

**MEETING OF THE BOARD OF DIRECTORS
HELD AT 9.00AM ON WEDNESDAY 26 MARCH 2014
IN THE SEMINAR ROOM, AIREDALE GENERAL HOSPITAL, SKIPTON ROAD,
STEETON, KEIGHLEY**

PRESENT: Mr Colin S Millar, Chairman, (in the Chair)
Mr David W Adam, 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
Professor Anne Gregory, Non Executive Director
Dr Harold Hosker, Interim Medical Director
Mrs Sally Houghton, Non Executive Director
Dr Mike Toop, Non Executive Director
Mrs Ann Wagner, Director of Strategy and Business Development

IN ATTENDANCE:

Mrs Jane Downes, Company Secretary
Ms Stacey Hunter, Director of Operations
Mr Nick Parker, Head of HR
Mrs Wendy Winterbottom, Assistant Company Secretary

Governors, members of staff and the public were also present.

56/14 DECLARATIONS OF INTEREST

There were no declarations of interest.

57/14 MINUTES

The minutes of the meeting held on 26 February 2014 were approved as a correct record subject to a minor amendment.

58/14 MATTERS ARISING

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

i) Chairman's Report (05/14)

Mr Dearden confirmed that dates for the *Enter and View* training had been put forward to NEDs however availability had proved limited. Additional dates would therefore be circulated. The Chairman asked the NEDs to be flexible where possible to ensure this training took place as soon as possible.

RDearden

ii) Changed Proposals for Specialist Services (06/14)

Mrs Wagner confirmed this would be incorporated into the actions from the Monitor Governance and Capability Review.

AWagner

iii) Quality Account Q3 Report (36/14)

Dr Hosker confirmed that following a careful and full investigation of the 'never event' this had taken place and the outcome was this had been downgraded and was therefore no longer considered a never event.

59/14 CHAIRMAN'S REPORT

The Chairman's Report was taken as read.

Highlighted in addition to the information within the report, was that the 2014 Evaluation Survey of the Council of Governors had been published by the Governors. It was suggested that the Company Secretary draw out the conclusions from the survey for the Board. The need for the Board to reflect on the key points was noted.

Co Sec

In relation to the Monitor Governance and Capability Review Pilot, the Chairman confirmed he had given his feedback to Monitor.

The Chairman's Report was received and noted.

60/14 REPORT OF THE CHIEF EXECUTIVE

The Chief Executive's Report was noted and taken as read.

Miss Fletcher referred to the following key national and local health economy developments.

i) National Developments and Publications

Care Bill Vote Regarding Hospital Closure Powers

Miss Fletcher highlighted the substantial press coverage around the final Parliamentary stages of the Care Bill and drew attention to the Commons vote which related to the powers and responsibilities of the Trust Special Administrator and the Health Secretary in the event of provider failure. She said this would have a significant impact across the NHS and the implications of this would need consideration at a future Board strategy session.

NHS Pay Announcement

The Board noted work was ongoing around the impact of the recent NHS pay announcement for Trust staff.

Kings Fund – *Making our Health and Care System Fit For an Ageing Population*

Noted was the Kings Fund comments which were included within the Chief Executives Report around health care provision for an ageing population, given the required costs savings across the NHS.

Monitor Report on Foundation Trusts Q3 Performance

Highlighted within this section was the number of Trusts in deficit which was more than expected and had almost doubled from the same period the previous year.

Night Bed Moves

Miss Fletcher confirmed that over the last year some patients had been moved during the night, although the number of patients affected had been low. Assurance was provided that whilst this was not a significant issue for the Trust, the

Executive Directors would focus on ensuring any night moves were minimised in future.

Professor Gregory expressed her opinion in relation to Airedale 'punching above its weight' and its presence within a number of national initiatives, to which a number of NEDs concurred. The Chairman made reference to the nursing establishment and report from the Director of Nursing at the October 2013 Board meeting. Mr Dearden confirmed further information regarding nursing numbers would be presented to the Board in due course.

RDearden

ii) Local Health Economy Developments Area Team Communications re Strategy

Miss Fletcher drew attention to the recent communication received from Andy Buck, Director of West Yorkshire Area Team summarising his understanding of the emerging NHS England strategy and providing more detail about the progress CCGs were making towards responding to the strategy.

With reference to the NHS financial challenge, Andy Buck had confirmed his assessment that the West Yorkshire challenge would accumulate to £1.5 billion by 2020. The Board were also informed that Andy Buck would be leaving his post in the near future.

Health and Wellbeing Board Feedback

Noted was that following discussion, the Health and Wellbeing Boards had determined one Chief Executive would be offered a place to represent all three NHS providers. Miss Fletcher said she intended to challenge this and ask why representation from all three providers was not required.

BFletcher

Integration and Change Board

Attention was drawn to the document appended to the Chief Executive's Report *Better for Bradford, Wharfedale and Craven: Right Care, Right Place, First Time*. She asked the Board to consider whether the document contained sufficient key principles for healthcare in the local area and whether the Board felt the document was aligned with the Trusts internal governance arrangements. After a detailed discussion the Board agreed that whilst the document detailed the objectives for the locality, clarity around how the plans contained within it would be driven forward was lacking.

The Board resolved to support the document but agreed the following key points required noting; there needed to be recognition of delivering care within the community and harnessing staff to enable this be carried forward; a commitment to value for money; the five year plan around governance was required and recognition be given to the cultural changes taking place within the NHS. Mrs Wagner agreed to draft a response to the Integration Change Board.

AWagner

Accident and Emergency 4 Hour Treatment Time Standard

The Trust had seen an improvement in achieving the four hour treatment time standard over the last few weeks and Miss Fletcher confirmed at the time of this meeting, the standard for Q4 was being delivered.

iii) Airedale Foundation Trust Update Staff Recognition

The Board noted that Nina Toothill, Airedale Urology Specialist had been awarded runner up in the National Nursing Awards.

The Chief Executive's Report and accompanying appendices were received and noted.

61/14 PATIENT STORY

Mr Dearden presented the Patient Story which related to difficulties that can arise for patients attending clinics that are held on multi-occupancy sites that are not owned or managed by the Trust.

The Board were informed that a patient had attended a late afternoon appointment at Coronation Hospital, Ilkley in late Autumn. When the patient arrived the reception area was closed. The patient waited for their appointment but said they felt on edge, vulnerable and insecure and therefore felt the need to highlight their concerns about feeling 'unsafe' in such an isolated area. They contacted the PALS team at Airedale and the appropriate clinical team were informed of the situation and acknowledged that this was difficult to resolve as the team did not have a receptionist to take to 'off site' clinics.

Following negotiations with the outpatients' management team, agreement had been reached to extend the hours of the receptionist so there would always be a member of staff present and visible for patients attending throughout the clinic session. Of note was that consideration needed to be given to how reception cover is dealt with at other sites.

The patient had been notified of the outcome and was pleased that they had been listened to and actions had been taken as a result of their contact with PALS.

There followed a detailed discussion about the patient experience when visiting off-site clinics and the need to ensure satellite sites were fit for purpose and safe for patients. Of note was the need for patients to be fully informed about the whole process of their care and not just the clinical aspect especially when using sites external the main hospital.

In drawing discussions to a close, the Chairman acknowledged the time taken to consider this particular topic and the good discussions that had taken place. He suggested that patient experience be addressed during a future Board strategy session and asked the Executive Directors to give consideration to how this could be taken forward.

**Executive
Directors**

62/14 ANNUAL STAFF SURVEY

Mr Parker presented the Annual Staff Survey and in doing so confirmed the results for Airedale were positive, however he acknowledged there were areas that required addressing.

The Board were asked for their comments on the Survey. Mr Adam asked in relation to appraisals whether the departments that were failing the target were the same year on year and also asked whether there was clarity within the hospital around who was responsible for carrying out appraisals.

Mr Parker responded and confirmed there were some departments where the current structure did not facilitate the appraisal process very well ie one manager being responsible for a large number of staff appraisals. He acknowledged there

was work to do around the structures within some departments and work was ongoing to address the volume of staff some line managers were responsible for. Miss Fletcher confirmed this had been discussed at EAG the previous day whereby she had also asked for a piece of work to be undertaken to look at appraisals by department on a monthly basis.

In relation to a question about the structure and quality of appraisals, Mr Parker highlighted a new appraisal process that had been implemented and confirmed this process would demonstrate to the Board that appraisals were being carried out to the required standard. In response to a comment from Professor Gregory around ward based appraisal information and the correlation between each of the wards, Mr Parker confirmed departments had been asked to address areas of concern that had been highlighted within the Staff Survey. Mr Drake asked if any work was ongoing to analyse the breakdown of work related stress, to which Mr Parker said discussions were ongoing with Staff Side to look at the causes of this with a further survey on this area to be undertaken. The Board were informed that overall the Trusts results on this area were favourable when compared with other providers.

A discussion took place around the result for staff reporting good communication from their senior managers. Of note was the fact it was key for every manager to communicate with their staff effectively.

In concluding discussions, the Chairman acknowledged the fact the Trusts performance had improved in the last 12 months and also reflected positively when compared to the other local providers. There was evidence to support that staff were committed to the patients they were caring for.

The Board agreed the areas of focus and next steps as described in Appendix 1 of the report. The Board also supported the suggestion that staff issues be discussed at a future strategy session in addition to an assurance report being submitted to the September Board meeting.

NParker

63/14 INTEGRATED GOVERNANCE DASHBOARDS

Mr Copley presented the Integrated Governance Dashboards for February 2014. He reported that the overall position remained consistent with previous months. Of note was the financial risk ratings in relation to the EBITDA and the section on workforce with regard to staff sickness absence rates. Ms Hunter asked the Board to acknowledge the hard work undertaken by clinical staff and said they were working exceptionally hard to deliver safe and effective care for patients.

The Integrated Governance Dashboards for January 2014 were received and noted.

64/14 FINANCE AND PERFORMANCE REPORT

i) Finance Report

Mr Copley presented the Finance Report for the period ending 28 February 2014. The overall position showed a surplus of £781k against a planned surplus of £403k. Of note was the financial position was in line with forecast. The EBITDA was £311k behind plan, offset by an improvement on depreciation relating to capital slippage. Also reported was the CIP gap of £1,318k which currently was covered in full by the CIP contingency, although recurrently the gap at £2.2m would now be delivered through the Right Care Programmes. Also reported was the fact the District Valuer valuation had been completed which had indicated a technical impairment.

Professor Gregory asked for reassurance that the CIP targets could be met. Reassurance was given that schemes had been identified to close the CIP gap within the Annual Plan. Further information on this would be highlighted in the Annual Plan presentation to the private session of the Board meeting.

The Finance Report was received and noted.

ii) Performance Report

Mr Copley presented the Performance Report for the period ending 28 February 2014. The Quarter 4 rating for service performance was noted as amber. The A&E position had shown an improvement and currently stood at 97.24%. The Trust had reported a second case of MRSA and assurance was given that a root cause analysis was undertaken for all cases of MRSA.

With regard to 18 weeks and the 62 day cancer standard these were on target although the increased activity with regard to 18 weeks was noted. The national breast cancer screening campaign had meant the Trust had seen an increase in referrals of 70% in the last two weeks.

The areas of concern were noted as the following; the current situation with regard to the stroke service, the deterioration of the Friends and Family Test response rate, dementia screening and the safety thermometer regarding pressure ulcers in the community. In response to a query around the reason for the decline in the Friends and Family Test response rate, the Board were informed that A&E was proving a challenge nationally in reaching the required response rate. Mr Dearden assured the Board work was ongoing to address this at Airedale.

Professor Gregory asked in relation to ambulance waiting times. Ms Hunter explained the process of handover and the work ongoing regionally to improve performance. The position for Airedale was noted to have improved.

The Performance Report was received and noted.

65/14 COMPANY SECRETARY'S REPORT

The Company Secretary's Report was taken as read.

i) Appointment of Senior Information Responsible Officer

The Board ratified the appointment of Mr Andrew Copley, Director of Finance as the Trust's SIRO.

ii) Register of Sealings

The Board noted the Register of Sealings Report.

iii) Airedale NHS FT Charitable Funds Report

During February 2014 the Charity had received donations and legacies of over £90,000 and expenditure was c.£40,000 including a number of items to benefit patients in the neonatal unit, physiotherapy and recovering from stroke. Mrs Houghton as Chair of the Charitable Funds Sub Committee thanked members of the public for their generous donations.

iv) Board Action Log

The Board action log was reviewed. With regard to the item related to the Clinical Governance Review, the Board noted the progress made. The Terms of Reference for the Clinical Specialty Assurance Committee would be reviewed alongside this

piece of work.

It was agreed those items deemed completed were agreed for deletion from the schedule.

The Company Secretary's Report was received and noted.

66/14 ANY OTHER BUSINESS

There was no other business for consideration.

67/14 REVIEW AND CLOSE OF MEETING

The next meeting of the Board of Directors would be held at 9am on Wednesday 30 April 2014, in the Seminar Room, Airedale General Hospital.

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

Members of the public were excluded from the remainder of the meeting, having regard to the confidential nature of business to be transacted and in accordance with the Airedale NHS Foundation Trust's Constitution.