

**MEETING OF THE BOARD OF DIRECTORS
HELD AT 9.00AM ON THURSDAY 25 OCTOBER 2012
IN THE BOARD ROOM, AIREDALE GENERAL HOSPITAL, SKIPTON ROAD,
STEETON, KEIGHLEY**

PRESENT: Mr Colin S Millar, Chairman (in the Chair)
Mr David W Adam, Non Executive Director
Dr Andrew Catto, Medical Director
Mr Jeff Colclough, Non Executive Director
Mr Rob Dearden, Director of Nursing
Mr Ronald Drake, Non Executive Director
Miss Bridget A Fletcher, Chief Executive
Professor Anne Gregory, Non Executive Director
Mrs Sally Houghton, Non Executive Director
Mrs Sheenagh Powell, Director of Finance
Mrs Ann Wagner, Director of Strategy and Business Development

IN ATTENDANCE:

Mr Andrew Copley, Deputy Director of Finance
Mrs Jane Downes, Company Secretary
Ms Chris Miles, Director of Operations
Miss Justine Steele, Director of OD & Workforce

There were no members of the public present.

197/12 DECLARATIONS OF INTEREST

There were no interests declared.

198/12 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 27 September 2012 were approved as a correct record subject to one minor amendment.

199/12 MATTERS ARISING

Matters arising not covered elsewhere on the agenda were noted as follows.

i) IP Policy (167/12ii)

Mrs Wagner reported that national guidance was still awaited. In the meantime the current Intellectual Property Policy was in the process of being refreshed and would be presented at the January 2013 Board meeting.

AWagner

ii) C-Diff – Hygiene Awareness (169/12i)

Mr Dearden confirmed that progress was being made to raise awareness for patients and visitors regarding the implications of appropriate hygiene precautions. A more detailed report in relation to C-diff would be presented later in the meeting.

200/12 REPORT FROM THE CHIEF EXECUTIVE

The report from the Chief Executive was noted and taken as read. Miss Fletcher gave the following updates and developments since the report had been written.

National Developments

i) National Friends and Family Test Update

It was noted that the DoH had published implementation guidance initially for providers of NHS funded acute services for in-patients and patients discharged from A&E from April 2013. The Trust was therefore developing an implementation plan and a number of approaches were currently being considered.

ii) Implementing the Ban on Age Discrimination

Miss Fletcher reported that from 1 October 2012 it would be unlawful for all service providers and commissioners to discriminate, victimise or harass a person because of age. The question was asked whether the Board needed to consider if the Trust had done all it could to eliminate risk of non compliance. Miss Fletcher responded that processes and procedures were in place to reduce risk, including an E&D policy of which the E&D toolkit featured in each of the Trusts policies. Dr Catto advised that specific guidance had been published by the Royal College of Surgeons regarding implementation of the Equality Act 2010. He added that whilst no audit of clinical services had been undertaken to ascertain if discrimination occurred from a medical perspective, using complaints as a proxy it would be unusual to see age being cited as a cause for complaint. After a detailed discussion the Executive Directors were asked to reflect on the appropriate approach to ensure the Trusts policies and processes reflected the Equality Act 2010 provisions in respect of age discrimination.

**Executive
Directors**

iii) Improving Hospital Safety Out of Hours

Miss Fletcher referred to the recent report published by the Society for Acute Medicine and Royal College of Physicians suggesting that nationally, NHS wards were more at risk at night and on weekends. Miss Fletcher confirmed that Airedale had a 7 day Consultant presence and were working towards meeting the 12 hours gold standard.

iv) Clinical Commissioning Groups Update

In response to a question from Professor Gregory relating to the CCG authorisation process, Miss Fletcher explained the authorisation procedure and spoke about the risk around the Craven end of the Airedale, Wharfedale and Craven CCG and the linkage with the current North Yorkshire and York financial position.

Local Health Economy Developments

v) North Yorkshire and Yorkshire

Miss Fletcher reported that later that day, KPMG would present their findings arising from discussions with the leadership community on shortlisting options to enable significant costs in the acute/community/primary care sector to be taken out. Miss Fletcher and two director colleagues would be attending the North Yorkshire and York Board meeting and would report back accordingly.

BFletcher

vi) PCT Consultation on Proposed Service Change: Reconfiguration of Adult Mental Health Services

Since the report had been written the outcome of the public consultation on proposals by Bradford District Care Trust to reconfigure adult mental health services had been published. The decision had been made in favour of option 3,

which would mean the relocation of mental health beds located on ward 24 at Airedale hospital moving elsewhere. Formal notification was still awaited and Mrs Powell confirmed that the Bradford District Care Trust would need to give six months' notice to vacate ward 24.

Airedale Foundation Trust Update

vii) CQC Report – Compliance Visit Harden Ward Castleberg Hospital

Miss Fletcher's report on the CQC inspection was noted and the non-compliance albeit minor in relation to individualised care planning, involvement and evaluation around care plans was referred to. Since receiving the CQC report, Miss Fletcher had visited Castleberg Hospital and spoken with patients and the hospital manager who was progressing the action plan accordingly. Miss Fletcher made specific comment regarding the excellent care and compassionate care provided by the staff at the hospital. In response to a question that if the CQC visited another part of Airedale would there be a risk of Airedale not being compliant, Miss Fletcher said risk was inherent in a hospital environment, although there was always opportunity for shared learning and improvement. Accordingly, the Board was given assurance that steps were being taken to share learning from the CQC report throughout the Trust.

viii) Transform Programme Update

Miss Fletcher commented on the good progress to date towards implementation of the Transform Programme. It was noted that Mr Dearden was working in partnership with other providers to ensure the best outcomes and care for patients. Miss Fletcher added that the work also linked to the end of life pathway, thereby demonstrating a multidisciplinary approach. In response to a question from Mr Colclough regarding the measures of success, Miss Fletcher said the Airedale, Wharfedale collaborative team that was in place had determined cross patch metrics and indicators in order to measure progress. Given the importance of the Transform Programme, it was agreed to give an update to the Board in February/March 2013.

RDearden

ix) Performance and Operational Update

Miss Fletcher said a tenth case of *C-diff* had been reported. A root cause analysis was underway in order to ascertain any learning points. Miss Fletcher also reported on the increased A&E activity and bed pressures situation, particularly given the continuing high demand in this area. She said that clinical directors would be leading on a piece of work to change working practices and how the Consultant linkage between wards could be changed. Dr Catto also briefed the Board on progress regarding implementation of the Internal Professional Standards project that was ongoing. Ms Miles also reported that due to the continuing high demand the "winter ward" had been opened earlier in the week.

A debate followed about the appropriateness of some members of the public presenting at A&E, and the associated link with access to other healthcare facilities. It was appreciated however that the problems experienced at Airedale were not at the same scale as for example, inner city hospitals. Of note was that a national campaign would be commencing shortly entitled "choose well", which was designed to educate the population on the most appropriate provider for receiving healthcare services.

On a related subject matter, it was noted that discussions were being held with nursing homes, care homes and GP surgeries to inform them of the opportunities for accessing Telemedicine using remote consultations. Ms Miles referred to the ongoing work in three key workstreams around management of A&E, medical

assessment unit process and discharge process.

x) DoH Gateway Letters

The Gateway Letter 18221 relating to cancer pathology services was noted. Dr Catto gave a summary of the underlying issue which had occurred at Kingsmill Hospital and the reasons for the DoH letter being issued to all Trusts. Dr Catto gave assurance on the processes in place at Airedale stating that all immunocytochemistry is outsourced to the University College London whose laboratory runs the national External Quality Assurance Scheme for immunocytochemistry and has a national reputation. He said the quality of the service was excellent and no concerns had been raised with either oestrogen receptor or progesterone receptor testing. He concluded by stating that Airedale's positivity rates were in keeping with published data, and there was no evidence that to suggest under-reporting receptor positive rates.

201/12 RISK MANAGEMENT STRATEGY

Dr Catto presented the Risk Management Strategy and in doing so explained the purpose of the strategy. He also referred to the inclusion of the requirements of the National Health Service Litigation Authority Standards for risk, which would form a key scrutiny document when the NHSLA conduct their inspection visit in January 2013.

Dr Catto summarised the key highlights of the strategy including the risk appetite which had been articulated for the first time, the risk matrix which informed the risk appetite and also the updated new integrated governance arrangements.

The Chairman drew the Boards attention to the risk escalation process and the system for scrutiny within the organisation, and in relation to the risk matrix asked the Board to confirm that they were satisfied with the process for risk assessment escalation to which the Board concurred.

The risk management strategy was considered and a couple of additional references were agreed for inclusion in the final version.

Mr Drake asked if risk assessments were scrutinised across departments, to which Dr Catto confirmed this was the case and gave a summary of a current live example in which this process had occurred. Miss Fletcher clarified the risk assessment process and confirmed the open culture within the organisation of risk reporting. Also of note was that the Audit Committee reviewed risks rated at 9 and above via the Corporate Risk Register.

The Board duly approved the Risk Management Strategy with the inclusion of the two comments made by Ms Miles relating to the role of the Director of Operations and the Programme Office on quality and safety.

Dr Catto

202/12 PATIENT STORY

Mr Dearden presented a patient story focussing on a carer's view of the environment of the A&E department. The story centred on the carers observations regarding the condition of equipment, the state of signage and postage, dignity and privacy issues, intrusive noise and smoking on site. The carer had specifically

commented that the A&E staff had been professional and helpful, and that the medical outcome had been good.

Mr Dearden confirmed that the learning points raised by the carer were being addressed by the A&E team and also being reviewed by the Patient User Group. As an example, Mr Dearden cited that the patient experience survey was being devised to inform the design of the new A&E department. The Board discussed each of the environmental points raised and specifically with regard to the smoking on site issue the Executive Directors were asked to reflect on how the situation could be improved.

**Exec
Directors**

The Board acknowledged the patient story and the time taken by the carer to contact the hospital. Mr Dearden confirmed that the PALs team had responded to the author of the letter and thanked them for taking the time to write of their experience.

203/12 CLOSTRIDIUM DIFFICILE REPORT

Mr Dearden presented an update on actions to reduce the incidence of *C-diff* and added that the main update from the previous position statement had been the use of Bioquell equipment on Ward 1. Mr Dearden referred to the onset of the winter season and the first outbreak of Norovirus that had occurred within the hospital during the past week. He reported that stringent measures were in place regarding the sampling process in order to diagnose diarrhoea and vomiting, however given the use of antibiotics this could then have an adverse impact on the number of cases of *C-diff*. He also gave assurance on the cross economy working in terms of antibiotic prescribing in order to reach a common approach. Dr Catto added that he was continuing dialogue to ensure the approach to prescribing was embedded consistently.

Mr Dearden concluded his report by stating that Airedale was currently the fifth best performing Trust for *C-diff* in England. The Chairman asked for an assurance that there had been no compromise to the integrity of the *C-diff* calculation process as a result of the pressure to keep reported numbers down, to which the Director of Nursing gave the Board a categorical assurance.

The Report was received and noted.

204/12 SAFELY REDUCING COSTS REPORT

Ms Miles presented the report for the period ending 30 September 2012.

Ms Miles confirmed that there had been no changes in risk on quality in relation to the financial delivery of the CIP programme. She added that during October the Programme Office had implemented a series of brainstorming sessions involving members from all areas and departments within the groups to generate new ideas for further savings programmes.

The Safely Reducing Costs Report for the period ending 30 September 2012, was received and noted.

205/12 FINANCE AND PERFORMANCE REPORT

Mrs Powell presented the finance and performance report for the period ending 30 September 2012.

The key messages for September included a Q2 governance rating of green and an FRR rating of 3. Mrs Powell added that the overall position showed a surplus of £713k which was higher than expected for September due to underspends on depreciation and PDC.

The Finance and Performance Report for the period ending 30 September 2012 was received and noted.

206/12 EQUALITY AND DIVERSITY ANNUAL REPORT 2011/12

Mr Dearden presented the Equality and Diversity Annual Report 2011/12, and in doing so highlighted the amount of work currently ongoing in equality, diversity and inclusion. He stressed that further analysis of the data and the messages highlighted from the report were currently being reviewed and progressed via a number of working groups. The overall main issue arising from the report was around ensuring that the key actions arising from the findings could be mainstreamed across the organisation. Mr Dearden then invited comments and questions, to which the Chairman referred to the statistics relating to the percentage of workforce applicants from BME background verses the number of successful applicants from BME backgrounds. Miss Fletcher said the numbers were probably distorted by the fact that applications were submitted regularly from members of the public regardless of skills and experience, and a more informative analysis would be to measure the numbers of suitable applicants. A number of other detailed comments were made regarding the analyses descriptors including reliability of the data, which would be explored further outside the meeting.

**RDearden
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Reference was made to the length of stay statistics and the difference between patients from BME backgrounds verses white backgrounds given the stark difference between the two groups. In response it was noted that this had been highlighted as an area for further exploration in order to understand the reasons. Also commented on was the lack of reference in the report to the concept of an equality delivery system, to which Mr Dearden confirmed that there was such a system place and had been approved by the Board earlier in the year. Reference to this fact would be made in the report.

RDearden

The Chairman asked again whether Airedale was an unlawfully discriminatory organisation. Mr Dearden confirmed that no concerns had been raised and no emerging themes were coming through which would have been evidenced via the complaints system, raising concerns process and the risk assessment process. Miss Fletcher reported that in another Trust in which she had worked complaints, grievances, etc had been a common occurrence and the absence of them at Airedale thereby suggested that discrimination was not a serious problem. Mr Dearden said however that further analysis was required and would be undertaken. He added that in particular further service developments in partnership with other local health providers was required to ensure equal access to all services. On this understanding it was agreed that the monitoring process by Executive Directors was appropriate and the annual report was received and noted.

207/12 CARE QUALITY COMMISSION

i) CQC Inspection Report - Castleberg Hospital

The review of compliance issued by the CQC in relation to the visit to Castleberg Hospital was considered and the findings noted. Specific reference was made to the action plan compiled to address each individual area highlighted within the CQC report.

Mr Adam asked if the SPI programme of walkrounds at weekends and at night should also include Castleberg Hospital, to which consideration would be given and responded to at the next Board meeting.

RDearden

The CQC inspection report and the associated action plan was received and noted.

ii) CQC Annual Declaration

The annual compliance review with the CQC regulations was reviewed and considered. In receiving the reports, the Board expressed assurance regarding the declaration process and agreed that this was a fair reflection of the current position.

208/12 REPORTING CONCERNS POLICY

Miss Steele presented the Reporting Concerns and Whistleblowing Policy stating that it had been reviewed and updated in order to give greater clarity for all involved in the processing of such cases. In addition to this, reference had been included to the Bribery Act 2010. She added that two further additions to the policy would be included following comments made at the Quality and Safety Operational group around signposting of information for employees and the process for post termination employees. Accordingly, pending inclusion of the two aforementioned additions, the Reporting Concerns and Whistleblowing Policy was approved.

A general debate followed regarding awareness amongst staff in relation to reporting of concerns, and the assurance that the organisation had an open culture in terms of the number of occasions in which the policy had been triggered. It was noted that the robust process of risk management and risk reporting together with AEFs were a good indication of openness within the organisation.

209/12 COMPANY SECRETARY'S REPORT

The Company Secretary presented the following items.

i) Charitable Funds Report September 2012

During the month of September 2012, donations and legacies of nearly £7,000 had been received. Expenditure for September 2012 had totalled over £25k including the purchase of a bariatric patient trolley from the HODU fund at a cost of £10.6k.

Mrs Houghton as Chair of the Charitable Funds Sub Committee thanked members of the public for their generous donations.

ii) The Week

The Week issues 265 to 267 were received and noted. Of specific note were the guides issued for equality and diversity in the NHS Board recruitment process. The Company Secretary confirmed that the guides had been taken to both the Trusts recruitment committees.

iii) Board Action Plan

The Board action plan was reviewed and those items deemed completed duly noted.

210/12 ANY OTHER BUSINESS

There was no other business for consideration.

211/12 REVIEW AND CLOSE OF MEETING

The Chairman concluded the meeting in public and declared the meeting closed.

DATE AND TIME OF NEXT MEETING

The next meeting of the Board of Directors would take place at 9am on Thursday 29 November 2012, in the Board Room, Airedale General Hospital.