

Confirmed

**BEDFORD HOSPITAL TRUST BOARD**

**Minutes of the 156th Meeting of the Bedford Hospital Trust Board  
held at 10am on Wednesday 26th January 2011 in the Committee Room,  
Bedford Hospital  
Part 1**

- Present:** Mr R Rankmore, Chairman  
Mrs L Hunt, Interim Chief Executive  
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  
Miss E Jones, Director of Nursing & Patient Services  
Mr G Johns, Vice Chairman  
Mr A Warren, Director of Finance and Performance
- In attendance:** Mr A Dickinson, Trust Board Secretary  
Mr N Benjamin, Director of Organisational Development  
Mr J Harrison, Chief Executive Designate  
Mr S Collins, Associate Director of Clinical Operations
- Apologies:** Mr M Coleman, Chairman, Bedfordshire LINK

**1/11 DECLARATIONS OF INTEREST**

There were no new Declarations of Interest.

**2/11 MINUTES OF THE MEETING HELD ON 24<sup>th</sup> NOVEMBER 2010**

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

- 93/10- Scorecard line 24 -amend to *was hoping to achieve at least 80% of the CQUIN target*  
93/10- Patient safety line 2 amend to – *which allowed the trust to apply to be given an extended timeframe*

**3/11 MATTERS ARISING/ACTION LOG**

73. Estates strategy – for April agenda.  
74. GP engagement strategy - for April agenda.  
76. Infection prevention – isolation – to be discussed under Operation Report.  
79. Decontamination unit – official opening – it was noted that the Secretary of State for Health was visiting Bedford shortly to launch Bowel Screening Awareness Week but was visiting a GP surgery, not the hospital. Testing of the decontamination unit was in progress and accreditation was awaited.  
80. Patient story – Diabetes - The interim Chief Executive confirmed that Dr Melvin had attended EMG to raise awareness. It had been a very effective presentation. A number of suggestions had arisen including the need for training. Diabetes care was to be a CQUIN for 2011/12. The EMG was considering having similar presentations on other issues. Mr Hutt queried whether there were generic issues. The Medical Director advised that there were issues as comorbidities in patients increased and there was increased specialisation in the clinical care. Certain aspects were core to all medical care and because of its incidence, diabetes was certainly one of these. Mr Pickering queried the timescale for the audit report on diabetes care being available and what actions were being taken in relation to dementia care. The Director of Nursing & Patient Services advised that the latter was a CQUIN for 2011/12 and training and development of

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pathways was in progress in conjunction with the Trust which provided mental health services. CQUINs for 2011/12 included four areas where the Trust wanted to improve what it did, another area being learning disability. The Board would be kept informed of progress via reports to the Finance Committee. Consultant leadership on CQUINs was important.

83. Performance report improvement - covered in the Operational Report.

84. Service Line Management - the consultation with affected staff had begun and the proposal was to appoint to Associate Medical Director posts in February and to management posts in March, with shadow business units coming into operation from the 1<sup>st</sup> April.

### 4/11 **PATIENT EXPERIENCE STORY**

The Board watched a video recorded by the sister of the young man who had died of bowel cancer. The family had concerns about his pain relief and were urging the creation of an oncology unit within the hospital.

The Interim Chief Executive, as a former palliative care nurse, advised that there seemed to be some confusion in the family between the role of the oncology service and the palliative care service. The proposed cancer clinical service plan would include better pathway management. The Director of Nursing & Patient Services was disappointed at the communication failures and described adequate pain relief as a core nursing skill and she agreed to share the video with the staff involved so that they could appreciate how their actions were seen. The Medical Director agreed that the delay in pain relief was unacceptable and outlined the issues of continuity of care between teams. He explained that there was a national proposal for all hospitals to have oncology bed for those with suppressed immune systems. It was however considered more appropriate for other oncology patients to be managed within the relevant speciality. Mr Lewis was disappointed by the standard of customer care. Mr Hutt, as cancer champion, felt that there had been a mismanagement of expectations and stressed the value to the family of meeting with them to discuss their concerns. Mr Johns was disappointed that the initial complaint's response had been considered unsatisfactory by the family and was surprised that the Executive Directors appeared not to know about the issues. The Director of Nursing & Patient Services advised that what was new to the Executive was the actual presentation. They were aware of the patient care issues and problems with communication and customer care. She confirmed that a report on End of Life Care would be made to the March Trust Board. The Director of Organisational Development highlighted the need for a link person to be responsible for communications with patients/families. The Chairman described the video as a 'real eye opener' which must be shared with the relevant staff. The process of culture change must be accelerated and complaints must be responded to promptly, sympathetically and in a balanced way. The Trust must offer its patients a high quality, safe service. He would write to the sister and express appreciation for highlighting the issues in such a powerful but balanced way.

It was agreed that the presentation by Dr Reg Race on the patient survey would be the patient experience story for the March meeting.

### 5/11 **STRATEGIC SCORECARD**

This was received. It was noted that the Government's Health Services Bill had now been published and that the NHS East of England Pathology Modernisation proposals were continuing to go ahead. PCTs had been asked to instruct GPs to use the cluster sites even though most trusts and GPs were not in favour of the four cluster model and had raised a number of queries during the consultation. The Medical Director confirmed that GSTS were in contact with the Milton Keynes/South East Midlands development project and the Director of Finance & Performance confirmed that they were also in touch with other local hospitals. The Chairman agreed to raise the issue of pathology modernisation direct with NHS East of England. In relation to the development of renal services, a formal procurement process for expanding renal services to include Bedford was proposed. This was likely to have two aspects: provision of site and provision of services. While the trust was keen that it should be chosen as the Bedford site, further information was needed to enable the trust to decide its approach to being involved in the service provision.

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- 6/11 OPERATING FRAMEWORK 2011/12**  
The Trust Board noted the Foundation Trust network's concerns expressed to David Flory Deputy Chief Executive of the NHS in their letter of the 21<sup>st</sup> December, in particular the efficiency requirements, loss of readmission income and marginal rates for emergency admissions, plus upward inflation. There were concerns that risks were being weighted against providers, particularly as PCTs' attempt to control demand appeared to be having little success. The Board noted with disappointment the advice given by David Flory to PCTs in his letter of the 14<sup>th</sup> January, stating that where emergency activity levels led to elective activity falling below contractual levels and this presented an exceptional and undue burden on a Trust the PCT may through local agreement adjust the overall payment for emergency activity. The Interim Chief Executive stressed the importance, looking forward, of the executive understanding the marginal tariff and how it could be mitigated in future; it must own the problem and deal with it. Mr Hutt paid tribute to the executives' focus and tenacity in addressing the current issues. A report on the Operating Framework and its implications would be submitted to the next meeting of the Board.
- 7/11 FT STATUS**  
The Chairman reported that he, the Interim Chief Executive and the Chief Executive Designate had had a meeting at the Strategic Health Authority the previous week. The Secretary of State was still looking at the three issues raised previously: the appointment of a permanent Chief Executive, the Trust achieving its planned cost improvement programme and its cash management and these issues would need to be resolved by the time the Trust's application was reconsidered in April. In the meantime the Trust was reviewing its Integrated Business Plan to reflect QIPP as the base case rather than the downside case and to take into account the new clinical service plans.
- 8/11 MILTON KEYNES/SOUTH EAST MIDLANDS DEVELOPMENT**  
The Chairman reported that he and the Director of Finance & Performance had had a recent meeting with other Chairman and Chief Executives and he had updated the Chairmen about the progress as reported to the Trust Board by the development manager in October 2010. The Medical Director reported that the Medical Directors had met and while there had been some delay the clinical subgroups would meet in February. The areas which were identified for review at this stage were vascular, stroke and PCI. He was urging the addition of pathology. The aim was to reach conclusions by April/May. The Interim Chief Executive confirmed that discussions were already in progress with Milton Keynes in relation to vascular and PCI. The Medical Director confirmed that to date all the clinicians asked to be involved had been keen to be involved and were being very proactive.
- 9/11 OPERATIONAL REPORT**  
The report was taken as read.  
**Finance**  
Mr Pickering drew attention to the high level of non-pay costs and the need to understand the drivers. The Director of Finance & Performance confirmed that the month 10 report to the Finance Committee would identify the costs brought about by increased activity and those by other factors, including any unidentified CIPs. He believed that the Board's real determination that serious and appropriate action was taken would help the financial improvement team be more effective. The Chairman stressed the importance of understanding the details so that the problems could be addressed.  
**Performance**  
The Associate Chief Operating Officer drew particular attention to
- further increase in non-elective activity and the proposal to open sub-acute beds to minimise the loss of income.
  - The failure of the Accident and Emergency Department to achieve the 98% level in December and that the target was at risk for the financial year as a whole.
  - the number of cancelled operations
  - risk to the 18-week target because of issues with theatre capacity (which would be resolved with the opening of the modular theatre at the end of the month.) He was

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confident that this would solve the backlog issue.

The Chairman and Mr Gear expressed concern about the impact of equipment failures and were assured that this was covered in business contingency plans. Maintenance cover for the CT Scanner had been increased from 5 days a week to 7 days. Arrangements had however to be robust and cost effective. Mr Hutt reported that he had had a meeting with a Non Executive Director from the PCT in relation to breast symptomatic cancer and confirmed that the PCT was supportive of the joint agenda that was being taken forward. The Medical Director confirmed that the professional executive committee accepted that GPs were not currently using capacity appropriately. Mr Pickering drew attention to the number of reds on the card. The Interim Chief Executive explained that this was because of the adoption of stretch targets and that work was in progress on highlighting the implications of this.

### **Patient safety**

Mr Johns expressed disappointment that returns were still not being received from some areas. The issue must be addressed if the Board was to receive the information it needed. The Director of Nursing & Patient Services confirmed that expectations had been made clear to the wards/departments concerned and performance would be reviewed by the Quality Committee. Mr Pickering raised concerns about mortality which was greater than the Trust's peers. The Medical Director advised that this was unadjusted mortality and the Trust did compare favourably on risk adjusted figures and against itself over time. He confirmed that Clinical Directors did look at outliers and addressed issues on a speciality bases and agreed to provide specialty figures when available. In relation to the radiation incident reported in the paper, he advised that the final report had now been received from the Trust's Radiation Protection Advisor, a physicist, and that it was clear that no harm had been done to patients. A request for the incident to be downgraded had therefore been submitted to the PCT and their response was awaited.

### **Infection prevention and control**

Mr Johns expressed concern about the disappointing level of hand hygiene and the isolation delays. Both these issues must be tackled. The Director of Nursing & Patient Services confirmed that a risk-based approach was adopted to isolation and that it was proposed to introduce a nominated divisional lead to assist in the process. The situation was monitored weekly. The need for additional isolation facilities would take into account in long-term plans for ward improvements. She advised that even though targets were not being achieved, rates for both MRSA bacteraemias and *clostridium difficile* remained low.

### **Patient experience**

Mr Hutt welcomed the introduction of comparisons and trend data. The Medical Director drew attention to the changes made as a result of complaints.

## **10/11 GOVERNANCE RETURN AND NON-FINANCIAL RATING – MONTH 9**

The Board reviewed performance for December 2010 and **resolved** that the Chairman be authorised to sign declaration 1 for submission to the Strategic Health Authority. It was noted that the governance return showed only a risk of 0.5 and this might be rounded to zero by the Strategic Health Authority in its submission to the Department of Health. In relation to the deterioration in the financial risk rating the Director of Finance & Performance advised he believed this was temporary only and that the Trust would be green at the end of the year.

## **11/11 REVIEW OF QUALITY GOVERNANCE ARRANGEMENTS**

The Medical Director explained that the rationale for the change was to ensure that real-time data was available to the Board which included where appropriate trends and benchmarking. The Director of Nursing & Patient Services advised that the proposals would lead to better measurement of outcomes for the Care Quality Commission and be more strategic. The Board welcomed the proposals but asked that the scorecard be extended to make sure that all key items were reported monthly even if more in depth consideration was only quarterly. Suggested changes to the Terms of Reference for the Quality Committee were agreed. It was noted that Mr Pickering's proposals for greater Non Executive Director oversight of risk would be taken into account in the revision of the Governance and Risk Strategy which would come

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to the Board at its next meeting. it was important that meetings were appropriately time-tabled so that information flowed between committees.

The Board **resolved** to implement the recommended changes with effect from the 1<sup>st</sup> April 2011.

### 12/11 **EQUALITY AGENDA**

*Mrs Anne Buck, Associate Director of Human Resources in attendance for this item.*

The Associate Director explained there was commitment NHS-wide to deliver on the Equality Agenda. There were a number of national developments which would need equality action plans to be in place by October. A regional network and national framework were proposed to give structure and focus to the process. Mr Hutt felt it was important that the Board was kept up to speed on these issues and stressed that there was a good economic argument for diversity. It was important that this message was understood across the organisation. The Medical Director asked for further updates. Mr Gear queried training requirements. The Director of Organisational Development advised that training generally in the Trust was under review to identify what the key themes should be. Equality was also a cultural issue. The Board noted that its own composition was not representative but the Chairman stressed the importance of appointing the best people, the current ethnic balance of the Trust's Foundation Trust membership and the aim to have a diverse Council of Governors. The report was received.

### 13/11 **FRANCIS REPORT UPDATE**

The Director of Nursing & Patient Services summarised her report as confirming that the Board did focus on relevant areas and did not have the failings experienced in Mid-Staffs. Mr Pickering felt that the way forward agreed at the last Audit Committee for considering of clinical audit reports relevant to Care Quality Commission registration was an important step forward, which strengthened controls. The Medical Director advised that a requirement for medical revalidation was annual participation in clinical audit. The Board received the report and asked to continue reports on a quarterly basis, to be updated on findings of John Wallwork's review and for the actions set out in the report to be implemented.

### 14/11 **SAFEGUARDING OF VULNERABLE ADULTS QUARTER 3 REPORT**

The Board welcomed the considerable progress made in this area since the beginning of the financial year, especially in relation to the Care Quality Commission compliance action plan. The report was received.

### 15/11 **SAFEGUARDING CHILDREN QUARTER 3 REPORT**

The Medical Director drew attention to the number of safeguarding cases there had been and assured the board that the training figures were based on the updated requirements and not the total number of trust staff who had had some training in safeguarding. The Trust however had still to secure a seat on the local safeguarding children board. It had PCT support for this and it was agreed that the Chief Executive Designate should pursue the matter with the local authority Chief Executives. The Medical Director drew attention to the resignation of the named doctor for safeguarding for Bedfordshire. The appointment of a replacement was being progressed and he had offered assistance in this. In the meanwhile the named nurse would cover both roles. Mr Pickering asked for confirmation that input from local authorities to safeguarding children was being maintained in spite of budget reductions. The Medical Director confirmed that because of the high political profile of safeguarding, he believed this to be the case. The report was received.

### 16/11 **REPORT FROM THE AUDIT COMMITTEE**

Mr Pickering, as Chairman of the Audit Committee, drew attention to the outcome of the half year test close and in particular the possible negative revaluation of certain asset blocks, which could impact on the Trust's income and expenditure account to the extent of £685,000. The Director of Finance & Performance confirmed that he was in discussion with KPMG to see how the issue could be resolved without having that effect. Mr Pickering reported that there had been a private meeting with the External Auditors to discuss the annual accounts audit. Four issues had emerged; fixed assets, whether routine reports to the Department of Health

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agreed with the records, whether the close could be achieved this year because of the availability of resources and the tight timetable and implementation of the Grant Thornton report recommendations. A deficit would result in the Trust receiving a low value for money score. Mr Gear believed that this might not be the case if the deficit was linked only to asset revaluation. He could see no obvious link between value for money and a deficit. Others shared this view. The Board **resolved** to approve the changes to Standing Financial Instructions set out in the paper in relation to Trust's banking arrangements and authority for the disposal of assets.

### 17/11 **REPORT FROM THE FINANCE COMMITTEE**

Mr Gear, as the Chairman of the Finance Committee, highlighted

- concern at the current deficit where every effort had to be made to ensure that the Trust at least broke even and all appropriate measures were taken to achieve that requirement.
- concern about the impact of a possible deficit on the cash position and the capital programme for following years,
- the need to develop improved clear and simple costing systems, and
- the disappointing achievement in relation to cost improvements, although good work had been done in identifying the quality impact of the proposals.

The report was received.

### 18/11 **CHANGE FOUNDATION**

The Interim Chief Executive gave a brief summary of progress with the Lean Academy. Although the Academy had not been pursued aggressively over recent months, three contracts, giving £90,000 income, had been received from the Anglian Cancer Network, West Suffolk Learning Academy and, from April, the Norfolk Learning Academy. The successful work on the first two projects would make it easier for the Academy to market its success and discussions were in progress to secure formal accreditation for the learning provided. More Lean champions had been trained within the organisation. She confirmed that there was a good return on investment. The Chairman urged that the project be taken forward more quickly in the future.

### 19/11 **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<sup>th</sup> March 2010 starting at 9.30am in the Committee Room.

### 19/11 **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.

No members of the press nor public were present at the meeting.