

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 149th Meeting of the Bedford Hospital Trust Board
held at 10000 am on Wednesday 25th November 2009 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

The Chairman welcomed members of the public and of staff to the meeting.

129/09

DECLARATIONS OF INTEREST

Mr Hutt, attending his first public meeting of the Board, declared that he was a trustee of the Way Foundation, a self help group for young people who had been widowed. He would be relinquishing the post when his current term of office came to an end on 31st March 2010.

130/09

MINUTES OF THE PART ONE MEETING HELD ON THE 30 SEPTEMBER 2009

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

113/09 paragraph 4 amend five months to two months and elective to non elective.

114/09 amend Mr Pickering to Mr Gear.

19/09 amend to 15 plus

131/09

MINUTES OF THE ANNUAL GENERAL MEETING HELD ON 22 SEPTEMBER 2009

These were agreed as a correct record, for signature by the Chairman.

132/09

MATTERS ARISING/ACTION LOG

53. Business continuity plans. Mr Pickering as chairman of the audit committee confirmed that this had been discussed at the audit committee meeting the previous day. Work was in progress which was due for completion in January. Internal audit would be reviewing the plans once they were complete.

63. Scoring in performance report. - Implemented

64. MRSA screening - On agenda

65. Patient Safety Report – level of detail. The Director of Nursing and Patient Services confirmed that this was currently being looked at and it should be in place for the January report.

66. Patient Experience Strategy. The draft had been approved the previous day at the Improving Patient Experience Committee and would now be circulated widely for comment, with a view to the strategy being in place by the end of the financial year.

67. Financial Position. This had been reviewed at two special board meetings and was on the agenda for this meeting.

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69. Assurance Framework. Mr Pickering as chairman of the audit committee reported that the audit committee had agreed to have an additional meeting on 7th December 2009 to look in more detail at this, in particular the proposed improvements, prior to it being discussed at the Board in December.

112/09 PCI The Chief Operating Officer confirmed that she had a number of discussions on this. There were concerns about the impact on Papworth of a number of hospitals moving towards a more local service. The aim however was to start the service in February and it was still anticipated that a hundred patients would be treated in the current financial year.

133/09

NATIONAL PATIENT SAFETY CAMPAIGN UPDATE

Matthew Kershaw, Chief Executive, Salisbury NHS Foundation Trust, in attendance.

The Chairman welcomed Mr Kershaw to the meeting. Mr Kershaw introduced a presentation stressing the importance of the issue and the importance of sharing teaching and learning. He believed the campaign was designed in a way which would be very effective. In Salisbury, they had concentrated on five areas, deteriorating patients and the development of an outreach team, the global trigger tool, peri-operative care, critical care and high risk medicines. One of the key elements in the campaign was the management walkrounds which took place weekly and had improved board learning and brought the Board closer to the ward. Another was patient stories. Salisbury was a national exemplar in venous thrombo-embolism prophylaxis.

Mr Kershaw responded to questions about services provided by Salisbury Hospital, the WHO operating checklist, obstacles to implementing the campaign and the tool developed for improving information available at handover. He confirmed that in his view the key measures for patient safety were the SMR, outcome of actions from the safety walk rounds and patient feedback. This latter was obtained on a daily basis. Directors confirmed that the Trust was currently working on all five key areas.

The Board agreed that the way forward for the Trust was questioning both at operational and board level, developing walkrounds and the handover tool, and the implementation of the WHO check list, amended for local circumstances. It was agreed that relevant officers from Bedford should liaise with their opposite numbers in Salisbury to assist mutual learning. Mr Kershaw was thanked for his presentation and left the meeting.

134/09

STRATEGIC SCORE CARD

The key items were identified as the lack of progress on provider arm proposals and the update on the Trust's projects. The Chief Operating Officer confirmed that models of care were being developed in relation to provider arm services. It was agreed to raise at next Board to Board meeting with PCT progress on the PCT strategy and how that related to the implementation teams already set up. The Chief Executive advised that an update on the Milton Keynes/ South Midlands population growth area would be presented to the December meeting of the Board. The Board agreed that it was important that the Trust should respond to the consultation currently in progress on service provision at the Bedford Health village and agreed this should be sent by the officers. The Chief Executive advised that it was proposed to undertake the annual review of the strategy in May and this would be the stage at which to review the estates strategy. The Medical Director drew attention to a PCT work stream on paediatrics which was assessing if there was a case for reducing the number of paediatric beds. He would keep the board informed of developments. Mr Johns felt that while the document as a whole was interesting, it had lost its strategic focus. It was agreed that in future a separate information sheet would be prepared and circulated covering the non strategic issues.

135/09

FOUNDATION TRUST STATUS

The Chairman advised that he and the Chief Executive would be meeting their opposite numbers at the SHA on 18th December to discuss the Trust's progress in resolving its financial problems and to respond on issues of concern to the SHA. If the Trust were put through to the Department of Health applications committee, the Trust would likely to

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be referred to Monitor in March/April, becoming a Foundation Trust at the earliest in May/June. The Director of Finance and Performance confirmed that the long term financial model was being updated to fit in with that time scale although it would be too early to reflect the Department of Health's planning intentions or the PCT strategy. It would however reflect the current situation in relation to the financial position of the local health economy. The Chief Executive confirmed that the IBP was also being reviewed to keep it a living document until a major review could take place following discussion on the Trust strategy and publication of PCT strategy. The Board noted the progress made.

136/09

OPERATIONAL REPORT

The Chief Executive advised on events since the written report had been prepared. There had been an unannounced visit by the Care Quality Commission to review 16 areas in relation to the hygiene code. There were no recommendations. She felt that all staff should be congratulated on this significant achievement. The one area raised was the suitability of Victoria Ward as an inpatient ward because of its age and ambience and this would need to be considered as part of the estates strategy. She confirmed that the contract with GSTS for the pathology service had been signed the previous day in advance of the go live date of 1st December. Difficulties were being experienced in the recruitment of junior anaesthetists from February and contingency plans were being put in place. An inspection of the blood service had taken place the previous day and some action was likely to be required. She would provide the Board with an update in due course. The Trust infection control team had received a highly commended award at the National Communications Forum.

Mr Pickering asked for some more information about deaths from pandemic flu. The Medical Director replied that in all suspected cases a report had to be submitted to the Chief Medical Officer within 48 hours of death. To date four deaths had reported, of which only two had proven links to swine flu.

FINANCE

The Director of Finance and Performance confirmed that the October results had shown an improvement and were above the revised trajectory. Some of the turnaround action had already achieved in October, particularly in relation to income. Emphasis was now being placed on controlling expenditure, particularly on pay and non pay as part of 16 initiatives identified. Mr Lewis asked for clarification on relationship between existing cost improvements and Turnaround projects. The Director of Finance and Performance confirmed that the original cost of the improvement programme was not delivering as planned, therefore second a round had been identified. Currently 75% was being achieved and pursuing cost improvements further was one of the Turnaround projects. Mr Pickering was concerned about getting information on the November position as early as possible. The Director of Finance and Performance advised that full information would not be available until 7th December but payroll information showed that the November aggregate was down on that in October but not by the amount required to get back on to budget, and that savings were yet to come through from reduced use of agency staff. His overall conclusion was the Trust was heading in the right direction but not fast enough but he was reasonably confident that the revised trajectory would be achieved. The Director of Human Resources advised that there had been a reduction in agency staffing in November of £43,000 and on the basis of bookings already for December there would be reductions of £80,000. Medical staffing in Pathology was a particular concern, as there was a lot of expensive agency staffing there. She believed that vacancy controls were having an effect and that bank staff booking was down 7% overall.

Mr Pickering asked if there had been any response from the PCT to the Trust response to issues raised on contract performance. The Chief Executive advised that the initial PCT letter had been a draft but the Trust was working to formal time scales in the contract and was pushing the PCT for a response. Legal advice was also being obtained. Mr Hutt asked whether executives were confident that the bottom up approach to cost improvements and turnaround would actually produce the required

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savings. The Director of Finance and Performance confirmed that the 16 projects should deliver more than the amount required for the proposed trajectory, but he did not anticipate that all would deliver the amount specified. Mr Pickering stressed that the aim should be to get the biggest surplus possible and preferably hit the original target of £1.3 million. The Chairman supported this view. The Director of Finance and Performance confirmed that new ideas were put forward at each turnaround meeting and others had come forward from Clinical Leads Forum the previous night. He did not however think it was realistic to expect a surplus of £1.3 million but as many initiatives would be implemented as possible. The Chairman asked about the progress being made in mitigating potential penalties. The Director of Finance and Performance replied that there was evidence of the risk being reduced. The Chief Operating Officer advised that agreement had been reached with the PCT to discharge a number of trauma and orthopaedic and urology patients from hospital follow up care. She believed that this would enable the ratio to be reached, although practice-based commissioners were recommending that our diagnostics departments continue to monitor the patients. The Director of Human Resources confirmed that controls on pay were continuing, although overtime probably needed more controls. Mr Pickering stressed the need to keep the situation under active review. The Director of Finance and Performance advised that policies were being revised to ensure faster submission of claims for overtime and expenses. He also confirmed that the month 7 figures showed the maximum risk expected. The Chief Operating Officer confirmed that Divisional Managers were monitoring pay expenditure weekly and also looking at forecast expenditure against budget. The Board was satisfied with the progress reported but urged the Executive Directors to continue to manage the situation firmly. It was agreed that the capital programme should be reviewed.

PERFORMANCE

The Chief Operating Officer confirmed that the Trust was on target for achieving a Care Quality Commission excellent rating for the year. She drew attention to the progress made in implementing plans to reduce the backlog of patients. To date, demand management was not having any impact on non elective treatment with attendances at the Accident and Emergency Department at the highest level ever, giving considerable over performance against the contract. The main performance concerns remained cancer and stroke. She advised the board that a new score card would be introduced the following month covering productivity in more detail. Mr Lewis queried the delay on the urology project which the Chief Operating Officer confirmed was linked to the current heavy demand on the service which meant the department did not have time for the preparatory sessions.

PATIENT SAFETY

The Medical Director confirmed that the mortality trend continue to be below the previous trend. Mr Johns queried the number of harm events and the variation between months. The Medical Director responded that it was yet too early to identify trends clearly but the aim certainly was to achieve a reduction in the number of harm events. Mr Gear asked about the patient safety implications and training implications of the European Working Time Directive for doctors. The Medical Director responded that as yet there was no evidence but he did draw attention to the considerable reduction in the number of hours spent in training by those becoming consultants fifteen to twenty years ago and those becoming consultants now. There are also potential issues in relation to continuity of care with doctors working shifts. Handovers were critical and this was why he was currently exploring appropriate record keeping systems for these. He stressed that these were national risks and not local risks, the Trust had a reputation of being strict in its assessment of trainees and this issue would come to the fore with revalidation.

HUMAN RESOURCES

The Director of Human Resources drew attention to an increase in the level of sickness. She also advised that 90 staff shown as employees were in fact employed to undertake work for other bodies under service level agreements and this would be shown separately in future reports. She also reported the successful renegotiation of nursing agency rates which would lead a reduction in expenditure on agency staff during the rest of the year of approximately £750,000. There were however areas of staffing

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pressure e.g. theatres where agency staff had to be employed.

HEALTHCARE ACQUIRED INFECTION

The Director of Nursing and Patient Services reported that in the month to date there had been no cases of MRSA bacteraemia but 4 cases of clostridium difficile. Mr Gear queried the plateau of hand hygiene scores. The Director of Nursing and Patient Services confirmed that this was being looked at on a ward by ward basis and improvement had been achieved on certain wards following specific campaigns. The issue was whether that high level could be maintained. Mr Hutt queried the lack of returns from some wards. The Director of Nursing and Patient Services confirmed that where figures were missing at the time the weekly figures were compiled they were chased and obtained and included in the monthly figures. Mr Gear asked what was stopping improvements. The Medical Director advised that the issues were around the five opportunities (before patient contact, before aseptic technique, after contact with body fluid, after patient contact, after contact with patient surroundings), observance of the uniform policy and issues at entry to the ward. He confirmed that he had spoken to doctors who had been referred to him for breaches and only one had been referred a second time. That person had received a warning letter.

PATIENT EXPERIENCE

Mr Johns raised issues about the presentation of the graphs from the patient surveys. The Director of Nursing and Patient Services confirmed that these were being reviewed.

137/09

STANDARDS FOR BETTER HEALTH

Mr Pickering as chairman of the audit committee reported that it had come to the view the previous day when considering the evidence available that it needed more time to review this and the assurances and that the audit committee would be meeting again on 30 November to do this. It was particularly important to have input from the Medical Director and the Director of Nursing and Patient Services.

The Board agreed to defer consideration of the matter until after the audit committee had had that opportunity and agreed to hold a special board meeting at 4pm on 30 November to sign off the declaration

138/09

GOVERNANCE AND FINANCIAL RETURN MONTH 7

The board welcomed the progress in relation to governance, where the rating was now green but noted with disappointment the red score for finance for the current month and for the proposed end of year. The Director of Finance and Performance advised an updated figure on MRSA screening which did however not affect the scoring. The board **resolved** that the declaration be signed by the Chairman and submitted to the Strategic Health Authority.

139/09

MRSA SCREENING UPDATE/ACTION PLAN

The Chairman reminded the board that performance on MRSA screening had been a concern of the Board for several months. The Director of Nursing and Patient Services advised that there were weekly meetings of the project team and this had identified lack of consistent data capture between various information systems. An audit by matrons of actual case notes had indicated 98% of emergency admissions to Folwell and the acute assessment unit were screened, but this information was not being captured adequately by the current information systems. The reasons for this were still unclear and were being pursued. The action plan included in the board papers did however address all known problems. The Chief Operating Officer considered the current format unhelpful and recommended use of the performance management template. Screening of elective admissions remained at about 77%. The Chief Executive expressed concern that the Trust was still failing to achieve the required standards in this area. It was a key patient safety issue which required zero tolerance: the targets must be achieved and considerable progress made over the next month. Mr Pickering sought clarification of this standard in relation to standards of better health and was advised that this area was not included in the proposed mid year assessment. The Chief Operating Officer suggested that a clear policy needed to be devised to provide the framework against which improvement could be made. The Board stressed the importance of making early progress in this area.

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- 140/09 MEDICAL REVALIDAITON**
The Medial Director explained that this report was for information. It had been discussed by all medical staff and at the Clinical Leads Forum. All doctors now had a licence to practice from the GMC and would be subject to revalidation. The Board would need to appoint a responsible officer to ensure effective processes within the Trust. This person had to be in post by October 2010. In preparation, he was proposing to strengthen the appraisal process from April 2010 which would include scrutinising existing clinical governance processes to make sure they provided the right information. The Chief Executive queried the need to fund additional sessions for revalidation and believed that by linking capacity plans to job plans and appraisal, additional costs could be minimised. The Medical Director supported the link but felt it would unrealistic to deliver revalidation cost neutrally. The Board accepted that this was a significant development that needed to be pursued vigorously but was concerned by the financial implications and wanted to see it achieved within existing resources.
- 141/09 MIXED SEX WARDS ASSURANCE REPORT**
The update from the Director of Nursing and Patient Services was welcomed and approved for publication on the Trust website. The Director was congratulated on his achievement in this important area of patient privacy and dignity.
- 142/09 ANNUAL AUDIT LETTER**
The Board formally received the annual audit letter from its external auditors. Mr Pickering as chair of the Audit Committee confirmed that it had been discussed at the audit committee the previous day. It contained nothing new, and there was a commitment to improve financial reporting in 2009/10 in order to improve the ALE score.
- 143/09 REPORT FROM THE AUDIT COMMITTEE**
Mr Pickering as chair of the audit committee gave an oral report on the meeting the previous day. He had earlier in the meeting outlined the committee's conclusions on the Standards for Better Health declaration, the assurance framework and business continuity plans. The committee had been disappointed with the ALE score which did not reflect the overall position on financial reporting. Two internal audit reports had been finalised since previous meeting, on financial management and general ledger and both gave substantial assurance. The Trust compound indicator score in relation to counter fraud had moved upwards from level 1 to level 2. The committee had been notified of a change in external auditor with Paul King replacing Rob Murray and in the local counter fraud specialist with Becky Moss replacing Joanna Bowers.
- 144/09 DATE OF NEXT MEETING**
The next public meeting of the Trust Board will take place at 1000 am on Wednesday 27th January 2010.
- 145/09 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 the public including staff were present for most of the meeting.
- 146/09 CHARITABLE FUNDS**
The Board, meeting as the Trustees of the Charitable Funds received the annual report and the accounts for the trust's charitable funds for 2008/09. These had been discussed the previous day at the Charitable Funds Committee and a supporting opinion had been received from the independent examiner but not yet confirmed in writing. The Board **resolved** to approve the annual reports and accounts for submission to the Charity Commission once the appropriate opinion had been received.