

Confirmed

BEDFORD HOSPITAL TRUST BOARD

**Minutes of the 130th Bedford Hospital Trust Board Meeting
held at 10.30am on Wednesday 28 June 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
Mr E Neale, Medical Director
Dr V Mayor, Non-Executive Director
Mr B Portch, Non-Executive Director
Mr B Herdan, Vice Chair
Mrs L Hunt, Chief Operating Officer
Mrs A Clarke, Clinical Director, Diagnostics and Therapeutics
Mrs A Buck, Human Resource Director
Dr J Saunders, Clinical Director, Medicine and A&E

In attendance: Mr J Biggs, Patients Forum

Apologies for absence: Mr K Lewis, Non-Executive Director
Mr G C Budden, Clinical Director, Women & Children
Mr I Husain, Clinical Director, Surgery & Anaesthetics

092/06	DECLARATIONS OF INTEREST	ACTION
	There were no Declarations of Interest made	
093/06	TO APPROVE THE MINUTES OF THE TRUST BOARD MEETING HELD ON 31 MAY 2006	
	These were agreed as a correct record with the following amendments: <ol style="list-style-type: none">1. Add that apologies for absence were received from Mr J Bassill and Mrs A Buck.2. Add Declarations of Interest - no Declarations of Interest were made.3. Minute 077/06 the second sentence under 159/05 should be under the heading 061/06 Benchmarking4. Minute 063/06 replace "work plans" with " job plans"	
094/06	MATTERS ARISING 159/05 Modernising Medical Careers A paper would be going to the EMG on 3 rd July	
	081/06 Integrated Governance The Director of Nursing & Patient Services agreed to submit an Action Plan to the July Seminar. The Chairman agreed to provide details of some useful computer software to facilitate the process.	
095/06	CHAIRMAN'S REPORT The Chairman reported on the following matters: <ul style="list-style-type: none">• An encouraging start to the year in financial terms She felt the Trust was	

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heading in the right direction although there were some underlying issues.

- A consultation paper on the future of acute services had been launched earlier in the week. This was an important document, the contents of which had been shared with key stakeholders. The questions asked were being asked in the majority of Acute Trusts at present and she stressed that the purpose of consultation was to seek views, that no decisions had yet been made and that action would be guided by the outcome of the consultation.
- She had had useful contact with other Chairs of Acute Trusts in the new Eastern Region. Dialogue had been established with the new Strategic Health Authority which was anxious to have constructive dialogue with Trusts not only on finance but also on patient focussed issues.
- Monitor was using the Trust as an example of a case study for the success of phase 1 Diagnostic process for Foundation Trust applications.
- She had met chairs of adjacent Acute Trusts to discuss possible future networks.
- The previous week she had attended the NHS Conference and met the Secretary of State and raised three issues:- the need to have a culture in which honest and open debate could take place; the role of the Acute sector and the need to improve commissioning. The Secretary of State had indicated that the purpose of payment by results was to improve best practice and that she wanted more feedback from the field.
- Roland Anderson, Chairman of Patients Panel, had resigned because of change in work commitments. She thanked him for his valuable contribution in this role.

096/06

REPORT FROM THE CHIEF EXECUTIVE

- The Chief Executive's report had been circulated. On finance, she commented that financial position was better than expected but that there was no room for complacency. At a meeting with the Strategic Health Authority they had been satisfied that the Trust was doing everything that it could do and acknowledged its difficult position. No final position had however been reached on the gap between the control target of £9 million and the turnaround plan which set out a target of £7 million.
- She reported that a problem had been experienced earlier in the week with airflows in four operating theatres. She was appreciative of work put in by staff to be flexible with operating lists to maintain the service and also the Estates staff who had worked round the clock on the issue. An investigation into the causes was being carried out and the matter had been reported as a serious untoward incident.
- She stressed the importance of the consultation document on the future of the hospital and emphasised that the consultation process was an open one. The do nothing option was however not a viable one.
- Earlier in the week she had met the Secretary of State of Health. The issues discussed were similar to those raised earlier by the Chairman. She had accepted the change was difficult but the health service had to live within its resources and network to ensure that appropriate services were provided.
- She reported the appointment of a further consultant, Dr R Kadalraja, as Neonatal Paediatrician. He was currently working as a locum in the Trust.
- With the new East of England region coming into operation from 1st July she was proposing to write to the existing Strategic Health Authority thanking them for their support of the Trust in the past.

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TO RECEIVE THE BALANCED SCORECARD

Director of Finance and Performance introduced this. He drew attention to the one cancer patient who apparently had not been treated within the timescale and a continued failure to achieve the 28 day readmission target for patients

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cancelled for surgery on the day of operation. The Chief Operating Officer advised that links had been established with adjacent hospitals to offer an alternative at tariff rates to patients where this Trust was unable to meet the target. In response to a question from the Chair of the Patients' Forum, the Director of Finance & Performance advised that there was nationally some tolerance on most targets, although details were unlikely to be known before the end of the year.

The Chairman queried how the Trust compared on lengths of stay for the chosen conditions with other Trusts. The Chief Operating Officer advised that clinical service plans were currently being developed which would set targets at the upper quartile range. This work should be completed by the end of July.

Finance Report

The Director of Finance and Performance advised that now that the Finance Committee met separately from the Trust Board, that Committee received the detailed financial schedules and Board report contained only the main highlights. In summary, the financial position was better than anticipated at this stage in the year. This was because of increased income. Expenditure was still in excess of plans. This was because of a combination of factors including savings not made and staffing costs. Attention was being given to addressing the issues. He confirmed that the Strategic Health Authority was still seeking the Trust to make £4 million surplus whereas the Trust's current plans were to make a surplus of only £2 million. Part of this gap might be bridged following further discussions with the PCT. His report showed both options in graphical form. Board members felt this was very unsatisfactory and that clarification should be sought from the Strategic Health Authority, including formal approval to the Turnaround Plan. The Director advised that there had been little movement on agreeing the Service Level Agreement for the year as activity figures were still outstanding from Bedfordshire Heartlands and Luton PCTs. The Board expressed its disappointment at this situation and agreed the matter should be escalated to the SHA and there should be Board to Board communication.

The Chair of the Patients' Forum queried whether demand was being managed effectively and whether there was any confidence that it would be. The Medical Director advised that it currently was not, but that he anticipated that with the development of practice based commissioning it would occur. This however was likely to be some months ahead. The danger was if routine work was not dealt with it, it could be presented as emergency work. This was already happening in ENT. The Chairman accepted that this was a real risk for the Trust. The Director of Finance advised that the Trust was still proposing to eliminate its deficit over three years but there was currently lack of clarity on some of the precise figures and on the targets of the new Health Authority.

A Non Executive Director asked whether the shortfall on savings would be recoverable. The Director of Finance advised that if savings could not be produced and identified, further areas of saving would need to be identified. There were a number of reasons for the present situation. Some savings had proved unfeasible, others had produce less than anticipated, others were slower to be achieved. The whole Turnaround programme was however actively managed. Following discussion of the 'at a glance' financial summary, it was agreed to re-present the savings profile figure to achieve greater clarity.

Human Resources Report

The Director of Human Resources presented her report and stressed the importance of reducing expenditure on payroll. To achieve this it was proposed to introduce tighter vacancy control, better planning of annual leave and stricter control on overtime and excess hours working. The Workforce Plan 2006-07 had been submitted to the Strategic Health Authority but needed to show reduced agency, bank, locum staff throughout the year as at present

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levels the Trust was routinely employing 26 WTE staff more than were funded. The review of all services was continuing and there were some very significant outcomes in relation to the way the Trust was working. A report on this would be presented to a future meeting of the Board. In relation to existing vacancies, she believed a number of these were being held because of possible changes in structure and work patterns. The Chief Executive stressed the need to reduce the number of staff employed. The issue was increasingly urgent. The Chairman of the Patients' Forum queried whether there would be redundancies. The Director replied these could not be ruled out and it was unlikely the Trust would meet its target without some redundancies. The issues were discussed routinely at the JSMC.

On sickness, good progress had made with achieving the 4% target and a revised target of 3.75% had now been set.

098/06

BEDFORD HOSPITAL BUSINESS PLAN 2006/07

The Chief Executive introduced this document which had been further developed since the previous meeting of the Board, although further development was still needed in certain areas eg identifying key performance indicators. The Vice Chairman, while appreciating the improvements that had been made, felt that the plan lacked a strategic dimension, was task rather than outcome focussed, had no context and did not specifically refer to Standards for Better Health. Overall, however, it did represent a step in the right direction. The Chief Executive accepted his comments but pointed out that work on developing the strategy for the Trust was currently being undertaken and that a complete document was necessary as part of the Foundation Trust application process and would therefore be developed in line with the Foundation Trust timetable to be considered at the next meeting of the Board. Development of a strategy would however need to happen independently of the application for Foundation Trust status.

AB

The plan was approved. The Board asked for quarterly updates on progress.

AW

099/06

COMMUNICATIONS PLAN

Vivienne Allan, Head of Communications, in attendance.

The Head of Communications gave a presentation on her document on 2010 Bedford Hospital NHS Trust Communications Strategy. She stressed the links between internal and external communications and the need to have clear simple clear messages without spin in order to achieve the goals of protecting the Trust as an organisation supporting its strategic objective and minimising risk. Seven critical success factors had been identified. Successful implementation of the strategy required all staff to feel valued and the public to understand and appreciate the role of the Trust. All members were invited to make further suggestions on the list of stakeholders and subject to that, the strategy was approved. The Head of Communications was thanked for her impressive document and good presentation.

100/06

FINANCIAL DELEGATIONS

The Director of Finance and Performance presented his paper, recommending that in order to achieve tighter financial control, the limits of delegated authority for expenditure should be reduced. The revised limits were approved for immediate implementation. The Director confirmed that the situation would be kept under review.

101/06

BENEFITS REALISATION OF THE CONSULTANT CONTRACT

The Director of Human Resources presented the Benefits Realisation of the new Consultant Contract in relation to Bedford Hospital in the context of the benefits realisation issues identified by the National Consultant Contracts Benefits Realisation team. The process had provided the Trust with more information about consultant workloads and increased the emphasis on job

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planning. Since introduction of the contract in 2004 there had been an overall reduction in the number of programmed activities and further reductions were planned, as well as the reductions which had taken place in overall consultant staffing numbers. A saving on fees would also be made. Further work needed to be done in refining job planning, reviewing objectives for 2006/07 to give more measurable objectives, and linking clinical objectives to the Clinical Excellent Awards system. The Medical Director confirmed that many consultants were happy to reduce the number of programmed activities to which they were committed. It was agreed a further update should be provided in September and that costs should be added.

102/06 MATERNITY SERVICES RISK MANAGEMENT STRATEGY

Medical Director explained that this was an update of the existing strategy and was required prior to the CNST assessment due to take place in September. Subject to strengthening the link to the Trust risk management strategy and to the section on CNST leads, the strategy was approved.

103/06 CHILD PROTECTION QUARTERLY REPORT

The Medical Director introduced this report, drawing attention to change in the designated nurse child prevention post which had now been combined with the post of Modern Matron, Paediatrics. The report identified the action taken following the internal audit report carried out in January 2006. The Medical Director felt that processes were more robust than they had been and there was now a better working relationship between the various agencies. The emphasis on training had changed due to taking training to the individuals rather than them to the training. The report was received.

104/06 INFECTION CONTROL QUARTERLY REPORT

Dr Ragunatham Consultant Microbiologist and Juliet Magee Senior Nurse Infection Control in attendance.

The Consultant Microbiologist presented the report. She stressed the first quarter of the year had been a busy one because of the large outbreak of gastrointestinal illness which had lasted most of the quarter. In the year there had been 32 MRSA bacteraemias against a target of 20, reducing to 12 by 2007/08. To date in the current quarter numbers were low. Using national figures, the costs of treating MRSA infections and other hospital acquired infections had been calculated. The saving potentials were great. The Chairman welcomed inclusion of costs which she agreed were considerable and she felt this was definitely an area where spending to save would be appropriate. The Clinical Director, Diagnostics and Therapeutics drew attention to the shortage in the Trust of isolation facilities and it was agreed that this issue and the option of an isolation ward should be explored. In relation to actions to reduce infection rates a Director expressed disappointment at the lack of compliance with the Cleanyourhands campaign. It was agreed that this was an area where considerable progress could be made cheaply through continued promotion of the campaign and a review of the Saving Lives baseline assessment. This would include a review of job descriptions, greater use of audit meetings to report action levels and discussion of the issue at EMG/divisional reviews. The Medical Director confirmed that the Cleanyourhands campaign would be covered in the Consultant's statutory training and in induction for junior doctors. Progress would be reported in the next quarterly report. The report was received

105/06 ENDOSCOPY SERVICE

The Chief Executive reported that the timescale for Beds & Herts solution to the endoscopy problem was unlikely to be timely enough to deal with the current issues within the Trust. It was appropriate therefore to revisit the risks

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and develop a local action programme. The Trust would, however, remain part of the wider group. The Clinical Director, Medicine and A&E, drew attention to the funds which would flow if the Trust could be included in the colon cancer screening programme.

106/06

FEEDBACK FROM PATIENT SURVERY 2005

Kathy French, Deputy Director of Nursing & Patient Services, and Bridget Hopwood, Picker Institute in attendance.

Ms Hopwood gave a presentation on the main elements arising from the 2005 Patient Survey. In November 2005, 888 patients had been sent questionnaires and 53% had responded. This represented a reduction on the number of responses for previous years, in line with a general trend. Against a comparative group of 88 Trusts the Trust was average in 56 areas, better in 5 and worse in 17. Only a few areas in the Trust were in the bottom 20% nationally. These included noise at night, staff talking in front of patients, patients receiving contradictory information, lack of privacy and slow response to call bells. Against the 2004 survey, the Trust had scored the same on 55 indicators, better on 5 and worse on 1. Her recommendation was that the Trust addressed the areas where it was reporting high scores ie high dissatisfaction and those furthest from the average. She confirmed that more detailed information was available to help pinpoint particular areas.

The Director of Nursing & Patient Services confirmed that a draft action plan had been prepared and would be put to the future EMG and to the Board in September. The Patients Panel would also be sent the action plan and offered a presentation. The Chairman felt it was disappointing that a number of the messages were recurring ones. The Chairman of the Patients' Forum expressed disappointment and surprise because Patients Forum visitors generally received supportive comments. Ms Hopwood was thanked for her presentation.

JO'C

107/06

PRIVATE PATIENT POLICY

Steve Morgan Business Development & Support Services Director in attendance.

The Director introduced the proposed policy, a new one which formalised existing best practice. The Medical Director confirmed it had been circulated to consultants and discussed at the local Negotiating Committee and generally was supported by medical staff. The Director of Finance and Performance reminded the Board that there was a cap on private patient income linked to 2002/3 figures and the Trust has already increased from that level. It was agreed that this was a fundamental document which would be valuable in clarifying what had not been clear before. The policy was approved.

108/06

REPORT FROM THE AUDIT COMMITTEE

The Chair of the audit Committee presented the report of the meeting held on 23rd May and drew attention in particular to the opinion given by the Head of Internal Audit that control arrangements at the Trust were satisfactory. This was the second best rating available. The report and the minutes of the meetings of the committee held on 28th March and 5th May were received.

109/06

MULTI FAITH CENTRE

The Director of Human Resources reported that there was to be a further meeting on this issue at the beginning of July and a report back would be made back to the next meeting of the Board.

110/06

DATE AND TIME OF THE NEXT MEETING

It was noted that the next public meeting of the Trust Board would take place on Wednesday 26 July 2006 at 9.30am in the Committee Room.

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111/06 | **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.