taking place to develop this.

Finance

The Interim Director of Finance advised that underlying performance was concerning and was impacting on cash flow. The issue had been discussed in detail at the Finance Committee. His meeting with the District Valuer to take forward the issue of impairment was still outstanding. There was a significant presentational issue in this area.

Performance

The Chief Operating Officer drew attention to lengthening diagnostic waiting times, which posed a reputational risk. The issue was being managed closely on a daily basis and she anticipated it being resolved during April. The Board stressed the importance of achieving targets in this area.

Human Resources

Mr Johns queried the red score for medical devices training. The Director of Organisational Development confirmed that work was underway to clarify what was meant by statutory and mandatory training and to identify the methods by which the agreed training could be delivered. The Chief Operating Officer stressed that when executives took an interest in areas, change was achieved. The issue was how the organisation could be persuaded to accept responsibility for and ownership of performance. She believed that this was an attitude issue, that second best was not good enough and should not be accepted as such. In relation to the discharge by lunch time project, the Chief Operating Officer advised that this was an efficiency target which had been achieved in that patients were now generally discharged the previous day, but there was the patient perspective issue to consider. The Chief Executive stressed the importance of having clear management information which made clear which were mandatory targets and which were local targets and included appropriate metrics.

Patient Safety

The Medical Director drew attention to the new list of Never Events and advised that the Trust was no longer out of line in the number of serious incidents reported. He highlighted that in the local health economy there was high reporting of pressure ulcers. He also advised that all outstanding National Patient Safety Agency alerts had been closed. Regionally five hospitals had breached their *clostridium difficile* targets for the year and two the MRSA ceiling. The only area in which the trust was out of line at the end of the last quarter was in relation to VTE screening. Mr Gear welcomed the useful benchmarking information provided and stressed the importance of having this where available. The Medical Director advised that the Trust had reduced its rates in all mortality indicators against its own previous position and responded to questions about the comparative mortality data shown in the report.

Infection Control

Mr Pickering queried the low level of Norovirus reported during the year and asked whether this had affected the *clostridium difficile* figures. The Medical Director confirmed that the Trust had had a good year for Norovirus and that there was a link between the two. He advised Mr Lewis that the drop in MRSA screening was insignificant and Mr Pickering on the definition of an infection outbreak.

Confirmed

Patient Experience

Mr Hutt welcomed the fact that communications was not the main cause for complaints in the last month. The Chairman was still concerned about the number of complaints about staff attitude. This needed to be pursued and bad attitudes needed to be challenged. The Board was disappointed about the reduced number of patients recommending Bedford Hospital to a friend or relative and their assessment of the overall quality of care. The Deputy Director of Nursing & Patient Services confirmed that this was being addressed.

26/11

ANNUAL PLAN

The Board was asked to approve the annual plan for submission to the Strategic Health Authority. Generally the Board did not find the mandatory template particularly helpful and felt it did not present the Trust in a favourable light, but accepted that there needed to be a clear plan in place against which progress in the coming year could be measured. The Chief Executive confirmed that the key issues for the year would be included in the Trust's objectives which he would bring back to the Board the following month. Mr Johns was disappointed that a document which was incomplete and inconsistent had been circulated for approval and while he accepted the particular circumstances in relation to this document, he stressed that in future the Board should be asked to approve only complete documents. This was agreed. The Board delegated to the Chief Executive authority to approve for submission to the Strategic Health Authority by the end of the month the final version of the plan with the gaps completed and inconsistencies removed.

27/11

BUDGETS FOR 2011/12

The Chairman complimented the Interim Director of Finance on the clarity of the document. The Interim Director stressed that the starting point was the likely value of the Service Level Agreement. There did need however to be flexibility to deal with additional demand which occurred during the year. He felt that there were some areas where it would be appropriate to spend to save. Mr Johns asked about the impact of the reduction in expenditure on staffing. The Chief Executive advised that a lot of work had been done by the Chief Operating Officer to review services and he did not believe that given the high expenditure in the current year on bank and agency staff, non-pay over-expenditure and the contractual penalties incurred as well as undeveloped CIPs, the Trust was talking about implementing a redundancy programme. There was likely to be a difference in the way the first three months of the year were handled to what happened in the rest of the year, with tight central control in place initially until the Clinical Business Units became established and appropriate management information system were introduced. He stressed that the implementation of the proposed budgets presented a significant risk but he stressed that the executive was focussed on delivering this. The Chief Operating Officer advised that she believed that some of the reductions in activity e.g. in Accident and Emergency Department were unlikely to be achieved in one year but would take the life of the QIPP programme to be achieved. Mr Pickering accepted the Chief Executive's analysis but stressed the importance of understanding the issues which had led to overspending in the current year and dealing with them. The Interim Director of Finance confirmed that a lot of work had already been done to identify the issues and the important point was to plan only on the basis of what had been commissioned. The Chairman stressed the importance of better forecasting, especially in relation to cost improvements. Achieving the targets would be a major challenge. There was no option but to achieve the forecast level in order to break even and ideally to achieve a surplus. It was important that the Trust took out all waste and improved efficiency. He had every confidence that the executives could deliver on what was proposed. The Board **resolved** to approve the budgets for 2011/12 on the basis that it was essential to retain a sustainable hospital in Bedford. A detailed capital programme would be brought back in the context of the long term financial model. Mr Hutt stressed the importance of managing the expectations of stakeholders. The Chief Executive advised that a new series of measures for communicating and

Confirmed

engaging with staff was being developed as well as improved relationships with external stakeholders.

- 28/11 SERVICE LEVEL AGREEMENT FOR 2011/12**
The Interim Director of Finance advised that discussions were continuing and he was not expecting to be in a position to sign the Service Level Agreement the following day. He did not believe however that the outstanding areas would need to be referred to arbitration. The principles of activity growth, population and QIPP had all been agreed. The Trust had submitted detailed proposals but had yet to receive a response. Mr Gear asked about the involvement of clinicians in the process. The Chief Operating Officer confirmed that they had been involved and no significant issue had arisen. She advised that a proposal to move new-to-follow-up ratios to the upper decile had been amended to be achieved over the period of the elective QIPP. Joint discussions were planned with lead clinicians, commissioners and GPs and clinicians would be required to sign off the activity plans. In some situations the Trust would be turning away work because it did not have the capacity to deal with it. The position was noted.
- 29/11 GOVERNANCE RETURN AND NON-FINANCIAL RATING – MONTH 11**
The Board reviewed performance for February 2011 and **resolved** that the Chairman be authorised to sign declaration 1 for submission to the Strategic Health Authority. The projected financial risk rating was based on break even and the Board had every confidence that this would be achieved.
- 30/11 PROPOSED CHANGES TO THE TRUST BOARD TERMS OF REFERENCE AND PAPERS**
The Board considered the paper from the Chief Executive recommending the establishment of a monthly Executive Management Board and improved reporting arrangements be introduced to ensure the Trust Board had the right information on which to make decisions. Mr Gear suggested the opportunity be taken to review the role of the Finance Committee, which had been extended to include estates and workforce and the presentation of information to the committee. The Medical Director advised that an updated Governance and Risk Strategy would be presented to the next meeting of the Board. The proposals were welcomed and approved.
- 31/11 ELIMINATING MIXED SEX ACCOMMODATION - DECLARATION**
The Committee had received the paper from the Deputy Director of Nursing & Patient Services and Deputy Chief Operating Officer. The Deputy Director of Nursing & Patient Services advised that the Trust had been compliant with the requirement last year. The areas of weakness were endoscopy and radiology. Responding to questions, she clarified the requirements for critical care and the arrangements in place in radiology and the difference between justified and unjustified breaches. Following the discussion, the Board **resolved** to declare compliance with the requirement.
- 32/11 ASSURANCE FRAMEWORK**
Mr Pickering advised that this had been discussed at the Audit Committee in March and while it had been accepted as valid at the end of the third quarter the Committee felt it needed to be more of a living document and be reviewed more quickly by committees e.g. by significant changes being reported verbally. The Chief Executive advised that his proposals on governance and risk would address these issues. The Committee agreed that the framework represented the risks as controlled and the assurances in place at the end of quarter 3.
- 33/11 REPORT OF THE AUDIT COMMITTEE**
Mr Pickering as Chair of the Audit Committee highlighted the key issues, in particular the progress made on discharge summaries, the risks associated with the information governance toolkit where a lot needed to be done to improve compliance and the need for an additional meeting in April. He advised that the changes to the Terms of

Confirmed

Reference were minimal. The Committee had also discussed the end of year arrangements including the unclear arrangements for assurance on the quality account. The Interim Director of Finance advised that the issue had now been clarified but the exercise for 2010/11 was a dry run and the results would not be published. Mr Pickering drew attention to the outstanding Internal Audit draft reports which could impact on the opinion from the Head of Internal Audit which had to be included in the Statement of Internal Control. The Trust Board approved the revised Terms of Reference for the Audit Committee and received the report.

34/11 REPORT OF THE FINANCE COMMITTEE

Mr Gear as Chair of the Finance Committee presented the report drawing attention to the concerns about performance at the year end but welcoming the significant achievement in reaching agreement on a likely end of year figure with the PCT. Because of the impact of the impairments however the accounts would show a loss, the scale of which still had to be determined. The Interim Director of Finance advised that the current estimate was that there would be a £3-4m impairment because of changes in building values. The concern was not so much the impact of overall reduction in values as the reduced value of recently completed schemes. Mr Gear also drew attention to the improved cash position. The report was received.

35/11 CAMBRIDGE UNIVERSITY ASSOCIATE TEACHING HOSPITAL

The Board welcomed the decision by the Cambridge Clinical School that the Trust could now use the term Cambridge University Associate Teaching Hospital in place of the earlier partner trust terminology. The Medical Director paid tribute to the work of Paul Tisi and then Sarah Snape as the sub-dean and to all the consultants on their work in training medical students.

36/11 DATE, TIME AND PLACE OF NEXT MEETING

It was agreed that the next public meeting of the Trust Board would take place on Wednesday 25th May 2011 starting at 10am in the Committee Room.

37/11 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.

The Bedfordshire LINKs representative was present for the whole of the meeting.