

**MEETING OF THE BOARD OF DIRECTORS  
HELD AT 9.00AM ON WEDNESDAY 23 JANUARY 2013  
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 Andrew Copley, Director of Finance  
Mr Rob Dearden, Director of Nursing  
Mr Ronald Drake, Non Executive Director  
Miss Bridget A Fletcher, Chief Executive  
Mrs Anne Gregory, Non Executive Director  
Mrs Sally Houghton, Non Executive Director  
Mrs Ann Wagner, Director of Strategy and Business Development

**IN ATTENDANCE:**

Mrs Jane Downes, Company Secretary  
Ms Chris Miles, Director of Operations  
Mr Nick Parker, Head of HR

Governors, staff and press were present.

Also in attendance was a member of the public who had been invited by the Board to present the patient story.

**01/13 RETIREMENT OF NON EXECUTIVE DIRECTOR**

The Chairman announced that Mr Colclough would be retiring at the end of the month after seven years as a Non Executive Directors. He therefore wished to place on record Mr Colclough's valued contribution to the Trust during his tenure as a Non Executive Director, and that he had been a first class colleague to which the Board had benefitted from enormously.

**02/13 PATIENT STORY**

The Chairman introduced Mrs Walton following which Mrs Wagner set the context for the patient story.

Mrs Walton began by stating that her story was from the perspective of being a carer for her now deceased husband. She explained the complexity of her husband's condition and the fact that during the latter period of his illness he had been cared for in hospital but had then expressed a wish to be cared for at home. This had been facilitated for by the installation of Telemedicine in their home, which had been the enabler to prevent numerous attendances at A&E and hospital appointments generally.

Mrs Walton expressed the comfort and assurance provided by the use of Telemedicine that had been invaluable for her as primary carer. She added that

this had been a lifeline for her and her husband and had been crucial for his care. She concluded her story by expressing the hope that the use of Telemedicine could be rolled out for use by other carers.

A number of questions were asked by the Board regarding the simplicity of using the Telemedicine equipment, access to clinicians and nurses for consultations as well as the pastoral support, emotional and physiological assurance and alleviation of stress and trauma which had all been afforded by the use of Telemedicine.

Mrs Wagner explained how Mrs Walton's story was helping the Trust with its strategic focus on end of life care, and also made reference to its valuable contribution to the EU bid for funding which had been given as a direct result of Mrs Walton's experience.

The Chairman thanked Mrs Walton for attending and taking the time to share her experience with the Board.

At this point Mrs Walton left the meeting.

### **03/13 MINUTES**

The minutes of the meeting held on 29 November and 20 December 2012 were approved as a correct record subject to the following amendments.

231/12(x) DH Gateway letters for Board assurance fifth sentence to read... 'and the attitudes of both staff and volunteers'.

234/12(iii) C-diff report paragraph 3 first and second sentence deleted and replaced with 'The Chairman asked Mr Dearden for assurance of the integrity of the Trust's statistics had not been compromised in the Trust's determination to control the number of reported C-diff cases. Mr Dearden gave his assurance categorically.

225/12 paragraph 2 second sentence 'local government representative' replaced by 'former MP'.

### **04/13 MATTERS ARISING**

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

#### **i) Implementing the Ban on Age Discrimination (230/12i)**

The previous discussion regarding the enactment of the Equality Act 2010 and it being unlawful for service providers and commissioners to discriminate, victimise or harass a person because of age was referred to. Miss Fletcher reported that legal advice was being sought to understand the legal implications of the Act particularly for the NHS. A report would be brought to the May Board meeting.

**Co Sec**

#### **ii) One Million Dementia Friends Scheme Launch (231/12i)**

Mr Dearden clarified that the Butterfly Scheme was part of the wider dignity and respect project.

### **05/13 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**

Miss Fletcher drew the Boards attention to the plethora of documents recently published as part of The Health and Social Care Act. In referring to the attachment to the report she drew the Board attention to the new nursing strategy that had been launched and also the latest position regarding the Francis Report. Regarding the latter she was expecting responses from the regulatory bodies which would impact on the governance arrangements for the Trust. It was noted that time would be allocated for the Board to consider the impact of the Francis Report once published.

Miss Fletcher referred to the Planning Guidance 2013/14 that had been considered as part of the Board Annual Plan discussions.

Also referred to were the changes to the consultant contract that had been signalled via a scoping report by NHS Employers published last month by the Department of Health. She commented that the Trust was already progressing this and negotiating 7 day working through different ways of working for physicians.

### **Local Health Economy Developments**

Miss Fletcher reported that the North Yorkshire and York Clinical Services Review had been presented to the North Yorks and York Board meeting on 22<sup>nd</sup> January. It was known that at the meeting the Chief Executive and Chairman had expressed disappointment regarding the lack of detail within the report. Miss Fletcher reported that the Trust had not commissioned the report but had remained supportive of the review and provided input to the process. She confirmed that there had been no financial contribution to the cost of the report by Airedale.

Professor Gregory asked what the next steps were following the review, to which Miss Fletcher explained that the CCGs would take the outputs of the report into their commissioning contracts. In addition, a strategic alliance would be established between York and Harrogate. Of specific note was that the Trust was doing all it could to mitigate any risk and provide the appropriate response for the population of Craven.

**BFletcher**

It was agreed to provide a full report at the February Board meeting.

Miss Fletcher announced that the CCGs in wave 2 of the authorisation process had been authorised with effect from 23 January 2013. With reference to the AWC CCG it was understood that there had been one condition applied to the authorisation however none had been applied for other local CCGs. The Board congratulated the CCGs on their authorisation.

### **Airedale Foundation Trust Update**

#### **i) Care Quality Commission Unannounced Visit**

Miss Fletcher confirmed that following the unannounced visit by the CQC, confirmation had been received that Airedale General Hospital had met the standards for care and welfare of people who use the services. The full report would be presented to the February Board meeting.

**DrCatto**

### **Q2 Monitor Assessment**

It was noted that Monitor had completed their review of the Q2 2012/13 performance submission and results had confirmed a green governance risk rating

and a financial risk rating of 4.

Miss Fletcher drew the Boards attention to the letter from Monitor that explained Monitor's compliance regime combining the principles of self regulation and admitted information. She highlighted the requirement by Monitor that in order to be able to rely on the accurate assessment of risk by FT Boards via the self certification process, there was an expectation that the self certification process would be robust and thorough with appropriate Board review. It was noted that helpfully Monitor had attached a summary of recommendations from previous self certification reviews of Foundation Trusts. Following discussions at EDG it was thought prudent to conduct an internal assessment on the governance process generally and that the metrics received to support the declaration should be reviewed using the Audit Committee as the assurance body. Mrs Houghton as Chair of Audit Committee confirmed that Internal Audit had conducted an audit on the self certification process in 2010/11 and that it was anticipated that the process would be repeated for 2013/14. She also drew the Boards attention to the process by which the Annual Governance Statement brought together all the elements of governance for presentation along with the Annual Report and Accounts.

The Board considered the Monitor letter and agreed that Executive Directors should conduct a self assessment on the internal governance processes. It was also agreed that the Audit Committee should ensure that Internal Audit conduct an audit on the governance process.

Co Sec

The Chairman in concluding the discussion said the Monitor letter was a warning shot to Foundation Trusts, and therefore Board behaviour was as crucial in understanding and challenging not only the self certification but also the Annual Governance Statement.

Finally of note was that a new regional Director for Monitor had been appointed.

#### **ii) Operational Update: Service Pressures**

Miss Fletcher made reference to the significant pressures being experienced within the hospital demonstrated by the difficulties being faced in A&E and the impact on the demand for beds. She recognised the hard work by clinical teams and support management teams, also Dr Catto and Ms Miles during December, and their contribution in what had been an extremely busy period.

#### **iii) Service Developments: Laundry Update**

Miss Fletcher reported on progress with the human resources plan to support the laundry staff.

Professor Gregory referred back to the discussion at the December Board meeting and the aim to ensure there were no compulsory redundancies and asked for a status update. Mr Parker explained that the process of filling the remaining laundry posts was being progressed, and that the Trust remained on track to be able to offer laundry staff future employment with the Trust or voluntary redundancy. He was also continuing to work with the trade unions. He concluded by stating that a clearer position would be known by the end of the financial year and would provide a detailed report at the April Board meeting.

NParker

#### **iv) Good News Stories**

Miss Fletcher reported on the following good news stories.

- Maternity unit achieved NHS Litigation Authority level 1 accreditation;
- Airedale awarded joint runner up to Trust of the Year by Dr Foster Hospital

Guide;

- A community nurse team leader, Stephanie Lawrence had been shortlisted for nurse of the year by the Nursing Standard; and
- The DoH published reference costs had ranked Airedale's reference cost as 95 - one of the lowest reference costs in the country.

In response to a question from Professor Gregory regarding reference costs, the mechanism and impact of achieving a reference cost of 95 was explained.

#### **v) Forward Look**

Miss Fletcher reported on preparation for its level 1 / 2 assessment by the NHSLA taking place at the end of the month. In response to a question from Mr Drake, Miss Fletcher confirmed the frequency of assessments. She added that in terms of achieving level 3 a review would be undertaken regarding the timeline for achieving level 3 once the outcome of the level 1 / 2 assessment was known.

### **06/13 SAFELY REDUCING COSTS REPORT**

Ms Miles presented the report for the period ending 31 December 2012. Ms Miles reported that in terms of quality there had been no changes to the risk scores across any of the schemes. She then briefly summarised the report by referring to each of the Group's updates.

The Safely Reducing Costs Report for the period ending 31 December 2012, was received and noted.

### **07/13 FINANCE AND PERFORMANCE REPORT**

#### **i) Finance Report**

Mr Copley presented the Finance and Performance Report for the period ending 31 December 2012.

In doing so he reported that financial performance remained on plan due to strong levels of liquidity and return on finance, although the EBITDA value had continued to deteriorate due to increased operating costs from additional beds and CIP slippage from the expected plan. The risk matrix indicated that at this stage financial efficiency and liquidity were being met, however operational performance remained behind plan.

Overall the financial position showed a surplus of £793k, although this was due to the expected expenditure level and depreciation and PDC being below plan. The underlying position included a provision of £269k for CQUIN and income risks to date.

#### **ii) Performance Report**

The quarter 3 position showing an amber/red rating was noted and in particular the red rating in relation to *C-diff* and 4 hour target noted. The Board would receive detailed reports in relation to the current position on the A&E four hour performance target and *C-diff* later in the meeting.

#### **iii) C-Diff Report**

Mr Dearden presented an update on actions to reduce the incidence of *C-diff* and highlighted the actions undertaken to date.

Of specific note was that he had received a response from the DoH and been in contact with the NHS North of England infection control lead and invited them to meet the Airedale infection control team. He would also be establishing a meeting with the Health Protection Agency and NHS North of England to review each of the *C-diff* cases. He added that as a matter of course RCAs were undertaken for all *C-diff* cases and as a result some process elements had been reviewed and additional screening questions put in place. Dr Catto also commented that both he and Mr Dearden had met with the Director of Infection Control and infection control nurse to scrutinise via a med-line search all of the latest *C-diff* national evidence regarding prevention and management. He asked the Board to note that the approach adopted was cutting edge in terms of the assurance process being adopted.

In conclusion, Mr Dearden confirmed the number of cases was on a par with recent trends and gave absolute assurance that the results were accurate and the reporting processes robust. He added that the increased level of activity and changes in the age and frailty of patients had increased the risk of patient's susceptibility to *C-diff*.

The *C-diff* Report was received and noted.

**iv) A&E Four Hour Standard for Treatment**

It was agreed to defer consideration of the report and the accompanying presentation to later in the meeting.

**08/13 QUALITY ACCOUNT 2012/13**

Dr Catto presented the Quality Account for Quarter 2. In doing so he drew the Boards attention to the new format of the report and asked for comments and views on the analysis format and data quality. The Board gave positive feedback on the new format, although Professor Gregory asked for a trend line showing year on year performance. It was agreed to discuss this detailed point outside the meeting.

**Dr Catto**

Dr Catto highlighted the 'degree of harm indicator' and specifically the red rating. He commented that whilst the numbers were low ie 2, the application of the red rating was an indicator of the culture of the organisation in which the aim was to engender a zero target as standard. Ms Miles drew attention to the 'low harm' statistic and given the change in numbers asked whether the RAG rating should be amber rather than green. Dr Catto would check this statistic.

**Dr Catto**

The Chairman asked, looking to the healthcare professionals, whether the report was comprehensive, to which Mr Dearden gave assurance that this was the case.

Mrs Houghton asked in relation to the 'falls' statistic whether a different indicator could be used. Mr Dearden referred to the more frequent wardrounds that had been implemented which had resulted in a more precise assessment of the degree of falls. It was agreed to discuss the assessment criteria outside of the meeting but it was noted this should reflect national benchmarking but could also include a local indicator.

**Dr Catto**

Ms Miles referred to the number of clinical audits indicated in the report and the fact that not all audits had been completed. Dr Catto said he was aware of the position and monitoring was ongoing to ensure the audits were completed by the year end.

The 2012/13 Quality Account for Quarter 2, was received and noted.

## **09/13 STANDING ORDERS, SFIs, SCHEME OF DELEGATION**

The Company Secretary presented the revised standing orders, standing financial instructions and scheme of delegation which now reflected a number of changes including recent changes to the Trust's governance structure, streamlining of the scheme of delegation process, legal changes and a general updating of job titles and roles. She added that the document had been reviewed both internally by the Director of Finance, Deputy Director of Finance, Head of Procurement, Head of Estates and other senior managers, and externally by the Trust's Internal Auditors (MIAA). The Audit Committee at its meeting on 22 September 2012 had recommended approval of the document to the Board of Directors.

In presenting the document, the Company Secretary drew the Boards attention to two further amendments relating to paragraph 5.1 emergency powers and in the scheme of delegation to paragraph 5.4 engagement of Trusts solicitors in which Non Executive Directors were able to commission external professional advice. The Company Secretary added that with regard to the latter, this power would be made explicit within the standing orders.

**CoSec**

The Chairman also drew the Boards attention to change of procedure, whereby the tender summary report would in future be presented to the Audit Committee. This approach was agreed, however Mrs Houghton as Chair of Audit Committee signalled that a more detailed report would be required in future.

**ACopley**

The Chairman also referred to paragraph 7 regarding declarations of interest and register of interests, stating that an interest would be required to be declared if a director held a shareholding exceeding £25k in any firm or company or business which was either trading with the Trust or was likely to be considered as a potential trading partner with the Trust. This point was duly noted.

Further to this, he commented that he would have expected the declaration of interests to have included reference to director's spouses or partners to be declared and asked for this to be made explicit. Reference was made to the fact that there was no requirement of the code of accountability for the aforementioned interests to be declared, although in accordance with the Nolan Principles declarations were strongly advisable. The Board debated this issue and in conclusion agreed that the declaration of interests of spouses and partners should be made explicit in the standing orders. The Company Secretary was asked to review the paragraph referencing to the tendering process and the declarations of interest within that process.

**Co Sec**

Mr Adam commented on paragraph 21.2.1 regarding staff appointments and queried the practicality of an Executive Director or employee not being able to re-engage or re-grade employees either on a permanent or temporary nature or hire agency staff or agree to changes in any aspect of remuneration, unless authorised to do so by the Chief Executive. The Company Secretary explained that the scheme of delegation covered this matter and whilst it was the responsibility of the Chief Executive, these activities could be delegated to a number of directors or the Deployment Group as stated in the scheme of delegation. The Company Secretary was asked to reflect on this comment.

**Co Sec**

Given the number of comments and queries regarding the documents, it was agreed that the Company Secretary would prepare a summary report detailing the further changes required and present to the February Board meeting for approval.

Co Sec

## 10/13 COMPANY SECRETARY'S REPORT

The Company Secretary presented the following items.

### **i) Review of the Regulation and Governance of NHS Charities**

The Company Secretary explained that the DoH was seeking feedback from the NHS and other interested parties on final proposals to revise the governance of their current NHS charities. The aim was to remove regulation by Ministers and enable NHS charities to operate more independently while preserving their close relationship with the providers of NHS services that they support.

The Airedale NHS Charitable Funds Sub Committee had reviewed the engagement documents produced by the DoH and considered a response. The draft response was duly presented for agreement by the Board, acting in their capacity as Corporate Trustee, prior to submission by the deadline date of 31 January 2013.

The Board, in their capacity as Corporate Trustee, considered and agreed the response to the DoH.

Co Sec

### **ii) Charitable Funds Report**

During the months of November and December 2012 donations and legacies of over £36k had been received, including £4k from the Castleberg League of Friends, £6.5k donation from the Yorkshire Children's Hospital Fund and £8k from Sovereign Healthcare. Expenditure for November and December 2012 had totalled over £38k including the purchase of an ECG machine for Castleberg hospital.

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

### **iii) Annual General Meeting – 2013**

The proposal to combine the Annual General Meeting for 2013 with the July Council of Governor meeting was considered. A number of comments were made regarding the format of the Annual General Meeting and the ways in which an increased attendance could be achieved. These comments were noted for discussion with the Governors Membership Development Group.

Co Sec

After due consideration, the date of the 2013 Annual General Meeting was approved as 25 July 2013. The notice of the meeting to be issued nearer the time would confirm the time and venue for the meeting.

### **iv) The Week**

The week issues 274 – 280 were received and noted.

## 11/13 A&E: MAXIMUM WAITING TIME OF FOUR HOURS FROM ARRIVAL TO ADMISSION, TRANSFER OR DISCHARGE (4 HOUR STANDARD)

Ms Miles gave a presentation on the A&E attendances and emergency admissions analysis. The presentation focussed on showing trend information on A&E attendances, A&E breaches, A&E performance total admissions and discharges, total A&E GP and other medical admissions, total A&E GP and other surgical

admissions, total beds and total percentage of core adult base occupied at 9am.

Ms Miles then referred the Board to the briefing report showing the performance against the 4 hour standard for treatment/discharge in A&E. In doing so she specifically mentioned the following considerations declared to Monitor as reasons for the decrease in performance and failure of the 4 hour standard:

- A significant and unprecedented demand on the whole health system
- An increase in A&E attendances of 6.5% in Q3 compared to Q3 the previous year, and a 2.8% increase in the 9 months to December compared to the same period the previous year
- From the total increase in A&E attendances across the year, over 73% were in Q3 and over half were in the month of December
- A significant and sustained increase in emergency admission of 20.4% in Q3 compared to Q3 in the previous year and 14.4% year to date compared to the previous year
- Bed occupancy consistently being above 90%

The following additional factors were also referred to:

- Emergency admissions in Q3 were 20.3% higher than Q3 2011/12
- Emergency admissions from GPs were up by 44.2%
- Emergency admissions via A&E were up 9.3% in Q3 compared with Q3 2011/12

In referring to the action plan, the Intensive Support Team had been contacted and consulted on any additional elements that the Trust could put in place. She then reported on the prioritised areas of action. For A&E specifically this involved reviewing medical and nursing manpower, including skill mix, and aligning this to demand; improving nurse training and the competency base; developing new ways of working for consultants; developing professional networks with other hospitals to learn and adopt good practice; and, continuing with the proactive streaming of suitable patients to Local Care Direct out of hours.

In terms of urgent care actions currently being implemented Ms Miles reported on the enhanced acute physician model and developing short stay pathways; direct admissions for patients from A&E to surgical and orthopaedic beds; developing ambulatory care pathways to avoid admissions to hospital and attendances to A&E; increasing the size of the medical assessment and short stay functions by relocating and combining the current MAU and short stay facilities; and for 2013/14, reviewing the use and location of a clinical decisions unit subject to funding by the Commissioners. In addition to this, a system was being introduced whereby GP referrals would be required to liaise with the A&E consultant rather than the bed manager prior to formalising the referral. Ms Miles had also recently sourced an external bed modelling system to enable the determination of the number of MAU beds and short stay beds. She added that this was to be piloted shortly either from the Intensive Support Team or from an external company.

With regard to demand management, a number of meetings had taken place with the Commissioners and information presented to show which practices had contributed to the largest increases. Of note was that about five practices contribute to the majority of increase in admissions. Implementation of further telemedicine units in nursing homes and GP surgeries had also been proposed to the Commissioners.

In order to support the new ways of working and culture change required in the A&E department, the Trust was developing and implementing an OD package focussed around the central objectives of providing the right care for patients. Mr Parker explained that the programme would focus on a team based working approach across clinicians, nurses and support staff.

Ms Miles concluded her presentation by stating that the increased activity trend was continuing and thanked the clinical staff and support staff for their contributions during this busy period. Over the next month the impact of the new physician model and bed modelling programme would be known, however the plan would continue to be implemented in readiness for Q1 2013/14, with the caveat that any estates work on the CDU would not be ready until Q2 2013/14.

In response to a question from Professor Gregory Ms Miles said the Intensive Support Team had observed how A&E worked over a number of days, and made several recommendations and had been included in the action plan. Professor Gregory then asked if GPs could be advised differently about direct access using her own experience as a day patient recently at a local Trust. Miss Fletcher referred to her liaison work with the CCGs in order to influence the ways in which GPs had traditionally referred patients and also the cost implications for hospitals. The plan was to introduce consultants into the referral process with the aim of controlling the number of referrals. Finally, it was noted that Miss Fletcher and Dr Catto would be scheduling visits to individual GP practices in order to raise awareness of the whole system issue. The next steps for Miss Fletcher would be to articulate these issues detailing demand management plans. Dr Catto added that the physician model being adopted had been based on learnings from a neighbouring Trust.

A detailed discussion followed focussing on GP referrals, benchmarking, the impact of geography on referrals, activity trends and political influences. Ms Miles said in conclusion that the Intensive Support Team had confirmed that Airedale was working on the right actions and that clinical outcomes remained good. She added that there had been no 12 hour breaches, there had been no diverts and staff had rallied round and remained highly professional and putting quality at the forefront of care. She stressed however, that it remained unlikely that the quarter 4 performance target would be achieved. This was largely due to the first weekend in January where there was unprecedented demand and the Trust incurred 100 breaches.

It was agreed that the Board had confidence in the detail of the implementation plan and the necessary steps being taken however absolute assurance could not be given of the results as to a large extent this was beyond the Trust's gift. The Board therefore remained fully supportive of the CCG and GP liaison work being undertaken by the Chief Executive and Executive Directors and recognised that the achievement of the target was to some extent outside of the Trust's control.

The Board confirmed that it expected to see evidence by the end of February of the impact of the various elements of the action plan. A further report would be presented at the February Board meeting.

**CMiles**

Mrs Wagner made reference to the communications plan put in place both internally to inform staff of the changes in working practices and externally to the public to raise awareness of the impact of increased activity on waiting times.

**12/13 BOARD ACTION LIST**

The Board action list was reviewed.

The Board commented on the smoking on site issue raised at the October 2012 meeting. It was noted that challenge to members of the public smoking on site had been included in the security contract, however the issue remained. The Executive Directors were asked to form a definitive response regarding smoking on site for the February Board meeting.

**Exec  
Directors**

**13/13 ANY OTHER BUSINESS**

There was no other business for consideration.

**14/13 REVIEW AND CLOSE OF MEETING**

It was acknowledged that there had been detailed and constructive discussion regarding the four hour target. Of specific note was that the patient story had provided a valuable contribution to the meeting.

As there was no further business the Chairman declared the meeting in public closed.

**DATE AND TIME OF NEXT MEETING**

The meeting of the Board of Directors would be held at 9am on Wednesday 27<sup>th</sup> February 2013 in the Board Room, Airedale General Hospital.

Representatives of the press and other members of the public were excluded from the remainder of the meeting, in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.