

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 150th Meeting of the Bedford Hospital Trust Board
held at 10am on Wednesday 27th January 2010 in the Committee Room, Bedford Hospital**

Part 1

- Present:** Mr R Rankmore, Chairman
Mr G Johns Vice Chairman
Mrs J O'Callaghan, Chief Executive
Mr E J Neale, Medical Director
Mrs L Hunt Chief Operating Officer
Mr A Warren, Director of Finance and Performance
Mr K Lewis, Non Executive Director
Mr D Gear, Non Executive Director
Mr C Ovington, Director of Nursing & Patient Services
Mr I Pickering, Non Executive Director
Mr P Hutt, Non Executive Director
- In attendance:** Mr A Dickinson, Trust Board Secretary
Mrs A Buck, Director of Human Resources (for items 1/10-7/10)

The Chairman welcomed members of staff to the meeting.

1/10

DECLARATIONS OF INTEREST

Mr Johns reported that he had been appointed a member of the Eaton Bray Parish Council.

2/10

MINUTES OF THE PART ONE MEETING HELD ON THE 25th NOVEMBER 2009

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

Attendance: Delete one reference to Mr Johns

132/09 action point 67 "this had been reviewed".

134/09 amend line three to "were being developed" and line 12 to "a PCT assessment on Paediatrics and a work stream.."

136/09 finance para 2 line 20 amend to "although practice-based commissioners were recommending that our diagnostics departments continue to monitor the patients"

136/09 Healthcare Acquired Infection - delete "the monthly ceiling" in line 2.

143/09 end the third sentence at "financial reporting".

3/10

MATTERS ARISING/ACTION LOG

65. Patient Safety Report – the updated version would be presented to the February meeting of the Trust Board.

66. Patient Experience Strategy - the Director of Nursing & Patient Services urged directors to submit comments to him so that he could present the final version to the April meeting of the Trust Board.

80. Patient Safety - the Medical Director confirmed that he was working on a handover tool, the WHO Checklist, including the stop moment, was in place and was being refined and a programme for walkrounds with a new focus had been agreed.

72. Bedford Health Village - a response had been submitted but no feedback had yet been given.

73. Estates Strategy - Due for completion by June 2010.

74. Financial Turnround - included in Operational Report.

78. Medical Re-accreditation - the Medical Director confirmed that he was looking a

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various systems. The legislation was due to be enacted in April and at that stage the Trust Board would need to identify a responsible officer.

133/09. Mr Johns asked whether any progress had been made in developing a link with Salisbury. The Medical Director confirmed that he had been in touch over revalidation, his deputy over DVT thrombolysis and the Patient Safety Coordinator had been in contact with her opposite number.

4/10

PATIENT EXPERIENCE - MATRON'S REPORT ON A SAFEGUARDING ISSUE

Naomi Gallagher, Head of Midwifery, Sheila Hartnett, Matron, Medicine and Safeguarding of Vulnerable Adults Lead and Oonagh Purdy, Supervisor of Midwives and Named Nurse, Safeguarding Children, in attendance.

Mrs Hartnett began by explaining the reasons why the young woman in question was a vulnerable adult and why she had attended hospital on several occasions for treatment. Mrs Purdy then outlined what had happened during the woman's first pregnancy in 2008 which had resulted in the child being taken into care. Various adjustments had been made to the care provided for the woman's second pregnancy in 2009 and the baby had ultimately been born in a tertiary centre, prematurely and had now been admitted to Bedford. The child was likely to have delayed development and an interim care order was in place. The Matrons then commented on the experience gained and the future issues they envisaged. In response to questions from Directors they confirmed that relationships with Social Services had worked well, insufficient emphasis had been given to mental capacity assessment, there had been good involvement from the Learning Disability Team and they outlined the impact of this patient's behaviour on other patients. The Director of Nursing & Patient Services stressed that on a daily basis there were patients in the hospital with complex care needs which required links with a range of other services. The Matrons were thanked for their informative presentation and left the meeting.

5/10

STRATEGIC SCORE CARD

The Directors welcomed the very good report. The Chief Executive advised that since it had been written, the East of England specialist commissioning group had raised the possibility of a renal unit in Bedford. This could be an important issue for the Trust and attempts to achieve it on the hospital site would be pursued. In relation to the provider arm contract, she advised that domiciliary services were being advertised separately. The Director of Finance & Performance confirmed that the Trust had expressed an interest and was waiting for pre-tender documentation. The Chief Executive advised that plans were being made for the official opening of the Breast and Bowel Screening Unit.

6/10

REGISTRATION WITH THE CARE QUALITY COMMISSION

Mrs Sue Blackley, Deputy Director of Clinical Governance in attendance for this item.

The Deputy Director of Clinical Governance apologised for the late circulation of the paper, but it had only been possible to meet the local representative of the Commission the previous Thursday, after the Board papers had been despatched. She confirmed that in the draft form that had been circulated, an assessment had been made of the evidence available against the Care Quality Commission's quality and risk profile. A synopsis had been prepared to explain how things had been improved. Red scores on the profile did not automatically mean that the Trust had to declare itself to be non-compliant with that particular standard. She confirmed that the draft had been discussed the previous week at EMG and the decision made that areas relating to five regulations should be declared as non-compliant, outcome 4 Care and Welfare of Service Users, outcome 8 Cleanliness and Infection Control, outcome 9 Management of Medicines, outcome 12 requirements relating to workers and outcome 6 cooperating with other providers. Mr Johns congratulated the Deputy Director on a good piece of work and confirmed he was satisfied with the conclusions. Mr Pickering suggested the wording in relation to cooperating with other providers should be amended and Mr Hutt suggested amendments to section 2.3 to reflect what was happening as opposed to what was proposed. The Director of Nursing & Patient Services confirmed that the Care

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Quality Commission did want to know what was happening today.

The Board **resolved**, subject to the amendments discussed, to approve the declaration as drafted and the content of the Action Plans for submission to the Care Quality Commission. The Deputy Director was congratulated on the clarity of the submission.

Post Meeting Note: following further information becoming available, the Trust Board subsequently agreed to submit an Action Plan in relation to the Safeguarding of Vulnerable Adults.

7/10

OPERATIONAL REPORT

The Chief Executive stressed that financial issues still had to be resolved. She confirmed that the Accident and Emergency Department target had been missed for 7 weeks in a row and although the annual target would be met, the Trust Board needed to be seen to be responding to the problem. The main issue was the impact of the Norovirus outbreak and the consequent closing of beds, together with staffing issues and a high volume of attendances at the department. The Board confirmed that the target must be met for the following two months. The Chief Operating Officer advised that all trusts in the region were in the same position but there was an action plan in place. There were already additional physician ward rounds taking place to help speed patients through the Acute Assessment Unit and the two new AAU Consultants would be taking up their posts in March. While the Norovirus outbreak was receding she could not rule out a further one.

FINANCE

The Director of Finance and Performance confirmed that the deficit had grown but was less than forecast because of the increase in activity in the month, largely through emergency admissions. These were valued at £1.5m in the month of December, and if admissions continued at the same rate for the rest of the year, as was currently happening, activity for NHS Bedfordshire would be £6.2m over the Service Level Agreement figure. He was confident that the Trust would deliver a surplus at the year-end. He stressed that the additional activity was incurring extra cost and would not increase the surplus. The turnaround process was continuing, was looking at all streams and progress was being made. It was proposed that meetings would continue in the following year as a way of continually focussing on the need to generate savings. In a response to a question from Mr Pickering, the Director confirmed that his estimates included his assessment of risks to income but not the full amount claimed by the PCT which was being repudiated. The PCT had been asked to provide evidence to support its claims, but had yet to do so. Mr Gear stressed the importance of keeping staff and opinion formers informed of the situation, without creating embarrassment. The Chief Executive confirmed that she was continuing dialogue with the Chief Executive of NHS Bedfordshire but was stressing that the Trust wanted to be paid for the activity it did. A further offer had been made earlier that day. She believed the PCT was keen to avoid arbitration. Mr Lewis stressed the importance of understanding how the PCT had reached the conclusions it had. The PCT Board papers had accepted that demand management was not working and that contracts with acute providers were over performing. The Trust's solicitors had drawn attention to the Payment by Results Code of Conduct which stressed that billing and payment should not be disputed in bad faith or because of cash issues. Mr Johns was concerned that arbitration should be based on existing challenges only and not set a ceiling for the year. The Medical Director was concerned about the possibility of further challenges. The Chief Executive advised that in her opinion the Strategic Health Authority wanted clarity for the year end position and this would be the outcome of any arbitration, which was likely to happen within the next two weeks. The Board confirmed that the revised offer should be rejected and that the officers should continue to prepare the case for arbitration, accepting that this might mean an additional Board meeting or a virtual Board meeting. The basis of the Board's approach was that funds were necessary in order for the hospital to provide the best service it could to its patients and it was not in the interests of the people it served to settle for less.

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PERFORMANCE

The Chief Operating Officer advised that because of the impact of the Norovirus outbreak, performance had deteriorated in January in relation to admission of stroke patients to the stroke unit and cancelled operation. The nett outcome was likely to be these two targets were not achieved at the end of the year. There were also concerns as to whether the 18 week pathway for elective patients would be fully achieved. She advised that cancer targets were improving but were dependant on surgical capacity. There had however been an improvement in meeting breast cancer targets. The Director of Finance & Performance advised that if the Accident and Emergency Department target was missed for two months, the Service Level Agreement provided for the PCT to withhold funding and if for three months the withheld sum could be retained. This would have an impact on the Trust's cash flow. The Chief Operating Officer confirmed that in any future Norovirus outbreak, beds would be handled differently. Mr Johns welcomed the improvement in the proportion of day cases and the other positive areas of performance shown on the graphs and considered that they gave a picture of a hospital which was performing well. The Chief Executive advised that the main area where the Trust was out of line was follow-up outpatient attendances and this was being worked on.

WORK FORCE

The Director of Human Resources reported on the successful recruitment in India of doctors for the Accident and Emergency Department. There were still consultant pressures in Pathology and discussions were in progress with GSTS and local trusts. She drew attention to the reduced number of additional staff employed in December, 55 against 94, and the increased speed of filling vacancies. The Medical Director confirmed that there should be no immigration issues in relation to the doctors recruited from India and he advised that the trip had been so successful that Kettering Hospital had agreed to pay half the cost of recruitment as they had succeeded in filling vacancies also.

PATIENT SAFETY

The Medical Director drew attention to the rise over the last three months in mortality but stressed that the Trust remained below its peer group and there had been a similar upward trend, but at a higher level for the same three months of the previous year. He therefore had no undue concerns at this stage. In relation to DVT thrombolysis he advised that the audit was now complete and the Deputy Medical Director was reviewing the policy to ensure compliance, taking into account the most recent NICE Guidance. Mr Johns drew attention the lag in providing information e.g. a number of charts gave September as the last month. The Director of Nursing & Patient Services confirmed that he was unhappy with level of returns reporting pressure ulcers and was about to launch a strategy on this point. A national initiative was also proposed.

INFECTION PREVENTION AND CONTROL

Mr Lewis asked what factors stopped further improvement in *Clostridium Difficile* rates. The Director of Nursing & Patient Services advised that the key elements were in place but not fully embedded. Not all aspects were in the Trust's control as many cases came into hospital already suffering from *Clostridium Difficile*. This was partly because of GP antibiotic prescribing and the PCT was arranging a series of practice visits to highlight the issue. Mr Johns was concerned by the results of the audits, especially in relation to stopping antibiotics. The Director of Nursing & Patient Services advised that the audits had identified issues which were then corrected. He identified the areas for improvement as more prompt isolation, development of point of care testing and the possible introduction of a portable isolation ward. The Antibiotic Stewardship Group was also to be reconvened. The Medical Director advised that work was in hand to try to educate doctors at all levels. The Chief Executive stressed that the decision to admit patients to wards before they had been finally cleared of Norovirus was based on patient safety needs, to enable patients to be moved on from the accident and emergency department.

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The Board asked that future reports should include the implications and outcomes of such events. The Chief Executive drew attention to the absence of the December peak this year in cardiac arrests, which she believed was in part as a result of the introduction of the Patient At Risk Team. Mr Pickering queried the impact of the learning points from the e.coli outbreak and was advised that these would help contain future outbreaks better.

PATIENT EXPERIENCE

The report was noted.

8/10

GOVERNANCE AND FINANCIAL RETURN MONTH 9

The Director of Finance & Performance advised that the governance risks included had changed from those reported previously but the overall position remained the same. This was a consequence of monthly reporting that quarterly reporting smoothed out. The Board **resolved** that the declaration be signed by the Chairman and submitted to the Strategic Health Authority.

9/10

ASSURANCE FRAMEWORK

The Director of Finance & Performance advised that the format had been modified to indicate all three levels of risk and had been discussed at the Governance Committee and the Audit Committee. Mr Pickering as Chair of the Audit Committee confirmed that the Committee was more satisfied with the format which was much clearer. The framework did indicate the complexities of the organisation and the challenges it faced. He suggested however that EMG should review how to integrate it better into management to reflect changes as they happened. The report was received.

10/10

REPORT OF THE AUDIT COMMITTEE

Mr Pickering as Chair of the Audit Committee presented the report. He drew attention to the possible impact of the International Financial Reporting Standard fixed asset revaluation for 2009/10 on the income and expenditure account, which the Director of Finance & Performance was exploring. He drew attention to the three substantial assurances received from Internal Audit in relation to Standards for Better Health, Income & Debtors and Creditors. The Trust Board was disappointed that there were five reports still in draft and urged managers to respond as quickly as possible.

11/10

HIGH PERFORMING NHS MANAGERS PROGRAMME

The Chairman congratulated the Chief Operating Officer and Director of Nursing & Patient Services on their selection for and completion of this demanding one year course.

12/10

DATE OF NEXT MEETING

The next public meeting of the Trust Board will take place at 10am on Wednesday 31st March 2010.

13/10

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.

Members of staff were present for most of the meeting.