

BEDFORD HOSPITAL TRUST BOARD

**Minutes of the 135th Meeting of the Bedford Hospital Trust Board
held at 9.30 am on Wednesday 30th May 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 Herdan, Vice Chair
Mr J V Bassill, Non-Executive Director
Mr B Portch, Non-Executive Director
Mr K Lewis, Non-Executive Director
Mrs A M Buck, Human Resource Director
Mrs K French, Acting Director of Nursing and Patient Services
Dr F Mutch, Clinical Director, Medicine and Diagnostics
Dr J Sizer, Interim Clinical Director, Surgery - Acute
Mrs H Mulhern Wilson, Deputy Director of Finance & Performance (for
Director of Finance & Performance)
- In attendance:** Mr B Jones, PPI Forum
Mr A Dickinson, Trust Board Secretary
- Apologies:** Dr V Mayor, Non-Executive Director
Mr G C Budden, Clinical Director, Women & Children
Mr A Warren, Director of Finance and Performance

The Chairman welcomed Dr Mutch and Dr Sizer to their first meetings of the Trust Board and Mrs French in her new role as Acting Director of Nursing & Patient Services. He also welcomed Mr Jones from the PPI Forum.

47/07 DECLARATIONS OF INTEREST

The Chairman declared his interests as Non Executive Director of Milford Haven Port Authority and Partner in Moore and Co, Business Consultancy.

48/07 MINUTES OF THE MEETING HELD ON 28 MARCH 2007

With the addition to the list of those present of Dr Mayor, these were agreed as a correct record

49/07 MATTERS ARISING/ACTION LOG

106/06 Multi-Faith Centre

The Director of Human Resources reported that the position had not changed. Capital had not been made available to progress the scheme. As the faith communities appeared to be unwilling or unable to fund the development it was agreed that the matter should not be pursued, and be deleted from the action log.

138/06 Patient and Staff Surveys

The Turnaround Director/FT Lead reported that this year the patient survey and the staff survey had been commissioned from one company. Consultants were carrying

Confirmed

out a market assessment. A report back on this will be made in June.

19/07 Estates Strategy

It was agreed that this should be presented to the July Board meeting. The Board noted that the Director of Estates had resigned and his deputy would be acting up until further consideration had been given to the structure for Corporate Services generally.

24/07 Safety First

The Turnaround Director/FT Lead advised that the outstanding actions were largely with the National Patient Safety Agency at national level. The Board however requested that the Patient Safety Committee review the position and confirm to the next meeting of the Board the position on local action.

22/07 Hambantota Link

The Chief Executive reported that the Acting Director of Nursing & Patient Services had agreed to act as executive lead for the project and that the main drive should come from Matron level. The steering group would be reconvened appropriately.

28/07 SLA

The Chief Executive reported that the process had not been reviewed yet with the PCT. The Chief Operating Officer advised that one of her staff was responsible for monitoring activity against the contract and a review was in progress as to the way of undertaking this. There would be a monthly meeting with the PCT at which, it was hoped, figures could be agreed and early decisions reached on changes to activity levels. She would routinely present an exception report to future meetings of the Board on this issue.

29/07 Car Parking

The Acting Director of Nursing & Patient Services agreed to raise the question of special arrangement for patients at the next meeting of the Patients Panel. The Chief Executive reported that following the intervention of Patrick Hall MP, improved terms had been received from Network Rail in respect of the charge for the licence for the overflow car park. A member of the public, who had raised this issue at the previous meeting of the Trust Board, stressed the importance of concession arrangements being known to patients and drew attention to those in place at Addenbrooke's Hospital, Cambridge. The Acting Director agreed to include these points in her review. The Chairman stressed the importance of having a clear policy which took into account the interests and views of patients.

It was noted that action on the other items on the Action Log was not yet due for completion.

50/07

CHIEF EXECUTIVE'S REPORT

The Chief Executive introduced her report. She reported that the outcome of the arbitration with the SHA had been successful, largely because the Trust was well prepared and understood the data. A good start had been made to the current year in financial terms but the financial target for the year was challenging. The situation would be closely monitored and if it appeared that the situation was not on track by the end of month three, stricter measures would have to be introduced. She highlighted issues in orthopaedics where there were issues in certain sub-areas because there was only one consultant able to undertake the work in question. In relation to Choose and Book, she reported that the Trust was improving its position nationally although there were still IT problems. She also drew attention to the August pressure from the turnover of junior doctors and confirmed that appropriate contingency arrangements were in place to deal with this unusual situation.

Confirmed

A Non Executive Director queried the effect of Choose and Book on activity. The Medical Director advised that there were two issues, the choice for the patient and access to appointments. The number of appointments available was linked to the activity commissioned. This could however have implications for local residents if available local appointments were filled. A monthly report would indicate where patients were coming from and give the opportunity to negotiate increased activity, where this was appropriate. The Chief Operating Officer stressed the importance of achieving the target of 80% of planned slots actually being available. The Chairman confirmed the importance of the Board being kept up-to-date with market intelligence on this issue.

The Chief Executive also drew attention to the recruitment issues in Histopathology. She reported that the SHA will be visiting on the 10-11th July to review arrangements in the Trust for the management of *Clostridium difficile*. The outcome would be reported back to the Board.

In respect of the Trust's duty to break even, a Non Executive Director queried the progress made on developing a medium-term financial strategy. The Chief Executive confirmed that the integrated business plan being prepared for the Foundation Trust application included a five-year financial plan. Another Non Executive Director asked for further information on the Trauma and Orthopaedic issues. The Chief Executive replied that this was part of the East of England review of surgical services and an orthopaedic surgeon from the Trust was involved. This would be a key issue in the market assessment. The review was due for completion by the end of September and then there would be a consultation process. The Interim Clinical Director, Surgery - Acute advised that the division saw this as a growth area, because of the increase in the number of elderly people in the population. The options were for the Trust to cease to provide certain services or to appoint additional consultant staff to provide appropriate cover. The way forward would depend on the market assessment.

The Chairman felt that the financial results from the previous year were significant and very encouraging and congratulated the Executive and Clinical Directors on their achieving the target without compromising clinical service levels.

PERFORMANCE REPORTS

51/07 **Balanced Scorecard – April 2007**

The Deputy Director of Finance & Performance presented the report which included quarter three productivity metric information from the NHS Institute for Innovation and Improvement. Overall the Trust position against 120 acute trusts was reasonable. The Board noted that the issue of the 'call to needle' thrombolysis target was a national one. Changes in ambulance staffing were however expected to produce an improvement over time, but at this stage the target had to be seen as an aspirational one. The Deputy Director reported that the PCT was reviewing the GUM service in order to improve access. This might lead to further investment in the service. It was noted that the productivity metric indicated that there was still scope for improvements and that the revised sickness target was not being achieved. It was noted that there were no national targets for readmissions and the Board asked that local targets be devised, possibly based on CHKS median. The Medical Director pointed out that rates were continuing to decrease.

52/07 **Financial Performance Report for month ended 30TH April 2007**

The Deputy Director of Finance & Performance introduced the paper and drew attention to the savings target for the year of £8.2m, not all of which had been identified. The planned reduction of 90 posts over the year would however produce £1.4m towards that gap. The current expectation was that this level of reduction could be achieved from existing vacancies and that further redundancies could be

Confirmed

avoided. The SHA's workforce diagnostic would be used to identify areas where staffing levels could be reduced. The Chief Executive confirmed that the executive team was keeping a close eye on the matter and that a decision would be made in June as to whether any further redundancies would be necessary. It was anticipated that only a 30 day notice period would apply.

The report was received.

53/07 Human Resources Report

The Director of Human Resources presented her report. She had already discussed the need to achieve the working time regulation targets. She confirmed that plans were already in place to achieve the 2008 target through changes in rotas. This was however, dependent on appropriate clinical leadership. The sickness level had continued to improve; the work on the SHA's workforce diagnostic plans needed to be complete before the next meeting of the Finance Committee.

ITEMS FOR DECISION/APPROVAL

54/07 Annual Accounts for 2006/7

The Deputy Director of Finance & Performance introduced the accounts, and explained that the basis on which they had been prepared had been confirmed following the recent arbitration with the SHA. A Non Executive Director asked for confirmation that the auditors were satisfied with the treatment in the annual accounts of the financial arrangements for Beeden House. It was agreed that the Deputy Director should check the position and report back to the next meeting of the Audit committee. Another Director queried the inclusion of resource allocation budget proposals. It was confirmed that these had been included. Directors welcomed the improvement shown in trade invoices paid within the target period.

The board agreed to adopt the draft report and account for 2006/7. The board agreed to delegate authority to the Audit Committee to act on their behalf at the meeting on the 22nd June and adopt the final version of the report and accounts presented at that time.

55/07 Award of Contract for Payroll and Pensions Services

The Deputy Director of Finance & Performance presented the report from the evaluation panel on the award of the three-year contract for the provision of payroll and pension services to the Trust. The Director of Human Resources confirmed that representatives from the consortium had visited other users of the service provided by the recommended tenderer, who had confirmed that a good service was being received. It was noted that the tender, although obtained on a consortium basis, was subject to acceptance by Trusts individually. The Board considered that it was more important to have a high quality service than one that was necessarily the most economical. As the recommended provider was considered to be the better both in terms of quality and price, it was agreed that the contract should be awarded to the University Hospital Birmingham NHS Foundation Trust for a three-year period from the 1st October 2007, with an option to extend for a further two years. A Non Executive Director asked that arrangements for audit of the service should be confirmed.

56/07 Negotiations with Moorfields Eye Hospital NHS Foundation Trust

Mr ff Fisher and Mr A Sharma, Consultant Ophthalmologists, in attendance.

The Chief Executive introduced the paper, drawing attention to the fact that since the previous discussion by the Board, the basis of the proposal had changed slightly in that the PCT wished the contract to be provided to be through a contract with Bedford Hosital NHS Trust with a sub-contract to Moorfields. The proposal had been taken forward on that basis and good progress had been made, although currently the financial proposals did not cover all the Trust's overhead costs, leaving a shortfall of £44, 000.

Confirmed

Mr Fisher confirmed that the proposals were supported by the staff as representing very good clinical service delivery. There were proposals to enhance the sub-specialisation in glaucoma and paediatrics, to replace the consultant who retired the previous year, and to develop better links with primary care. He felt that this would provide an enormous improvement to the local service and was likely to result in an increase overall in income as well as a better service for the community. All the staff involved were very positive about the proposals. His one concern was the possibility of service fragmentation and he felt it was important that there continued to be consultants based on site. The Board supported that and requested that this be included in the contract. In discussion a number of issues were raised included how the Trust would benefit from work done for other PCTs, governance arrangement and recovering the costs for these, the realism of the timescales proposed and the risks involved in undertaking staff consultation at this stage.

Following the discussions, it was agreed that the negotiations should continue, with a view to entering formally into a contract with Moorfields from 1st July 2007, and to launch informal consultation with staff for the transfer of their employment to Moorfields under TUPE arrangements from that date. There should be a report back to the next meeting of the Board on the situation, and at that stage the Board would wish to see more robust financial proposals including sensitivity analysis and proposals for the Trust to benefit from additional activity.

57/07

PATIENT AND STAFF SURVEYS

Dr Reg Race, Managing Director Quality Health Care in attendance.

The Director of Human Resources explained that the same healthcare company had been instructed in the current year to undertake both the staff and the patient surveys, with a view to looking at the two together and identifying common themes. She welcomed Dr Race. Dr Race introduced first the National Inpatient Survey results, stressing that these were an opinion poll that established differences between patients' and managers/clinicians' points of view. The results could be compared over time and against other acute hospitals using his company. The response however was influenced by demographic factors and some categories were likely to mark more favourably than others. Over time, the national result showed an increase in patients waiting over 4 hours for admission, no impact of the choice agenda, reduced time waiting for outpatient appointments, an improvement in food ratings and no change in those reporting confidence and trust in doctors. This aspect was slightly downwards for nurses.

He stressed that the local figures showed perceptions only, but drew attention to

*the high number of patients saying they had shared a sleeping area with patients of the opposite gender after moving wards

*the high number of patients reporting that there were not enough nurses to care for patients and

*the disappointing number reporting that nurses always washed and cleaned their hands between touching patients.

There were also issues in relation to getting help to eat meals and in pain control and few patients told how the procedure had gone, or were copied with information sent to GPs.

He concluded by suggesting certain action points in these and similar areas.

In discussion, directors stressed the importance of providing discharge information to patients, bearing in mind the cost, and the importance of hand washing not only taking place, but patients being aware that it did. In response to a point raised by a member of the public, the Medical Director confirmed that the hospital was taking part in the Clean Your Hands campaign, hand washing was regularly audited, the volume of gel used had increased and newly qualified doctors showed high awareness of the need for hand washing.

The Acting Director of Nursing & Patient Services was asked to review the existing

Confirmed

action plan in the light of fuller information now available, circulate it to divisions and ensure it was monitored through the EMG.

Dr Race then introduced his summary of the staff survey, drawing attention to the high proportion of responses from ethnic minorities and those aged over fifty. In relation to child and carer support, he advised that nationally the pattern was that senior and more centrally based staff were more aware of the arrangements than less senior, departmental staff. Appraisals are also lowest in those groups, although this Trust was better than average on appraisals and had a particularly high score in relation to Health and Safety training, an above average score in infection control training and much better score in respect of training in dealing with violence. The number of staff who were thinking of leaving the Trust was however higher than average. One in three staff said that care for patients was not the Trust's highest priority and one in four said that they would not be happy with the standards of care if they were a patient. Both these represented a considerable reduction over the previous year. The Chief Executive commented that she had advised last year that scores in these areas were likely to reduce, given the issues faced by the Trust in 2006/7. She felt that the real message was however that the Trust needed to address its communications, increase engagement with staff, and stress that patients did come first. These issues should be included in the objectives cascaded throughout the organisation. The Board confirmed that in its view the target for appraisal should be no less than 100%. The Director of Human Resources confirmed that the aim was for the HR team to take out the findings to divisions with a view to appropriate action plans being prepared and submitted the EMG. A central plan, including publicity on the results of the communication should also be prepared. There would be a report back to the Board in three months.

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

ITEMS FOR INFORMATION

58/07 **Safeguarding Children Annual Report**

The Medical Director highlighted the joint review of services across the county which had produced a very positive score of three. He advised that the county's nominated doctor for safeguarding children, Dr Pocha, had now retired and her replacement was under consideration. Dr Rehman remained the appointed safeguarding children doctor for the Trust.

The report was received.

59/07 **Quarterly Quality Report**

Mrs S Blackley Deputy Director of Clinical Governance in attendance.

In reviewing the national mortality comparisons in the report, Board Members queried the Trust's position in relation to deaths within thirty days of surgery. The Deputy Director advised that there was an individual review of deaths and the figures included a number of very high risk patients. If the Healthcare Commission were concerned over the figures they would investigate. The Medical Director advised that the standardised mortality ratios for the Trust were below the national average and consistently improving. Overall Non Executive Directors felt that they were unable from the figures supplied to come to a view as to whether they should have concerns or not. The Chairman advised that the Non Executive Directors had recently discussed governance arrangements and felt that a better structure was needed to help the Board concentrate on key issues, indicating which areas were of concern. He asked the Chief Executive to review the quality information provided on that basis in time for the next quarterly report.

The report was noted.

60/07 **Infection Control Report - January to March 2007**

The report was received. The Medical Director advised that he was reviewing the

Confirmed

position of infection control within the Trust, to give it more prominence. He also drew attention to the effect of the cohort ward on infections in the Medical Division. There was need now to adopt a similar approach within Surgery. The way forward should be agreed within the next few weeks.

61/07 PROVIDER MANAGEMENT REGIME

The Deputy Director of Finance & Performance requested Directors to let her have as soon as possible their comments on this document, prior to its submission to the SHA.

62/07 ALTOGETHER BETTER: A COUNTY UNITARY AUTHORITY FOR BEDFORDSHIRE

The Chief Executive reported that she had been approached as a key stakeholder by the County Council Chief Executive who was requesting support for the County Council's proposal for a county unitary authority for Bedfordshire. She reminded the board that it has supported a single PCT for Bedfordshire because of the advantages of co-terminicity and the Medical Director advised that the County Council's performance in respect of safeguarding children had improved considerably. It was agreed that the Chief Executive should obtain the comparable document from Bedford Borough Council and draft a suitable reply for circulation to Directors prior to submission to the Secretary of State for Communities and Local Government by the 22nd June.

63/07 DATE AND TIME OF NEXT MEETING

The next public meeting of the Trust Board will take place at 9.30am on Wednesday 25th July 2007 in the Committee Room, Bedford Hospital, South Wing.

64/07 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.