

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 143rd Meeting of the Bedford Hospital Trust Board
held at 10.00am on Wednesday 26th November 2008
in the Committee Room, Bedford Hospital**

PART 1

Present: Mr R Rankmore, Chairman
Mrs J O'Callaghan, Chief Executive
Mr E J Neale, Medical Director
Mr A Warren, Director of Finance and Performance
Mr K Lewis, Non Executive Director
Mr G Johns, Non Executive Director
Mr I Pickering, Non-Executive Director
Mr D Gear, Non Executive Director
Mr B Herdan, Vice Chair
Mr C Ovington, Director of Nursing & Patient Services Designate

In attendance: Mr I Stoneham, Director of Corporate Services
Mr A Dickinson, Trust Board Secretary
Mr E Davis, Links representative
Mr A Denis, LINKS representative

Apologies: Mrs L Hunt, Chief Operating Officer

The chairman welcomed Mr Ovington to the Board as Director of Nursing and Patient Services designate.

91/08 DECLARATIONS OF INTEREST

Mr Herdan reported that he had been appointed as Regulator to the security industry. Mr Rankmore reported that he had been re-appointed to the Milford Haven Port Authority.
Mr Ovington confirmed that he had no interests to declare.

92/08 MINUTES OF THE MEETING OF BEDFORD HOSPITAL TRUST BOARD HELD ON 24th September 2008

With the following amendments, these were agreed as a correct record for signature by the Chairman.
Minute 82/08 – Amend final sentence to “the procurement hub was discussing how it might guarantee”
Minute 89/02 – Amend “usual” to “useful”

MINUTES OF THE TRUST AGM HELD ON 24th September 2008

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

93/08 MATTERS ARISING/ACTION LOG/ACTION LOG

3. HCAI – Included in The Director of Infection Prevention and Control's report
6. Audit of electronic discharge letters. The Director of Finance & Performance confirmed that there were still problems in some areas and the Trust was seeking to remove the requirement for a detailed written discharge summary for day surgery from the PCT requirements. The pilot of the electronic portal to GPs, which would give instantaneous transmission of letters, was about to start. The PCT had agreed the level of financial adjustment to be made where electronic discharge letters were

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not provided a timely way.

Non executive Directors queried the areas where there was non compliance, the practice in other trusts, and the IT issues involved and it was agreed that a written report should be provided to the next meeting of the board on the issues, progress and target for completion.

20 – Integrated Education Centre – The Medical Director reported that the project board had had an initial meeting and was meeting again the following week and sub groups had met to identify their needs. An operational policy was in draft

21 – Transformation programme - included in operational report - delete

22 –Marketing assessment update - noted this was now for quarterly review - delete.

23 – Staff engagement strategy - update included in Chief Executive's report - delete

24 – Strategy Dashboard - to be on December agenda

94/08

CHAIRMANS REPORT

The Chairman reported that he had been to a useful conference in Birmingham organised by the Audit Commission and would be taking action on the points made. There had been a board to board meeting with the PCT and he had subsequently attended the routine meeting of the PCT.

95/08

OPERATIONAL REPORT

The Chief Executive introduced the operational report and said that a successful appointment had been to the stroke/physician post and informed the board that Mr ffolliott Fisher, Consultant Ophthalmologist would be retiring that week after many years' service. She drew attention to improvements in cost improvements achieved and to improved operational performance in relation to follow ratios, which had halved. In relation to foundation trust status, she advised the board that the SHA had agreed to put the trust forward after three months when its MRSA levels were at or below trajectory i.e. a maximum of one case per month. The earliest therefore the trust would go forward to Monitor would be April 2009. To date, there had been no MRSA cases in November. She also drew attention to the report back from the Staff Engagement pilot and to the implications of the trust introducing the Leading in Patient Safety programme, the second week of training for which had been held the previous week. An action plan was already in draft and the programme would be launched probably in early February. She advised that the 'from weak to good' action plan had been updated and was on the website. This would be a key issue for Monitor. The mid year review for standards for better health would be on the December agenda. The staff engagement strategy would need to be updated to reflect the results on the staff engagement pilot. In the absence of the Chief Operating officer she advised that activity in the month had been high and that the Trust had been affected by an outbreak of Norovirus. The performance report had been redesigned to emphasise risks. Thrombolysis presented a risk because of the low numbers, although the Trust was working cooperatively with other agencies. The Medical Director advised that the PCT had agreed to commission the appropriate level of service from the ambulance trust. The stroke network had agreed that the PCT should commission primary angioplasties from Papworth, which would mean that cases suitable for thrombolysis would go there rather than to this hospital. After discussion about the potential implications of this, the Director of Finance and Performance was asked to seek an exceptional circumstances exemption from the Healthcare Commission for this standard and for decontamination. Directors expressed concern about the lack of clarity at this stage in the year on the threshold which would apply. The report should be amended to include the thresholds adopted for the previous year. In relation to 'choose and book' the chairman advised that the PCT was concerned about the present position in relation to the technology available to make electronic bookings and the availability of slots in the Bedfordshire Hospitals. The Medical Director confirmed

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that following a recent computer upgrade, electronic 'choose and book' arrangements were now in place in the Trust and the programme was being rolled out across specialties. The number of referrals was already increasing. The number of slots available was affected by the lack of capacity in the system and as the demand was greater than commissioned activity, it could not be met. The Chief Executive was asked to draft a formal response to the PCT on this issue and their requirement for only electronic bookings. An update on 'choose and book' should be included in future performance reports.

FINANCE

The Director of Finance and Performance drew attention to the figure shown in the report on cost improvements, which indicated 70% was being achieved. This had been discussed at the finance committee and he tabled a more detailed report indicating the expectation that at the end of the year 95.8% would have been achieved, although 30% would be non recurring which would present an issue for the following year. In response to a question he advised that the extent to which the requirement for cost improvements was embedded was variable across the Trust. The board stressed the need for someone to make turnaround happen in the Trust given the importance of CIPs in relation to the long-term financial strategy. The Chief Executive confirmed that the executives had agreed to appoint a project manager to take forward key projects and that turnaround could be included in this role. The board was encouraged by the revised figures for 2008/9 but asked the executives to prepare detailed CIP programmes for 2009/10 and 2010/11 in order to meet Monitor's requirements. On the cash position, the Director of Finance and Performance advised that discussions were in progress with the PCT to obtain agreed payments not yet paid. In response to queries he agreed to include predicted outcomes for the end of the year on the graphs and outlined the way risks had been approached in his forecast, in particular in relation to potential penalty charges for consultant to consultant referrals and follow up outpatient appointments, where progress was being made with the PCT. The potential penalties in relation to discharge summaries could not at this stage be quantified. A contract variation had been proposed in relation to 'consultant to consultant' referrals. Overall, he advised that the trust was taking robust steps to reduce potential penalties. The assurance was welcomed.

WORKFORCE

The Director of Corporate Services advised that pay was approximately on budget, that there was 77% compliance with the European working time directive requirements and additional funds were being sought to assist in achieving full compliance. Some work had been done relating staffing productivity and more work was proposed, Directors expressed concern about the level of appraisals and the director confirmed that this would receive a push and the figure revised to include all those who had been appraised within the previous 12 – 14 months.

PATIENT SAFETY

The Medical Director highlighted the continued favourable position of the risk adjustment mortality figures and to the increased number of serious untoward incidents reported. He advised that the Director of Nursing and Patient Services would be undertaking a campaign to reduce hospital acquired pressure ulcers. The annual Dr Foster information had now been published and the Trust's position was better than in previous years as it was not included at either extreme and was indicated as good for knee replacements. He agreed to amend the graphs in future to give more prominence to incidents producing harm.

HCAI

The Director of Infection Prevention and Control presented his report and advised that there had been no cases of MRSA in the month to date and 7 cases of *Clostridium difficile*, of which 4 counted against the trust target. He advised there

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was often an upward trend in *Clostridium difficile* cases during norovirus outbreaks. Currently 4 wards were closed for norovirus, although one was expected to open later in the day. He stressed that this was a precautionary measure. Only 3 patients had been affected to date. Visiting restrictions were not working as anticipated and might have to be reviewed. Responding to questions from directors, he advised on the aims of screening for MRSA, on the process involved in addressing them to reduce the burden across the community, and that what this trust did was beyond what most other trusts were doing and what needed to be done. An appeal had been made against including community acquired infections in the MRSA figures but the outcome would not be known for sometime. Directors queried why 100% screening could not be achieved and stressed the importance of the Board's policy being fully implemented. A director expressed concern about the hand hygiene report published in the previous week's Chief Executive's bulletin. The Director of Infection Prevention and Control advised that this was a new presentation. The overall level was not acceptable and the lowest rates were far from acceptable. It had however been suggested that the Trust was over zealous in the way it counted breaches. The board stressed that what is right should be measured even if it was more than was needed and the aim should be to aim high, accepting this could affect comparisons. The board asked for future reports to include details of action taken against staff who breached the policy and whether there were patterns of behaviour which needed to be changed.

PATIENT EXPERIENCE

The Director of Nursing and Patient Services highlighted the continued problem with staff attitudes which was difficult to address.

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APPOINTMENT OF VICE CHAIRMAN

The board agreed to appoint Mr Herden as vice chairman for a further year.

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THE HEALTHIER BEDFORDSHIRE VISION

The board received for information the vision statement from Bedfordshire PCT. The trust would need to ensure that its development plans were in line what was set out in this as well as in the Lord Darzi report. Directors queried the arrangements for taking forward the integrated business plan. The Director of Finance and performance advised that he had obtained from the PCT their best/worst case investment plans and was checking the LTFM against these. The IBP reflected the growing and ageing population in Bedfordshire and inflation assumption in line with the PCT's proposals. What was not yet clear was which services the PCT planned to invest in and which it would reduce. It was expected to be January before this detail was available. The PCT would be meeting the SHA peer panel review in December to discuss these issues. The position was noted.

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EVERY INFECTION MATTERS – INFECTION AND PREVENTION CONTROL STRATEGY 2008/11

The Director of Infection and Prevention and Control introduced this document which was an update from the one considered by the board at its previous meeting to reflect the board's policy on zero tolerance and a greater emphasis on patient safety. In response to questions he confirmed that the occupancy rate used was consistent with that in the LTFM and that the document had been shared with the PCT. In relation to invasive devices he advised the trust's priority was to ensure that appropriate procedures were used for their insertion. The next stage would be to ensure that appropriate items were used. In response to a question on decontamination the Director of Corporate Services provided an update on the position which would be reported in more detail at the next meeting of the board. The Board **resolved** to approve the strategy, stressing that all non observance must be challenged.

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- 99/09 ANNUAL CONTROL OF INFECTION REPORT**
The Director of Infection Prevention and Control presented the report. It was explained that this was normally presented to the board in September but had been delayed. The annual report was received. In relation to the annual programme for 2008/9, it was noted that this was an update against a programme approved earlier in the year. The Director explained that the Infection Control structure in the trust was a normal but he would be reviewing whether there was enough emphasis on surveillance and pro active work rather than reactive work. He agreed that the plan for 2009 /10 would be presented before the end of the current year. A further update on the programme would be presented to a future meeting.
- 100/08 ANNUAL AUDIT LETTER**
The Director of Finance and Performance advised that this had to be presented to the board in public to communicate to them and to key stakeholders the main issues arising from the work carried out during the year by the external auditor. The letter had been discussed by the audit committee and there were no major concerns. The auditor had issued an unqualified opinion on the trust's accounts, concluded that the trust had proper arrangements in place to secure economy efficiency and effectiveness in its use of resources, provided an auditor's local evaluation score of 2 (out of 4) with improvement recorded in two scores and reviewed specific areas of risk including IMT and made recommendations on them. The board asked for a seminar to be arranged on IMT developments, covering the proposed investment for 2009/10 and the need to make a strategic decision on the way forward with the increased options now available to trusts outside connecting for Health.
- 101/08 SAFEGUARDING CHILDREN**
The Medical Director presented the quarterly report on safeguarding children and young people, advising this took into account the standards for better health action plan and the recent national Baby P case. CRB checks were being rolled out across those working primarily with children. Systems had been checked and were felt to be robust. He advised that in relation to training, all junior staff had been trained and 75% of senior medical staff had been trained within the last two years and all within the last 28 months. Those who were not trained in the last two years had been booked on to the next training programme. Responding to queries, he confirmed that the timescale for completing CRB checks was January and that the expected level of attendance for training was 100%. He advised that in any one year a number of safeguarding cases were identified, including unborn children, and were referred under the agreed local procedures. He also confirmed that the action plan from the recent internal audit report was being pursued. It was agreed that further thought should be given to the proposed key performance indicators and that directors should let the Medical Director have their suggestions. The report was received.
- 102/08 GOVERNANCE RETURN AND NON FINANCIAL RATINGS MONTH 7**
The Director of Finance and Performance presented his report. After discussion, it was agreed that, recognising that the point was already made in the 'from weak to good' action plan and that at this stage no other areas were known where there would be non compliance by the end of the year, the potential non compliance with thrombolysis should be added to the text. With that amendment the board **resolved** to authorise the Chairman to sign declaration 2 for submission to the strategic health authority.
- 103/08 REPORT FROM THE AUDIT COMMITTEE**
A report from the audit committee meeting held on 21st November was tabled. The Chair of the Audit Committee drew attention to the helpful debate on the assurance framework, where more work was required before it was submitted to the board, and to the proposal that the board should be updated regularly on implementation of

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the annual plan, the proposals to review the draft ALE score at the finance committee, accepting that progress had been made in relation to embedding the LTFM and in relation to the asset base. On internal audit, he advised that four reports, all on non financial systems, gave only limited assurance. This was a concern to the committee and the annual audit plan had been adjusted to provide additional time for follow up audits so that the head of internal audit was in a better position to give his end of the year assessment.

The suggestion that the audit committee should review progress on the 'from weak to good' action plan was agreed and the committee was thanked for its work.

104/08

BEDFORD HOSPITALS CHARITY AND CHARITABLE FUNDS

The Chief Executive advised that the president of the Bedford Hospitals Charity had recently discussed with her the relationship between the charity and the charitable funds committee and that she had accepted his view that there was not enough clinical input to the charitable funds committee and that there should be better procedures in place to identify the areas which really would make a difference for which charitable funds could be used. Mr Pickering as chairman of the charitable funds committee confirmed that at the last meeting a number of bids had not been approved as the aim was not clearly stated. The Director of Finance and Performance advised that the committee was being proactive in trying to simplify the funds structure and was revising its terms of reference. It was important to realise however that some funds were allocated specifically for staff and not for patients. It was accepted there was a need to review the process under which bids got to the charitable funds committee and greater awareness of potential funding sources. Directors were asked to support the activities of the Bedford Hospitals Charity and it was agreed whenever possible a director should attend its committee meetings.

105/08

CHARITABLE FUNDS COMMITTEE

The Director of Finance and Performance tabled the annual report and accounts for the hospital's charitable funds for 2008/09. These had been discussed at the last meeting of the charitable funds committee and a draft audit opinion had been obtained. The board noted that income in 2007/8 was less than in previous years and that expenditure had increased. As trustees of the charitable funds, the board **resolved** to agree the annual report and accounts. These would then be signed off by the auditor and submitted to the Charities Commission.

106/08

DATE, TIME AND PLACE OF NEXT MEETING

The next public meeting of the Trust Board will take place at 10.00 am on Wednesday 28th January 2009.

107/08

EXCLUSION OF PRESS AND PUBLIC

The Board resolved under Standing Order 3.1 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 to the public interest.

There were no members of the public present