

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 138th Meeting of the Bedford Hospital Trust Board
held at 9.30am on Wednesday 30th January 2008
in the Committee Room, Bedford Hospital**

PART 1

- Present:** Mr R Rankmore, Chairman
Mrs J O'Callaghan, Chief Executive
Ms J Halliday, Director of Nursing & Patient Services
Mrs L Hunt, Chief Operating Officer
Mr E J Neale, Medical Director
Mr B Portch, Non-Executive Director
Dr V Mayor, Non-Executive Director
Mr A Warren, Director of Finance and Performance
Mr K Lewis, Non-Executive Director
- In attendance:** Mr A Dickinson, Trust Board Secretary
Mr A Dennis, PPI Forum
Mr G Johns, Associate Non Executive Director
Mr I Stoneham, Director of Corporate Services
Mrs A Buck, Director of Human Resources, for items 01/08- 08/08
- Also present** Dr F Mutch, Clinical Director Medicine and Diagnostics
Mr G C Budden, Clinical Director, Women & Children's Services
- Apologies:** Ms C Sumner, Non-Executive Director
Mr B Herdan, Vice Chair
Dr D Liu, Clinical Director, Surgery was unable to be present

01/08 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed to the meeting Mr Dennis, representing the Patient and Public Involvement Forum, and Mr Stoneham, newly appointed Director of Corporate Services. He notified the Board with regret that Dr Mayor had decided to retire as Non Executive Director with effect from the 31st January and paid tribute to her for her contribution over the past four and three quarter years. Mr Johns would be appointed as a substantive Non Executive Director from the 1st February 2008 and was welcomed in that new role. This was also the last meeting which Mr Budden would attend prior to his retirement in March. Mr Budden had made an outstanding contribution to the Trust and would be greatly missed.

02/08 DECLARATIONS OF INTEREST

Mr Stoneham declared that he had interests in two family firms and was also a sleeping partner in a firm of financial advisors. None of these interests was likely to impact on the Trust.

03/08 MINUTES OF THE MEETING OF THE BEDFORD HOSPITAL TRUST BOARD HELD ON 28 NOVEMBER 2007

These were agreed as a correct record.

04/08 MATTERS ARISING/ACTION LOG/ACTION LOG

1. Training in Finance for FY1/2 doctors

The Medical Director confirmed that this was in place for the next induction programme. He advised that it was intended in the future to include such training in the undergraduate medical curriculum.

4. Staff Survey

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The Director of Human Resources advised that the survey results would not be available until March. This was a national timescale but she would see whether publication of results to the Trust could be advanced.

7. Consultant Microbiologist Cover

Interviews were scheduled for March and it was agreed that the Director of Infection Prevention and Control should represent the Chief Executive on the Appointments Committee.

12. Screening of Elective Admissions for MRSA

This was being done in Surgery at pre-assessment clinics. Arrangements had yet to be made for how to screen the small number of elective medical admissions. The Chief Operating Officer advised that with effect from April 2009 all admissions would need to be screened. This would have huge resources implications which would be reported to the Trust Board in due course.

13. Improving Lives

The reply had been submitted and a response had been received from the Strategic Health Authority.

It was noted that action on the other points had already been implemented/ was not yet scheduled for completion.

05/08

INFECTION CONTROL REPORT

The Director of Nursing & Patient Services as Director of Infection Protection and Control advised that in the year to date there had now been 13 cases of MRSA bacteraemia, which put the Trust above its annual target of 12. Although the bulk of these, 8 out of 13, were community acquired infections, action was in hand to reduce the number further e.g. through the introduction of silver coated invasive devices. She stressed that the current level was half that of the previous year. She drew attention to the decrease in the number of *clostridium difficile* cases following the increase in December. There had been only 8 reportable cases in the month to date. An outbreak of Norovirus had occurred over a five week period ending 15th January. It had however recurred subsequently and three wards were currently closed. There was a daily outbreak meeting and additional bed capacity meant it was easier to deal with the operational issues arising.

She then gave feed back from the Strategic Health Authority visit on the 22nd January, following up their earlier visit in relation to *clostridium difficile*. Feedback generally had been positive but some recommendations had been made to strengthen existing plans and introduce new ideas based on experience from elsewhere. Details would be included in her next report to the Trust Board. She was pleased to report that the weekly hand washing target had risen to 82%. The target would be reviewed and increased.

The Clinical Director Medicine and Diagnostics reported that the Trust's permanent Consultant Microbiologist was currently on extended sick leave. Two locum appointments were however in place to provide cover.

The Board welcomed the progress made and stressed the importance of keeping up the pressure and in particular increasing the hand hygiene percentage with a view to ensuring that there were no avoidable cases on infection. They were particularly concerned about the number of doctors who appeared not to be observing the hand washing requirements.

06/08

REPORT ON CLEANLINESS AND INFECTION CONTROL BY CLINICAL DIRECTORS AND MATRONS

This report was introduced by the Director of Nursing & Patient Services in her capacity as Director of Infection Prevention and Control. She explained that this was a new requirement from the Department of Health, to give clinicians direct access to the Trust Board on the issues of cleanliness and infection control. She invited comments on the content and the focus of the report.

She advised that there was nothing in the report that should concern the Board, although she believed that some issues were factually incorrect e.g. availability of isolation facilities

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was not currently an issue, and bed pressures did not affect cleaning regimes. The replacement flooring issue in Meadowbank Ward had been resolved.

The Trust Board, while welcoming the report, asked that in future there should be action plans for any areas requiring actions and suggested the presentation from Women & Children's Services should be adopted as the standard. The Chief Operating Officer confirmed that there was a need to review the role of the Matron in the context of the proposal that Band 7 posts should become supernumerary. The Trust Board expressed its thanks to the authors of the report.

07/08

OPERATIONAL REPORT

The Chief Executive introduced this item and explained that the report was based on the Intelligent Board Report template but it had not possible to incorporate everything, partly because there were still some gaps in the Trust's information systems which meant that some information was not available. The Balanced Scorecard continued to indicate comparison and trends. The Chief Operating Officer advised that December had been a difficult month because of the combined impact of the ward upgrading programme, the need to admit 18-week patients and the Norovirus outbreak. While the 18-week milestone had been met for 85% of activity, issues remained in three specialities. There had been problems with waiting times in Accident and Emergency Department and one cancer patient had waited a day over the 2-week period. There were also problems with readmitting within 28.days patients cancelled on the day of operation and with patients accepting appointments in GUM clinic. Discussions were in progress with the Strategic Health Authority about refining that target. The number of delayed transfers was unacceptable and work was in hand to address the issue. She believed that the Trust would however be able to achieve the standard for this across the year.

In relation to finance, the Director of Finance & Performance advised that the Trust was still on target to make a surplus for the year of £5.4m although there were budget pressures and it was likely that the rate of expenditure in January would be high. The risk was that activity numbers for the year would not be reached, although he believed that any shortfall would be made up for by the case mix. There was however a risk from penalties in relation to the provision of discharge information, where the PCT was proposing to withhold £1.8m. Discussions on this were in progress. It was likely however that the matter would not be resolved by the end of the year. The reason was the delay in the introduction of an electronic discharge letter from the planned date of October to January. To date the system seemed to be working well but this would be audited to ensure that there would be no future problems.

In relation to human resources issues, the Director of Human Resources advised that if leave was managed appropriately in the divisions and the use of temporary staff reduced, she believed that the Trust would end the year within the allocated pay budget. Vacancies were filling faster. Although the overall sickness level had risen to 4.1%, the number of long-term sick cases had reduced from 34 to 21. Benchmarking with other trusts indicated that the hospital compared well with an average sickness level elsewhere of 4%. She would be asking the EMG to review the current target to see whether it was realistic. The Director of Corporate Services suggested that ways of getting staff back to work sooner should be explored and he agreed to prepare a paper on this for the next Trust Board meeting.

In terms of the report's content and presentation, it was agreed that it was appropriate at the moment to keep Control of Infection separate. Otherwise, every effort should be made to present a single report which drew attention to the various hotspots as necessary, with the Finance Committee getting full details of financial issues. The revised requirement would however mean changes in information flows within the Trust and could not be done instantly.

08/08

FOUNDATION TRUST UPDATE

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

The Foundation Trust Lead presented her update report and advised that since it had been

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prepared the deadline for submitting the revised Integrated Business Plan to the Strategic Health Authority had been extended to 2nd April. This would give the Trust more time to develop the financial model, cost improvement plans and business elements. In view of the revised target for submitting the Integrated Business Plan, the proposed stakeholders meeting had been deferred to April. The staff engagement programme was however continuing as was implementing the recommendations in the Historical Due Diligence report e.g. service line management.

In discussion directors raised issues in relation to the proportion of ethnic members and the need to ensure appropriate community links were explored, the extent of communications to staff and others about the revised submission date for the Integrated Business Plan, the need to establish and maintain links with those who had already signed up for membership and the importance of everyone and in particular non-executive directors, engaging with the business community. The report was received.

09/08 BEDFORDSHIRE PCT FINANCIAL POSITION

The Chairman welcomed Andrew Morgan, the Chief Executive of the Bedfordshire PCT to the meeting to give a presentation on the PCT's financial position.

Mr Morgan gave an outline of the PCT's financial responsibilities, the resources available to it and the main areas of expenditure. This Trust received about a fifth of the funding available to the PCT (£90m out of £467m).

In response to questions from Directors he advised that PCT funding was based on population and historically Bedfordshire had been under target. Investment decisions would be driven by East of England targets, in particular targeting major diseases, improving access to services and prevention. The PCT's plan would have much more emphasis on outcomes. Areas currently having access problems were wheelchairs, dietary elements, child and adolescent mental health and speech and language therapy. The provider arm would be managed at arm's length by the PCT from April and pathways would be developed to identify potential alternative providers. Key tasks for the PCT were to manage activity and demand and to ensure the viability of services while allowing choice and flexibility. The PCT would be working to prepare its own strategy by the autumn and this would have moral authority from coming with support from the public and clinicians. At this stage therefore the PCT was not able to support the Trust's plans but he confirmed that the PCT was appreciative of the Trust's long-term viability and sustainability. In terms of relationships between the Trust and the PCT, he stressed that this must be based on delivery of what had been agreed in terms of numbers, quality and patient satisfaction and to that end the relationship would be closer than it had been. In relation to suggestions about spare capacity he advised that some spare capacity was required to offer choice and in some areas, e.g. emergency admissions, there was probably inadequate capacity. He confirmed that the PCT would be willing to meet the Trust to discuss Integrated Business Plan matters in time for the revised submission date of the Integrated Business Plan.

Mr Morgan was thanked warmly for his presentation and left the meeting.

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10/08 IM&T STRATEGY

Mr Stephen Browne, Chief Information Officer in attendance.

Mr Browne explained that the aim of the strategy was to provide appropriate, coordinated information technology systems to support front-line clinical work, improve effectiveness, provide user-friendly solutions, provide secure information, and be pro-active in providing national programme for IT solutions. Currently there were problems with both hardware and service provision, inconsistent security and systems that did not support clinical work nor the Trust's administration and management. Governance was ad hoc and the Trust was reactive to NPfIT. Key elements of the strategy were to ensure best use of resources, that new developments were planned properly; there were clear management objectives for programmes, that appropriate security, standards were achieved, the intranet was used fully and the Trust moved towards electronic records management, making full use of remote accessing, and supporting IT training. The capital requirements for the programme were estimated at £3.27m over three years. The revenue costs had to be assessed.

In discussion, directors raised issues in relation to the extent of paperless working, the impact of IM&T systems on Foundation Trust status, the relationship of the Trust's plans to NPfIT and what could be delivered, issues of change management, disaster recovery arrangements and responsiveness to reports from audit, the importance of delivering clinical systems and the role of the programme board in setting priorities based on business need and the relationship of the proposals to the LEAN programme.

The Trust Board agreed the strategy, agreed in principle the proposed capital investment, and approved the proposed governance arrangements and the IM&T policy. The revenue implications should be included in budget setting process for 2008/9.

11/08 MARKETING STRATEGY

Kate Burke, Communications and Marketing Manager in attendance.

The Communications and Marketing Manager confirmed that following a discussion of the draft document in December, all comments received had been incorporated, mainly into the delivery plans. She had also been in discussion with the PCT about joint working in relation to choice and the eighteen week waiting time target. One director urged the importance of developing the Trust's brand and strap-line and it was agreed to add risks that emerged from further analysis of the CHKS data on patient flows. The campaign should be aimed at target audiences on the basis of 'use us because...'. These individual items would form part of the work plan which would be submitted to the next meeting of the Trust Board. The Patient and Public Involvement Forum representative expressed a willingness to provide help and support in this area.

The strategy was approved as setting out the right direction for the Trust, recognising that detail, including costs, had still to be developed.

12/08 GOVERNANCE AND RISK STRATEGY

The Medical Director introduced the paper, advising that the revised document included comments from the last meeting and the two seminars on governance. He stressed that the auditors were happy with the overall structure and that it was a living document which would be reviewed annually - a NHS Litigation Authority requirement. With minor changes, the document was approved. In relation to the executive lead for business risk, this issue was referred to the EMG for a recommendation to be made to the next meeting of the Trust Board.

13/08 EMERGENCY CARE RECOVERY PLAN

The Chief Operating Officer explained that the document had been prepared to improve performance in Accident and Emergency Department access targets. The issue was not just an Accident and Emergency Department one, but a whole system one. The plan was approved on the basis that while actions were due for completion by the end of March 2008,

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progress would be monitored throughout the year.

14/08 IMPROVEMENT TO THE ANNUAL HEALTH CHECK RATING

The Board ratified the action plan submitted to the Strategic Health Authority on 17th January.

15/08 QUARTERLY BOARD SELF CERTIFICATION RETURN

The Director of Finance & Performance advised that this was a new requirement of the Strategic Health Authority, which mirrored as far as possible Monitor's quarterly reporting framework for Foundation Trusts. It drew together performance against Standards for Better Health, performance targets and the Trust's financial rating. He advised that all the relevant issues were routinely discussed by the Board but they had not previously been drawn together. It was agreed that the Trust had to make declaration 2 in relation to MRSA, waiting times for access in the Accident and Emergency Department, twenty days readmission following cancellation operation, delayed transfers of care and core standard breaches. With the addition of a reference to Norovirus, the Board agreed that the Chairman should sign Declaration Two with the supporting information. The Chief Operating Officer confirmed that she believed that the delayed discharge target could be turned round by the end of the financial year.

16/08 SUBMISSION OF THE INTEGRATED BUSINESS PLAN TO THE SECRETARY OF STATE

The Board confirmed the decision made at its special meeting held on the 28th January that submission of the Integrated Business Plan to the Secretary of State should be delayed to the 2nd April 2008, in view of the Strategic Health Authority's advice in relation to MRSA targets.

17/08 ASSURANCE FRAMEWORK

The Director of Finance & Performance presented the updated version of the Assurance Framework in its revised presentation, as discussed by the Audit Committee on 18th January and the EMG on 21st January. He advised that further improvements were planned to the presentation. In relation to the decontamination issue, the Trust remained in the decontamination cluster and it was expected that a preferred bidder would be selected later in the year. An Executive Director stressed that there were no dangers arising from the current arrangements. It was just that they did not meet the current standards. Noting that since the framework had been prepared the Foundation Trust risk had probably increased, and recommending that the marketing risk be reviewed, the Board noted the framework.

18/08 REPORT FROM THE AUDIT COMMITTEE

Mr Portch, as Chairman of the Audit Committee, presented his report, drawing attention to the changes agreed to the Trust's governance and risk processes, and the strengthening the role of the Governance committee. He gave particular thanks to Ms Sumner for her role in that. Members were continuing to get advice from elsewhere. The Board noted the report, in particular the adequate assurance received on income and debtors, the adequate assurance on the general ledger, and noted that the potential conflict of interest in relation to Mr Portch's chairmanship of both the Audit Committee and the Finance Committee was under review. Mr Johns would in fact chair the next meeting of the Finance Committee. The Board formally appointed Mr Johns as a member of the Audit Committee, to replace Dr Mayor.

19/08 QUARTERLY QUALITY REPORT

The Medical Director introduced the report, pointing out that there were issues in relation to the timeliness of bench-marking data, which would affect integrating the report into the Intelligent Board Report. He advised that overall mortality was better than expected, although the PCT had raised issues about the mortality rate increasing. This was because of coding issues which had affected the initial baseline but which had now been resolved. Since then, the level had in fact fallen year on year. Overall the report was considered to be

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a good report although the information on pressure sores was unhelpful. It was agreed that the report should remain on a quarterly basis. The report was received.

20/08 PATHOLOGY TENDER

The Chief Executive presented the update report which was also going to the Boards of the other associated Trusts. She explained that there had been some slippage in the timescale in order to make sure that issues were explored adequately. She expressed appreciation of the good clinical input which the group was getting and the support from the Department of Health's commercial directorate and Lord Carter. The report was received. Further reports would be submitted in April and June.

21/08 BEDFORDSHIRE WHOLE SYSTEM ESCALATION POLICY

The policy, which was a whole system policy aimed at reducing pressures in the system both in Accident and Emergency Department and from people remaining in hospital who did not need acute hospital care, was received. The Board welcomed the whole health economy approach. Reducing delayed discharges could reduce the hospital's total bed requirement by over 20 beds. Success of the policy would be monitored carefully.

22/08 PRESENTATION - IMAM IRSHAD ALI

The Imam, invited to speak as a member of the public, expressed disappointment at the letter he had received following the paper he had submitted to the last meeting of the Trust Board, which he had been unable to attend personally. He asked for recognition of his post, payment for his services and funding for a book he was writing on spiritual needs. The Trust Board felt that nothing had changed since November on the first two issues but referred the request for funding to the Charitable Funds Committee.

23/08 CONSULTANT APPOINTMENT

The Medical Director reported that Mr Julian Brady had been appointment Consultant Obstetrician and Gynaecologist to replace Mr Budden and would take up post on the 1st April.

24/08 EAST OF ENGLAND COLLABORATIVE PROCUREMENT HUB

Mr Lewis asked whether there was any information yet on the effectiveness of the hub. The Director of Finance and Performance advised that he was meeting the hub's Chief Executive the following week. The savings to date were very limited.

25/08 FUTURE STRUCTURE OF LOCAL GOVERNMENT IN BEDFORDSHIRE

The Chief Executive reminded the Board that it has previously supported the County Council's proposal for a single unitary authority for Bedfordshire. The government was minded to create two unitary authorities. The Trust agreed that the Chief Executive should write a further letter to the Secretary of State for the Environment, supporting the concept of a single unitary authority. The County had been offered facilities in the hospital to gain support for their proposal but in view of the opposition from the two relevant district councils this was not being pursued.

The meeting ended with a presentation to Dr Mayor.

A member of the public was present for part of the meeting.