

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 137th Meeting of the Bedford Hospital Trust Board
held at 9.30am on Wednesday 28th November 2007
in the Committee Room, Bedford Hospital**

- Present:** Mr R Rankmore, Chairman
Mrs J O'Callaghan, Chief Executive
Ms J Halliday, Turnaround Director/Foundation Trust Lead
Mrs L Hunt, Chief Operating Officer
Mr E J Neale, Medical Director
Mr B Portch, Non-Executive Director
Mr A Warren, Director of Finance and Performance
- In attendance:** Mr A Dickinson, Trust Board Secretary
Mrs H Baily, PPI Forum
Mr G Johns, Associate Non Executive Director
- Also present** Mrs K French, Acting Director of Nursing and Patient Services
Mr G C Budden, Clinical Director, Women & Children
Mrs A M Buck, Human Resource Director
- Apologies:** Ms C Sumner, Non-Executive Director
Mr B Herdan, Vice Chair
Dr V Mayor, Non-Executive Director
Mr K Lewis, Non-Executive Director
Dr D Liu, Clinical Director, Surgery was unable to be present

Noting that this would be Mrs French's last meeting as Acting Director of Nursing & Patient Services the Chairman thanked her for her contribution to the Board and the Trust generally while she had occupied the acting position over the last eight months.

- 107/07 DECLARATIONS OF INTEREST**
There were no new declarations of interest.
- 108/07 MINUTES OF THE MEETING OF BEDFORD HOSPITAL TRUST BOARD HELD ON
26 SEPTEMBER 2007**
With the deletion of Mr Bassill from the list of those present and the correction of minor typographical errors, these were agreed as a correct record
- 109/07 MATTERS ARISING/ACTION LOG/ACTION LOG**
1. Balance Sheet
In relation to the presentation on the balance sheet the Director of Finance & Performance reported that he had received a response from the Trust's auditors but this did not take him much further forward. As it was a presentational matter which did not alter the position or the Trust's strategy it was agreed that the matter should not be pursued further.
2. Training of Junior Doctors in Finance
In relation to the training of junior doctors in finance, the Medical Director confirmed that this would be included in junior doctor training in an on-going basis, although the details of the programme had yet to be determined.

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3. Intelligent Board Reporting

This had not been achieved for this meeting but was the aim for the next meeting.

4. Annual Control of Infection Plan

The Medical Director confirmed that this was mostly to do with the implementation of the Hygiene Code which was being monitored through the hospital's Control of Infection Group and its Action Plan.

5. Staff Survey

The action plan from the 2006 survey had been published and an action plan for the 2007/8 Survey would be produced as soon as the results of the survey were known probably in February 2008.

All the other items on the Action Log were included on the Agenda or had been dealt with.

110/07

CLOSTRIDIUM DIFFICILE UPDATE

The Director of Turnaround as Director of Infection Protection and Control presented her update. In November to date there had now been 6 cases, 5 reportable, and in the July to October period there had been a 54% reduction in the rate. Two areas in the Action Plan remained incomplete, the Audit of the Uniform Policy and Hand Hygiene. Ongoing work was taking place on the latter and weekly audits were carried out. Results were improving but were still below the minimum requirement of 80% in most ward areas. She also drew attention to the postponement of the Strategic Health Authority's visit planned for the 22nd November, physical changes to Harpur Cohort Area, to enable bed numbers to be flexed up and down, and the continuing Estates work to create additional single rooms. The Visitors Policy would be launched the following week.

The Board welcomed the progress made and congratulated the staff for their efforts. They stressed the need to reduce the number of *c.difficile* cases to zero. The Medical Director advised that currently the number of surgical cases was such that they could be contained within the single rooms on the surgical wards, which was preferable while patients needed surgical nursing

111/07

QUARTERLY CONTROL OF INFECTION REPORT

The Director of Turnaround as Director of Infection Protection and Control drew attention to the fact that the number of MRSA bacteraemias was above the target for the year to date. The *c.difficile* group would refocus from the 5th December to cover all hospital acquired infections and an invasive devices group had been established. One of their recommendations, that silver alloy coated urinary catheters be introduced, was to be considered by EMG the following week. The Director advised that six out of the ten cases in the year had been admitted with MRSA and discussions were taking place with the PCT about a community-wide approach. A consultant microbiologist had resigned from the Trust. A revised job description stressing the infection control role had been prepared but it was unlikely that a successor would be in post before the present post holder left and a locum appointment would therefore be needed. There would however be one permanent microbiologist in post until the summer, when the other microbiologist currently in post retired. The risk was assessed at 16 although the Director advised that most day to day work on hospital acquired infection was carried out by the nursing members of the Control of Infection team, with the doctor providing a strategic role and clinical advice. The Director stressed the importance of the issue being managed appropriately and an action plan being prepared.

In relation to the Strategic Health Authority funding, the Director of Finance & Performance advised that this had yet to be received and therefore it would not be a question of paying it back. The Chairman advised that Vice Chairman's view was that it was important to benchmark against other similar Trusts and that where necessary naming and shaming should take place. The report was received

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CORPORATE REPORTS

Chief Executive

The Chief Executive reported that it had unfortunately not been possible to produce a Corporate Report for this meeting in the Intelligent Board format, although this would be done for the December meeting. This would cover all the areas specified, even if some data might not be available at this stage. She reported good progress with managing budgets although there was a shortfall on the cost improvement programme target. The hospital had been very busy, as had the rest of the region. The reasons for this were not clear, although the reduced bed availability because of building work was a contributing factor, as was staff sickness. The number of emergency admissions had however had been at unusually high levels, with 59 emergency admissions taking place on one single day. She was pleased to report that there had been a good outcome from the latest patients' environment action team visit and that operational services had been successful in achieving a Charter Mark for the third successive time. This was a very considerable achievement. The finance team had been short-listed for a national award and the CapPlan project had been short-listed for a Health Service Journal award although unfortunately had not been the winner. To reach the shortlist however against over a thousand applicants was a considerable achievement. One of the Trust's consultants, Dr Mehta, had received a silver Clinical Excellence award. She confirmed that press releases had been issued in respect of all these achievements, although not all had been picked up by the media. In relation to Foundation Trust membership, almost 2000 public members had been recruited and the Due Diligence report had been completed by the auditors appointed by the Secretary of State.

Operational Report for the seven months ended 31st October 2007.

The Chief Operating Officer drew attention to the key issues which were

- non-elective activity 5.4%, under target, mostly in midwifery and obstetric episodes
- overall elective activity 5.6% under plan, mainly in respect of general surgery, orthopaedics and ophthalmology
- elective day cases 1.1% under plan
- outpatients 3.1% over plan

All patients currently in the system were being profiled so that it would be clear by the next meeting of the Board to what extent over activity and under activity balanced out across specialities. Achieving the four-hour waiting time target in Accident and Emergency continued to be an issue because of the high pressure across the hospital. This was also having an effect on the ability to re-book within the target 28 days patients who were cancelled on the day of operation. There was an increased number of delayed discharges but the PCT had provided good support and purchased additional beds in the nursing/residential home sector and in intermediate care.

In response to questions the Chief Operating Officer advised that the risk in failing to capture clinical outcomes for 18 week waits was being tackled, that the issues in orthopaedics and general surgery were capacity issues and in ophthalmology, referrals. Some reallocation of work between outpatients and inpatients was taking place in general surgery to remedy this position. While the hospital had the physical resources to open additional beds, staff sickness and vacancy levels meant that staffing were not available for this purpose. The likely outturn for the year in relation to the contract should be much clearer by the next month's report. She drew attention to the work taking place to identify better treatment for stroke patients.

The Board appreciated the efforts staff were making in achieving the targets and asked the Chief Operating Officer to seek their help if support was necessary. It was important to keep up the pressure to achieve higher performance. The Board accepted however that in relation to Accident and Emergency Department targets the

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prime responsibility was to provide safe patient care and this was more important than achieving the targets.

Finance Report for the seven months ended 31st October 2007.

The Director of Finance & Performance confirmed the position at the end of October was that the Trust was reporting a surplus of £3.355m, almost £0.5m better than the profiled surplus required to deliver the outturn of £5.4m by the end of the financial year. There was however a shortfall on the cost improvement programme and an action plan would be submitted to the December Finance committee, setting out the steps being taken to secure delivery of the target. In discussion the following points were raised:-

- The over performance on emergency work in terms of income was likely to more than offset the shortfalls in elective activity.
- There needed to be confidence that the cost improvements would be delivered. The Finance Committee had made a commitment to resolve the issue but needed more specific information.
- The reducing risk of not meeting the target, although a lot of savings achieved to date were non recurrent savings from not filling posts.

The Board stressed the importance of there continuing to be no complacency and appropriate proposals for ensuring delivery of the savings targets being available for robust discussion at the December Finance Committee.

HR Report

The Director of Human Resources drew attention to the negative pay bill variance in October, an increase in turnover to 12.65%, the increase in sickness to 4.68% and ongoing implications for Agenda for Change in relation to increased hours of work for certain categories of staff. In discussion, the Director advised that many vacancies were covered by temporary staff but that in turn led to difficulties in opening additional beds. Recruitment was in progress and staff bank was being expanded. In relation to sickness, the level in operational services had reduced but had increased in divisions. There were divisional action plans to deal with this. Directors stressed the need to tackle long-term sickness, acknowledging that the issue had been discussed at the EMG and that Occupational Health was playing a more active role. There was however, a need for individual reviews and the Board needed assurance that these issues were being addressed. The Chief Executive confirmed that she was reviewing personally all cases of absences of more than two hundred days and the Trust used the Bradford Score tool in assessing sickness absence. The Board stressed the importance of a thorough review of this issue.

In relation to staff turnover, it was confirmed that there were exit interviews but that no common themes were arising. Nationally the turnover within the Health Service was 17% and in previous years this Trust had been at that level. It was important to strike the right balance between continuity and the recruitment of new staff. Currently recruitment was possible within most staffing areas. The overall position was however probably affected by the uncertainty and increased pressure created by previous year's cost improvement programmes.

113/07

FOUNDATION TRUST UPDATE

Hilary Jones, Foundation Trust Lead, in attendance for this item.

The Foundation Trust Lead drew attention to the following points:-

- The Trust was currently in the preparatory stage with its application being considered by the Department of Health who are primarily looking at the Integrated Business Plan and the historical Due Diligence report prepared by its auditors which had been completed that week. The report had a number of recommendations which would need to be tackled by the time Monitor came to appraise the Trust.
- The Project plan had been developed to March 2008 reflecting updated guidance

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on Foundation Trusts published in September 2007.

In response to a question from the PPI representative the Foundation Trust lead advised that elections were planned to start in January and to date 1930 members had been recruited. The Board noted the position. The Foundation Trust lead left the meeting.

114/07

IMPLICATIONS OF LARD DARZI'S REPORT

The Chief Executive stressed the importance of this report in providing an update on national strategic thinking, which would influence current regional thinking. It was important to stay close to this work to ensure that implications for the Trust's strategy could be assessed. There could for example be implications for the development of primary care centres, although the local one was likely to be developed on the Bedford Health Village site.

The Board noted the document, recognising its importance as a background document to influence future thinking and future development of the Trust's strategy. It would be important to have a broad understanding of the document prior to the assessment by Monitor. The one short-term implication was the recommendation that all elective patients should be screened for MRSA. Currently the Trust screened only high risk patients.

115/07

ELECTION OF VICE CHAIRMAN FOR THE FOLLOWING YEAR

Mr Herdan, having confirmed that he was willing to stand, was elected Vice Chairman of the Board for the following twelve months, subject to review when the Trust achieved Foundation Trust status.

116/07

EAST OF ENGLAND CONSULTATION DOCUMENT - IMPROVING LIVES: SAVING LIVES

The Chief Executive advised that she had amended the initial comments in the light of additional comments received from members and a revised version had been circulated. She had attended an event the previous day, as a result of which she was proposing to make further small changes. She advised that the outcome of the day had been no change to the overall thrust of the document, which remained the region's vision for the future. National changes were however likely to have an impact on the timescale for the implementation. The Board felt it was important that progress was made as quickly as possible and that delays were minimised. Following discussion it was agreed that the draft response, as amended to include increased stress on outcomes rather than services, affordability and measurability should be submitted.

117/07

RISK STRATEGY

Introducing the revised Risk Strategy, the Medical Director reminded the Board that the revised Strategy had been approved in September but further work had been done to meet the requirements of Foundation Trust status, in particular a review of committee Terms of Reference, clarifying the roles of the Governance and Audit committee, setting out clearer reporting arrangements, separating reporting and managing and clarifying the role of Executive Directors and adding Terms of Reference for the council of governors. Work was still in progress and the purpose of bringing the strategy to the Board at this stage was to seek in principle views.

The following points were made in discussion.

The need for regular reports from the Patient Safety Committee as well as the Governance Committee to the Audit Committee, noting that Infection control fed into the Patient Safety Committee

The need to minimise the additional work involved in the assurance process, with the Chief Executive giving assurance to the Audit Committee

The importance of the Assurance Framework and how that and the committee

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structure linked together.

The importance of the Audit Committee making sure that the total process worked. It was agreed that there should be further discussion on these issues by Non Executive Directors prior to a paper being prepared for the December Board. Overall however the Board felt that good progress had been made and the document was a valuable one.

118/07

ASSURANCE FRAMEWORK

The Trust Board Secretary presented the revised version of the Assurance Framework. Following discussion at the last Audit committee the presentation had been reviewed, and traffic light colours and an indication of progress had been introduced. The particular areas of concern were related to IM&T, where the residual risk was 20, and marketing and relationships where there were few sources of assurance. He advised that continued work was taking place on Standards for Better Health to ensure that compliance was maintained and improved for 2007/8.

A Non Executive Director was concerned about IM&T. He felt that additional resources were needed and that the Strategy should be available for the next meeting of the Board. The Director of Finance & Performance advised that additional capital to replace computer equipment had been included in the current year's programme and would be included in future years programmes. Staffing resources had also been increased. The current proposal was to bring the revised strategy to the January Board. In the meanwhile, the previous strategy, one key element of which was the appointment of a Chief Information Officer was being actioned and risks were reducing. While recognising the Non Executive Director's concern, it was agreed that the revised strategy should be presented to the January meeting as proposed.

The Board noted the Assurance Framework, stressing that it was a dynamic document and noting that alternative presentation was being explored.

119/07

REPORT FROM THE AUDIT COMMITTEE

Mr Portch, as Chairman of the Audit Committee, presented his report, confirming that the proposals in the Risk Strategy and those set out in the working of the Audit committee were in line with each other and based on the premise that Non Executive Directors had a limited amount of time available. He accepted the need to modify the reporting from other committees as discussed under the Risk Strategy item.

The Board supported the proposed changes to the way Audit committee worked, noted the assurances from the Audit reports received (treasury management, substantial; waiting lists, substantial; asset management, adequate; choose and book only partially successful; IT disaster recovery, limited and IT management, various deficiencies identified.)

The Board also agreed the following changes to Standing Orders.

1. to delete the requirement for the Trust Board to approve HR policies (Schedule 9)
2. to add to its delegations the responsibility under the Human Tissue Act to the Medical Director
3. Control of Infection to specify that the role of the Director of Infection Prevention and Control would move from the Medical Director to the Turnaround Director
4. To transfer the powers in relation to data protection to the Chief Information Officer.

It was also agreed to add to the Standing Financial Instructions that under no circumstances should staff accept cash gifts from grateful patients.

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ANNUAL AUDIT LETTER

The Director of Finance & Performance confirmed that a draft of the Letter had been

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discussed by the Audit Committee. There were no surprises. He drew attention to the improved ALE score, and the determination to improve further. The Board received the report, noting the overall positive tone, and agreed to its publication.

121/07

CHARITABLE FUNDS

The Director of Finance & Performance reminded Board members that they were all trustees of the Trust's Charitable Funds. As the last meeting of the Charitable Funds Committee had been in-quorate and thus unable to sign off the Annual Report and the accounts for 2006/7, the auditor had not been able to issue his certificate although he was happy to do so once the accounts had been signed. In response to questions, he confirmed that progress was being made towards the aim of keeping funds constant i.e. spending those which were received. To this end, investments had been realised to make the funds more liquid. The Board, as Trustees, agreed that the annual report and accounts should be signed.

122/07

PERSONAL STATEMENT - M IRSHAD ALI

The Director of Finance & Performance tabled a letter received from Mr Ali in relation to his long-standing issue about payment for his services as Imam to the Trust. The Board, noting that the concerns had been raised on a number of occasions and had been thoroughly considered on a number of occasions, and that circumstances had not changed, agreed to maintain its current position with regard to payment and the Trust Board Secretary was instructed to reply to Mr Ali accordingly.

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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 were present for part of the meeting.