

BEDFORD HOSPITAL TRUST BOARD

**Minutes of the 139th Meeting of the Bedford Hospital Trust Board
held on Wednesday 26th March 2008 in the Committee Room, Bedford Hospital**

PART 1

Present:	Mr R Rankmore, Chairman Mr E J Neale, Medical Director (Part) Mr A Warren, Director of Finance and Performance Mrs L Hunt, Chief Operating Officer Mr K Lewis, Non-Executive Director Mr G Johns, Non Executive Director Mr B Portch, Non-Executive Director Mr B Herdan, Vice Chair Ms J Halliday, Director of Nursing & Patient Services
In attendance:	Mr A Dickinson, Trust Board Secretary Mr A Dennis, PPI Forum Mrs A Buck, Director of Human Resources (for items 26/08 - 31/08)
Apologies:	Mrs J O'Callaghan, Chief Executive Mr I Stoneham, Director of Corporate Services

26/08 CHAIRMAN'S ANNOUNCEMENT

The Chairman reported with regret the resignation from the Board for personal reasons of Miss Sumner. He reported that Mr Ian Pickering had been appointed as Non Executive Director with effect from the 1st April 2008 to replace Mr Portch. Mr Portch had however agreed to stay on as Associate Non Executive Director until the end of April to handover. Miss Sumner's post would be advertised. In the meanwhile, the Trust Board agreed to the appointment of Mr Duncan Gear as Associate Non Executive Director with effect from the 1st April. Mr Pickering would become chairman of the Audit Committee and Mr Gear, Chairman of the Finance Committee in order to avoid a conflict of interest from one person filling both roles.

The Chairman reported that he had met the SHA Chairman the previous day, together with Mr Johns and Mr Lewis; he had visited the Mayor of Bedford, where issues discussed included the move to unitary authority status and he had attended a regional Patient Safety conference. Additionally he had met individually the Chairs of Luton and Dunstable Hospital Foundation Trust and the James Paget Foundation Trust and the Lord Lieutenant of Bedfordshire.

27/08 DECLARATIONS OF INTEREST

There were no new declarations of interest made.

28/08 MINUTES OF THE MEETING OF BEDFORD HOSPITAL TRUST BOARD HELD ON 30TH JANUARY 2008

These were agreed as a correct record with the amendment of the second paragraph of 06/08 to begin "She advised that there was nothing in the report that should concern the Board, although...."

29/08 MATTERS ARISING/ACTION LOG

1. Staff Survey

The Director of Human Resources reported that the preliminary results had been received and had been circulated to directors. The main issue related to communications. The Vice Chairman was quite encouraged by the improvement in the results and the number of areas

where the Trust scored above average. It was agreed that the launch of the results should be linked to the launch of 'Putting Patients First' on 9th April. It would also feature at the members' event in May. The Director would devise an action plan and report back to the April Board.

3. Control of Infection - Doctors Hand washing

The Medical Director confirmed that this was still an issue: not just hand washing but also compliance with the uniform policy e.g. the wearing of watches. The Director of Infection Prevention and Control agreed to cost the provision of t-shirts for medical staff and also fasteners to enable watches to be attached to trousers. It was suggested that the staff should also be encouraged to wear badges with slogans such as 'Did I wash my hands?'

4. Screening for MRSA

The Director of Infection Prevention and Control confirmed that this would now take place for all planned admissions and would be effective from 1st April 2008. Proposals for achieving it for all admissions by April 2009 would be reported to EMG.

5. the Role of the Matrons

The Chief Operating Officer confirmed that job descriptions had been amended. Remove as complete.

6. Operational Report

Further progress made with developing the report. Audit of electronic discharge letters was still outstanding.

11. Emergency care recovery programme

Covered in Operational Report.

14. Quality report

Certain elements had been included in the operational report and it was agreed that a quarterly report should be prepared for the quarter ending 31st March 2008. The issue would then be reconsidered.

15. Audit and Finance Committee chairmanship

The issue was now resolved.

30/08 INFECTION CONTROL REPORT

The Director of Infection Protection and Control presented her report and advised that there had now been sixteen MRSA cases in the year, four over the trajectory. Of the two in March, one was community acquired and one was hospital acquired and potentially avoidable. A full Root Cause Analysis was being carried out into this. The target set for 2008/9 was eleven, which she believed was achievable because of the increase in number of side rooms and the improvement in invasive devices techniques. She advised that the appropriate ways of dealing with MRSA were isolation and decolonisation.

In relation to *clostridium difficile*, the Strategic Health Authority was aiming for the Trust having a target of 98 for 2008/9. It had been agreed with the PCT however that financial penalties would only apply if the number of cases exceeded the PCT's baseline target of 157 cases. The penalty could be considerable - 2% of turnover. She reported that hand hygiene awareness week 2009 would take place in September. It was anticipated that Whitbread ward, currently closed because of a Norovirus outbreak, would reopen in the next few days. The next major initiative to improve infection control was the signage project which also included some building work at the entrance to wards. A more detailed programme would be included in her next report. The report was welcomed. However the Director was asked in future to report on control of infection as part of a broader - based patient safety report.

31/08 OPERATIONAL REPORT

The Director of Finance & Performance advised that further progress had been made with the report through incorporating information on quality and patient experience. In relation to the targets, the Board was concerned about the failure to reach the thrombolysis 'Call to Needle' target. The Chief Operating Officer explained that this was linked to issues with the Ambulance Service and was being discussed with them. The Board urged that the issues be raised through the Network Board and with the PCT as commissioner. The Board challenged the level of performance relating to the readmission within 28 days of patients cancelled on the day of operation. The Chief Operating Officer explained that the reason was the issue around infection and bed pressures. Some cancellations had been caused by failure of the

image intensifier in theatres, but a replacement was currently on trial in theatres. The Medical Director stressed the difficulty of achieving the right balance between beds and theatres, particularly with the work being undertaken on 18 week waiters. It was noted that the Choose and Book software release appeared to be working effectively. The Board agreed that in future where figures were not available in time for inclusion in the Operational Report, the previous month's figures should be used, but highlighted as such. The Medical Director drew attention to Trust's above expected performance on mortality reported by the Healthcare Commission's comparative indicators. It was agreed that this was very impressive and required appropriate publicity.

The Director of Finance & Performance advised that the estimated most likely financial position was a surplus of £4.4m at the end of the year. This represented an under performance against target because of atypical activity in the last few months and the costs of hospital acquired infection. This assumption was based on there being only modest financial penalties imposed by the PCT. Mr Portch, as Chairman of the Finance Committee, confirmed that the finance issues had been discussed there in detail and while forecasting was improving there was a need for further refinement to avoid surprises of this nature. In future all estimates must be based on actual figures without allowance for offsets. With the changing situation it was no longer reasonable just to extrapolate from historical figures.

The Chief Operating Officer drew attention to other areas of poor performance - Accident and Emergency Department, cancelled operations, readmissions and GUM. In relation to the latter she advised that additional clinics were being added and extended hours of work were being worked to improve the choice available to patients. In relation to Accident and Emergency targets there was now a local health action plan and the issue was being discussed through the urgent care forum. Overall service redesign was required, linked to better discharge planning, as delayed discharges remained an issue. She had some concerns over meeting the 18 week target. This would definitely not be met in plastics, OMF and Trauma and Orthopaedics. Currently the overall achievement was 83% against a target of 85% and a further 23 patients had to be treated in the remaining days of the month to reach that figure. Her aim was to hit the December target in August. The profile would be submitted to the next Trust Board.

The Board was concerned about the failure to meet the Accident and Emergency Department target. The Chief Operating Officer advised that additional beds had been open throughout the year and that all potential delays were now escalated robustly through the system and she was therefore expecting to achieve a 99% success rate in 2008/9. She advised that following discussion with the PCT, six additional beds had been opened and the Trust had been reporting to Social Services reportable delays in discharge. The Board stressed the importance of improvement being achieved. The Strategic Health Authority was taking a keen interest in the Accident and Emergency Department target and had asked for an action plan in relation to every delayed discharge. This would help to achieve better working across the local health economy.

The Medical Director left the meeting at this point.

The Director of Human Resources drew attention to the highlights in the workforce report -an encouraging reduction in the amount of sickness, continued reduction in vacancies but an increase in payable costs because of higher agency costs. She believed that a number of vacancies would be withdrawn through the budget setting process. Turnover was the lowest for several months. The Director of Nursing & Patient Services confirmed that holiday booking arrangements worked well on wards where there was agreement on the number of staff in each grade who could be away at any one time.

In relation to the Patient Experience Report, the findings from the survey of patients' views on privacy and dignity were felt to be very positive and should be well publicised. There were some issues e.g. the perception that patients were cared for on mixed sex wards and an action plan was needed to take forward such issues. More information was also required on

PALS issues. Overall however the directors felt that the Operational Report was much better than previous versions.

32/08 FOUNDATION TRUST UPDATE

Hilary Jones Foundation Trust Lead in attendance for this item

The Foundation Trust Lead drew attention to the key items in her report which had been circulated. The Foundation Trust steering group would be reviewing the long-term financial model with a view to the Integrated Business Plan being signed off at the Trust's April meeting. The revised document would take account of the agreed SLA. Following the mail drop in the previous month, there were now 5,400 members and a further mail drop of 15,000 was due to take place the following week. It was now proposed to hold the members' event in May. The Foundation Trust Lead was asked to liaise with the Chief Operating Officer and the Director of Nursing & Patient Services to make sure that this was a positive marketing event. The risks in achieving Foundation Trust status remained provision of the Integrated Business Plan, the need to develop appropriate cost improvements and the risk of not achieving an adequate score on the Annual Healthcheck. The report was received.

33/08 STANDARDS FOR BETTER HEALTH DECLARATION

The Director of Nursing & Patient Services introduced the report which set out the requirement for the Board to be satisfied they had received sufficient assurance for the twelve month period ending 31st March 2008 in order to confirm that the Trust was compliant or otherwise with the various standards. The system in place for ensuring compliance had been reviewed thoroughly by the Governance Committee, had also been reported to the Audit Committee at its last meeting and had also been reviewed by the Governance Committee in October 2007 and January 2008.

The Board agreed that it was not compliant with the standard on decontamination C04c because of the design of the hospital's sterile supply unit which did not meet current standards, although the Board stressed that patients were not at risk in consequence of this. Currently the aim was to become compliant through participation in a decontamination cluster with other trusts and this work was on-going.

The Board noted that at the time that the paper was put together full assurance was not available in relation to

C4b medical devices training and ionising radiation (medical exposure) regulations.

C6 partnership working,

C11b attendance at mandatory training.

C15b patient nutritional needs

C17 patient involvement

C18 access and choice

C21 cleanliness

C22a and C22c public health improvement.

It was agreed that evidence on these standards should be circulated to Board members no later than the 18th April for Directors to confirm by the 25th April that in light of the evidence they were happy to declare compliance with these standards or not. It was noted that individual signatures were not required this year.

34/08 SERVICE LEVEL AGREEMENT

The Director of Finance & Performance reported that the Service Level Agreement with Bedfordshire PCT acting on behalf of all the PCTs in the East of England region had been signed. It was a national contract and local changes were not possible. The PCT had however choice of exercising penalties in two areas, the level of *clostridium difficile* cases and 18 week waits. Any penalties imposed could be severe. He confirmed that the activity set out in the contract was deliverable and in certain specialties left some spare capacity which could be marketed. The quality schedule was still to be finalised and it was anticipated that this would be done by the end of April. Because of the new quality requirements there would need to be more formal emphasis on quality in the monthly reviews.

The Chairman confirmed that there had been discussions with him and the Chairman of the Finance Committee before the Service Level Agreement was signed. The reasons for doing so were pragmatic, in that unless the contract had been signed before the end of the financial year, there would be a deleterious effect on the Trust's cash flow and potentially on the Trust's Foundation Trust application. An encouraging factor was that the anticipated reductions in activity through demand management had not been included. The Board accepted that in the circumstances it had been appropriate to sign the contract, even though there were issues outstanding from 2007/8.

35/08 DRAFT BUDGET 2008/9

The Director of Finance & Performance introduced his paper and stressed that the income reflected the figures in the Service Level Agreement and linked to the proposed long-term financial model. He drew attention to the planned level of surplus, £2m, which would not be sufficient for the Trust to achieve its break even duty, if it remained an NHS Trust for the whole financial year, and also to the cost improvement programme. A total of £4.6m was required but to date only £3.9m had been identified, as specified in the attachments to his paper. The aim therefore was to cash limit the budgets on a top-sliced basis to give the total figure. Directors expressed some reservations about the practicalities of all the CIPs starting as suggested on the 1st April, the likelihood of the totality of the proposed CIPs being achieved, the implications on workforce numbers and the flexibility available in the contingency reserve set out in appendix five. The Board resolved that the figures as shown in the report be issued to budget holders as a financial plan for 2008/9 and that further work to translate them into full budgets should be carried out, in particular re-phasing the cost improvements over the year, understanding what LEAN could offer (only possible after the launch on the 9th April), with a view to balancing expenditure against known income. A detailed paper should be submitted to the next meeting of the Finance Committee.

36/08 REPORT FROM THE AUDIT COMMITTEE

The report from the Audit Committee outlining its discussions on Standards for Better Health, the approval of the revised Terms of Reference, the approval of the annual external audit plan, the substantial assurances given from internal audits on sickness management, payment by results, and creditors, and the adequate assurance given on clinical supervision, general ledger, income and debtors and the external audit on clinical coding was noted. Further work was in progress on the Assurance Framework.

37/08 SAFEGUARDING CHILDREN

This item was taken early in the meeting while the Medical Director was present. The Medical Director briefly introduced the report drawing attention in particular to the establishment from the 1st April of Child Death Review Panels, where there were still issues regarding the practicalities, and training which was now being delivered adequately. The report was received.

38/08 HEALTH CARE COMMISSION COMPARATIVE INDICATORS 2007/8

The report was noted.

39/09 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.

Members of the public were present for part of the meeting