

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 148<sup>th</sup> Meeting of the Bedford Hospital Trust Board held at 10:00am on  
Wednesday 30<sup>th</sup> September 2009 in the Committee Room, Bedford Hospital**

**Part 1**

- Present** Mr R Rankmore, Chairman  
Mrs J O'Callaghan, Chief Executive  
Mr A Warren, Director Finance and Performance  
Mrs L Hunt, Chief Operating Officer  
Mr D Gear, Non Executive Director  
Mr K Lewis, Non Executive Director  
Mr I Pickering, Non Executive Director  
Mr B L Herdan, Vice Chairman  
Mr C Ovington, Director of Nursing and Patient Services  
Mr E J Neale, Medical Director
- In attendance** Mr A Dickinson, Trust Board Secretary  
Mrs A Buck, Director of Human Resources (for items 107/09 -113/09)  
Mr E Davis, LINKS representative  
Mr P Hutt Non Executive Director designate
- Apologies** Mr G Johns, Non Executive Director
- 107/09 The Chairman welcomed Mr Hutt, Non Executive Director designate, and Mr Davis as the LINKS representative to the meeting. He reminded the Board that this was the last meeting at which Mr Herdan would be present and expressed on behalf of the Board thanks and appreciation to Mr Herdan for his contribution over the past five years including acting as Vice Chairman and working hard to represent the patient interest. He also advised the Board that Mr Stoneham, Director of Corporate Services, was currently on secondment to East and North Herts Trust to assist them with their Foundation Trust application.
- 108/09 **DECLARATIONS OF INTEREST**  
There were no new declarations of interest.
- 109/09 **MINUTES OF THE MEETING OF BEDFORD HOSPITAL TRUST BOARD HELD ON 29<sup>th</sup> July 2009**  
With the amendment of the title of the Chief Medical Officer to Medical Director of the National Health Service, the correction to 62 of the cancer waiting target in minute 94/09 and the correction of a spelling error, these were agreed as a correct record.
- 110/09 **MATTERS ARISING/ACTION LOG**  
52. Safeguarding Children - on agenda  
  
53. Business Continuity Plans - for consideration by the Governance Committee in October and the Audit Committee in November.  
  
54. Expression of interest in Hinchingsbrooke services - this had been made.  
  
56. Hand Hygiene - the Director of Nursing & Patient Services reminded the Board

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that this was Hand Hygiene week and a good opportunity to raise the profile. He advised that because of the new audit system numbers might drop in the short time. The Chief Operating Officer stressed that achieving hand hygiene targets was part of General Managers' objectives. The Director of Nursing & Patient Services was congratulated on the keeping the message of hand hygiene alive and refreshed.

57. Performance Report./ 58. Finance Report – new requirements included in Operational Report.

59. Charitable Funds Committee Terms of Reference - on agenda.

60. Assurance Framework - on agenda.

62. AGM - this had been held on the 22<sup>nd</sup> September. A number of members of the public had attended and some good questions had been asked.

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### **PATIENT EXPERIENCE / THE PATIENT'S JOURNEY- MATRONS' REPORT**

The Chairman welcomed Fran Bertasius, Matron in Critical Care, to the meeting to give a presentation. Mrs Bertasius explained that Paul Raynor, Matron for Accident and Emergency Department should also been present but had been required to work the previous evening. She then gave a presentation outlining the journey of the patient brought in by ambulance as an emergency through the Accident and Emergency Department into Critical Care, from where he had been successfully discharged. She stressed the importance of controlling risks during any transfer, whether internally or to another hospital and drew attention to the sources of guidance available to Accident and Emergency staff such as NICE Guidance and the National Poisons Centre.

Following the presentation she responded to questions on the operation of the PAR team, the Swoop-and-scoop Policy, capacity within the Critical Care network and the factors involved in a transfer and the staffing situation within Critical Care. Mrs Bertasius was thanked for her presentation and withdrew.

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### **STRATEGIC SCORECARD**

Directors welcomed the extended range of items included.

In response to queries, the Board was advised that

- on the NHS performance framework, the Trust's ranking was in the best category,
- the Chief Operating officer was meeting the Chief Executive of Papworth Hospital to progress the implementation of PCI, with the aim of treating 100 patients in the current financial year,
- the proposal to link funding to patient satisfaction was led at ministerial level
- with regard to the stroke service, there were data issues
- the discussions with neighbouring trusts about opportunities for back office and clinical cooperation were continuing.

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### **OPERATIONAL REPORT**

In addition to the items summarised in the overview report, the Chief Executive advised the Trust Board that the Strategic Health Authority had advised that additional funding would not be available to purchase the equipment necessary for swine flu preparedness, although it was a requirement that the Trust had such equipment. The initial estimate for this had been around £2m but following further work, additional expenditure of £83k only had been identified as necessary. This sum could be met from existing budgets. The current proposal that the additional Critical Care capacity could be identified through using theatre recovery which already had most of the necessary equipment. This would however have an impact on activity, as theatre workload would have to be reduced. There was also an issue over releasing staff to receive the necessary training. She confirmed that a full

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record of expenditure would be kept.

She also advised that she had had discussions with the Care Quality Commission in relation to safeguarding children and had been advised that as the Trust had not had a visit on this issue, the Trust's self assessment was likely to be accepted. The Care Quality Commission was however likely to review this area specifically as part of the registration process. She further advised the Trust Board that the PCT's letter of support for the Trust's Foundation Trust application was being prepared.

The financial position had been reviewed in detail at the Finance Committee. A lot of work was being undertaken in divisions to develop Action Plans in order to return the Trust to surplus trajectory and staffing controls had been introduced. Month 6 figures would be available shortly and would indicate whether the August figures were exceptional or represented a trend. The Director of Finance & Performance confirmed that action was in hand to recover the sums agreed as owing to the Trust by other NHS bodies, as discussed in detail at the Finance Committee. The position would be reviewed at the next meeting of the Finance Committee.

The Chief Operating Officer advised she was unable to give an overall performance score because of the new targets which had been introduced without as yet thresholds being known. Once those that had been adopted for the 2008/09 ratings were available on the 13<sup>th</sup> October, these would be applied as the best available guide. She stressed that where there were breaches of targets in relation to cancelled operations, and MRSA there was a Root Cause Analysis of the breaches. She advised that there were pressures in maintaining the targets for cancer and 18-week waiting, and Choose and Book. Capacity plans were being adjusted. In relation to stroke, there appeared to be some anomalies in the figures which were being explored further. Currently however 100% of the stroke target was being achieved and she expected this to continue and to be sufficient to recover the position by the end of the year. The Medical Director drew attention to the success of the bowel screening service in identifying patients who required further investigation and treatment, although this was putting pressure on targets. While the position on elective admissions had been below target on the first two months of the year, the Chief Operating Officer believed that the patients already in the system who would have to be treated under the 18-week arrangements meant that by the end of the year the Trust would have recovered its position. She was strongly challenged on this and responded by drawing attention to the success of CapPlan in predicting activity which was predicting that the non-elective position would be back on target by the end of December. There was a consequent impact on the financial position as an extra ward would however be required from the 1<sup>st</sup> November to the end of the financial year to meet the normal winter pressures and the elective demand. The Board noted the impact.

The Director of Nursing & Patient Services advised that there had been no MRSA cases in the month to date. The Board was disappointed at the MRSA screening figures of 68% for elective and 77% for non-elective admissions. It wished to see 100% achieved. The Director advised that he believed the Trust was screening more patients than many other Trusts. He was however reviewing the position, including data collection. He would submit the Action Plan to the next meeting of the Trust Board. Overall he believed the Trust was doing everything it should be doing to keep MRSA and clostridium difficile to a minimum. The main local issue was, he believed, antibiotic use but this was a whole health community issue and a whole health community approach was necessary. The PCT acknowledged what the Trust was doing and recognised that there were issues in the wider community. In relation to the increased number of harm events identified in April and May, the Medical Director advised that this was partly due to greater familiarity with the global trigger tool process but it was a concern and one proposal was to circulate a "lesson of the week". He confirmed that cases were reviewed by the Patient Safety Committee.

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Overall, the Board felt that it was now getting too much information on this area and asked that a dashboard approach indicating exceptions should be considered and developed.

In relation to the implementation of the European Working Time Directive the Medical Director advised that the main specialties had been monitored in September and were compliant. A process was in place to monitor all breaches. The Director of Human Resources advised that the Strategic Health Authority had indicated that it would not support derogation in relation to medical SHOs.

On patient satisfaction, the Trust Board felt that the position was disappointing, and drew attention to poor communications between patients and family being an area where improvement was required. The Director of Nursing & Patient Services advised that this was included in the training programmes for staff and had been discussed in the Patient Experience Committee. Revisions were being made to the training programme. Issues were followed up on an individual basis. He anticipated that the Patient Experience Strategy would be available for the Board at its next meeting. Patient feedback was used effectively on the productive wards but less well on other wards. The report was received.

### **OPERATIONS ITEMS FOR DECISION/APPROVAL**

- 114/09      **GOVERNANCE AND FINANCIAL RETURN- MONTH 5**  
Mr Gear expressed disappointment at the late request for approval of the figures at the end of August. The Trust Board was disappointed at the governance rating of red and asked that urgent action be taken on all the relevant areas to improve the situation. Subject to amendment to the cancer figures, the Board **resolved** that the declaration be signed by the Chairman and submitted to the Strategic Health Authority.
- 115/09      **PANDEMIC FLU PREPAREDNESS STATEMENT**  
The Director of Nursing & Patient Services drew attention to the two desktop exercises which had taken place to test the plans. He stressed that work was in hand to continue to refine the plans as the overall situation developed. Replying to Mr Pickering, he stressed that the responsibility to ensure that the plans were fit for purpose was that of the Trust. The Board received the report and supported its publication on the Trust's internet to demonstrate to the local community and patients the progress in preparing for a pandemic flu surge.
- 116/09      **APPROVAL OF CONTRACTS IN EXCESS OF £1M**  
As required by Standing Financial Instructions, the Board approved the extension of the total waste management service with Polkacrest for a further two years, as permitted by the contract, bringing the total expenditure over the contract period to £1.4 M and the transfer of the contract for linen services from a local contract with Sunlight to the national contract with the same supplier at improved terms at a commitment of £4.25m over seven years.
- 117/09      **PROGRAMME OF MEETINGS FOR 2010**  
Directors were asked to raise with the Trust Board Secretary any issues in relation to the proposed dates for 2010. The Medical Director advised that because of clinical commitments it was difficult for him to attend Finance Committee meetings. He would however attempt to attend quarterly. The Board noted that the Finance Committee was not an executive committee and that all decisions were made by the Board.
- 118/09      **APPOINTMENT OF SENIOR INFORMATION RISK OWNER**  
The Board noted the requirement of the post of Senior Information Risk Officer and **resolved** to nominate the Director of Finance & Performance to fill the role noting that he had already received training in the necessary requirements.

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- 119/09      **ASSURANCE FRAMEWORK**  
The Assurance Framework, which had already been discussed by the EMG and the Audit Committee and amended by them, was received. No further assurances, controls or actions were identified. The Chairman of the Audit Committee advised that the next version would be extended to include all risks of 15+ although he drew the Board's attention to the fact that in the finance industry all potentially catastrophic risks were included. He would discuss this with the Medical Director outside the meeting.
- 120/09      **APPOINTMENT OF VICE CHAIRMAN**  
The Chairman advised the Board that he had discussed the matter with Mr Johns who had agreed to be nominated for the post. The Board **resolved** to appoint Mr Johns as Vice Chairman for the next year.
- 121/09      **UPDATES AND REPORTS**  
**ANNUAL CONTROL OF INFECTION REPORT 2008/09**  
The Trust Board welcomed the report and congratulated the Senior Nurse -Infection Control on document and its contents. Mr Pickering queried whether there was any national template for such a report and what external assessment/monitoring was in place. The Director of Nursing & Patient Services advised that there was no national guidance for the format of the report but the Action Plan was based on the duties in the Hygiene Code. The Trust figures were reported upwards on a regular basis following review at the Hospital Infection Control Committee. The Report was received. It was noted that the plan for 2010/11 would be submitted to the Board later in the year.
- 122/09      **SAFEGUARDING CHILDREN- QUARTER 1 REPORT 2009/10**  
The Medical Director, in presenting the report, drew attention to the additional training which had taken place in response to the Care Quality Commission profile which indicated that area as a potential issue. Training was still outstanding for a small number of individuals but was due to be completed by the end of the month. He also advised that the internal audit report was now available in draft and gave adequate assurance. The report was received.
- 123/09      **ITEMS FOR INFORMATION**  
**REPORT FROM THE AUDIT COMMITTEE**  
The Board received the report and **resolved** that the current Standing Orders, Standing Financial Instructions, Reservation of Powers and Scheme of Delegation be rolled forward until the sooner of Foundation Trust status or September 2010. Executive Directors were asked to pursue responses within their remits to draft audit reports which were still outstanding, prior to the November meeting of the Audit Committee.
- 124/09      **ANNUAL RESEARCH AND DEVELOPMENT REPORT**  
The Medical Director advised that this report was in the format required for submission to the Department of Health. It covered almost all research undertaken within the Trust but not all. In response to a query from Mr Lewis, he outlined the proposed changes in the organisations of Research & Development including the development of new networks. He stressed the importance of good research in attracting staff and advised the Chairman that it was hoped to expand on the current number of projects.
- 125/09      **MEDICAL DEVICES MANAGEMENT ANNUAL REPORT 2008/9**  
This was the first time the Trust Board had received such a report which was a recommendation in Standards for Better Health. The report was noted.

The Board adjourned for lunch at this stage. Mr Davis was not present when the

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meeting resumed.

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### **SDO PROJECT**

Professor David Buchanan and Dr Colin Pilbeam, Cranfield University, in attendance.

Professor Buchanan outlined the aim of the project which was to identify how management's role was changing and what the implications were with a view to providing practical advice and guidance to end users. The focus was on acute trusts and Cranfield was working with those with whom it already had a relationship, together with NHS Bedfordshire. One particular area of interest was response to serious untoward incidents and the actions which followed.

After discussion the Board supported the project which would, it was felt, could have a practical outcome as well as emphasising the link with Cranfield and involved no cost to the Trust. The Executive would link with the researchers to take the matter forward prior to the establishment of the proposed focus groups.

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### **DATE OF NEXT MEETING**

The next public meeting of the Trust Board will take place at 10.00am on Wednesday 25 November 2009.

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### **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.

There were no members of the public present for the meeting.