

**BEDFORD HOSPITAL TRUST BOARD**

**Minutes of the 140<sup>th</sup> Meeting of the Bedford Hospital Trust Board  
held on Wednesday 28<sup>th</sup> May 2008 in the Committee Room, Bedford Hospital**

**PART 1**

<b>Present:</b>	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 Stoneham, Director of Corporate Services Mr I Pickering, Non-Executive Director Mr B Herdan, Vice Chair Ms J Halliday, Director of Nursing & Patient Services Mrs H Jones, Foundation Trust Lead (for Chief Operating Officer)
<b>In attendance:</b>	Mr D Gear, Associate Non Executive Director Mr A Dickinson, Trust Board Secretary Mrs A Buck, Director of Human Resources (for items 47/08 and 48/08 )
<b>Apologies:</b>	Mrs L Hunt, Chief Operating Officer Mr A Dennis, PPI Forum

**40/08 DECLARATIONS OF INTEREST**

There were no new declarations of interest made.

**40/08 MINUTES OF THE MEETING OF BEDFORD HOSPITAL TRUST BOARD HELD ON 26<sup>th</sup> MARCH 2008**

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

30/08 second paragraph add details of the penalties i.e. 2% of turnover. Amend figure of £150 to £157

37/08 panel to be plural.

**41/08 MATTERS ARISING/ACTION LOG/ACTION LOG**

1. Staff Survey - on agenda  
3. Control of Infection - the Director of Infection Prevention and Control reported that hand washing levels had improved. Signage was to be installed in the next few weeks. She was waiting for prices for the proposed uniform tee-shirts. The Medical Director advised that it was more than an issue of hand washing: it was also a question of conformity with the uniform code. The Trust Board stressed that they still wished to see further improvement in this area.

6. Audit of electronic discharge letters. The Medical Director reported that work was still in progress and that the hand written form had been removed from certain areas. There were however issues in relation to the time it took to complete the electronic discharge letters and the limited hardware available in certain areas. Work was continuing to try to speed up the process.

15. Foundation Trust Members event - the Foundation Trust Lead reported that there would be a mail drop on the 23<sup>rd</sup> June prior to the Member Event scheduled for the 26<sup>th</sup>, 29<sup>th</sup> and 30<sup>th</sup> July - the last two in the early evening. The Trust Board was disappointed that these events had not taken place sooner and insisted that there must be no further delay. The Foundation Trust Lead confirmed that the number of members was still

increasing.

17. Standards for Better Health Declaration - this had been submitted and was on the Trust web site.

42/08

### OPERATIONAL REPORT

The Trust Board welcomed the new presentation, which they considered to be a vast improvement, and congratulated the Chief Executive on the progress made. It was noted however that there was still scope for further development. The Chief Executive drew attention to the fourteen cases of *clostridium difficile* in the month and one case of MRSA which had been community acquired. This on-going level was a source of real concern. There was also an issue of performance in GUM which was being addressed. Directors sought and received further information and clarification on

- the timescale for quantifying the financial benefits of LEAN - expected to be at least twelve months
- identification of further cost improvements which meant that the current programme was not reliant on LEAN and any savings from LEAN would represent an additional opportunity
- the extent of profiling in the graphs,
- sharing the report with the PCT performance and commissioning meeting
- issues in relation to follow up appointments,
- the need to add numbers,
- the need to add *clostridium difficile* figures,
- the static Choose and Book figures, where there were issues with both the electronic system and GP cooperation with process. This was being discussed with the PCT,
- the need to include consultant to consultant referrals in the graph,
- the progress made on the 18-week target
- the systems for review with the PCT of performance in month one leading either to reduce activity or increase the contract. It was noted that activity in August would be particularly low this year because of the major changeover of junior doctors, but overall additional work would only be done if paid for.

In relation to the increase in *clostridium difficile* cases, the Director of Infection Prevention and Control confirmed that the number was within the expected variation, although at the upper end. There had however been two meetings to discuss the reason for the increases and the importance of improving the environment particularly on one ward and in the Accident and Emergency Department was being pursued. An expert panel was looking in detail at every case to identify clinical causes. A further visit from the Strategic Health Authority was planned for the 23<sup>rd</sup> June. An update on the cost of the annual programme was included in the report. With one additional MRSA case in the month, the Trust remained over its trajectory. This was of concern to the Trust Board and to clinicians. All avoidable cases were discussed in detail with the clinicians involved and a training programme for ward sisters was planned.

The Medical Director drew attention to the favourable figures for mortality where the Trust was just below the average for its peer group of eight. The overall picture was influenced by the number of sick patients transferred to tertiary centres and the strong palliative care arrangements in the community. The Trust Board welcomed the position but asked for a teach-in session on this important aspect of patient care.

In relation to the financial position the Director of Finance & Performance confirmed that in month one 96% of cost improvements had been delivered and the cost improvements still to be identified had fallen from £500,000 to £200,000, which represented good progress.

43/08

### ***Towards the Best Together - clinical vision for our NHS***

The Chief Executive provided a briefing on the proposal vision and direction for the NHS

East of England which was currently out for consultation. She confirmed that it was likely to be consistent with the recommendations of the Lord Darzi's report. The document did stress the importance of the change being clinically led and supported locally, being of benefit to patients and keeping hospitals viable. There were considerable implications for the Trust in terms of there being less acute work. Following the launch of the document, commissioners had established eight groups to take forward each work stream. The Trust was involved in all eight and would need to look at the implications for the hospital. The Trust Board confirmed that it would respond to the consultation document and discuss the proposals following its next private meeting in June. The Trust Board Secretary was asked to obtain a copy of the document for each member.

**44/08 ANNUAL ACCOUNTS 2007/8**

The Trust Board, noting that these had been discussed in detail in the Finance committee and also at the Audit Committee, **resolved** to adopt the accounts and the annual report for the year ended 31<sup>st</sup> March 2008, subject to audit and to delegate to the Audit committee the authority to adopt the finalised accounts and annual report following the audit and accept the auditors ISA 260 report to those charged with governance at a meeting of the Audit Committee arranged for the 19<sup>th</sup> June. If the Chief Executive was unable to sign the accounts, they should be signed on her behalf by the Chief Operating Officer it was noted that the Annual Report was still subject to comment/change and it was agreed that a revised version should be sent to members electronically on 6<sup>th</sup> June with comments returned no later than the 12<sup>th</sup> June.

**44/08 ANNUAL PLAN 2008/9**

The Chief Executive explained that this document had been based on a template received from the Strategic Health Authority and Monitor and was basically the first year of the Trust's Integrated Business Plan. Directors raised concerns about the lack of reference to patients, marketing and achievement of performance targets and the undue concentration on commercial aspects. The Trust Board agreed that the plan and the Integrated Business Plan needed a major staff communication exercise, linked to feedback from the staff survey. One director queried whether there was evidence in place to support the declaration and self-certification and on receiving assurance for the executives that evidence was in place, the Board **resolved** to approve the Annual Plan 2008/9 and authorised the Chief Executive and Chairman to sign the Declaration and Self-Certification.

**45/08 MONTHLY BOARD SELF-CERTIFICATION RETURN**

The Director of Finance & Performance explained that this was the first monthly report to be submitted and there were minor changes from previous versions. He outlined the reasons for the various scores and the Board **resolved** to submit the declaration to the SHA. A report on the position on decontamination should be submitted to the next meeting of the Trust Board.

**46/08 SOUTH EAST MIDLANDS NHS LIFT - STRATEGIC PARTNERING AGREEMENT**

The Board resolved to continue as previously agreed to be a non-exclusive signatory to the Strategic Partnering Agreement and authorised two directors, Mr Johns and Mr Stonham, to sign and seal the Strategic Partnering agreement on the 9<sup>th</sup> June.

**47/08 INTEGRATED BUSINESS PLAN**

The Foundation Trust Lead reported that the version now presented to the board had been reviewed by a local editorial board and by an external consultant. The golden thread was now laid out more clearly throughout the document which was also now much shorter. The Director of Finance & Performance advised that since the draft had been circulated he had received further feedback from the Department of Health, suggesting that some of the assumptions used in the long term financial model were more pessimistic than the assumptions in Integrated Business Plans from other trusts, which had been approved. While he was not proposing to revise the long term financial

model, he was proposing to add a further option to the finance chapter which would include some upside potential. It would take about a week to calculate the figures. He also advised that the Department of Health had now delegated most of the approval process to the Strategic Health Authority. The Chief Executive reported on the discussions she had had with the Chief Executive of the Strategic Health Authority, who had been supportive of the Trust's application.

Recognising that there were still drafting amendments to be included as well the financial up-side case referred to above, the Board **resolved** to approve the Integrated Business Plan and the long term financial model for submission to the Strategic Health Authority no later than the 6<sup>th</sup> June. The Board at that stage should be sent an addendum sheet electronically and subsequently an updated copy. The Foundation Trust Lead drew attention to a proposed change in the composition of the Council of Governors to reflect the creation of Unitary Authorities with effect from April 2009.

48/08

#### **ANNUAL PATIENT AND STAFF SURVEY REPORTS 2007**

Dr Reg Race Managing Director of Quality Health and a number of senior staff present for this item.

Dr Race explained that the process had been largely unchanged over the last five years, was linked to the annual health check and now to the Vital signs System, with the clear aim of improving patients' experience and staff job satisfaction. Overall, the staff survey showed some improvement from the previous year in line with national trends but results from the Patients' Survey had fallen back in a number of areas. He then outlined the significant national trends in the staff survey, drawing attention to the difference between types of trusts, responses from different occupational groups, and the national decline in the number of staff recording that they were satisfied with the extent to which their Trust valued their work and put care of patients as the Trust's top priority. The former had fallen by 20% and the latter 10%. Nationally no increase in the extent of staff training in infection control had been recorded.

He then outlined the Trust's performance in relation to other acute trusts and movement between 2006/7. While most scores were statistically unchanged, more staff thought that the Trust was committed to helping them to achieve work-life balance, there was improved feedback, fewer staff were thinking of leaving, more staff thought that the care of patients was a top priority for the trust and more staff thought that the trust acted fairly on career progression. The key action points included increasing the number of appraisals, providing more training, particularly in equal opportunities, increased awareness of the counselling services available, better feedback about their work, more appreciation of the work they undertook and better communication between senior management and staff.

In relation to the inpatients' survey, he drew attention to the lack of any significant movement on any factor which affected response rates, including patients' age and ethnicity and then drew attention to the Trust's scores in relation to other acute trusts and to performance changes, particularly in relation to choice, cleaning scores, food rating, confidence in staff, adequacy of nursing number on wards, pain relief, information and the overall rating of care.

He suggested the issues for action should be cleaning and infection control, food, clinical care, discharge arrangements, emergency admissions, choice and information. In terms of taking matter forward he stressed the limited time available to influence the patients who would be covered by the 2008 survey (as they would be admitted in the next two months), the need for performance management and the need to concentrate on a few areas. This was the way other trusts had found to be most effective in driving up scores.

In the discussion that followed each presentation issues were raised in relation to the potential impact of external factors given the timing of the surveys, the surprising results

in relation to infection control training, the impact of the high proportion of emergency admissions, the impact of e-learning, and the ratings of services considered within the trust to be of high quality, e.g. cleaning and catering.

Overall the Trust Board was most concerned that in practice it was not meeting its vision of *Every Patient Matters*. There was a need for a fresh start, a significant culture change and more emphasis on customer care and generally more emphasis on patient focus throughout the organisation. The Chief Executive undertook to develop proposals with the EMG the following week for submission to the next meeting of the Trust Board on how improvement should be achieved and communicated to patients and staff in the limited time available before the next survey. The Board agreed that it was also important to have regular feedback on patient views.

Dr Race was thanked for his excellent presentation and left the meeting.

**49/08 FOUNDATION TRUST UPDATE**

The Foundation Trust Lead presented her update report, drawing attention to the timetable and the need to get the PCT and practice based commissioners' support for the Integrated Business Plan. The Trust Board suggested that an abridged version of the Integrated Business Plan be prepared for the public and staff and the EMG was asked to put forward proposals for publicising the plans.

**50/08 REPORT FROM THE AUDIT COMMITTEE**

A report from the Audit Committee meeting held on the 23<sup>rd</sup> May was tabled. Mr Pickering as Chair of the Audit Committee highlighted :-

- the discussion on the Statement of Internal Controls and whether the penalty imposed by the PCT represented a breakdown in control and the conclusion was that it did not;
- concerns that the Assurance Framework was not in its final form as all risks had not yet been completed. Completing the document should be a top priority for the next meeting.
- the proposed mid-year review of the governance and audit plan at the committee's October meeting when clinical input would be required.
- the bench-marking report by external audit on IM&T which indicated that the trust was not currently meeting adequate standards (although not worse than many other trusts)
- the very positive report received from the Head of Internal Audit in terms of the best audit opinion that was in practice available.
- In the private meeting with the internal auditors with no officers present, no significant issues had been raised.

The report was welcomed.

Mr Pickering advised that he had also had a useful meeting with his PCT counterpart.

**51/08 SAFEGUARDING CHILDREN QUARTERLY REPORT**

The Medical Director presented the report, drawing attention to the prospective maternity leave for the named nurse safeguarding children and the issues raised in the five child death reviews which had taken place to date, which indicated the need for fine tuning of the system. The Trust Board received the report and the assurance that systems and processes for safeguarding children were in place.

**52/08 REPORT ON INFECTION CONTROL BY CLINICAL DIRECTORS AND MATRONS**

The Director of Infection Prevention and Control explained that this report allowed direct access to the Board for senior medical and nursing staff on this important matter. The Board welcomed the fact that there were no significant issues to draw to its attention. It noted that work was progressing on the provision of four-bedded bays and the introduction of improved cleaning standards, using money allocated for control of infection.

**53/08 FEEDBACK FROM STRATEGY WORKSHOP**

The Chief Executive reported that following the strategy workshop held the previous week, there had been a review of the outcomes and a series of focus areas had been identified for the next year, and a lead had been identified for each. It was agreed that there should be an annual review of the strategy.

**54/08 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.

Members of the public were present for part of the meeting.