

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 144th Meeting of the Bedford Hospital Trust Board
held at 10.00am on Wednesday 28th January 2009
in the Committee Room, Bedford Hospital**

PART 1

Present:	Mr R Rankmore, Chairman Mrs J O'Callaghan, Chief Executive Mr E J Neale, Medical Director Mr A Warren, Director of Finance and Performance Mr D Gear, Non Executive Director Mr B Herdan, Vice Chair Mr C Ovington, Director of Nursing & Patient Services Mrs L Hunt, Chief Operating Officer
In attendance:	Mr I Stoneham, Director of Corporate Services Mr A Dickinson, Trust Board Secretary Mr A Denis, LINKS representative
Apologies:	Mr K Lewis, Non Executive Director Mr G Johns, Non Executive Director Mr I Pickering, Non-Executive Director

It was noted that Mr Johns and Mr Pickering were attending an event for Non Executive Directors at the CASS Business School.

01/09 DECLARATIONS OF INTEREST

There were no new interests declared.

**02/09 MINUTES OF THE MEETING OF BEDFORD HOSPITAL TRUST BOARD HELD
ON 26th NOVEMBER 2008**

With the correction of typographical errors on page 2 and page 3, these were agreed as a correct record for signature by the Chairman.

03/09 MATTERS ARISING/ACTION LOG/ACTION LOG

23. Staff engagement strategy

a report on the pilot project would be made to the February meeting.

25. Standards for Better Health - pursue issues with the Healthcare Commission. The Director of Finance & Performance reported that thrombolysis was no longer an issue because the change in classification. Even with the service changes proposed for 2009/10, it would still remain a target. He confirmed that there had been excellent cooperation with the Ambulance Trust on this issue.

28. Patient Safety - graphs

The Medical Director explained that the PCT wanted to know the number of incidents resulting in no harm and he was reluctant to produce the data in different formats for the Board and the PCT. The presentation had however been altered to make the cases of harm clearer. The Trust Board agreed to there being a single presentation.

29. Healthcare Acquired Infections -

The Medical Director confirmed that he had spoken to three members of medical

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staff in relation to hand hygiene issues in line with the disciplinary policy.

31. Infection Control programme

The update was contained within the routine report and the Director of Nursing & Patient Services confirmed that good progress had been made. He proposed to present the Infection Control Programme 2009/10 to the February board meeting.

33. IM&T- presentation for the Board

Noting that there was a review in progress of IM&T, the Board asked for a presentation on IM&T to be included in the Board Development Programme so that the Board was aware of the progress being made with the IM&T strategy.

04/09

CHIEF EXECUTIVE'S REPORT

The Chief Executive presented her report, drawing attention to the good progress being made financially and the continued high level of activity in the Trust. She gave credit to staff members for the efforts in making sure that targets were still achieved, in particular in relation to Accident and Emergency waiting times and 18-week waits. December activity had been the highest ever, and although the Trust had not achieved the Accident and Emergency waiting time target throughout the month, its position was better than many other Trusts and ambulance turnaround times were about the best in the region. There had been an excellent meeting with the Strategic Health Authority's Chief Executive when he had looked at the steps being taken to maintain the target. One element in this was Trust's ability to forecast activity. It was also reported that in the month to date there had been no cases of MRSA. The Trust Board was delighted at this news. There had however been an increase in the number of *clostridium difficile* cases in the last few days, bringing the month to date total to seven against the target of eight. Early indications were that the results from the staff survey were an improvement on the previous year. The biggest risk faced by the Trust was the PCT withholding payments. This was being actively pursued and her discussions had indicated a willingness to resolve the matter without recourse to arbitration. The Trust was receiving positive support from the Strategic Health Authority for its Foundation Trust application and the current position was that if the required information was submitted the middle of February it would be signed off under delegated authority by two directors. A meeting towards the end of the month had been arranged to do that and on that programme, the application would go to the Department of Health in March and to Monitor in April. The only area of concern related to the ability to identify cost improvements for the coming two years. She drew attention to the productivity matrix figures for the first quarter of 2008/9 included in the report and confirmed that improvements had been made since, especially in relation to pre-operative bed-days. This was due to the opening of Tavistock Ward Day of Stay Admission Unit.

05/09

FINANCE REPORT

The Director of Finance & Performance confirmed that in the year to date 94% of cost improvements had been achieved and he anticipated that by the end of the year 90% would have been achieved. He confirmed the aim was to resolve the outstanding issues with the PCT at the earliest opportunity.

06/09

OPERATIONAL REPORT

The Chief Operating Officer advised that there were contingency plans in place to ensure the targets were achieved in a range of circumstances. The main risk related to Accident and Emergency Department target, where there had been breaches, but she was confident that unless the number of attendances at the department reduced the target would be achieved for the year as a whole. In response to questions she outlined the process in place to monitor the situation and to ensure that there was appropriate escalation. She explained that there was a particular issue on Mondays because of the lower level of discharges over the weekend and discussions had taken place with the PCT about increasing the support services in the community over the weekend. She would make sure that the Chief Executive had appropriate information available for her next meeting with the PCT's Chief Executive. The

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Board agreed that there was nothing further the Board itself needed to do in this area, The Chief Operating Officer stressed that in spite of the increase in admissions the average length of stay had reduced by seven days from December 2007 to December 2008 and the Trust was performing better than neighbouring trusts. In relation to Choose and Book, she advised that, while this was not a national target, the Strategic Health Authority had set a target of 70% of referrals being received by Choose and Book. Currently the Trust was receiving about 60% indirectly. Currently the directory of services was being reviewed to ensure that the number of services listed on the menu was increased. The Trust was however reliant on GPs to refer via the Choose and book system. She was aware of certain issues e.g. over varicose veins, and these were being addressed. The computerised direct booking system had failed again during the week and although it was now working again the Board considered that this was a critical area for delivery as it must be as easy as possible for GPs to refer to the hospital. The Director confirmed that the Strategic Health Authority and PCT were pursuing the matter as it was a joint target and a working group was being established with the PCT. The Board asked that the issue with the software be raised with the supplier and Connecting for Health.

In relation to the 18-week target of 90% overall, she confirmed that the Trust had achieved this by the end of December and this had been maintained also at the end of January. She was delighted to report that considerable progress had been made in Trauma and Orthopaedics where 85% had been achieved in January and 92% was predicted for February. The main area of risk related to dermatology because of the considerable increase in referrals. The PCT had now indicated its commissioning intentions for the following year, which were more realistic and it was now proposed to increase capacity in the specialty. Responding to a question, she advised that all the cancellations on the day of operation reported for December in relation to endoscopic treatment, that all had been rebooked within 28 days and the Trust was currently on target on this. Responding to a further question on the readmission rate, the Medical Director confirmed that the Trust's figure benchmarked well with other Trusts and was not worrying. He advised that readmissions could be for a number of reasons including a different condition, and managing the condition proactively. It was agreed that further information on this should be given in future reports, drawing attention to inappropriate and premature discharges.

07/09

WORKFORCE

The Director of Corporate Services drew attention to the increase in sickness in December. The main Human Resources issue was European Working Time Directive (EWTG) compliance and active monitoring of junior doctors rotas was in place. He drew attention to the excellent feedback from the Investors in People accreditation and to the higher return of the staff survey than in previous years. Further work was being done to control the use of locums. The Chief Executive asked for confirmation that the EWTG would be met by August. The Medical Director confirmed that a new surgical rota had been agreed which was expected to be 100% compliant. Monitoring would be in place April/May so that actions could be taken if deviations were noted. The cost of non-compliance was considerable and therefore every effort would be made to make sure that the target was met. A more detailed breakdown of the figures was requested and it was agreed that, in discussions with the PCT, any allocation of any SWIFT monies for 2009/10 should be requested early in the year. The Medical Director advised that helpful guidance had been received from the Royal College of Surgeons and that additional posts were already being advertised. The Board was satisfied with the assurances given.

08/09

HOSPITAL ACQUIRED INFECTIONS

The Director of Nursing & Patient Services explained that his report included new information suggested by the Strategic Health Authority on high impact interventions. He agreed to clarify the detail in a future report. In relation to *clostridium difficile* he

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advised that there were believed to be seasonal patterns and he was exploring this with other hospitals. The Healthcare Commission was due to visit to review the hospital's procedures and processes before the 31st March and preparation for this visit was taking place. This included completing the self assessment, details of which were included in his report. The one red area related to providing information to other parties and work was in progress on this, including the redesign of the discharge form, pending the introduction of an electronic version. In relation to infection in the community, the Director of Nursing & Patient Services advised that it was not monitored as well as in hospital, because there were no targets and there was currently no agreement as to what to do about background MRSA infection. He felt there might be a lack of awareness in nursing homes and there was scope to be more proactive there. A county-wide group had been established which was setting a strategic approach to the issue.

The Board was pleased to note the progress, in particular the zero MRSA cases in the month to date.

09/09

PATIENT SAFETY

The Medical Director presented his report and confirmed that the risk adjusted mortality figure was improving. He advised that the Trust's data source, CHKS, was changing its baseline to give trend data in future. A director queried the significance of cardiac arrests. The Medical Director explained this could be an indicator of identifying at risk patients and in response to a further question he outlined the current arrangements for dealing with patients at risk. Responding to a question on pressure sores, the Director of Nursing and Patient Services advised that there was a range of strategies in place to deal with these; each incident which scored three or four was subject to detailed root cause analysis to identify whether the issue was assessment of risk, treatment or lack of appropriate equipment.

10/09

PATIENT EXPERIENCE

The Director of Nursing and Patient Services drew attention to the new arrangements to be introduced from April to deal with complaints. There would be a single system, amalgamating complaints and PALS and a need to establish a contractual arrangement with the complainant. The proposal was to keep the present 25 days response time as the norm. Final arrangements were still awaited and he undertook to keep the Board updated with progress. The Director agreed to break down the heading of attitude and to clarify the headings of two columns marked "staff". A Director suggested that the patient experience group could be helpful in understanding what the main issues and what could be done about them.

11/09

CARE QUALITY COMMISSION – HEALTHCARE ASSOCIATED INFECTION REGISTRATION

The Director of Nursing and Patient Services explained the arrangement for registration and how the assessment process had been carried out. In the absence of any guidance, a figure of 70% had been adopted for compliance. The main area of concern related to isolation facilities where there were insufficient single rooms available to isolate all patients who should be isolated. Currently there was an issue with testing specimens at the weekend but this was being addressed and therefore his view was that all standards, apart from isolation facilities, were met. Directors queried the threshold set and whether it was sufficient to have action plans rather than compliance. After discussion, it was **resolved** that, subject to amending the paragraph C4c in Part 4 to read "on site or secure a service via a third party" the declaration should be signed by the Chief Executive and submitted.

The Board received a summary of best practice "Reducing Healthcare Associated Infections: from Trust Board to Ward". The Director of Nursing and Patient Services agreed to make copies of the full document available to directors.

12/09

PATIENT SAFETY STRATEGY

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The Director of Nursing and Patient Services explained that the Patient Safety Strategy was part of the Patient Safety First campaign due to be launched as part of the Leadership in Patient Safety programme in the middle of March. The Medical Director advised that he would prefer use risk adjusted mortality reduction as the target rather than standardised mortality ratios as the Trust received figures relating to the one and not the other. To obtain a standardised mortality the Trust would need to use Dr Foster rather than CHKS and the current contract had a further three and a half years to run. Another option was for the SHA to provide the data and this was being explored. A Director queried the figure of hospital standard mortality rate quoted in paragraph 2.1. The Chief Executive advised that she had asked the Head of Communications and Marketing to review the document and it was agreed that a revised version should be presented to the next meeting of the Board, including the latest guidance on patient identification. The Board asked for a development session on preventable deaths/harm.

13/09 PCT STRATEGY- A HEALTHIER BEDFORDSHIRE- WORKING WITH YOU FOR LIFE

This had been on the PCT Board agenda the previous week and a preliminary document was being circulated for comments prior to formal consultation. It was agreed that this was an important document and should be made available to all Board members and that it should be an item for discussion at the next Board meeting. The Chairman stressed the importance of the Trust's view being made available to the other main stakeholders.

14/09 GOVERNANCE RETURN AND NON FINANCIAL RATINGS MONTH 9

The Director of Finance and Performance presented his report. The key issues were thrombolysis, A&E targets and decontamination, all of which had been discussed previously by the Board. After discussion the Board **resolved** to authorise the Chairman to sign declaration two for submission to the SHA.

15/09 RECOMMENDATION FOR THE APPOINTMENT OF A SENIOR INDEPENDENT DIRECTOR

The Monitor Code of Governance recommended the appointment of a senior independent director who would take the lead in issues involving the Chairman. Following discussion the Board agreed to recommend to the Board of Governors that, given his background and involvement in governance, Mr Johns be appointed as Senior Independent Director.

16/09 FINANCIAL PLANNING AND SLA NEGOTIATIONS 2009/10 - UPDATE

The Director of Finance and Performance advised that he now had had a first view of the proposed activity levels for 2009/10 and these were being aligned with plans, budgets and the Long Term Financial Model (LTFM). The time frame for agreeing the SLA and the LTFM were different and therefore there might be some differences in the actual figures used, but these could be explained to Monitor. Queries had been raised and once these were resolved, the proposals would be shared with clinicians to get their commitment. The position was noted.

17/09 REPORT FROM THE AUDIT COMMITTEE

In the absence of the Chairman of the Audit Committee Mr Gear introduced the report from the Audit Committee meeting held on the 17th January. He drew attention to the discussions the committee had had on internal control and in particular the committee's wish that the issue with data quality - patient information on PIMS be resolved as soon as possible and that clear management arrangements should be in place for data quality in relation to discharge arrangements. Progress would be reviewed at the February Finance Committee meeting. The Committee had also noted that further work was proposed on disaster recovery and had asked for further reports.

The Board asked for the issue in relation to management responsibility for data

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quality – discharges to be resolved at the next meeting of the EMG and for the process for handling both draft and final audit reports to be reviewed to ensure that the EMG/relevant directors were fully involved. The Director of Finance and Performance confirmed that the process for ensuring that reports were finalised was much tighter than had been the case previously.

18/09

QUALITY ACCOUNTS

The Director of Nursing and Patient Services had prepared a position statement on this important issue which would be discussed with the PCT the following day. From discussions with the Regional Chief Executive when he had been in the Trust recently, it appeared that the Trust's thinking was in line with his. There would in future be a quality financial incentive and it was important that the Trust had appropriate systems and processes in place to ensure that this was payable.

19/09

MEETING WITH THE PCT

The Chairman advised that a Board to Board meeting with the PCT was scheduled for the 5th February at 5.30pm.

20/09

APPOINTMENT OF CALDICOTT GUARDIAN

The Board confirmed that the Medical Director should be the Trust's Caldicott Guardian.

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DATE, TIME AND PLACE OF NEXT MEETING

The next public meeting of the Trust Board will take place at 10.00 am on Wednesday 25th March 2009.

22/09

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.

There were no members of the public present