

**MEETING OF THE BOARD OF DIRECTORS
HELD AT 9.00AM ON THURSDAY 27 SEPTEMBER 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 Ron 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:

Mrs Jane Downes, Company Secretary
Mrs Debra Fairley, Deputy Director of Nursing (deputy for Mr Rob Dearden)
Ms Chris Miles, Director of Operations

Also in attendance were Governors, staff and members of the public.

Apologies for absence were received from Mr Rob Dearden, Director of Nursing and Ms Justine Steele, Associate Director of OD & Workforce.

164/12 DECLARATIONS OF INTEREST

There were no interests declared.

165/12 MINUTES – 2012 ANNUAL GENERAL MEETING

The minutes of the 2012 annual general meeting were approved as a correct record.

There were no matters arising.

166/12 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) Cabinet reshuffle
The appointment of Jeremy Hunt, MP, as the new Secretary of State for Health, replacing Andrew Lansley was noted. Any issues arising from the forthcoming Conservative Party conference would be reported at the October strategy session.

- (ii) Planning for a secure transition to the new health and care system
Miss Fletcher highlighted that the Regional Directors at the NHS Commissioning Board and NHS Trust Development Authority would assume management responsibility with effect from 1 October 2012 for both operational delivery in the current financial year and planning for the next. In addition, the Health Education England and Shadow Local Education and Training Boards would be given delegated authority from 31 October 2012 for the 2013/14 planning around workforce education and training. This organisation had now been established in shadow form along with reference groups. The Board noted that Mr Dearden had been appointed as the Airedale representative. Miss Fletcher also mentioned that the local area teams for North Yorkshire had been announced on 26 September, however, news was awaited regarding the West Yorkshire local area teams.
- (iii) Strategic clinical networks
The NHS Commissioning Board Authority had published the conditions of patient groups for the first strategic clinical networks, namely cancer; cardiovascular disease; maternity and children's services; and mental health dementia and neurological conditions. Miss Fletcher said she was particularly pleased to see the establishment of the latter network.
- (iv) Formal consultations
Miss Fletcher highlighted that there was currently a raft of consultations ongoing by both the DoH and Monitor. Specifically relating to the NHS Constitution refresh, Professor Gregory gave an update on the consultation exercise and stressed the importance of its focus in relation to patients, staff and the public. Mr Colclough also commented that this would reinforce the rights of patients in terms of choice. Mrs Wagner added that the NHS Constitution would form a key plank of the Trust's staff engagement programme.
- (v) Key publications/reviews
Miss Fletcher commented on the recent national media interest in the NHS Safety Thermometer and in particular the letter from Professor Sir Bruce Keogh, NHS Medical Director, in which it had been made clear that the tool was designed to measure local improvement over time and not be used to compare organisations. The Health Service Journal had however, accessed the Safety Thermometer data submissions and used them to prepare league tables in which Airedale had been ranked in a poor performing group of five hospitals. On review, it had become clear the data submitted by Airedale included an error. Subsequently, the hospital's key partners had been contacted to explain the error and provide assurance. Accordingly, the internal processes had been reviewed and internal audit commissioned to support a review of information processes. Professor Gregory commented that it was clear that huge amounts of data would be required going forward and questioned whether there could be a common data set. She also questioned the cost of supplying numerous data sets and asked whether there was a case for lobbying centrally in relation to the manpower resource requirement. Miss Fletcher responded that the executive team were currently exploring how information systems could be simplified. In drawing the discussion to a conclusion, she was pleased to report that key stakeholders had been disbelieving of the press report, given Airedale's excellent reputation for safety and quality of care. The Board whilst appreciative that administrative errors can occur, needed assurance that systems and processes were robust, but were satisfied that executive directors were monitoring progress appropriately.

Regional Developments

- (vi) Yorkshire and the Humber Academic Health Science Network update
Miss Fletcher reported that there was a watching brief on developments and that Airedale would be submitting a strong bid for its work to be incorporated given Airedale's strategy around innovation and technology to support care closer to home.
- (vii) Innovation, health and wealth
Miss Fletcher reported that as part of the approach to supporting implementation of recommendations contained within Innovation Health and Wealth, the region had agreed to allocate the remaining regional innovation funding to support the expansion of telehealth, of which Airedale had secured £41k. Miss Fletcher added that Airedale was pooling with the 3 Bradford and Airedale CCGs and Bradford Hospitals NHS FT allocations to deliver a joint project to support COPD and Heart Failure patients.

Local Health Economy Developments

- (viii) NHS North Yorkshire and York
Miss Fletcher updated the Board on the current financial position regarding NHS North Yorkshire and York. She reported that at a cluster Board meeting held on 25 September, it had been reported that whilst posting in a £19m deficit, the financial situation could be worse and, therefore, a number of turnaround initiatives had been discussed and agreed for implementation. Airedale was, therefore, in conjunction with the Airedale, Wharfedale and Craven CCG, examining the impact and focusing on the actions to take collectively. With regard to the long term position for NHS North Yorkshire and York, KPMG had been commissioned to support them in reaching a long term sustainable position.

In response to a question from Mr Adam regarding the expected financial liabilities going into 2013/14, Miss Fletcher said that the current position was that any deficit would be transferred over to the CCGs and whilst there had been a statement that no historic debt would be carried by the CCGs, the 2012/13 position would be classed as current debt. A number of other comments were made regarding the list of turnaround initiatives and the implications for Airedale particularly around restricting access to service. Miss Fletcher stressed that there would be no impact on patients attending Airedale.

Airedale Foundation Trust update

- (ix) 2012/13 Monitor Q1 review
Miss Fletcher highlighted that Monitor had completed its review of Q1 2012/13 submissions and confirmed the Foundation Trust Q1 position as 'green' governance risk rating and a financial risk rating of 3.

The report from the Chief Executive was received and noted.

167/12 STRATEGY REPORTS

The following strategy reports were presented.

(i) Quality and the New Health System

Dr Catto presented the draft report from the National Quality Board – *Quality and the New Health System – Maintaining and Improving Quality from April 2013*, and explained the executive approach to responding to the report. The purpose of presenting to the Board now was to open up the discussion to enable detailed consideration at a strategy session in conjunction with the Francis report once published.

Dr Catto specifically drew the Board's attention to the establishment of the Quality Surveillance Groups and the fact that dialogue had been opened with the Airedale Wharfedale and Craven CCG. Also highlighted under the section relating to provider leadership, was the expectation that clinical teams and leaders would be held to account for the quality of care provided. Dr Catto commented that this had direct relevance relating to the work of the new Clinical Specialty Assurance Committee (CSAC) in holding teams to account. Also referred to was the Quality Framework and how this was already being addressed within the revised workplan framework for the CSAC Committee. Dr Catto added that the new system architecture and in particular the role of governors would provide a vital level of oversight. The report had commented that the government would be funding a national governors' training project to be sponsored by the NHS Leadership Academy.

A number of comments were made about the report and how the different organisations in healthcare fitted together. It was, however, recognised that there was still lack of clarity about the definition of 'quality'.

The draft report from the National Quality Board was received and noted. The report would be considered in further detail at a Board strategy session after publication of the Francis Report.

(ii) Research and development strategy 2013 - 2016

Mrs Wagner, in presenting the Research and Development Strategy 2013-2016, commented that the strategy had been reviewed at the R&D Committee and also by QSOG. She said that given the changing landscape and the emergence of the Health Science Network, it was important that the strategy was approved with the caveat that it would be refreshed again should it be required.

Mrs Wagner stated that Airedale compared well in terms of its R&D clinical trials with other similar sized Trusts although the emphasis for the next three years was to grow its research capabilities, whilst being mindful of proportionality.

Mrs Wagner reported that the intellectual property policy was scheduled for review once national guidance had been issued.

The Research and Development Strategy 2013-2016 was approved.

168/12 PATIENT STORY

Mrs Fairley presented a patient story focusing on a patient with Alzheimer's told from the carer's perspective.

The story centred on the patient's care and treatment in A&E and highlighted the importance of carers in supporting patients' care and dignity whilst at hospital.

A number of comments were made around the triage process and the adjustments made in A&E by clinicians and nurses to meet the individual patient's needs.

Mrs Fairley confirmed the Trust-wide learning regarding the patient's care had been taken on board and said this particular patient's carer was now involved in the Trust's Dementia Care Programme.

169/12 QUALITY ACCOUNT – QUARTERLY REPORT

Dr Catto presented the Quality and Safety dashboard for Q1 2012/13. In doing so he briefed the Board on a number of measures within the report including the mortality rate SHMI, Obstetric, VTE and the CQUIN measures.

(i) *C*Diff report

Mrs Fairley presented an update report and actions to reduce the incidence of *C-Diff*. In doing so it was noted that to date Airedale had had 8 apportioned cases against a threshold of 9.

In addition to the progress report, Mrs Fairley briefed the Board on the actions being taken within the existing key work streams around additional training, testing and methods of decontamination.

In relation to benchmarking against other Trusts, Dr Catto explained that he was in contact with a number of other providers in order to obtain shared learning and best practice. Mrs Powell also reported on the discussions held with the DoH in order to understand the rationale for the performance target level applied to Airedale and the formula used. She added that further discussions had been scheduled.

In receiving the report the Board stressed the importance of awareness for patients and visitors regarding the implications of appropriate hygiene, which was duly noted for action.

R Dearden

(ii) Management and Prevention of Slips, Trips and Falls

Mrs Fairley presented the report on the management and prevention of slips, trips and falls for hospital inpatients and community services. In presenting the report, Mrs Fairley asked the Board to be mindful of the reporting regime in place at Airedale, in that there is a culture of reporting all falls regardless of how minor. This was particularly important given the inconsistency in reporting across other organisations.

Mrs Fairley briefed the board on the measures implemented together with the key initiatives in place. In response to a number of comments, Mrs Fairley explained that all patients undergo a falls risk assessment when admitted from which appropriate measures are then taken, for example the use of low height beds and positioning patients near nurses' stations. In addition, a number of environmental factors also impacted on a consequence of falls, for example hard flooring. Of note was that this issue had been considered in detail and taken in context with other factors, particularly to ensure patients were kept mobile, it was a risk that required monitoring on an individual basis.

The report on the management and prevention of slips, trips and falls was received and noted.

170/12 SAFELY REDUCING COSTS REPORT

Ms Miles presented the Safely Reducing Costs Report for the period ending 31 August 2012. The summary position by group for changes in quality and financial delivery of the cost improvement programme from the previous month was noted and the changes, particularly in relation to Women's and Children's Services and Medical explained.

The Safely Reducing Costs Report was received and noted.

171/12 FINANCE AND PERFORMANCE REPORT

Mrs Powell presented the Finance Report for the period ended 31 August 2012. In doing so she highlighted that the overall position showed a surplus of £664k, which was higher than expected for August. The overall trading position on the PCT contracts was still however, indicating a significant overtrade. Also of note, as previously noted was the FRR at 3 which was on plan for August.

Mrs Powell presented the Performance Report for August 2012, showing a Monitor governance rating of green. In addition, all standards were achieving the required thresholds, or were within required limits, although key points to note were the two MRSA bacteremias and 8 *C-Diff* cases, which had occurred to date. Mrs Powell highlighted that with regard to the *C-Diff* position, this standard had been declared at risk in the Annual Plan.

In response to a question regarding the 62 day cancer standard for patients referred from a screening service being below the 90% threshold at 85.7%, Ms Miles explained the circumstances around the breach, noting that the wait had been due to patient choice.

172/12 REVALIDATION PROGRESS REPORT

Dr Catto presented the progress report towards the implementation of the national medical revalidation process. This followed a previous presentation by the responsible officer, Dr Harold Hosker, at the June Board of Directors' meeting. Dr Catto highlighted that progress towards revalidation had been externally assessed and a green rating applied by the NHS Revalidation Support Team.

In response to a comment from Mr Drake, Dr Catto affirmed that there had been a positive response from clinicians towards revalidation and that clinicians had collaborated well. The only point of note was the demand on clinicians' time, which had been recognised. Dr Catto acknowledged that the revalidation process was feeding into the appraisals process as well as clinicians PDPs and the, to be established, clinical leadership team working arrangements. The Board in receiving the progress report said the developments were welcomed and acknowledged that the Trust was well prepared.

173/12 MATTERS RESERVED FOR BOARD APPROVAL

(i) Policies

The Company Secretary presented the Anti-Fraud Bribery and Corruption Policy and the Gifts Hospitality and Sponsorship Policy for approval. In

doing so, it was noted that in order to ensure full compliance with the requirements of the Bribery Act 2010, a number of policies had been identified as having elements within them impacted by the enactment of the Act. Due process had been followed in refreshing the policies and the input by the Mersey Internal Audit Agency and Counter Fraud Specialist acknowledged.

The Board duly considered and approved the policies noting that Airedale NHS Foundation Trust adopts a zero tolerance attitude towards bribery.

Mrs Houghton, as Chair of the Audit Committee, reported on progress of the implementation of the Bribery Act action plan, and the fact that all actions were either complete or now ongoing. She therefore asked the Board to acknowledge that the plan had now been subsumed into the Counter Fraud Specialist workplan. The Board duly noted this approach.

(ii) Internal Audit Work Programme

Mrs Powell presented the Internal Audit Plan 2012/13. Mrs Powell reported that Internal Audit would complete all of the audit plan workstreams by the year end. She added that the plan had been put together reflecting the Annual Plan and Board Assurance Framework, and asked the Board to note that flexibility had been deliberately built in to the plan to deal with ad hoc requirements.

Mrs Houghton drew attention to the Mersey Internal Audit Agency approach to the cross departmental audit which was a change to the previous process. She also responded to a comment regarding the level of fees stating that the fees were reduced from the 2011/12 level.

With regard to the governance arrangement audit, the Chairman asked for Internal Audit to reflect on the timing to take into account the publication of the Francis report.

S Powell

The Internal Audit plan 2012/13 was approved.

174/12 AIREDALE NHS FT CONSTITUTION

The Company Secretary explained the background to the review of the Airedale NHSFT Constitution at this stage. She stressed that Monitor had specifically requested Foundation Trusts not to make other constitutional changes as part of this particular update in order to simplify the approvals process. Accordingly, the constitution changes had been restricted to legal changes required as part of implementation of Part 4 of the Health and Social Care Act.

The Board, therefore, considered and duly approved the changes required to the Airedale NHS FT Constitution and recommended the changes to the Council of Governors for approval at the October Council of Governors meeting.

Co Sec

175/12 COMPANY SECRETARY'S REPORT

The Company Secretary presented the following items:

(i) Board of Directors' meetings 2013

The proposed schedule of board meeting dates for 2013 were considered and approved as follows:

23 January
27 February
27 March
24 April
22 May
26 June
24 July
August (no meeting)
25 September
23 October
27 November
December (no meeting)

All meetings would commence at 9.00am.

- (ii) Charitable Funds Report July – August 2012
The income and expenditure of the Airedale NHS FT Charitable Funds for July and August 2012, were noted. Mrs Houghton, as Chair of the Charitable Funds Sub Committee, particularly thanked members of the public for their generous donations.
- (iii) The Week
The Week issues 255 to 264 were received and noted.

176/12 ANY OTHER BUSINESS

There was no other business for consideration.

177/12 REVIEW AND CLOSE OF MEETING

The Chairman concluded the meeting, and as there was no further business the meeting in public was declared closed.

DATE AND TIME OF NEXT MEETING

The next meeting of the Board of Directors would take place at 9.00 am on Thursday 25 October 2012, in the Board Room, Airedale General Hospital.