

**MEETING OF THE BOARD OF DIRECTORS  
HELD AT 9.00AM ON WEDNESDAY 24 SEPTEMBER 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  
Mrs Sally Houghton, 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  
Mrs Wendy Winterbottom, Assistant Company Secretary  
Mrs Elaine Andrews, Assistant Director Patient Safety (item 208/14  
and 213/14)  
Sister Louise Hoffman, Emergency Department Sister (item 208/14)  
Dr Harold Hosker, Revalidation Officer (item 212/14)  
Mrs Joanne Newman, Matron Children's Services (item 213/14)

Members of staff and Governors were in attendance

An apology for absence was received from Professor Anne Gregory, Non-Executive Director.

**203/14 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**204/14 MINUTES OF THE BOARD MEETING HELD ON 30 JULY 2014 AND AGM HELD ON 31 JULY 2014**

The minutes of the Board meeting held on 30 July 2014 were approved as a correct record.

The minutes of the AGM held on 31 July were approved as a correct record subject to an amendment of a typographical error. With regard to section 7; Members Questions Q1 relating to the Friends and Family Test, Mrs Houghton commented that Mr Dearden had provided a more detailed response and that the promoter score ranged from -100% to +100%. Additional text would be included to reflect this.

## **205/14 MATTERS ARISING**

### **i) Airedale NHS Charitable Funds Funding Applications - Patient Experience (185/14)**

Mrs Houghton highlighted to the Board the intention for the funding request relating to patient experience to be split this across all the funds within the Trust Charitable Funds. This had been discussed and agreed at the Trust Charitable Funds Sub Committee and was to reflect the benefit for patients Trust wide. She gave an explanation as to how the funds were set up across the Trust and drew attention to the fact the Board as Corporate Trustee were being asked to approve this funding method. After a discussion around the fact this had not been made explicit at the previous Board meeting, it was agreed to discuss this further in the private session.

## **206/14 CHAIRMAN'S BRIEFING**

The Chairman's Briefing was taken as read.

In presenting his report, the Chairman acknowledged the fact this was Mr Adam's last Board meeting. He expressed the Boards appreciation for Mr Adam's input during his term of service and wished him well in his retirement.

Mr Drake informed the Board he had attended the West Yorkshire Chairman's meeting the previous day on behalf of the Chairman. He said Moira Dumma had given an update which had included information on the reconfiguration taking place at NHS England. Also noted was Simon Steven's message in relation to smaller hospitals was becoming more prominent. Health Education England had highlighted the fact succession planning at a clinical level would become increasingly difficult due to the shortage clinicians.

The Chairman's Briefing was received and noted.

## **207/14 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 highlighted the following items.

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

#### **A&E 4 Hour Target**

In drawing attention to this section of the report, Miss Fletcher reported that the A&E target nationally was deteriorating. Although NHS England had been assisting with financial support for Trusts in order to help deliver the target this was only a short term solution. She confirmed that whilst August had been a difficult month for the Trust, the target had been delivered and Miss Fletcher thanked staff within the department for their hard work in achieving the target. She said negotiations had been taking place with the CCG to ensure additional investments were being made appropriately. Also of note was the fact Trusts would be subject to a monthly performance management review by Monitor and that the NHS would be centre stage, politically, in the run up to the general election.

## **Better Care Fund**

Miss Fletcher confirmed she had attended the Chair/Chief Executive FTN Conference the previous week with the Chairman whereby the Better Care Fund had been discussed. Discussion had focussed on the national funding gap for the NHS for the following year and that NHS spending this year had increased by 2.6%. Miss Fletcher agreed to circulate the slides from the FTN Conference should colleagues find this useful.

**BFletcher**

## **NHS England 5 Year Strategy**

Miss Fletcher highlighted to the Board that a 5 year forward view was expected to be published in October by Simon Stevens. The document would relate to the 5 Year Strategic Plans that had been agreed by CCGs and NHS Providers. She reported there was a possibility there would be several areas outlined as key ways of working however to date there was nothing to suggest the Trusts Strategy was at odds with that of NHS England.

The proposed changes at NHS England were noted. Moira Dumma had issued a letter outlining the fact Yorkshire and Humber would become a Local Area Team.

## **Government CCGs Given More Power**

Reference was made to Parliament's approval to give CCGs greater flexibility and control in the way that they work to commission healthcare services for their communities. Mr Drake added that at the West Yorkshire Chairs meeting he had been made aware Monitor were looking to conduct quarterly visits to CCGs.

## **Research Publications**

### **Health Foundation Report: More Than Money – Closing the Quality Gap**

The Board noted this section of the report and the fact the Health Foundation Report was focussed on closing the gap between NHS funding and expectations of quality of care. Miss Fletcher said there were numerous reports being published around the financial situation and urgent care demand.

## **News Headlines**

### **New Medic Role to Ease NHS Pressures**

Attention was drawn to the article published in The Times reporting that science graduates with two years intensive training would be undertaking tasks medical staff would usually perform and that the future workforce for the NHS was a concern. Dr Toop raised his concern around career progression and said a career structure would need to be put in place for these graduates otherwise hospitals may see a high turnover of staff.

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

### **Better Care Fund**

Miss Fletcher informed the Board of the ongoing discussions with the CCG around new models of care. She highlighted the section within the report pertaining to the minimum expectation to cut A&E admissions by 3.5% in 2015-16 and said Airedale Wharfedale and Craven CCG were pursuing for a target of 10% which the Trust had not signed up to.

### **Maternity Services Never Event**

The Board were informed that regrettably, there had been a never event which had occurred in maternity. They were assured this incident would be scrutinised in detail and the Root Cause Analysis meeting would take place within the next fortnight chaired by the Chief Executive.

With regard to the Royal College of Obstetricians and Gynaecologists Review, Miss Fletcher confirmed that whilst the final report was still awaited, informal feedback had confirmed the service was safe. Some governance processes within the department did however require addressing. Confirmation was given that the Royal College of Obstetricians and Gynaecologists were aware of the never event. The Board were also informed the recruitment process for a Head of Midwifery was underway.

#### **Finance Position Monitor Q1 Review**

Miss Fletcher drew attention to the Monitor letter appended to the Report showing a governance risk rating of 'green' and a continuity of services risk rating of 4. She said this was positive for Trust given the context of the challenges it faced. She outlined the fact a number of other Trusts were in difficulty and thanked staff at Airedale for their continued hard work.

#### **Performance Standards**

There had been one case of C-Diff during September bringing the total number of cases to four. There had also been an earlier than usual outbreak of Norovirus on one ward.

Miss Fletcher gave a position update on the current status of stroke services within the Trust. It was noted that the Trust had received a Performance Notice from the CCG which could lead to a financial penalty. Miss Fletcher confirmed she was confident a way forward could be reached with the stroke network. Dr Toop asked when a resolution to the issue was likely, to which he was assured that Bradford FT were looking for a substantive solution from April 2015 and had made clear their intention to partner Airedale on delivering stroke services.

#### **Monitor Feedback**

Formal feedback on the 5 Year Forward View had not been received however Miss Fletcher confirmed following a recent phone call with Monitor their feedback had been positive. She said a significant amount of work was ongoing with the Groups to refresh the 2 year and the 5 Year Forward Plan with a view to presenting draft outline plans to the November Board meeting.

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

##### **Right Care Programme**

Miss Fletcher informed the Board an independent review of the Right Care Programme of work was in the process of being undertaken to ensure the Trust would be in a position to deliver the change process.

##### **Investors in People**

The Board noted that following the recent independent assessment the Trust had achieved Bronze accreditation which demonstrated its ongoing commitment to developing and valuing its staff.

##### **Innovation Recognition**

The Board noted the Trusts work in developing innovative ways of providing patient care. Miss Fletcher outlined the fact the Trust had been selected by the Kings Fund as an example of innovative practice and both Monitor and The Nuffield Trust had acknowledged Airedale had become more productive around the urgent care pathway. Attention was also drawn to the fact the Advisory Board had selected Airedale as a case study while conducting research into effective leadership.

Also noted was the New Cavendish Group which had been formed by The Nuffield Trust for innovative hospitals. Miss Fletcher confirmed she was a founder member of the Group and this would be an opportunity to share ideas.

### **Shape of Care Review**

Miss Fletcher outlined this section in the report and the role of the Shape of Care Review. She drew attention to the visit the previous day by Lord Willis of Knaresborough who was the independent Chair of the Review and feedback received was that Airedale was the most forward thinking and advanced Trust visited to date.

In taking the Trusts achievements into account with regard to innovation Dr Toop thanked Miss Fletcher for her effective leadership of the Trust.

### **Open Day**

The Trust open day had been a great success and Miss Fletcher informed the Board she was very proud of the Trusts staff and the huge amount of work they had put in to make the day a success.

### **Industrial Action**

Mr Parker informed the Board that following a recent ballot for industrial action relating to NHS pay, Unison members had voted in favour. He said this would take place on 13 October from 7am to 11am. The BMA and RCN would not be taking part in industrial action, in addition to which the ballot results from Unite, RCM and GMB were awaited. The Hospital Consultant and Specialty Association had voted against strike action however 'action short of strike' ie not working overtime would be put in place over possibly a four day period. The Board were assured contingencies would be put in place and communication would be handled accordingly.

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

## **208/14 PATIENT STORY**

Mr Dearden gave the background to the Patient Story and introduced Sister Louise Hoffman, Emergency Department Sister who had attended the Board meeting to relay her experience in person.

Sister Hoffman gave the Board a detailed account of her recent experiences as the relative of a patient that had been admitted to Airedale. She outlined the seriousness of the nature of the patient's illness and how both she and the patient's family members, who were also in attendance at the hospital, had dealt with this and the positive way in which staff at the Trust had treated the family.

She said the situation had been very upsetting and difficult for everyone involved however staff had ensured that all family members had been kept informed in a sensitive and caring manner. During end of life care, organ donation had been discussed by the family taking into consideration the wishes of the patient. Sister Hoffman said throughout this process the family had been supported by staff and also in the weeks following the patients' death. She said the family had received comfort from knowing that other patients had been able to receive her relative's organs and praised the staff at Airedale for their professional support to the family.

In concluding the Patient Story, Rob Dearden thanked Sister Hoffman for attending the meeting to present her emotional story in person. He outlined statistics relating

to organ donation and the positive impact this can have in benefitting other patients. He also explained the process for organ donation at Airedale.

At this point Sister Hoffman and Mrs Andrews left the meeting.

## **209/14 PLACE REPORT**

In presenting the PLACE Report Ms Hunter informed the Board the results for Airedale had improved significantly throughout the year. She acknowledged the hard work by staff on the wards and also said the ward upgrade programme had made a significant improvement. She drew attention to the fact there remained some areas for improvement specifically around privacy and dignity at Castleberg Hospital, however she gave assurance the Trust was working to improve this.

Dr Toop acknowledged that good progress had been made by the Trust however he asked whether the Trust could expect to see further improvements the following year. The Board were informed the criteria around the PLACE assessment changed yearly, therefore there was uncertainty around which areas would be assessed the following year.

With regard to the score and comments for privacy and dignity, the Board were assured work was ongoing with the landlord of the external premises ie Castleberg and Skipton hospitals to improve the environment and that although significant progress had been made Ms Hunter acknowledged there was more work still to do.

Ms Houghton commented there had been a request from a Governor to extend the volunteer service to Castleberg Hospital. Ms Hunter confirmed she was currently progressing this issue with the Head of Volunteers.

The PLACE Report was received and noted.

## **210/14 STAFF SURVEY REPORT**

Mr Parker presented the Staff Survey Report which was taken as read.

Mr Adam questioned the appraisal rates and asked whether the failure rates in appraising staff could be narrowed down to one or two departments. Mr Parker acknowledged the fact that some departments had not submitted the appraisal documentation on time but he confirmed this year there had been an improvement across all areas of the Trust with regard to appraisals having been conducted. The deadline for submission of the paperwork had been extended to 30 September, however the Board noted 85% of forms had been returned.

A question was raised in relation to the number of staff feeling under pressure and the plans in place to address this issue. Mr Parker assured the Board that various options to help staff were being looked at including assisting staff with regards to resilience and continuing work around the wellness project in conjunction with Sheffield Hallam University. A detailed discussion took place around the increasing pressures staff were facing and the effect the above average demand during the summer months had had on staff. Miss Fletcher said she would be interested to see the impact of the recently introduced patient flow system and whether this had made a positive difference to staff.

Mr Parker also explained how the Report would be used and the data analysed to

inform the People Plan under development. In closing discussions, Mrs Houghton said it was positive the Trust was taking a more systematic approach to these issues.

The Staff Survey Report was received and noted.

#### **211/14 NURSING MIDWIFERY STAFFING REPORT**

Mr Dearden presented the Nursing Midwifery Staffing Report for July and August 2014.

In presenting the report Mr Dearden confirmed there had been a slight reduction in the fill rates but this was aligned to the drop in activity in some areas. The outliers were noted as ward 9 however seven WTE posts had been recruited to non recurrently, and ward 18 which he explained was an orthopaedic ward. Dr Toop asked for assurance that the staffing levels were safe, to which Mr Dearden assured the Board there were no concerns around patient safety and said safe staffing levels were maintained.

The Nursing Midwifery Staff Report was received and noted.

#### **212/14 REVALIDATION ANNUAL REPORT 2013/14**

Dr Hosker, Revalidation Officer presented the Revalidation Annual Report and confirmed this was the third report that had been produced. He said there was a requirement to present this to the Board and thanked colleagues for their support in delivering the revalidation process across the Trust.

He outlined the main points and confirmed the process had gone well with the deferral rate being well within the expected limit. He assured the Board the Appraisal Policy was currently being updated and would be approved following the standard governance processes. He reported that risks to the appraisal process were largely external and said information transfer between external bodies particularly in relation to locums was one example.

Dr Toop asked specifically how this process had improved patient care. Dr Hosker confirmed the revalidation process had ensured appraisals were more consistent and he outlined one case in particular whereby a 360 degree appraisal had led to reflection and a positive change in behaviour.

After due consideration the Board accepted the Revalidation Report and delegated authority to the Chairman and Chief Executive to sign the Statement of Compliance.

The 2013/14 Revalidation Report was received and noted.

At this point Dr Hosker left the meeting.

#### **213/14 SAFEGUARDING ANNUAL REPORT 2013/14**

Mrs Elaine Andrews, Assistant Director Patient Safety and Matron Joanne Newman, Children's Services presented the Safeguarding Annual Report 2013/14. Mrs Andrews pointed out this was the fifth Safeguarding Annual Report and offered

assurance to the Board the Trust had systems in place to ensure compliance with safeguarding.

Dr Toop asked what the main operational risks were to patient care. Mrs Andrews said training compliance currently stood at 87% and that ideally the compliance rate should be 100%. Also highlighted was the new safeguarding training for children's requirements that had yet to be implemented fully. The Board noted that public expectation in relation to safeguarding had been raised in recent months and the importance of partnership working with external agencies acknowledged. Although safeguarding within the hospital was good, the need to ensure staff were supported in this area was an ongoing requirement. Mr Dearden assured the Board the Trust did have well trained staff in this area. Miss Fletcher said the need to be cognisant of safeguarding during periods of high demand for urgent care was important.

In response to a query about the process for working with multi agency partners, Mrs Andrews confirmed the Trust engaged with external parties and had good relationships with them. She assured the Board the Trusts processes married up with other agencies. Matron Newman also assured the Board the Trust had evidence based compliance for paediatrics and compliance with required standards were demonstrated annually to the CCG.

The Board received and noted the 2013/14 Safeguarding Annual Report.

At this point Mrs Andrews and Matron Newman left the meeting.

#### **214/14 INTEGRATED GOVERNANCE DASHBOARD REPORTS**

Mr Copley presented the Integrated Governance Dashboards for August 2014. He drew attention to the summary of overall performance and said the position remained consistent with previous months. He highlighted the main areas of concern within the Dashboards namely; the position regarding stroke services, the never event, deterioration in the sickness absence rate and the hand hygiene figures. Dr Toop asked whether it would be possible to include comparator information from the previous year to which Mr Copley agreed to consider.

**ACopley**

The Board received and noted the Integrated Governance Dashboard Reports.

#### **215/14 QUALITY ACCOUNT Q1 REPORT**

The Quality Account Q1 Report was taken as read. Mr Mainprize drew out the key exceptions, namely the NHS staff survey rag rating and incident reporting. With regard to portfolio studies this was noted as not being at the same level as other organisations however this was due to the number of patients in the first study. As Airedale is a small organisation it naturally would not compare as well with other larger Trusts.

In conclusion, Mr Mainprize assured the Board the position was stable.

The Quality Account Q1 Report was received and noted.

#### **216/14 FINANCE AND PERFORMANCE REPORT**

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

Mr Copley presented the Finance Report for the period ending 31 August 2014.

The overall position showed a deficit of £81k against a planned surplus of £32k which was £114k behind plan. He added there had been a significant reduction in income compared to the same period last year, however the forecast was still positive and on plan for a balanced position.

Mr Adam asked whether from a forward planning perspective, the Trust had legislated sufficiently for bank and agency staff spending. Mr Copley explained how the agency spend budget had been calculated. He outlined the fact that demand during April to June had been 7% higher than the previous year. Miss Fletcher said most Foundation Trusts had seen a significant increase in the need for bank and agency staff and said Airedale could not have predicted the rise in activity. She assured the Board a detailed breakdown had been undertaken during the budget planning phase. Also noted was the fact the CCG had not paid the full cost tariff following which a detailed discussion took place regarding the Better Care Fund and the impact this could have on Airedale.

The Finance Report was received and noted.

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

Mr Copley presented the Performance Report for August 2014. He confirmed the Q2 rating for service performance as 'green'. The A&E target had been achieved for August; there had been an additional case of C-diff bringing the total to four cases however there had been no cases of MRSA. Also noted was the never event. With regard to 18 weeks Mr Copley indicated that he was expecting to see a slight deterioration in the short term. There had been a slight reduction in this standard for August and this was being addressed. With regard to CQUINs it was looking likely the standard for Q1 would be met.

In response to a comment from Mrs Houghton regarding the 62 day cancer standard, Mr Copley said the target had failed for the month but not the quarter hence there would be no penalty imposed. Ms Hunter said the Trust had received notification of two significant cancer campaigns that would take place over the coming months and confirmed the Executive Team were cited on these.

The Performance Report was received and noted.

### **217/14 RIGHT CARE REPORT**

The Right Care Report was taken as read.

Dr Toop made reference to the comment within the report that tenders were not coming in as expected, to which Mrs Wagner clarified that this was in the main due to the community services not being put out to tender. Dr Toop also asked whether most of the cost efficiencies were dependent on the digital care programme. Miss Fletcher said an external company had been commissioned to assess the position and therefore she would be able to take a considered view once the detailed analysis had been received.

The Right Care Report was received and noted.

### **218/14 ANNUAL REPORTS**

#### **i) Clinical Audit Report 2013/14**

Mr Mainprize presented the Clinical Audit Report 2013/14.

He said the Clinical Audit Report demonstrated a high quality audit plan and confirmed the Trust's commitment to clinical audit. It was noted this Report had also been presented to and accepted by the Audit Committee. Dr Toop commented that the Report was excellent and acknowledged the work of the team in putting this together.

The Clinical Audit Report 2013/14 was received and noted.

#### **ii) Equality and Diversity Annual Report 2013/14**

Rob Dearden presented the Equality and Diversity Annual Report 2013/14. In doing so he confirmed that 70% of staff within the organisation had received Equality and Diversity training. He went on to highlight the key areas of work and actions taken to date and drew attention to the fact that translation services within the Trust were being used. He said overall there was an improved awareness around E&D and the Trust would continue to map its performance internally.

Dr Toop asked whether the general feeling was that the Trust supported equality and diversity. Miss Fletcher acknowledged there was more to do in this area and that this linked to the Trust's core values. She said more thinking was required on this and needed to be led by the Board. Mrs Wagner also commented on the need to look at the diversity of the Board and Council of Governors in order to be more reflective of the local community. The Chairman assured the Board that the Appointments and Remuneration Committee had taken this into account during the recent Non-Executive Director selection process.

In receiving the Equality and Diversity Annual Report 2013/14, the Board acknowledged the need for the Trust's values to be aligned and agreed to schedule further discussion at a Board Strategy Session.

**Co Sec**

### **219/14 COMPANY SECRETARY'S REPORT**

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

#### **i) CQC Guidance - Fit and Proper Person Requirements and Duty of Candour**

The Company Secretary drew the Boards attention to the CQC consultation document relating to guidance around the fit and proper person requirement for directors and the duty of candour, which would apply from 1<sup>st</sup> October 2014. The Board were informed the fit and proper person test would be managed by the Company Secretary via the Trusts nominations committee and governance processes. The Board also noted Mr Mainprize would be working on the duty of candour and the implications for the Trust.

#### **ii) Appointment of Interim Senior Independent Director ('SID')**

The Board ratified the appointment by Chairman's action of Mrs Sally Houghton as SID with effect from 1 September 2014.

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

During July and August 2014, the charity received donations and legacies of c.£17k including a number of donations for the Emergency Department Appeal. The Charity spent over £43k during this period. On behalf of the charity, Mrs Houghton as Chair of the Charitable Funds Sub Committee thanked members of the public for their generous donations.

**iv) Board Meeting Dates 2015**

The Board meeting dates for 2015 were provisionally approved pending final agreement at the 6 October Board Strategy Session.

**v) Board Action Plan**

The Board action log was reviewed. Those items deemed completed were agreed for deletion from the schedule. With regard to item 123/14 Developing a new Quality Improvement Framework, Mr Mainprize said he would be in a position to bring an update to the October Board meeting and a full report by the end of the year.

The Company Secretary's Report was received and noted.

**220/14 ANY OTHER BUSINESS**

There were no other items of business raised.

**221/14 REVIEW AND CLOSE OF MEETING**

The next meeting of the Board of Directors would be held at 10.15am on Wednesday 29 October 2014, at the Keighley Civic Centre, North Street, Keighley.

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.