

**MEETING OF THE BOARD OF DIRECTORS  
HELD AT 9.00AM ON WEDNESDAY 30 JULY 2014  
IN THE SEMINAR ROOM, AIREDALE GENERAL HOSPITAL, SKIPTON ROAD,  
STEETON, KEIGHLEY**

**PRESENT:** Professor Michael I Luger, 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  
Mr Karl Mainprize, Medical 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

Members of staff, Governors and the public were in attendance

An apology for absence was received from Mrs Sally Houghton, Non Executive Director.

**169/14 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**170/14 MINUTES**

The minutes of the meeting held on 26 June 2014 were approved as a correct record.

**171/14 MATTERS ARISING**

There were no matters arising not covered elsewhere on the agenda.

The Chairman made a suggestion that he and the Non Executive Directors meet prior to the start of future Board meetings in order to enable the Non Executive Directors to express their observations on the Board papers submitted for consideration. This was agreed.

**172/14 CHAIRMAN'S BRIEFING**

The Chairman's Briefing was taken as read.

Following a recent exchange of correspondence with a Governor regarding Executive pay awards, the Chairman said he had an 'open door' approach to all members of the Board and also the Governors. He said he would share matters with the Lead Governor and the Board to reflect his intention for transparency although he assured the Board he would preserve confidentiality.

The Chairman's Briefing was received and noted.

## **173/14 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 and drew attention to following items in Appendix 1.

### **i) National Developments and Publications**

#### **Dalton Review of Provider Models**

In drawing attention to this section of the report, Miss Fletcher informed the Board that Sir David Dalton had been tasked with reviewing the future provider landscape. The Trust would be watching this closely and would respond to this piece of work after the next Board strategy day. She invited views particularly from the Non Executive Directors on their thoughts around this and asked them to feed their comments directly to her. Miss Fletcher agreed to circulate background information along with the press release by Francis Maude in relation to mutuals. Noted was the fact the Executive Directors were yet to review and respond to this.

**NEDs  
BFletcher**

### **NHS England**

#### **CCGs Step Up for Enhanced Powers**

Miss Fletcher highlighted to the Board that CCGs had formally submitted expressions of interest to co-commission primary care services and that Airedale Wharfedale and Craven CCG were included in this.

### **ii) Local Health Economy Developments**

#### **Better Care Fund**

Miss Fletcher informed the Board of the fact there had been several policy changes in relation to Better Care Funding which had impacted on the plans being finalised. Noted was the fact fourteen of the Better Care Plans had been signed off however the remaining Plans including Bradford, Airedale and Craven needed further development. Miss Fletcher reminded the Board this was not new funding and it was important it was used appropriately. The Board noted that Miss Fletcher along with the Executive Directors continued to push for this.

With regard to the suggested suspension of the 18 week target Miss Fletcher said she did not envisage any difficulties locally. Discussions were still ongoing around the urgent care money and the clear message this needed to be used to deliver the best care for patients. The Board were assured negotiations were still ongoing around the best use for this additional funding.

### **5 Year Plan 2014/15 to 2018/19**

Following submission to Monitor at the end of June of the 5 Year Plan, Miss Fletcher informed the Board Monitors assessment of the 2 Year Operational Plan had been positive however she had asked for an informal discussion in relation to the caveats regarding system redesign within the 5 Year Plan. She confirmed a telephone call had been arranged for 21 August to discuss this and other matters.

### **Leadership Change at Bradford Council**

Attention was drawn to the fact Tony Reeves, Chief Executive at Bradford Council would be leaving at the end of the year. Miss Fletcher congratulated him on his new position at Deloittes.

### **Extending the Use of Combined Health and Social Care Personal Budgets**

The Board were informed the Health and Social Care Commission were working on this and the Trust was looking at a strategic response. Noted was the fact Telemedicine could enable patients to access services quickly.

### **iii) Airedale Foundation Trust Update**

#### **Workforce Update**

Miss Fletcher commented on the Staff Reward and Recognition Scheme and said this was a new initiative as part of the People Plan to support the Trusts Right Care Vision with the intention being to recognise individual members of staff and teams who had delivered sustained performance.

In relation to the Mutually Agreed Resignation Scheme, Mr Drake asked whether this was consistent with the previous scheme. This was confirmed along with the fact this had been considered by Staff Side and was aligned to the Right Care Programme. The Board noted this was about restructuring the workforce.

#### **Tour De France**

The Board noted this had been a good opportunity to demonstrate contingency plans and partnership across both the Trust and the locality. Noted was the fact the Emergency Department had been busy later in the day but the team had handled this accordingly. The estimated cost to the Trust for the contingency plans was approximately £40k and, although there was no additional funding earmarked for the Trust, talks were ongoing with NHS England in respect of these costs.

Mr Adam asked in relation to the current activity levels in A&E and whether this was linked in any way to the temporary accommodation. Ms Hunter confirmed this was not the case and was purely down to the current levels of demand. Mr Copley said on-call activity for July was at levels usually experienced during winter and that given this fact staff had worked exceptionally hard in A&E to deliver the required 95% target.

Professor Gregory asked whether the recent ward closure had affected activity and patient flow. Ms Hunter responded and said although there had been pressure on patient flow early decision making and improved discharged arrangements were being put in place to mitigate this pressure.

The Report of the Chief Executive's Report was received and noted.

## **174/14 RIGHT CARE PROGRAMME REPORT**

Miss Fletcher presented the Right Care Programme Report and in doing so informed the Board that at the end of Quarter 1 good progress had been made in all areas, however further work was required around patient flow. Although there was some variance in the CIP Programme, the Board were assured there were contingencies in place. Mr Copley highlighted to the Board the need to take into account the current emergency activity and other outside factors that were impacting on the CIP delivery.

The Right Care Programme Report was received and noted.

## **175/14 ESTATE TRANSFORMATION UPDATE**

David Moss, Assistant Director Estates and Facilities attended for this item and gave a detailed presentation on the current Estates Strategy. He outlined the timeline and progress made to date along with the Estates Strategy recommendations for the future.

Improvements made to date included the extensive ward upgrade programme which was still ongoing and was creating a much improved environment for patients and their families particularly in relation to Dementia patients.

Other areas of work currently ongoing to improve the estate were noted as the new Emergency Department, pathology and pharmacy upgrades, resurfacing of the footpaths leading to the entrances, plans for improved parking and the laundry redevelopment. Also noted was the replacement lighting programme and installation of new boilers to help reduce the Trusts carbon footprint.

With regard to surplus land towards the rear of the Trust, site discussions were taking place around how to utilise this to the best advantage. This included the possibility of selling the land however there were covenants that would require taking into consideration. The Board noted that both Sue Ryder and Yorkshire Ambulance Service had expressed an interest in this land. Also noted were the plans for a second emergency entrance.

Other plans for future development were highlighted which included a refurbishment of the main reception area, improved signage and way finding for the public, disabled parking and improved public transport links.

The Board commented on various aspects of the Estates Strategy in particular relating to car parking and the need to improve this for patients, visitors and staff. The plans to convert the current usage of the car park adjacent to the main entrance into disabled parking was well received. The Board congratulated the Estates team on the work done to date and noted the improvements this had made to both patients and staff.

In drawing the presentation to a close, Mrs Wagner highlighted the fact these substantial improvements had been made to the hospital site in a relatively short space of time. The Board acknowledged this and David Moss was thanked for his achievements and leadership of the teams in delivering these changes. A number of comments were made regarding the consideration of multi-storey car parking across the site. It was noted this had been given due consideration however given the surrounding residential accommodation this had been deemed inappropriate.

In receiving the report, the Board gave its support for the Estates Strategy.

At this point David Moss left the meeting.

## **176/14 PATIENT STORY**

In presenting the patient story Mr Dearden made reference to the online comment from the partner of a patient who had recently passed away that had been included within the Chief Executive's Report. This comment was posted online in response to an article published by the Guardian regarding poor end of life care.

The Board noted the content of the patient story and the fact this exemplified the positive impact of putting the patient and their families at the centre of everything we do and the importance of involving them in end of life care.

The Board agreed this was a poignant and very moving story that many people could relate to.

The Chairman commented that the impact of future patient stories at Board meetings could be enhanced by patients or their families either attending the Board meeting to relay their story or by showing a short video of them talking about their experiences. Mr Dearden acknowledged this point and said he would want to explore this however it would be dependent upon patients agreement.

**RDearden**

## **177/14 INFECTION CONTROL ANNUAL REPORT 2013/14**

Dr Paul Godwin, Director of Infection Prevention and Control attended and presented the Infection Control Annual Report 2013/14.

Dr Godwin said the message this year in relation to infection prevention was very positive. The main headline had been the fact the Trust was below the required threshold for C-Diff cases, which was a significant achievement and a testament to the ongoing hard work in relation to infection prevention by staff throughout the Trust.

Dr Godwin reported on each of the areas within the Annual Report and drew the Boards attention to a number of key points. He confirmed the hospital acquired infection rate for MRSA was declining and there had also been a decline in the number of admitted patients carrying MRSA. Cases of norovirus had been lower than previous years and the Trust had met its flu vaccination target. Hand hygiene levels had been excellent across the Trust and the high standards were being maintained.

Dr Toop commented the Report was positive and the Trust was performing well in the area of infection prevention. He asked for assurance that infection was also being featured in the Estates Programme to which Dr Godwin confirmed that infection prevention was taken account of in the design process of new clinical areas eg A&E department.

The sections in the report highlighting resistant organisms, hospital acquired urine infection and viral gastroenteritis were noted.

In conclusion, the Board were assured there was a good standard of infection prevention in place and thanked Dr Godwin for his comprehensive report.

At this point Dr Godwin left the meeting.

## **178/14 NURSING MIDWIFERY STAFFING REPORT**

Mr Dearden presented the Nursing Midwifery Staffing Report for June 2014.

In presenting the report Mr Dearden confirmed the fill rates were not rag rated but the expectation was this would change in the future. Attention was drawn to the Ward 9 fill rates which had been measured using the Safer Nursing Care Tool and had demonstrated a slight shortfall, however the rates had improved during June/July. The Board were assured that actions were being put in place to improve the situation with a paper being submitted to the Executive Directors Group and Clinical Executive Group outlining further staffing proposals.

In concluding discussions, Mr Dearden assured the Board he would expect to see improvements in the situation on Ward 9 and confirmed that ward staffing improvements were being addressed on a daily basis.

The Nursing Midwifery Staff Report for June 2014 along with the actions in place to improve staffing arrangements was received and noted.

## **179/14 FINANCE AND PERFORMANCE REPORT**

### **i) Finance Report**

Mr Copley presented the Finance Report for the period ending 30 June 2014. The overall position at the end of June showed a deficit of £70k which was £39k behind plan. He added that the increasing number of emergency admissions was of concern, but confirmed talks were ongoing with the CCGs around funding requirements for emergency costs. He paid tribute to the staff who were managing this ongoing demand.

Mr Copley reported the overall CIP performance showed a deterioration of £112k which was driven primarily by improving theatres and acute surgery and improving patient flow. Also noted was the continued agency costs as well as the increasing non elective demands. Noted was the fact that the System Resilience Groups had required organisations to demonstrate the need for additional emergency funding which the Trust had done in May. This had subsequently been accepted by the System Resilience Group.

The Finance Report was received and noted.

### **ii) Performance Report**

Mr Copley presented the Performance Report for June 2014. He confirmed the Quarter 1 rating for service performance was green. With regard to the A&E 4 hour wait, Quarter 1 was being delivered however this continued to be a declared risk going forward in 2014/15. The number of C-diff infections year to date was 3 cases which was below the national target of 9 and de minimus of 12.

With regard to A&E ambulance handover there continued to be a small number of breaches. The situation in relation to stroke/TIA was noted and in particular the fact there could be a financial penalty applied as the standard had not been met for three consecutive months although work was ongoing with commissioners and the Stroke Network to ensure service plans had stakeholder support.

The improved CQIUN position was noted particularly in relation to Friends and Family Test. The position in relation to the Safety Thermometer and cancer targets was highlighted.

The Performance Report was received and noted.

#### **180/14 INTEGRATED GOVERNANCE DASHBOARD REPORTS**

Mr Copley presented the Integrated Governance Dashboards for June 2014. He drew attention to the summary of overall performance and said the main points of reference were around agency costs and theatre time utilisation. In relation to the staff and workforce dashboard, the increase in the number of staff having undergone an appraisal was noted although this was slightly behind the 85% threshold. Also highlighted was the slight increase in staff sickness. The Board were made aware of the position in relation to the elective orthopaedic ward and the fact further dialogue was ongoing with the Orthopaedic surgeons to ensure flexible use of the ward while maintaining infection prevention standards.

The Board received and noted the Integrated Governance Dashboard Reports.

#### **181/14 OPERATIONAL AND CAPACITY PLANNING STRATEGY FOR WINTER 2014/15 (DRAFT)**

Ms Hunter presented the draft Operational and Capacity Planning Strategy for Winter 2014/15, and in doing so said she had tried to cover the key themes in the cover sheet. The reason for presenting the draft Strategy to the July Board was to provide assurance to the Board around the plans for the winter period. Noted was that conversations regarding resilience funding would continue later today and the Trust did have an insight into the plans of local authorities in supporting the Trust during the winter. The Board were informed the volatility of activity was difficult to anticipate particularly given the current activity had not returned to the expected baseline levels for July.

Ms Hunter informed the Board that in compiling the Strategy she had reviewed the areas that had worked well the previous winter and how this could impact on the way the Trust could manage resilience this year. The Board were assured that the Resource Escalation Action Plan (REAP) was being used on a daily basis to assess the Trusts position. The final Winter Plan would be presented the Board in September/October dependent upon when the System Resilience Group had signed off their Winter Plan.

The draft Operational and Capacity Planning Strategy for Winter 2014/15 was received and noted.

#### **182/14 CQC HOSPITALS INSPECTION REPORT FOLLOW UP ACTION PLAN**

Mr Mainprize said he would take the paper as read. He confirmed the only outstanding element of the Action Plan was around the redesign of critical care and the Board were informed of the work undertaken to date which included a Task and Finish Group having been established and a new Clinical Director for Anaesthetics in post. Of specific note was the fact the Task and Finish Group would be meeting the following day where assurance would be sought that all parties were signed up to the proposed way forward for critical care, along with the intended ratification of the Operational Policy for the Critical Care Unit. He informed the Board he did not envisage any significant opposition to this. Mr Mainprize also assured the Board he

would be asking the Critical Care Lead to provide an audit of compliance within three months. Miss Fletcher stressed the importance of ensuring this work was completed.

The CQC Follow Up Action Plan was received and noted.

## **183/14 REVIEW OF HOSPITAL COMPLAINTS**

Mr Dearden presented the Review of Hospital Complaints and explained the Trusts complaints process was under review post Francis and following the review undertaken by Tricia Hart and Ann Clwyd.

He confirmed the Trusts Complaint Policy had been subject to wide ranging and lengthy consultation and the options appraisal paper had been reviewed by both the Executive Directors and Clinical Executive Group whereby it was confirmed learnings from complaints was an ongoing process being addressed within the Groups. The Board were informed of the ongoing discussions around the options appraisal paper and he assured the Board the Trusts existing processes were working well but the need to modernise the service post Francis was acknowledged. Noted was the positive impact of including Healthwatch input into the process. In conclusion Mr Dearden said he was hopeful a revised Complaints Policy would be ready by the end of October 2014.

The Board received and noted the key points set out within the Report.

## **184/14 ANNUAL REPORTS**

### **i) Research and Development Annual Report 2013/14**

Mrs Wagner said she would take the Research and Development Annual Report as read. She highlighted the key points contained within the Report and said it was a statutory duty to promote Research and Development. She confirmed the Trust received £0.5m of funding for research per year which was good for a small district general hospital.

She drew attention to pages 5 and 6 within the Report which outlined various research studies along with the outcomes of studies undertaken on page 8. The Board were assured that when benchmarked with other hospitals Airedale demonstrated good practice and it was noted other research teams learnt from the Trust.

In outlining the key points for information the Board were informed that the Trust had met its strategic objectives for 2013/14 and was in the process of developing a research partnership with Bradford District Care Trust to enable a joint bidding process for research going forward. The Board were informed the Research Team were currently working on their 5 Year Strategy and this Report had been submitted to both QSOG and the Research and Innovation Strategy Group.

In response to a query around including Telemedicine in research, Mrs Wagner confirmed she had expanded the role of the Research Manager to include innovation so the Board could expect to see a more integrated approach to this going forward. Also noted was the fact the Trust had been invited to be a partner in the Bradford Digital Care Zone whereby Bradford had received a grant for £3.8m for this initiative. The Board acknowledged this would be a good opportunity to

develop links with Bradford University and to consider how this could be supported by the Academic Health Science Network.

In drawing discussions to a close a suggestion was made around the need for the Trust to consider how it publishes the positive work that is ongoing in the Trust, not just in relation to research but wider initiatives such as the ongoing work around the estate transformation and the positive impact this will have for patients. The Chairman suggested a benchmarking exercise also be undertaken in relation to the £0.5m of research funding so that the context around this could be taken into consideration.

The Board received and noted the Research and Development Annual Report for 2013/14.

## **185/14 AIREDALE NHS CHARTIABLE FUNDS – FUNDING APPLICATIONS**

Mr Dearden presented the funding requests that had been submitted to the Board for approval in their capacity as Corporate Trustee.

### **i) Patient Experience**

In presenting this funding application Mr Dearden said this correlated to the earlier presentation on the Estates Strategy by David Moss. He informed the Board this was a three way application split between the Trusts Charitable Funds Sub Committee, Friends of Airedale and Airedale New Venture and would support the improvement of the patient experience. He confirmed this funding request had been supported by the Charitable Funds Sub Committee at its meeting on 21 July 2014. After due consideration the Board confirmed their support for the patient experience funding request and approved the funding application.

### **ii) Patient Environment – A&E Department**

Mr Dearden presented the funding application for the Emergency Department and the *sky ceiling* technology. He informed the Board there was a good evidence base that this would have a calming effect for patients particularly those suffering from Dementia and children. The Board considered and approved the funding application.

Mr Adam made a comment that he was uncertain about the governance process for charitable funding as opposed to mainstream exchequer funding by the Trust. Ms Hunter responded and confirmed both she and Mr Copley were members of the Charitable Funds Sub Committee therefore she gave assurance that all funding applications put forward to the Charitable Funds Sub Committee were scrutinised and that a clear and robust process, taking into account enhancements to patients, was in place when considering all charitable funding applications. The Company Secretary confirmed that the charity's objects stated that charitable expenditure should be for the purpose of the NHS, and therefore the criteria for expending monies was wide.

Mrs Wagner informed the Board that work was taking place to look at the whole fundraising strategy and that she was hoping to bring a paper to the September Board meeting which would also outline plans to better alignment between all three Trust Charities.

## **186/14 COMPANY SECRETARY'S REPORT**

In presenting the Company Secretary's Report, the following points were highlighted.

### **i) Monitor Code of Governance**

The summary of changes to the Monitor Code of Governance were received and noted.

### **ii) Policy Register**

The Policy Register was received and noted.

### **iii) Airedale NHS FT Charitable Funds Report**

During June 2014, the charity received donations and legacies of c.£7k and spent over £18k. The charity also approved funding of c£50k for various patient access and patient/public wayfarer improvement projects as discussed in the previous item. On behalf of the charity, the Board thanked members of the public for their generous donations.

### **iv) Board Action Plan**

The Board action log was reviewed. It was agreed those items deemed completed were agreed for deletion from the schedule. With regard to item 144/14(iii) NEDs stakeholder engagement programme, confirmation was given that a template had been devised to map across key contacts in order to foster relationships.

The Company Secretary's Report was received and noted.

## **187/14 ANY OTHER BUSINESS**

Mrs Wagner informed the Board that Mr Alan Davies, Public Governor Craven had received an award from Yorkshire Ambulance Service for Volunteer of the year. The Board congratulated Mr Davies on this achievement.

## **188/14 REVIEW AND CLOSE OF MEETING**

The next meeting of the Board of Directors would be held at 9am on Wednesday 24 September 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.

## 2014 ANNUAL MEMBERS MEETING

HELD AT 14:00 ON THURSDAY 31 JULY 2014 IN THE LECTURE THEATRE, AIREDALE  
GENERAL HOSPITAL, SKIPTON ROAD, STEETON, KEIGHLEY

<b>PRESENT:</b>	Professor Michael Luger (Chairman)
<b>GOVERNORS</b>	Mr Peter Allen, Skipton Mr Peter Beaumont, Wharfedale Mr John Bootland, Keighley Central Mr Steve Coakley, Pendle East and Colne Mr Alan Davies, Craven Cllr Ken Hartley, Pendle Borough Council Mrs Jean Hepworth, Keighley East Cllr Robert Hesletine, North Yorkshire County Council Mr Peter Jackson, Rest of England Mrs Christine Johnson, Skipton Mrs Val Kimberley, West Craven Mrs Anne Medley, Lead Governor Dr Alan Pick, South Craven Mr John Roberts, Worth Valley Mrs Pauline Sharp, Bradford Metropolitan District Council Mrs Pat Taylor, Settle and Mid Craven Mr Bryan Thompson, Ilkley Mrs Pat Thorpe, Bingley Cllr Marcia Turner, Craven District Council Mrs Cath Wilson, South Craven Mr Mike Yates, Registered Volunteers
<b>EXECUTIVE DIRECTORS</b>	Miss Bridget Fletcher, Chief Executive Mr Andrew Copley, Director of Finance Mr Rob Dearden, Director of Nursing Ms Stacey Hunter, Director of Operations Mr Karl Mainprize, Medical Director Mr Nick Parker, Head of HR Mrs Ann Wagner, Director of Strategy & Business Development
<b>NON EXECUTIVE DIRECTORS</b>	Mr David Adam, Non Executive Director Mr Ronald Drake, Non Executive Director Professor Anne Gregory, Non Executive Director Mrs Sally Houghton, Non Executive Director Dr Mike Toop, Non Executive Director
<b>IN ATTENDANCE:</b>	Mrs Jane Downes, Company Secretary Mr Ian Roberts, Auditor, PwC Members of the public and staff
<b>APOLOGIES</b>	Mr David Child, Bingley Mr Adrian Mornin, Keighley Central

## **1. WELCOME AND INTRODUCTIONS**

Professor Michael Luger, Chairman opened the meeting by welcoming everyone and stating that this was his first annual members meeting after taking the role of Chairman following the retirement of Mr Colin Millar earlier in the year.

The Chairman referred to the changing healthcare system and in particular, following the findings of the inquiry into care provided by Mid Staffordshire NHS Foundation Trust, the impact this had had on the whole approach to healthcare provision. With specific regard to Airedale he reported that following the CQC Inspection in September 2013, the Trust had been commended as being 'low risk'. He was also pleased to report that Airedale had been awarded the CHKS "Top 40 Hospitals in England and Wales". In addition, a number of significant improvements to the hospital estate had been delivered over the year, both in a sustainable way and demonstrating value for money. In concluding his overview, he acknowledged the hard work from staff and support from partners throughout the year.

## **2. COUNCIL OF GOVERNORS REPORT**

Mrs Anne Medley, Lead Governor presented the Membership Report and results of the election and appointments to the Council of Governors. In doing so she gave an overview of the work of the Council of Governors during the year and also the outcome of the 2014 elections in which 8 new Governors had been elected.

Of specific note during 2013/14 were the following highlights

- Most successful hospital Open Day with over 700 people attending
- Member Events rated excellent by over 90% of attendees
- Member and Governor involvement in deciding future services via the Annual Planning process

Mrs Medley reported that membership of the Foundation Trust now stood at more than 10,600 public members and confirmed that membership was representative of the local community. She illustrated this by giving a breakdown on membership by ethnicity, age and gender.

Mrs Medley then explained the methods by which Governors had been involved in a wide variety of member activities both inside and outside the hospital, for example; attending local neighbourhood forum meetings; becoming members of the local GP practices via Patient Participation Groups; taking part in community workshops; and, recruiting new members. Governors had also communicated formally with members via the member newsletter. In addition to this, Mrs Medley reported on the national training events attended by Governors and their continuing involvement in the hospital working groups and committees, which also included assessing the Council of Governors effectiveness. In terms of Governors fulfilling their formal governance role, Governors had during the past year; approved the appointment of the successor Chairman; approved the remuneration fees paid to Non Executive Directors; and, also played an active part in formulating the 2 Year Operational Plan and 5 Year Strategic Plan.

Mrs Medley then explained the context to the resolution to be put to the Annual Members Meeting regarding the amendment of the Constitution. She recalled the proposal put to the

previous Council of Governors meeting in which the intention to merge the Lower Wharfe Valley and Wharfedale Constituency was approved given that this seat had now remained vacant since 2011. As part of a major revision of the Foundation Trust Constitution in 2013, a consultation with members in the Lower Wharfe Valley constituency took place in which members were asked for their views regarding the proposed merger. The response received was overwhelmingly in favour of the merger. The merger of the two Governor seats would be a change to the public constituency areas stated in the Foundation Trust Constitution and would also impact on the role of Governor. As such the amendment would require approval at the Annual Members meeting rather than the Council of Governors meeting. Mrs Medley added that the Chairman would put the resolution to the members at the end of the meeting.

Mrs Medley concluded her presentation by giving a forward look of Governor activities for the forthcoming year, which included of note the selection and appointment of a Non Executive Director, as well as continuing to develop the membership strategy to ensure a representative and engaged membership.

She finally thanked members and her fellow Governors for their support throughout the year and also for their attendance.

### **3. REVIEW OF 2013/14 AND FORWARD LOOK**

Miss Bridget, Chief Executive presented a review of 2013/14 and a forward look to 2014/15 and beyond.

Miss Fletcher emphasised the Foundation Trusts continuing focus on patient experience and the phrase '*Right Care*' in terms of doing the right thing for patients. In doing so, she made reference to the Francis Report and in particular the Boards' reflection on its own behaviour and approach, following which agreed the following statement as a touchstone "*We overtly demonstrate by our actions and behaviours that we understand the impact of our decisions on patients*". Miss Fletcher reported that in 2013, the Airedale Patient and Public Experience Strategy had been launched in which the Strategy's underpinning key principles, which had been developed with staff in response to patient feedback were: nothing about me without me; making every contact count; through their eyes; at the heart of everything we do.

Referring to the key priorities for 2013/14, Miss Fletcher reported on progress against the following.

- Improving the patient experience and engaging staff;
- Prioritising care of the vulnerable elderly patients with dementia and those with nutritional needs;
- Strengthening quality and safety and enhancing clinical outcomes; and
- Delivering our financial plan, governance and access standards.

Miss Fletcher reported on the many accolades and awards Airedale had received during the year including:

- Dr Foster Hospital Guide – Airedale recognised for low mortality rates and quality of care at weekends;
- JAG Accreditation – new Endoscopy Unit had received excellent feedback; and

- CHKS Award - top 40 hospitals in England and Wales and top 5 for quality.

Miss Fletcher also reported how patient experience had been improved by investing in a number of new consultant appointments, increasing nurse staffing levels and developing a range of assessment facilities for immediate clinical opinion ie new Surgical Assessment Unit and Ambulatory Care Unit. The service portfolio had also been expanded by launching a new Gold Line Service for seriously and terminally ill patients, continuation of our community based Lymphedema Service, expanding the pathology service to include a number of GP practices and securing investment for our Telemedicine service through establishing a joint venture company. Other service developments included the Euro-Gynaecology department, stress echo cardiograms and Parkinson's Disease Specialist Nursing Service. Of particular note was the celebration of the first anniversary of 'My Airedale Midwife', which Miss Fletcher explained was a personalised midwifery led care service and highly valued by mums and their partners.

Miss Fletcher gave a brief report on the improvements to the hospital estate through capital expenditure investment, that had taken place during the year or was now underway including a refurbished maternity unit, upgraded elderly wards to create dementia friendly environments, increased car parking, improved walkways, one-patient, one-record system and the opening of the new state of the art Endoscopy Unit.

Miss Fletcher gave an overview of the 2013/14 regulatory achievement, which Monitor had rated as 'green' for governance and a financial risk rating of 3 at the year end. Reference was also made to the Care Quality Commission inspection of which Airedale had been the second hospital to be inspected in the new style regime. The CQC had concluded the hospital to be 'low risk' with nothing flagged as a major issue or risk. Airedale's safety record as benchmarked against other Trusts by the CQC was presented, showing Airedale as having no risks.

Miss Fletcher concluded her presentation by explaining Airedales future vision for patient care, in which care would be provided in people's homes through data driven integrated services.

Miss Fletcher's final comments were to thank patients for choosing Airedale, staff for their dedication, commitment and professionalism, volunteers who provide support, members and Governors for their continued support and encouragement; and partners who work with the Trust to deliver for the local community.

#### **4. REPORT OF THE AUDITOR**

Mr Ian Roberts, Auditor, PricewaterhouseCoopers presented the Report of the Auditor and the findings of their 2013/14 external audit work. Mr Roberts reported the 2013/14 Financial Statement Audit findings which had concluded with an 'unqualified' audit opinion on the financial Annual Report and Accounts. He explained that all deadlines had been met and in terms of the arrangements for economy, efficiency and effectiveness and the Annual Governance Statement, no issues had arisen or been raised. Mr Roberts also confirmed there had been no material unadjusted errors in the final accounts; good performance against national clinical targets; and an overall break even position at year end.

Mr Roberts then gave a broader sector perspective showing the general trend in risk rating deterioration and FRR by type, indicating that Airedale benchmarked well currently against the sector. Mr Roberts reported that PwC had confirmed satisfaction with the Trusts 'going concern' statement.

Mr Roberts then presented an overview of the Quality Account 2013/14, which had received a 'clean' audit opinion with no issues raised in relation to the local indicator and mandated performance indicators. He concluded by particularly referencing the quality of the report which again benchmarked well against other Trusts.

## **5. ANNUAL REPORT AND ACCOUNTS 2013/14**

Mr Andrew Copley, Director of Finance presented the financial results for the year end 31 March 2014. Of particular note was that the growth in income during the year had allowed for the provision of contingencies, which for the year ahead would give the Trust a good starting position.

Mr Copley explained the process by which Airedale received its income from a commissioning perspective and also a breakdown of expenditure by geographical area including an analysis of expenditure by department. The major areas of capital expenditure during 2013/14 was also presented. Of note was the expenditure on the Endoscopy Unit, information technology and the new Emergency Department which would continue into the next financial year.

Mr Copley reported the 2013/14 year end position showed a break even position, which included a technical adjustment for asset impairment of £589k. Also reported was the Trusts cash balance as at year end of £16m.

Mr Copley concluded by describing the financial outlook for 2014/15, the financial challenges facing the Trust and the Boards commitment to delivering efficiency improvements to ensure the long term sustainability of the Trust.

## **6. QUALITY ACCOUNT 2013/14**

Mr Karl Mainprize, Medical Director presented the Quality Account 2013/14, and in doing so outlined the priorities for improvement focussed on patient experience, patient safety and clinical effectiveness. He then gave an example of the improvements in each of the priority areas for example in patient experience, improving nutritional care for patients with dementia; for patient safety, a reduction of slips trips and falls sustained by patients admitted to the wards; and in clinical effectiveness, the use of telemedicine to improve the overall quality of healthcare for people with long term conditions. The means by which improvements were being monitored via the Friends and Family Test, the rate of infections and the number of Caesarean section rates was presented.

Mr Mainprize concluded his presentation by referring to the feedback summaries given by the Airedale Wharfedale Craven CCG, Bradford and District Healthwatch and North Yorkshire County Council, together with other feedback received and highlighted the hospitals strength as well as the challenges that had been commented on.

The presentations finished with a video clip featuring a user of the Trusts Gold Line Service showing the benefits of the 24 hour service provided by the Airedale Hub.

## **7. QUESTIONS FROM MEMBERS**

The Chairman thanked all the speakers for their presentations and invited questions from Members and Governors.

Q. Is the Trust happy with the Friends and Family Test statistics showing 68% would recommend Airedale, 32% would not recommend Airedale?

A. The mechanism and process of collating data and ensuring follow up on comments both positive and negative was explained.

Q. Who does Airedale see as its peer group in terms of commercial, innovators and competitors?

A. A number of comparator methods are utilised for benchmarking purposes both in the UK and overseas eg Doctor Foster/CHKS.

Q. How is Airedale benchmarked against other hospitals for the reporting of incidents?

A. Airedale compares well against other hospitals in terms of its high reporting but low number of high risk incidents.

Q. Does Airedale have a contingency or take out insurance to cover for incidents?

A. Insurance cover is in place. Trends and themes are analysed in order to share learning and ensure correct systems are in place.

Q. What level of cost reduction targets will be in place from 2014/15 onwards and how will these be achieved?

A. Reference was made to a number of growth areas and the redesign of services including the Right Care Programme initiatives.

Q. Will there be an evaluation of the Right Care Strategy in 2014/15 given the reference in the year end documents and Annual Plan?

A. As part of the 2 Year Operational Plan and 5 Year Strategic Plan a process of continual evaluation backed up by external service evaluation will be in place.

Q. Given the pressures on carers and families, could other support providers link into the Gold Line Service established at Airedale?

A. This suggestion would be taken forward.

## **8. RESOLUTIONS**

As there were no further questions or comments the Chairman put the following resolutions to the meeting which were duly voted on and passed.

RESOLUTION ONE

To receive the Foundation Trusts Annual Report and Accounts for the year ended 31 March 2014 together with the Report of the Auditors.

RESOLUTION TWO

To receive the Membership Report and results of the elections and appointments to the Council of Governors.

RESOLUTION THREE

To amend the existing Constitution.

There being no further business the Chairman thanked everyone for their attendance and declared the meeting closed.