

Confirmed

BEDFORD HOSPITAL TRUST BOARD

**Minutes of the 154th Meeting of the Bedford Hospital Trust Board
held at 10am on Wednesday 29th September 2010 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 Mrs P Miller, Interim Chief Operating Officer
In attendance:	Mr A Dickinson, Trust Board Secretary Mr N Benjamin, Director of Organisational Development Mr M Coleman, Chairman, Bedford LINK
Apologies:	None

67/10 DECLARATIONS OF INTEREST

The Director of Organisational Development confirmed that he had no potentially conflicting interests. There were no new Declarations of Interest.

68/10 MINUTES OF THE MEETING HELD ON THE 28th JULY 2010

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

1. 59/10 add *reports* after *these*
2. 61/10 Infection prevention and control
line 9 amend *hoping* to *planning*,
line 10 amend *development* to *prevention*
line 12 insert *hand hygiene* between *persistent* and *offenders*

69/10 MINUTES OF THE AGM HELD ON THE 28th JULY 2010

With the replacement of *good* by *Top 100* in front of employer in paragraph 2 and adding the Chairman's appreciation to the former Chief Executive at the end of the meeting, the minutes were agreed as a correct record.

70/10 MATTERS ARISING/ACTION LOG

62. Assurance Framework - because of timing issues, the chairman of the Audit Committee confirmed that he would pursue this matter with the Trust Board Secretary prior to the next revision of the Assurance Framework.
73. Estates Strategy - this was currently out to consultation but could only be completed once the clinical service plans had been agreed. Trust Board members were asked to contribute to the consultation process. The Interim Chief Executive advised that the Clinical Service Plans would require consultation, particularly on priorities. The Director of Finance & Performance agreed to produce a timetable for the process linked to the setting of budgets for 2011/12.

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84. Bedford Overview and Scrutiny Committee - progress on improving waiting times in outpatients would be included in the next operational report.
95. GP Engagement Strategy - on agenda.
97. Attendance at meetings - the Interim Chief Executive confirmed that attendance at key meetings had improved but that monitoring was continuing. A review of sub-committees was however in progress and that would include frequency and membership. The Board stressed that the governance framework was key to ensuring a safe organisation and needed full support and commitment.

71/10 LIBERATING THE NHS - GOVERNMENT WHITE PAPER

The Interim Chief Executive explained that the presentation which had been circulated outlined the key issues. It was important that the Board contributed to the consultation and considered its impact on the Board's strategy. The issue was also on the agenda for the Clinical Leads Forum later that day. Board members agreed that at this stage there was nothing in the white paper that conflicted with the Trust's strategy, although its implications would need to be kept under review. Certain elements were already being pursued through the QIPP process, and the Integrated Business Plan and the long term financial model were dynamic documents. The Interim Chief Executive advised that the Trust would need to become more outwardly focussed as implementation of proposals would be likely to increase competition.

The main issues for comment were identified as

- The need to retain capacity to drive national initiatives such as the Darzi reforms
- The need to clarify the role of the national commissioning board in relation to work currently undertaken by clinical networks to ensure service delivery consistency
- The need for targets to be consistent across agencies/ authorities
- For the proposals not to increase bureaucracy and to reduce the burden of regulation
- Commissioning surpluses to remain within the NHS.

72/10 STRATEGIC SCORECARD

The revised version of the scorecard was noted. The Interim Chief Executive drew attention to the national proposals to develop more centralised pathology services. There was some pressure for a move towards a single central laboratory per region. This was not in line with the Trust's strategy of campus services nor the strategy of GSTS, which was developing state-of-the-art, automated service on the Trust's site. The Trust Board agreed that all opportunities should be taken to promote the standard of Bedford services and its recognition as a hub, possibly serving trusts outside the Eastern Region. The Board asked for an update to be provided to its next meeting.

73/10 FOUNDATION TRUST UPDATE

The Interim Chief Executive reported that the Trust's application had been considered by the Department of Health's applications committee on the 10th September following the submission of further information on cost improvements and the financial review. The application had now progressed to the Secretary of State and the Trust was awaiting details of when Monitor was likely to start its processes. This was likely to be within the next four weeks and work was already in hand to make sure that the Trust was ready for this.

74/10 COMMUNITY ENGAGEMENT STRATEGY

Noting that the document was interlinked with other strategies and that it had been prepared before publication of the white paper, the board **resolved** to adopt the strategy. The importance of early implementation was stressed. An initial opportunity would be presented by consultation on the clinical service plans.

75/10 GP ENGAGEMENT STRATEGY

The Interim Chief Executive outlined her proposed approach to this. During October, she would be visiting practices with appropriate clinical leads to gain reaction to clinical

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service plans and feedback into the plans GP requirements. She anticipated that there would be a demand for fundamental changes in terms of extended hours of working and more outreach. She would also be consulting and attending practice-based commissioner boards. She anticipated being able to pull together during November the outcome of the visits. Prior to these visits she would have available the latest market assessment data for the individual practice.

The Board supported the approach and agreed it should have a high priority with a clear and careful message being delivered to ensure that patients were referred to Bedford Hospital wherever possible. Mr Johns offered to make his business development expertise available to the Chief Executive to ensure the approach was as successful as possible.

The Medical Director advised that in addition to this, clinical leads regularly met the practice based commissioners to look at general issues and that there would be presentations to GPs in November and January in the hospital as well as opportunities for networking at the Bedford Medical Society dinner in November. The Director of Organisational Development drew attention to the opportunities presented by educational activities provided by the Medical Institute. It was important to extend all these activities to fringe areas in line with the marketing strategies.

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OPERATIONAL REPORT

The Board noted the Interim Chief Executive's covering paper.

Finance

Mr Gear, as Chairman of the Finance Committee, reminded the Board that the key financial issues had already been discussed at the Finance Committee and were summarised in the report which appeared later on the agenda. A main concern of the Committee was the Cost Improvement Programme (CIP) and he sought assurance that the year's programme would be achieved even though currently delivery was only at 68%. The Director of Finance & Performance believed that the board could be assured on this. He reminded the board that the Trust had a good record of achieving its CIPs and there were processes in place to monitor delivery. Where further work indicated that items would be not fully implemented, alternatives were demanded and it was anticipated that at least 80% would be achieved. He stressed that managers were fully aware of the requirement and were committed to meeting CIPs. A detailed report on progress would be presented to the next meeting of the Finance Committee. The Interim Chief Operating Officer confirmed that delivery was improving and that directorates were fully aware of the requirements. The Financial Improvement Team was now meeting weekly. To date the quality impact assessment of CIPs had been assessed by the relevant manager but a reference group was now being established to review their assessment. The Board stressed that focus and delivery must improve.

Mr Lewis expressed his concern over the continued over-spending in Surgery and Anaesthetics. The Interim Chief Operating Officer advised that the main issue was failure to achieve the predicted level of income. This was linked to productivity issues but there were proposals to turn the situation round by making a modest investment but demanding adherence to performance targets. There was however a need for better understanding of how the cost of work undertaken related to the tariff. Bench-marking information from the Strategic Health Authority indicated that there were a number of variations from the national picture, especially in relation to non-pay, where a key element was the use of single-use instruments. This was currently being reviewed. It would be helpful for clinicians to know what was driving expenditure and what made a profit or a loss. Mr Lewis urged the introduction of patient level costing to resolve this. Mr Pickering suggested that this should be done on a simple base for a limited number of common procedures. The Interim Chief Operating Officer agreed to provide a list of procedures for costing.

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Mr Pickering asked that in view of the end of year issues, future reports should include a statement of positive assurance in relation to control accounts, rather than an exception report.

Activity

Current activity was affecting the delivery of certain CIPs, particularly those linked to flexing down and procurement. The Board felt that such offsets should be clearer in reports. The Director of Finance & Performance drew attention to the good practice in procurement, particularly in terms of standardisation, which was now being adopted through the hub. Mr Lewis felt there was greater opportunity for collaboration between the NHS and its suppliers. The Interim Chief Operating Officer advised that there was a need to review the business decision process in relation to laparoscopic procedures where considerable growth was being experienced, with an implication for theatre time.

Performance

The Interim Chief Operating Officer advised the Board that because of the high level of emergency activity, the Trust had not met the Accident and Emergency Department target performance of 98% set out in the financial schedules of the Service Level Agreement. These had not been covered by the variation to the national model variation issued centrally following the reduction of the target to 95%. Daily reporting was now in place of part of the performance management framework. New measures to be introduced included a matron of the day to assist with managing patient flow. The current activity exceeded the 2008/9 threshold in terms of HRG and work was in progress with the PCT to avoid admissions. Performance in relation to new/follow up patients had improved considerably and only minimal penalties were likely to be incurred. Negotiations were also in progress with the PCT in relation to the financial aspect of the Accident and Emergency Department target.

The Interim Chief Operating Officer then introduced the revised balanced scorecard which set out in one place the achievement of all the Trust's strategic objectives. Comments on the presentation would be welcome so that an improved/extended version could be provided in future including stretch targets. The Interim Chief Executive stressed the major step forward the report made and congratulated those responsible for its preparation. Mr Johns was disappointed by the number of underscores. Mr Hutt felt that a better indicator of pay costs was variance. Mr Pickering regretted the loss of trend data and suggested ranges for certain items and clarification on the origin of targets. The EMG was asked to review the presentation and content in the light of the comments.

The Interim Chief Executive drew attention to the key areas which required attention:-

- The variable monthly performance against cancer targets
- The number of MRSA bacteraemia cases
- Accident and Emergency Department performance which was the worse the trust had ever experienced.

She advised the Board however that all local emergency services were under pressure and that attempts to divert patients from hospital were still not succeeding.

Human Resources

In the light of the balanced scorecard, and the detail presented to the Finance Committee the Trust Board queried the extent of the Human Resources report required at Board level, recognising the scale of expenditure on staff and the particular issues relating to pay cost. It was agreed that the Board should be aware of only the significant issues. The Chairman stressed the need to control temporary staffing costs over the coming half term period and over Christmas. The Interim Chief Executive confirmed that processes were in place to improve the booking of temporary staff and that leave should not be covered. Christmas was however normally an opportunity to flex down because of demand being low. Work was in hand to prepare a workforce plan linked to activity for the remaining half of the year.

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Patient safety

The Medical Director advised that timeliness of the report should be addressed by a review of the timing of the Patient Safety Committee. He drew attention to the quarter 1 Quality Intelligence East report which showed improvement in the risk adjusted HMSR and crude mortality. The mortality rate shown for general surgery related to 2008/9 and had subsequently reduced, although there had been a recent increase which was currently being investigated. He drew attention to the CQUIN which proposed to reduce deaths in hospital and advised the Board that following the incident in which a patient had fallen from a bed, a review of bedframe management had been undertaken. The Health & Safety Executive had visited in relation to the incident and orally had expressed satisfaction with the actions taken. Mr Lewis asked for further information about the blood group issue. Mr Johns queried the selection of indicators and asked if comparisons/trend data could be provided. The Medical Director advised in relation to the WHO checklist that the Trust had been identified as a regional exemplar and Dr Liu, consultant anaesthetist, and Karen Radley, Patient Safety Coordinator, had been appointed facilitators for the region and that the local variant for maternity services was likely to be adopted nationally. He explained that the reason for including the tables on observations was because a number of serious incidents were linked to issues with observations. He responded to questions in relation to drug errors, the overall position on mortality, palliative care and arrangements when the PAR team was not operational. While accepting the Medical Director's reassurance that none of the mortality figures was in a worrying range, Mr Hutt asked for a clear updated report to be available on the various indicators.

Infection prevention and control

The Director of Nursing & Patient Services advised that the number of MRSA bacteraemia cases remained at 2, but the current number of cases of *clostridium difficile* was 19. The Root Cause Analysis of the second MRSA bacteraemia case would be considered by the Patient Safety Committee at its next meeting. MRSA screening had improved and she was reviewing high impact intervention monitoring and hand hygiene. She confirmed that good practice in hand hygiene was celebrated weekly in the Chief Executive's bulletin. The Medical Director confirmed that only one individual had been reported to him more than once for concerns about hand hygiene observance. Mr Johns asked about the status of the three recommendations on page three of the report and was assured that these were being pursued.

Patient experience

The Director of Nursing & Patient Services advised that the Personal Best training programme had now started and it had been agreed that patients' survey should be based on patients admitted in July. She was working with the divisions to implement the complaints regulations and provide an appropriate service to complainants. As the National Survey covered only inpatients, the Trust would be looking at outpatients itself. Mr Pickering asked for benchmarking information. Mr Johns felt that the key issues arising from complaints were timescale for response, quality of response and implementation of lessons learnt, together with trend monitoring. The Chairman stressed the need to reduce the number of complaints arising from staff attitude as this was a risk to the Trust's reputation. The Director of Nursing & Patient Services advised that there were many areas of good practice but certain areas did need attention. She saw the ward sister development programme as key to making progress in this area but it was also important for everyone to deal with issues of poor attitude as and when they were encountered. Mr Gear asked if there could be a breakdown of the individual elements in the attitudes classification to indicate what the issues were. The ward manager programme would include patient stories and cross-ward observation and a new initiative was ward sisters setting aside a time to meet patients and relatives. The Interim Chief Executive stressed the importance of staff understanding how they were perceived by patients and drew attention to a recent meeting she had held with complainants.

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Key Nursing Developments

The Director of Nursing & Patient Services reported on High Impact Actions, extension to the productive ward initiative and developments in safeguarding vulnerable adults. The Productive Ward Initiative in the Trust was considered as an exemplar. She would report on external assurance on Safeguarding Vulnerable Adults, following a recent review and a subsequent meeting to a future meeting..

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ITEMS FOR DECISION/APPROVAL

Governance return and non-financial ratings Month 4 and 5

The Director of Finance & Performance advised that since the report had been circulated a cancer breach had been identified by a tertiary centre which was shared with this trust. This meant that the July governance score would in fact be red. The Interim Chief Operating Officer advised that a performance notice had now been issued by the PCT in respect of this but she anticipated being able to meet the quarterly target. The Director of Finance & Performance drew attention to the differences between the report from the Trust to the Strategic Health Authority and the one from the Strategic Health Authority to the Department of Health which gave the trust a green rating. He also drew attention to the revised format for the month five report and in particular the revised wording which meant that the Trust could now sign declaration 1. The Trust Board **resolved** to ratify the decision of the Interim Chief Executive to submit the return for July and authorise the Chairman to sign declaration 1 in respect of August for submission to the Strategic Health Authority.

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ANNUAL CONTROL OF INFECTION REPORT 2009/10

The Director of Nursing & Patient Services explained why the report was only coming to the Trust Board at this stage and advised that there was no national guidance on timescale or content. She believed however that this particular report was fully comprehensive and reflected a great deal of good work. Mr Hutt expressed concern about the lack of training for middle grade doctors. The Trust Board welcomed the report and suggested that a press release should be issued drawing attention to the progress made and the confirmation that control of infection was a key priority for the Trust. Appreciation was expressed to the Senior Nurse, Infection Control, for her work in editing the report.

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EUROPEAN WORKING TIME DIRECTIVE

The Medical Director explained that the report had two purposes - to outline the current position with regard to implementation and to confirm the safety of arrangements in operation within the Trust following criticism by a Coroner elsewhere of the rotas in the local trust. He accepted that on occasion rotas were thin but he confirmed that escalation processes were in place which could be used by all staff. The impact of the European Working Time Directive was to make monitoring of patients, continuity of care and handover difficult. An electronic system was currently being piloted to improve handovers. He drew attention to the recent monitoring exercise for junior doctors in surgery which indicated that hours worked were not compliant with the directive, although the rotas were compliant. No issues had been identified the previous year and no issues had been raised outside the monitoring period. He believed that this was due to doctors working in the way they wanted to work, rather than the way they were required to work. The issue of compliance with the directive was being pursued as a serious organisational risk with both the junior doctors and their consultants. He advised the board that voluntary training activity did not count against the permitted hours.

In response to a question from Mr Johns, he confirmed that there was good evidence that escalation processes did work, with consultants regularly being present at night and over the weekend. There was also the PAR team in operation.

On the basis of the report the Board was assured that the arrangements in place for junior doctors' rotas, together with the back-up arrangements, met patient safety

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requirements and that appropriate steps were being taken to ensure that the European Working Time Directive requirements were met.

80/10 **MEDICAL REVALIDATION**

The report from the Medical Director which outlined the current situation, was received. The Medical Director outlined his proposals to review the Trust's current system for consultant appraisal which would better align the process with Trust objectives and service line management. He would provide an update when there was any progress or in January 2011.

81/10 **ANNUAL AUDIT LETTER**

The Director of Finance & Performance explained that this was the summary of the views expressed throughout the year by the External Auditor. The action points raised in it were already being pursued. The Board received the report and agreed to its publication on the Trust's website.

82/10 **REPORT FROM THE AUDIT COMMITTEE**

Mr Pickering, as Chairman of the Audit Committee, drew attention to the assurance received from the Medical Director in relation to the 2009 audit of discharge letters undertaken on behalf of Horizon Healthcare and the current situation with regard to the issue of discharge summaries. He was grateful to the Medical Director for confirming that there were no patient safety issues arising. Discharge summaries were a complex area. The Committee had however asked for a further update following the 2010 audit for Horizon Healthcare. He also confirmed that the committee would be receiving the summary of relevant clinical audit reports. The Board **resolved** to amend Standing Financial Instructions as recommended in the report.

83/10 **REPORT FROM THE FINANCE COMMITTEE**

Mr Gear, as the Chairman of the Finance Committee, drew the attention of the Board to the issues which had not been discussed previously in the meeting. The report was received.

84/10 **DATE, TIME AND PLACE OF NEXT MEETING**

The next public meeting of the Trust Board will take place 10am on Wednesday 24th November 2010 in the Committee Room.

85/10 **DATES OF MEETINGS FOR 2011**

Directors were asked to let the Trust Board Secretary have any comments on the suggested dates of meetings for 2011. The Director of Finance & Performance queried whether in order to meet Monitor requirements it might be necessary to move meetings into the first week of the following month.

86/10 **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 the meeting.