

**MEETING OF THE BOARD OF DIRECTORS
HELD AT 9.10AM ON THURSDAY 29 NOVEMBER 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
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

Members of the public, press and staff side representatives were present.

An apology for absence was received from Professor Anne Gregory, Non Executive Director. The Chairman stated that on appointment Non Executive Directors were permitted to honour existing commitments for a period of up to six months. In this case Professor Gregory had sought and obtained approval to attend an external engagement

The Chief Executive announced prior to starting the meeting that the paper regarding the future provision of the laundry services may be deferred following discussions with Staff Side. A further announcement would be made during the course of the meeting once Staff Side had consulted with the laundry staff.

228/12 DECLARATIONS OF INTEREST

There were no interests declared.

229/12 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 25 October 2012 were approved as a correct record subject to the following amendments.

- i) Report from the Chief Executive (200/12v)
Reference to North Yorkshire and Yorkshire amended to North Yorkshire and York.
- ii) Report from the Chief Executive (200/12v)
Reference to York Board meeting amended to York Project Board meeting.

iii) *C-diff* Report (203/12) sentence added after the first sentence:
Mrs Houghton asked for an explanation of why bioquell had been chosen to which Mr Dearden said it had been used because of the link to a specific strain of *C-diff*.

230/12 MATTERS ARISING

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

i) Implementing the Ban on Age Discrimination (200/12ii)

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. The action for Executive Directors to reflect on the appropriate approach was acknowledged and would be reported at the January Board meeting.

**Exec
Directors**

ii) SPI Walkrounds (207/12i) CQC Inspection Report – Castleberg Hospital

Mr Dearden reported that a review of SPI programme of walkrounds at weekends and at night had concluded that due to a number of reasons the conclusion had been reached to not conduct walkrounds at weekends and at night. He confirmed that Castleberg Hospital had now been incorporated into the general SPI programme.

231/12 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) 1million Dementia Friends Scheme Launch

Miss Fletcher referred to the project to register 1million people by 2015 that can increase understanding of dementia as part of the next step in the Prime Minister's dementia challenge. The key developments and initiatives being put in place across the Trust included providing support for more dementia friendly information boards, and an extension of the existing Butterfly Scheme. Rob Dearden explained that the Butterfly Scheme had been initiated by Airedale and had now received both national and international recognition. In response to a request for further detail from Mr Drake, both Dr Catto and Mr Dearden explained the work and improvements being developed in the hospital. He added that a "Butterfly badge" had been issued for staff to wear as a sign of their support for the scheme.

ii) Key Publications

A number of key publications issued by the Department of Health during the month were referred to; namely the NHS Mandate, the NHS Outcomes Framework and the NHS Constitution Consultation. Miss Fletcher commented that this was an indication of the sea change from a Government perspective to align and influence service developments as part of next years' NHS planning round.

iii) Review of Liverpool Care Pathway

Miss Fletcher referred to the recent launch of a review of the Liverpool Care Pathway. She welcomed the review and said it would provide clarity of care to patients. Mr Colclough asked how this fitted with the Trust's mantra of 'nothing about me without me', to which Miss Fletcher said it fitted very well as the Trusts

primary duty was to do what was right for the patient, and therefore the Liverpool Care Pathway allowed the patient the right of choice. It was however appreciated that it could be a difficult time for families if they had no knowledge or had not been made aware of the patient's decision.

Local Health Economy Developments

iv) North Yorkshire and York

Miss Fletcher referred to the current position regarding the North Yorkshire and York financial situation. The Trust was continuing to work with the Airedale, Wharfedale and Craven CCG around the Craven end of the patch given the implications specifically in this area arising from the North Yorkshire and York review.

v) System Leadership and Stakeholder Engagement

Miss Fletcher highlighted the recent hosting of two events on behalf of Kris Hopkins, MP in which Dr Dan Poulter, Under Secretary of State for Health had visited Airedale to meet front line staff to talk to patients and their relatives. Dr Poulter had been particularly interested in the care provided for patients suffering from dementia and was very complimentary of both this service and also the Trusts innovative Telemedicine service.

Airedale Foundation Trust Update

vi) Care Quality Commission Unannounced Visit

Miss Fletcher reported on a CQC unannounced visit which had taken place the previous week in which the CQC inspectors had visited a number of wards in the hospital as well as A&E and the Medical Admissions Unit. The draft report had been received and the final report would be presented at the January Board meeting once opportunity had been given to comment and finalise the report with the CQC.

vii) Operational Update: Service Pressures

Miss Fletcher reported that the number of *C-difficile* cases was now at 14. Whilst concern had been expressed it was noted that the level of cases was at about the same level as the previous years' position. Further investigations were ongoing to ascertain if all the cases were attributable to the Trust or whether they had in fact been community acquired. Mr Colclough referred to the anomalies of the system in that patients had potentially been admitted whilst displaying symptoms. Mr Dearden in response explained the testing regime and the 48hour rule for conducting these tests which would then determine whether the case had been community acquired.

Miss Fletcher also in this section of the report referred to the number of patients attending A&E, and the consequential impact on bed pressures arising from high demand in A&E.

viii) New Patient Administration System

Miss Fletcher was pleased to announce the new patient administration system (SystemOne) had gone live during the month as planned. The system would be a key enabler to support the Trusts ambitions for seamless end to end care for patients. Mr Adam specifically asked what the benefits of the new system would be, to which Ms Miles said this would be an enabler to develop a system to meet organisational needs and would give the ability to share records with primary care. Dr Catto then gave an example of where the system had benefitted a patient over the weekend whereby patient information had informed their care. Mr Drake asked if the new system would also assist in the patient discharge process, to which

Ms Miles said the next stage of development would be an e-discharge system which would enable the successful transformation of the current process. Also referred to was the inclusion of community services in the whole system.

The Chairman asked if aspects of patient confidentiality and safeguarding had been addressed. Dr Catto responded in his role as SIRO and confirmed that the rules and practice of patient confidentiality had not been relaxed at all as a result of the new PAS system's introduction. He added that careful consideration had been given to subject of information sharing and best practice relating to the sharing of information had been followed. He concluded by stating that strict protocols were in place in relation to staff access to information, and explained that the patient would have in all but exceptional circumstances given consent.

The Board recognised the efforts of the project team, and Ms Miles as project sponsor, together with the Trusts partners TPP and Accenture in developing and establishing a new system within a challenging timeframe, and therefore congratulated the team on the pace of implementation and also a productive partnership.

ix) Choose Well Campaign

Miss Fletcher referred to the 'Choose Well' campaign launched in order to help people make the right choice about which health service to use over the coming months. It was noted that the campaign was national and was being targeted via GPs, pharmacists and hospitals.

x) DH Gateway Letters for Board Assurance

The Gateway Letter reference 18350: Savile allegations and Gateway Letter reference 18220: publication of 2011/12 reference costs were noted. In relation to the Gateway Letter 18350, Miss Fletcher drew the Boards attention to the reports appendices in which assurance were given of processes in place in the Trust regarding safeguarding, access to patients (including that afforded to volunteers or celebrities) and listening to and acting on patients concern. The report also identified further enhancements required in the voluntary services management sector which would be completed by the end of the financial year. Mr Dearden confirmed that the job description for the Voluntary Services Manager included the safeguarding element and there was now a process ongoing to ensure CRB checks for volunteers were at the appropriate level. He also stressed the importance of vigilance and gave assurance of the levels of safeguarding and the attitudes of both staff and Volunteers to feel empowered to challenge. Ms Miles also referred to other initiatives being developed including the establishment of annual appraisal type meetings with Volunteers. Mrs Houghton pointed out that the Board and Executive Directors also needed to be vigilant and stressed the importance of ensuring their mandatory training regarding safeguarding was kept up to date.

The Board received, noted and considered the assurance provided and actions proposed in the report.

232/12 PATIENT STORY

Mr Dearden presented a patient story focussing on the experience of a patient admitted to the stroke unit following a stroke. The story centred on the carers experiences during and after the patient's initial treatment. The concerns raised related to the areas of communication, having sufficient information and the level and frequency of support from community staff, nurses and clinicians. In relation to

the latter point, the carer had felt the amount of support whilst welcome initially after time it had become intrusive. In addition, the carer had found it difficult adapting the home to meet what had become a very different home lifestyle for them. Both these aspects of care had been discussed in terms of the amount of ongoing dialogue for professional support and also the social and physiological impact of the condition. Accordingly, the lessons learned from this story had led to debate regarding the ongoing therapy and respite care for patients; the support and preparation for discharge and also the appointments process and timing of visits to the hospital.

Mr Colclough commented that this case demonstrated the complexity of the patient pathway which involved many organisations and highlighted the need for integration. Mr Drake asked for assurance that the issues raised by this story were being addressed to which Mr Dearden confirmed that this was the case.

The Board acknowledged the patient story and the time taken by the carer to contact the hospital.

233/12 SAFELY REDUCING COSTS REPORT

Ms Miles presented the report for the period ending 31 October 2012.

Ms Miles reported that in terms of quality there had been no changes to the risk scores across any of the schemes, however there had been a reduction of £38k in the level of savings being generated in the forecast trajectory for the year.

Also reported was that the surgical group continued to undertake more elective activity than planned and this was being undertaken using current theatre and day case facilities. The building work for the surgical assessment unit was however unlikely to be started in this financial year because of the pressures on beds through the winter. The risk of delivery therefore to expected plan had consequently increased.

Ms Miles concluded her report by stating that there had been no changes in the Women's and Children's Group with regard to risks impacting on quality. She referred to the MARs scheme in place which should improve the overall savings position although the majority of the impact would fall into 2013/14.

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

234/12 FINANCE AND PERFORMANCE REPORT

Mrs Powell presented the Finance and Performance Report for the period ending 31 October 2012.

i) Finance Report

Mrs Powell reported that overall the FRR stood at 3.15 which was lower than the planned value of 3.45. The overall financial position showed a surplus of £752k which was in line with the plan for October, but was due to the expected expenditure level on depreciation and PDC being below plan. The significant change for the month was the level of income which had significantly slowed down during the previous two months and was at variance with the continuing level of expenditure on nursing and medical staffing. The need to improve the level of

spend on servicing additional beds and review medical staffing costs across the medical group was highlighted, as was the need to review the productivity in the surgical group given the level of spend on surgical services had increased in proportion to their level of overtrade. As a consequence the EBITDA margin achieved had been lower than expected. Accordingly, given the onset of the winter period the financial position remained one of caution with additional focus on managing expenditure levels.

ii) Performance Report

The key message for October was that the current Q3 rating for service performance had slipped to amber/green. Of note was that the A&E 4 hour waits standard had not been achieved for the month of October. Detailed work was taking place by the operational groups to put in place the corrective action required to achieve the threshold for the quarter. Mrs Powell reported that all other standards were achieving the required thresholds or were within required limits, however the current position in relation to the number of *C-diff* cases remained of concern. A separate report to the Board would be considered later in the meeting.

Mr Colclough questioned why income had slowed, to which Mrs Powell said whilst referrals had increased significantly it was the rate of increase that had slowed thereby impacting on income.

iii) Clostridium Difficile Report

Mr Dearden presented an update on actions to reduce the incidence *C-diff* and highlighted the actions undertaken to date. Of note was that a number of root cause analysis (RCA) meetings were pending for the recent *C-diff* cases. Key points from the root cause analysis meetings to date included, priority testing in the lab for *C-diff*, timeliness and appropriateness of specimens and also the treatment of suspected urinary tract infections in the absence of symptoms and the continuation of antibiotic treatment when actually proved negative on culture. Mr Dearden also drew the Boards attention to the work ongoing to source alternatives to bioquell for comparison of costs.

The Department of Health Director of Health Protection had been contacted regarding obtaining further support with actions in relation to *C-diff* incidence, and in addition advice had also been obtained from the SHA. Mr Dearden reported that the previous day, the Director of Infection Prevention had issued medical evidence best practice in relation to prescribing which was currently being reviewed to glean any learnings that could be adapted for use within the Trust.

The Chairman asked Mr Dearden for assurance of the integrity of the Trust's statistics had not compromised in the Trust's determination to control the number of reported *C-diff* cases. Mr Dearden gave his assurance categorically. Dr Catto added that clinicians attended all RCA meetings and were therefore able to answer clinician challenge regarding patient treatment. He added that hygiene, and in particular hand hygiene, was deemed a high priority amongst all staff.

The report was received and noted.

iv) A&E Four Hour Performance Target

Ms Miles presented the report addressing a continuing decline in performance against the four hour A&E target. In doing so she gave the context to the report in that the Trust had decided to continue with its stretched target of 98% 4 hour target despite a relaxation at national level to the Monitor compliance target of 95%.

Ms Miles outlined the causes of the fall in performance namely, an increase in emergency admissions particularly from GPs and the complexity and unpredictability of demand resulting in a shift in peak workloads. Consequently, an analysis of activity had been undertaken in which the findings had indicated more admissions at certain points in the day mainly into the early evenings, together with an increase in the number of patients admitted aged over 85 with more complex needs. An additional factor highlighted by the analysis was patient flow up to the point of discharge. Therefore, a number of measures were in the process of being implemented including reviewing staffing complement in A&E at specific times of the day in order to meet demand peaks, along with a review of internal management arrangements and the process of outflow of patients. It was however recognised that particularly with regard to demand, liaison with CCGs and GPs was a crucial element.

Ms Miles reported that an Emergency Care Intensive Support Team was supporting the action plan. She explained that this team was an external organisation experienced in helping hospitals improve. Dr Catto referred to the North of England data analysis received the previous day, which showed increases across the region for all NHS hospitals. It was apparent from the data that Airedale therefore was not an outlier and that A&E attendances had increased throughout Yorkshire and the Humber, although performance against the Trusts 4 hour target had deteriorated considerably over the last 6 months. Miss Fletcher commented that given the pressure on the whole health economy system, Monitor may have to consider reviewing the tariff. Mr Drake asked linked with this issue whether the new SystmOne PAS system would help in the discharge process, to which Miss Fletcher said that internal processes would benefit and it may help to reduce the length of stay but that it would not affect the level of A&E admissions. Dr Catto referred to the CHKS benchmarking data and the fact that Airedale was one of the high performers for length of stay. A number of other comments were made in relation to the delays in the discharge system and particularly of note was the concern raised regarding waiting time for prescriptions prior to discharge.

The Chairman asked for a projection of progress over the next six months regarding the elements of demand management; internal efficiency work and capacity. Ms Miles briefly explained that in relation to demand management, the use of Telemedicine engagement with CCG colleagues and the new physician model would help in this respect and gave assurance that the impact of actions suggested by the intensive support team had been proven in other Trusts. It was appreciated however that demand was multifactorial and to a large extent outside of the hospitals control given the extent of GP influence in A&E admissions.

With regard to internal efficiency work, the Chairman asked Ms Miles to what extent the system changes and the internal plan would materially impact on the hospital's ability to achieve the four hour target, to which she said the causes were multifactorial and therefore it was difficult to judge at this point whether the new leadership system would enable the four hour target to be met. She added that material benefits were already being seen. It was noted that additional workforce was now in place at peak times to support A&E but the hope was that in the medium term the changes in the health economy would start to impact on demand. In relation to the Chairman's query regarding capacity, Ms Miles said additional beds had opened and the Winter Ward was now established. Additional Consultants were also in place to assist with the Monday peak workload.

The Board considered the report, stated agreement with the action plan, and stated

their assurance that the Executive Directors were addressing the issues.

235/12 FUTURE PROVISION OF LAUNDRY SERVICES

It was noted that this item had been held over from earlier in the agenda. Miss Fletcher announced that the paper had been withdrawn and would be considered at a special Board meeting to be held in public on Thursday 20 December 2012.

236/12 COMPANY SECRETARY'S REPORT

The Company Secretary presented the following items.

i) Charitable Funds Report October 2012

During the month of October 2012, donations and legacies of over £12,000 including a £3,000 legacy for the allergy/respiratory research fund and a donation of £1,200 for the HODU fund had been received. Expenditure for October 2012 had totalled over £11,000 including the purchase of a number of equipment items.

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 268 to 273 were received and noted. Of note was the consultation on proposals to revise the regulation and governance of NHS Charities, which the Company Secretary confirmed was to be considered by the Charitable Fund Sub Committee.

iii) Board Action Plan

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

237/12 ANY OTHER BUSINESS

There was no other business for consideration.

238/12 REVIEW AND CLOSE OF MEETING

It was acknowledged that there had been detailed and constructive discussion. As there was no further business the Chairman declared the meeting in public closed.

239/12 DATE AND TIME OF NEXT MEETING

As referred to earlier in the meeting it was noted that there would be a special Board of Directors meeting in public to discuss the future provision of laundry services. The meeting would take place at 10am on Thursday 20 December 2012, in the Board Room, Airedale General Hospital.