

# CONFIRMED

TB Minutes  
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## BEDFORD HOSPITAL TRUST BOARD

**Minutes of the 127<sup>th</sup> Bedford Hospital Trust Board Meeting  
held at 10.30am on Wednesday 29 March 2006  
in the Committee Room, Bedford Hospital**

### PART 1

**Present:** Mrs H Nellis, Chairman  
Mrs J O'Callaghan, Chief Executive  
Mr A Warren, Director of Finance and Performance  
Ms J Halliday, Director of Nursing and Patient Services  
Mrs A Buck, Director of Human Resources  
Mr E Neale, Medical Director  
Mr B Herdan, Vice Chair  
Dr V Mayor, Non-Executive Director  
Mr J Bassill, Non-Executive Director  
Mr K Lewis, Non-Executive Director  
Mr B Portch, Non-Executive Director  
Mrs L Hunt, Director of Service Transformation  
Mrs A Clarke, Clinical Director, Diagnostics and Therapeutics

**In attendance:** Mr J Biggs, Patients' Forum

| 037/06 | <b>APOLOGIES FOR ABSENCE</b>  | <b>ACTION</b> |
|--------|---|---------------|
|        | <p>Apologies were received from:- Mr I Husain, DCD Surgery &amp; Anaesthetics; Dr J Saunders, DCD for Medicine and A&amp;E; Mr G Budden, DCD for Women &amp; Children's Services.</p> <p>It was noted that the newly appointed Clinical Directors, Dr Saunders and Mr Budden, would need to discuss with their colleagues when they should attend Trust Board meetings and when they should be represented by colleagues.</p> |               |
| 038/06 | <b>DECLARATIONS OF INTEREST</b>   |               |
|        | No declarations of interest were made.  |               |
| 039/06 | <b>TO APPROVE THE MINUTES OF THE TRUST BOARD MEETING HELD ON 22 FEBRUARY 2006</b>   |               |
|        | The minutes of the meeting held on Wednesday 22 February 2006 were agreed as a correct record with the following amendments:  |               |

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Page 3 bottom line amend to Bedford Borough Council.

Add on Page 6 "In response to a query from Mr Biggs the Director of Finance confirmed that PAYE and National Insurance contributions for March 2006 would be paid in April.

Page 10 of 24/06 delete Director of Nursing & Patient Services and add "he".

Page 12 of 26/06 delete Mrs Buck and add Mr Lewis.

040/06

## MATTERS ARISING

- **159/05: Modernising Medical Careers**

It was noted that a report was in draft for submission to a future meeting. The Medical Director explained that there were issues arising from the time from when medical students graduated from Cambridge University which meant some adjustment to arrangements needing to be made up until August 2008 when the Cambridge timetable would fall in line with that of other medical schools. After that date all new foundation post trainees would start on the 1<sup>st</sup> August.

- **007/06: Review of Non Executive Director links and committees**

This has been deferred until further consideration had been given to Integrated Governance and the effects on the Board Sub Committee structure. The Chairman and Chief Executive would discuss the issue separately but it was most likely that under any circumstances a Patient Safety Committee would be established. Mr Bassill advised that Integrated Governance had been discussed briefly at the previous day's meeting of the Audit Committee when the committee had noted the expanded role of that committee in relation to assurance and scrutiny included in the new national model Terms of Reference for Audit Committees. The Director of Nursing & Patient Services stressed that Integrated Governance was not just about committee structures but also about the overall way of working.

- **024/06: Assurance Framework**

The Director of Nursing and Patient Services confirmed that this did include actions, and key items from the Assurance Framework were reported to the Trust Board as part of the risk register. Mr Herdan stressed that the role of the Board was to consider risks that only the Board could resolve or could not be resolved but about which the Board needed to be aware. It was noted that key risks were set out in the Balanced Scorecard and main risks were included in the updates to the risk register submitted three times a year to the Board. The Chairman stressed that the Assurance Framework was a key control document for the Board and one that was central to the continuing journey of the integration of governance agenda.

041/06

## REPORTS FROM THE CHAIRMAN AND CHIEF EXECUTIVE

### Report from the Chairman

The Chairman reported that she had nothing specifically to report to the

Board.

**Report from the Chief Executive**

- The Chief Executive presented her report, drawing attention to the improvements in the financial performance and a further consultant appointment, Dr Vivek Vohra, as Consultant Radiologist. This would help strengthen the Trust's vascular service.
- News had been received the previous day that the Strategic Health Authority would be recommending to the Secretary of State the establishment of one PCT for Bedfordshire and one for Hertfordshire as proposed by this Board. A single Health Authority was proposed for the whole of East Anglia including Bedfordshire, Hertfordshire and Essex and the new Ambulance Trust would cover the same geographical area. Final decisions from the Secretary of State were due at the end of May. Feedback from the diagnostic phase of the Trust application for Foundation Trust status was due to be sent that day.
- Shortlisting for the Chief Operating Officer was in progress and interviews would be held on 3<sup>rd</sup> May. The Chief Executive informed the Board that she would be out of the country between 5<sup>th</sup> and 26<sup>th</sup> April.

The Chairman, on behalf of the Board, congratulated the Executives for their achievements in meeting some demanding Trust objectives during the course of a very difficult year.

**042/06 TO RECEIVE THE BALANCED SCORECARD**

The Director of Finance introduced a report which he considered represented good progress against the Trust's targets. The February figure showed that the target for patients waiting in Accident & Emergency department had not been met but he was confident that the target would be met for the quarter as a whole. There had also been one breach of the two-week wait for patients referred for suspected cancer. The Director of Service Transformation advised that she had concerns about the adequacy of the systems which had been in place to monitor cancer waiting time figures. A new system was being introduced and could reveal some previously unknown breaches. Mr Herdan drew attention to what appeared to be a worsening trend in waiting times for diagnostic tests. The Divisional Clinical Director agreed to investigate this and report back.

The Chairman enquired about how the Trust and the local health system was preparing itself and monitoring progress on the 18 week target. The Director of Service Transformation advised that she has set up a whole system meeting to ensure all organisations have a robust and costed plan to meet the target. This would pose a real challenge in a system which has significant financial challenges. The Chairman sought confirmation that PCTs were incorporating the necessity to meet the 18 week target in their financial and service planning. The Director of Finance confirmed that discussions were underway but had yet to be resolved.

**DCD  
(D&T)**

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In relation to Choose and Book, the Medical Director reported that more referrals had now been received and the system was due to go live the following week. There were still however relatively few general practitioners with electronic links and an interim version of the programme would have to be used, which might lessen the risk to the Trust. He explained that the full version of the system would limit referrals to the Trust's available capacity. The target was that 90% of referrals should use the Choose and Book system by December 2006 and that by December 2007 all referrals should be electronic.

The Director of Human Resources confirmed that a report on the Staff Survey would be presented to the May meeting of the Board. No other significant items were raised on the report, which was received.

## Finance Report for the 11 months ended 28<sup>th</sup> February 2006,

The Director Finance drew attention to the significant points in the report, namely, that on the basis of February results, it should be possible to meet the higher savings target requested by the Strategic Health Authority and be in line for a deficit of £3.135M at the end of the financial year. Over-performance had continued and as agreed at the previous meeting, invoices had been presented to Bedfordshire Heartlands PCT in respect of the additional work carried out. In view of the fact that the PCT considered that this represented patients being treated early, a credit note would be issued and the sum involved paid in the financial year 2006/7. The withdrawal at the end of February of the national tariffs for recalculation had meant that it would not be possible to have SLAs with local PCTs in place by the end of the month. Recalculation was in progress on the revised tariff which would produce less income for the Trust and therefore lead to further constraints on resources, The revised timetable for SLAs was for activity to be agreed by 31 March and the whole SLA agreed by 30 April, following a workshop. A turnaround plan had been submitted to the regional director.

AW

Key issues arising from the Finance Committee meeting held prior to the Trust Board were activity monitoring was central: the Trust should only do the activity which was included in the SLA. Monthly monitoring information to the Strategic Health Authority showed that the Trust was on track with targets. It was likely that further indicators would be introduced to deal with eg changes in skill mix. The cash plan for 2005/6 would be achieved. The Cost Reduction Programme Board, which would be restyled Turnaround Board, would look at all items of budget changes. It was disappointing that a draft budget including only provisional figures could be produced at this stage. The aim was to recalculate the budget on the basis of the revised tariff and agreed activity figures by end of April.

Mr Bassill expressed concern that the tariff was not available in time for the SLA to be completed by the end of the financial year as required by the Trust Board. Other directors shared his concern. The Medical Director reported that he and the Director of Human Resources had met representatives from the National Audit Office to discuss the advantages of the new consultant contract and had raised the issue in the context of activity requirements not being available to link to job plans. The Chairman stressed the importance of having systems and processes in

place which were flexible enough to cope with issues of this nature.

Mr Biggs queried the impact of the over performance on capacity. The Chairman responded that the Trust needed to have in place the services which were required to provide the activity commissioned by PCTs. The Director of Finance referred to the possibility of attracting patients from outside the area to take advantage of spare capacity.

He invited feedback on the new at-a-glance financial schedules attached to the report.

HR Report

The Director of Human Resources advised that currently the Trust was looking at staff reductions in a relatively small number of areas and through looking at other options such as not reviewing short term contracts and enforcing the retirement policy only about 10 staff were at risk at the end of February. She could not rule out future staff reductions but did not envisage these being on anything like the scale currently reported by other Trusts. While the number of vacancies shown was still high, she believed a number of these represented posts which would not be filled and numbers would be revised down when budgets were agreed.

The Chairman commented that the Board needed to be assured that the Trust was making full use of the opportunities presented by the information now available on skills of the workforce following the Agenda for Change work to enhance roles and ensure most effective and efficient use of the workforce.

The Director of Human Resources advised that future reports would be in line with the workforce recommendations in "The Intelligent Board". The Electronic Staff Record had now been used for 3 weekly pay days and the monthly pay due to take place the following day. To date only minor problems had been experienced but contingency arrangements were in place to deal with any problems. Mr Bassill queried the use of bank staff to cover leave. The Director of Human Resources responded that annual leave management was an issue which electronic staff rostering ought help to resolve. The Chairman queried the progress being made on the Hospital at Night project. The Director of Human Resources responded that the first stage of looking at the work done had been completed and the next stage was to look at when work was done. There were opportunities both for cost reduction and staff role development.

Continued roll out of the Knowledge and Skills Framework was revealing some performance issues and development needs. The Director of Human Resources stressed that the workforce organisation programme did offer ways of working differently and benefits realisation would give the Trust the workforce it needed. It would, for example, be likely to result in less overtime.

**BUDGET PROPOSALS 2006/7**

The Director of Finance explained that the proposals now being put forward were provisional because of the impact of the changes to the tariff he had referred to previously. The way the budget had been put together was to use planned activity, costed at the figures from the previous tariff, adjusted for income levels and affordability. The previously anticipated

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income was likely to reduce by about £2M because of the tariff changes. He felt it important however that budgets were in place for the full year, even on a provisional basis. He advised that because not all cost improvements had been identified, there would initially be some overspending on budgets. The aim was to bring back firmer budgets to the next meeting of the Board. He confirmed that the Finance Committee had recommended this approach and would review it in April.

Mr Biggs reminded the Board that the Overview and Scrutiny Committee would require consultation in relation to service changes. The Chief Executive responded that the Trust was not ceasing to provide any service, although there would be additional criteria in place for access to certain services. In her view none of the changes proposed was significant enough to require consultation with the Overview & Scrutiny committee. She confirmed that consultation would certainly take place if any service were to cease. Mr Biggs stressed it was important that the public understood which services were affected. The Chairman confirmed that the Trust Board was committed to a policy of openness. The proposals for service change at this stage were not radical but, based on PCT commissioning decisions, the scale of services would be affected and in particular fewer treatments designated as "low priority" by the PCTs would be carried out at the hospital.

The provisional budgets were agreed for issue to budget holders.

044/06

## **PRESENTATION OF THE JOINT ESTATES STRATEGY FOR BEDFORD HOSPITAL AND BEDFORD PCT**

Mr M Kerrigan, Director of Estates, and Mr P Eagles, Deputy Director of Estates in attendance for this item

Mr Kerrigan advised that to his knowledge this was the first combined hospital/ PCT Estate strategy in existence. The purpose of having the strategy was to indicate how the service strategy would be supported by buildings and to confirm that the Trust's capital assets of nearly £88M were appropriately managed. He stressed that the strategy was organic and needed to develop with service changes eg PCT reconfiguration and its impact on the requirements for headquarters' accommodation. He advised that the document had already been presented to the PCT Board whose only comment had been that there was no specific reference to some of the seven key PCT areas eg sexual health.

Having an estate strategy in place was essential to secure approval for capital programmes from the Strategic Health Authority and also to achieve planning permission from local authorities. He had reviewed the age, physical condition and functional suitability of the existing buildings and the improvements which had been made since the approval of the previous strategy four years ago in all these areas. He saw the particular priorities for the hospital as being reprovision of lower theatres, rationalisation of Radiology and extension/replacement of Accident & Emergency. He drew attention to the sections of the strategy where proposals and suggested timescales were set out for improvements in these areas and the options available linked in part to the future of Weller Wing.

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In relation to PCT developments, these were linked to the South East Midlands LIFT, the development of the Bedford Health Village, the development of the Twinwoods site and developments of primary care in areas of population growth. At this stage there was no clear indication of the capital requirements for transferring services from secondary care to primary care.

One key aspect for the hospital was the provision of residential accommodation for staff, the need for which had changed with changes in junior doctors working hours. There were already in place several arrangements with housing associations and other partnerships were planned.

The Chairman enquired whether the strategy incorporated the direction of travel of the recent White Paper and the SHA Investing in Your Health strategy to move services out of hospital where possible and to offer more services for patients in the community. The Director confirmed that the joint estate strategy with the PCTs offered the opportunity to work closely together to ensure optimum use of capital spend on estate development both in primary care and in the acute sector. However, the PCTs needed to develop clear plans to identify where, when and who would deliver the new services in the community and how they would be afforded. The Chairman commented that the Trust would need to work very closely with the new GP consortium to understand their commissioning plans and how that would affect the work at the Trust.

Following questions on issues including affordability, phasing and car parking, the strategy was approved and it was agreed that it should be monitored regularly to ensure it reflected the changing agenda and the Trust's decisions relating to its Foundation Trust application.

045/06

## **INFECTIOUS CONTROL QUARTERLY REPORT OCTOBER-DECEMBER 2005**

Dr L Ragnatham, Consultant Microbiologist and Miss Juliet Magee, Infection Control Nurse in attendance for this item.

Dr Ragnatham introduced the report stressing that it had been a busy quarter. She drew attention to the MRSA bacteraemia surveillance figures which showed six cases in the quarter giving the year to date total of 25. Updated bed day figure now available put the Trust in a better position nationally than indicated in the report. There had been major problems with diarrhoea and vomiting in the quarter with 250 patients affected. There had also been infections in the January/March quarter, not all linked to the norovirus but to a mixed range of pathogens. This was in line with the picture in the local community and nationally. She stressed the co-operation of the public in helping to deal with these issues, in particular the use of alcohol gel at entrance to wards. It appeared that the MRSA bacteraemia figure for the current quarter would be in line with those in the previous quarter. ie figures in the earlier quarters represented a departure from the norm

The Chairman asked for information on the relative cost/benefit for testing all patients who enter the hospital as this is reputed to provide both better quality and be cost effective in the longer term.

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The Infection Control Nurse reported that the estimated cost of swabbing all patients for MRSA on admission came to £460,000 in a year. There would be a 48 hours turnaround time to obtain results. Figures from the Netherlands indicated that the cost of caring for patients with infections was twice that of carrying out the screening. It was agreed to develop a simple cost model based on selective screening and the local impact on length of stay. The Medical Director queried what the effect on managing patients would be. The Microbiologist responded that in fact a number of the patients admitted with MRSA were already known from previous admissions. Precise figures would need to be obtained but generally the presence of active MRSA increased length of stay by two and half times. Dr Mayor stressed the importance of links in this respect with the PCT and with nursing homes.

The Chief Executive commented on the position of doctors in the table on hygiene compliance for December 2005. The Infection Control Nurse felt that it was in line with figures from elsewhere. The Medical Director confirmed that he had raised the issue in various fora and would continue to emphasize it at every opportunity. He would also re-emphasise the importance of staff changing out of theatre clothing on leaving theatre areas. It was suggested that a target should be agreed for doctor compliance. The Medical Director and Consultant Microbiologist would pursue.

The Chairman congratulated the Infection Control Team on its efforts to contain recent outbreak and for the improved report provided.

046/06

## **EQUALITY AND DIVERSITY - REPORT ON PROGRESS AGAINST STRATEGY AND OBJECTIVES 2005/6**

The Director of Human Resources reminded the Board that the Equality and Diversity strategy had been approved by the Board in July 2005 and was an important document for both patients and staff. Good progress had been made with implementation, as evidenced by the Improving Working Lives Practice plus accreditation, and the presentation to the Board of the annual equality report in September 2005. Key policies had been reviewed and monitoring informed by the disability survey of staff issued in June/July 2005. The Committee had reviewed its effectiveness in March and had agreed to invite a member of the Patients Panel to join its membership. Legislation was to be extended to include age, disability equality and gender equality. The Department of Health was recommending a single equality scheme covering the latter two. Work to meet these requirements would be included in the objectives of the Committee for 2006. The report was received by the Board, which stressed that this was an important piece of work linking into Standards for Better Health.

04706

## **TO RECEIVE AN UPDATE ON FOUNDATION TRUST STATUS**

The Chief Executive had nothing to add to what had already been included in her report. A report based on the outcome of the diagnostic phase would be submitted to the Board in May.

JO'C

048/06

## **TO RECEIVE THE REPORT ON MEDICAL EMERGENCY**

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## READMISSIONS

The Medical Director introduced this report on behalf of the Divisional Clinical Director, Medicine and Accident & Emergency. The Divisional Clinical Director had reviewed emergency readmissions within 28 days of discharge from the hospital for the three months November 2005 to January 2006. The readmission rate was about 12% with a figure of 10.19% for January. The Divisional Director considered that readmission rates of this order were to be expected in relation to medical patients suffering from chronic disease who required continued adjustment of therapy and that no further action was required. The report was accepted. Dr Mayor felt that improved chronic condition management, currently being developed by the PCT might help to improve these figures. The Chairman considered the readmission rate was an important quality indicator on which the Trust should not be out of line and that continuing benchmarking should take place to provide assurance of good quality care.

049/06

### **TO RECEIVE A REPORT ON STANDARDS FOR BETTER HEALTH**

The Chief Executive reported that the declaration was now due to be submitted to the Healthcare Commission in May and including the comments from the various bodies consulted would be on the agenda for the April meeting of the Board.

050/06

### **TO RECEIVE THE REPORT ON INCIDENTS FOR THE YEAR 2005 QUARTER OCTOBER TO DECEMBER 2005**

The Director of Nursing and Patient Services introduced this report, which was in a new format including run charts. It was noted that the reference to staff shortages in paediatrics was inaccurate. The Director of Nursing and Patient Services answered questions on violence and aggression, ways of responding to slips, trips and falls and agreed to revise the report in future to separate those to staff and to patients and to amplify references to failure to treat appropriately. Overall however there were no areas of concern to draw to the attention of the Board. The report was received.

051/06

### **TO APPROVE THE COMPLAINTS POLICY**

Subject to the addition of a reference to interpreters the policy was approved.

052/06

### **TO APPROVE THE HEALTH & SAFETY POLICY**

Having been assured that the policy had been through the appropriate procedures the revised Health & Safety Policy was approved.

053/06

### **TO RECEIVE A REPORT FROM RISK MANAGEMENT COMMITTEE**

The Director of Nursing and Patient Services presented the report from the Risk Management Committee. The main issue to draw to the attention of the Board was the extension of the validity of the risk strategy for a further six months while discussions took place on the introduction of Integrated Governance.

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### **TO RECEIVE A REPORT FROM THE CLINICAL GOVERNANCE COMMITTEE**

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The Medical Director drew attention to changes to postgraduate and medical education, the establishment of a Clinical Quality Group and the more formal consideration of educational issues which were now in place. The future of the committee was subject to review in light of the Integrated Governance discussions. The report was received.

## **055/06 TO RECEIVE A REPORT FROM THE AUDIT COMMITTEE**

Mr Bassill reported that the Audit Committee had met the previous day. He would submit a written report to the next meeting of the Board but felt the Board would wish to be assured that on the basis of work carried out to date, internal auditors would have no issues to include in the Board's statement of internal controls. The Chairman noted that the Integrated Governance agenda and the Foundation Trust regime potentially saw an enhanced role for the Audit Committee and that this would need to be examined.

## **056/06 DATE AND TIME OF THE NEXT MEETING**

It was noted that the next meeting of the Trust Board would take place on Wednesday 26 April 2006 at **10.30am** in the Committee Room.

## **057/06 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.