

**MEETING OF THE BOARD OF DIRECTORS  
HELD AT 10.15AM ON WEDNESDAY 29 OCTOBER 2014  
AT KEIGHLEY CIVIC CENTRE, NORTH STREET, KEIGHLEY, BD21 3RZ**

**PRESENT:** Professor Michael I Luger, Chairman, (in the Chair)  
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

Also in attendance were Governors, staff members and members of the public.

An apology for absence was received from Mr Jeremy Cross, Non Executive Director and Mrs Sally Houghton, Non-Executive Director.

**248/14 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**249/14 MINUTES OF THE BOARD MEETING HELD ON 24 SEPTEMBER 2014**

The minutes of the meeting held on 24 September 2014 were approved as correct record subject to the following amendment.

Minute ref 206/14 Chairman's Briefing - third paragraph final sentence amended to read 'Health Education England had highlighted the fact that succession planning at a clinical level would become increasingly difficult due to the shortage of clinicians to which no other solutions were currently offered'.

**250/14 MATTERS ARISING NOT COVERED ELSEWHERE ON THE AGENDA**

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

**251/14 CHAIRMAN'S BRIEFING**

The Chairman's Briefing was taken as read.

The Chairman commented on the recent high level of positive media interest in the

Trust. The Board acknowledged the support particularly from Ann Wagner, Director of Strategy and Business Development and the Business Development and Communications Team as well as all hospital staff in helping the Trust to be portrayed so positively.

## **252/14 REPORT OF THE CHIEF EXECUTIVE**

The Chief Executive's Report was noted and taken as read. In presenting the Report, Miss Fletcher referred to the following key national and local health economy developments.

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

Miss Fletcher commented on the recently published NHS Five Year Forward View. She reported that on initial review the ambitions in the Report mirrored the Trusts Forward Strategy adding that the range of models stated in the Report mapped across to Airedale's strategic vision. She therefore encouraged all Board Directors to read the Report which would be summarised and presented for further discussion at the next Board strategy meeting. Miss Fletcher made a general comment in that the document signalled the increasing politicisation of the NHS in the run-up to the general election in 2015.

Miss Fletcher reported that Jeremy Hunt, Secretary of State for Health had written to the Chairs of all Health and Wellbeing Boards stressing the importance of working together across health and care economies and that effective engagement with major providers would be critical to success. Miss Fletcher commented that the letter indicated strongly that providers should have a voice at local level.

Miss Fletcher drew the Boards attention to the number of conferences that Airedale was now being invited to present at, which demonstrated the Trusts prominence at a national level for its innovative thinking and pioneering initiatives.

The range of work currently being undertaken by NHS England was alluded to namely, the service improvement reviews; never events policy framework review; making health and social care information accessible and the congenital heart disease review.

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

Miss Fletcher updated the Board on the West Yorkshire Urgent Care Capacity Review, the Airedale Wharfedale and Craven New Models of Care work and the North Yorkshire and York Mental Health Crisis Care Concordat. With regard to the latter, Miss Fletcher explained that the Concordat sets out good practice in working together to support people with mental health problems at times of most urgent need. The Executive Directors had considered and supported the proposal. Accordingly, the Board considered and confirmed support for the Concordat and delegated authority to Ms Hunter, Director of Operations to sign on behalf of the Trust.

**SHunter**

As an addendum to the discussion, Miss Fletcher informed the board that similar Concordats would be forthcoming from Bradford and East Lancashire. The Board agreed to delegate authority to the Executive Directors to review and sign the Concordats on behalf of the Board with the proviso that any major deviations would be brought to the attention of the Board.

At this point Professor Gregory referred to the recent media coverage relating to the Government initiative to incentivise diagnosis of patients with dementia by GPs and asked if this would impact on the Trust in any way. Miss Fletcher said she had

spoken with a number of GPs and confirmed in terms of impact on the Trust this would be minimal, although GPs had commented there was little support for this initiative and diagnosis would take place without the need for incentives.

Ms Hunter updated the Board on the work of the Systems Resilience Group in progressing urgent care provision and highlighted the work undertaken since the publication of the Keogh Review. The debate around specialist emergency care centres and which hospitals would be designated a specialist centre in the Yorkshire and Humber region was ongoing. In response to a comment by Professor Gregory, Ms Hunter explained how the local providers and commissioners were influencing those discussions.

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

Miss Fletcher informed the Board that the new Emergency Department development was almost complete and teams were preparing to accept patients into the new state of the art facility from December. The development had received massive support from the local community, Keighley News and other local businesses as well as fundraising support from staff and volunteers.

Miss Fletcher also made reference to the programme of estate improvements currently ongoing with the enhancement of the public entrance areas and access improvements to the hospital. Of particular note were the proposed increases in the number of car parking spaces particularly for the disabled, as well as the travel plan implementation to reduce congestion on the site.

A number of Gateway Letters had been issued recently requiring Board attention. The Gateway Letter referring to the Ebola identification personal protection equipment and fit testing programmes had been reviewed by the Trust Infection Control and Prevention Team in terms of ensuring the Trusts preparedness. The assurance table appended to the Report was reviewed and the assurance responses duly accepted.

The Board also noted the Gateway Letter received from Monitor, NHS England and the TDA outlining the priorities for the coming months. Miss Fletcher reported that she would be attending the Northern Regional meeting on 3 November in which expectations regarding NHS performance in order to meet NHS Constitution standards would be delivered. Also noted within the letter was the outline 2015/16 planning process which signalled that planning guidance would be published in December setting out how the NHS budget will be invested in the coming year.

Miss Fletcher said a detailed finance report would be given by the Director of Finance later in the meeting.

In relation to performance standards, a further two cases of Clostridium Difficile had been reported during September, bringing the total for the financial year to six cases of which five had been classified as avoidable. As previously indicated, remaining under the annual threshold of nine remained a risk, although for quarter 2 the Trust had achieved the required thresholds within the de minimis limits for all other Monitor standards and therefore the quarter 2 risk rating for service and performance remained at 'green'.

Miss Fletcher reported that the impact of the four hour national strike as part of a programme of industrial activities on 13 October had been followed by a second four hour strike on 20 October by radiographers. The impact of both action days had been kept to a minimum with no adverse comments or feedback from patients. She added that a further industrial day of action was being planned for November.

Miss Fletcher made reference to the Trusts work in innovation which was now receiving national recognition. As previously mentioned, the scale of the media coverage including reference to the Trust in the NHS England 5 Year Forward View as a model of care case study, was particularly highlighted.

In responding to a number of questions from Non-Executive Directors regarding the current status of the stroke service, the Stroke Network and the future provision of the service into 2015/16, Miss Fletcher invited Ms Hunter to update the Board. In doing so confirmation was given that a locum consultant had been secured, which therefore provided assurance regarding continuity of the service at a local level. However, increasingly there was recognition at a national level about the robustness of the service model which therefore indicated this was not an issue specific to Airedale. Ms Hunter explained that the Strategic Clinical Network - Stroke had also recognised the fragility of the service. She then gave a detailed report on how the service would work going forward and the network arrangements to be put in place supported by Consultants across the patch. In concluding her report she confirmed that detailed work was ongoing with the commissioners to ensure financial viability of the service and incorporated into these discussions was an appreciation of how the geography of the area would play a part in the flow of patients to Bradford, Leeds and Harrogate.

#### **253/14 RIGHT CARE PROGRAMME REPORT**

Miss Fletcher presented an update on the Right Care Portfolio of Programmes. She indicated there had been a significant amount of work progressed during the last quarter including progress to close the financial gap. As the Right Care Portfolio of Programmes was the main vehicle for transformation, the position would continue to be monitored until the financial gap was closed on a recurrent basis.

Professor Gregory said in her view the two most challenging issues were around working with partners and them being on different timescales, and secondly the influencing of clinical practice at the speed of required change would also be a challenge. The question posed was how much was in our control, to which Miss Fletcher commented that the pace of change required was unprecedented for the NHS and had been acknowledged, although what was within the control of the Trust would be addressed and explored further at the Board strategy meeting. A further comment was made by Mr Drake in referring to the recent efficiencies realised by Corporate Services, and whether the efficiencies would going forward be more difficult to achieve. Mr Copley said that Corporate Services when benchmarked nationally were shown to be operating efficiently, although improvements to ways of working were still being explored in order to support the re-design of Corporate Services.

Assurance was sought that the CIP schemes being implemented would not have an adverse impact on quality and safety, to which Mr Mainprize explained that the process by which all CIP schemes were validated and assessed by both the Director of Nursing and Medical Director to ensure that quality and safety were not compromised. Conversely, should CIP schemes be delivered ahead of schedule or at a reduced cost, the quality and safety impact would be assessed as well as reviewing the resulting impact effect in other areas.

The Board noted the performance of the Right Care Portfolio of Programmes.

## 254/14 FIVE YEAR STRATEGY: ENABLING PLANS

The following strategy documents were presented.

### **i) Estates Transformation Strategy 2015-2020**

In presenting the Estates Transformation Strategy, Mrs Wagner reminded the Board that a detailed presentation of the Estates Plan had been given at the September Board meeting. The Strategy document as presented therefore gave the detailed narrative behind the plan.

Mrs Wagner said the intention of the Strategy was to improve the estate's facilities, improve patient experience and deliver best use of taxpayers money. She highlighted the governance process that the strategy document had been through and the consultation with various groups, including the Patient and Carer Panel and Governors.

She added that the Strategy would also enable the 'Care Closer to Home Vision' of the Trust to deliver 'Right Care' for patients.

A number of comments and views were expressed, including from the Chairman who said that since his appointment he had seen a positive transformation of the estate which had demonstrated good financial management. He asked that the Strategy make reference to the hospitals satellite sites where Airedale's services were delivered eg Castleberg and Skipton Hospital, but was cognisant of the fact that the properties were owned by NHS Property Services Limited. At this point Mrs Wagner invited Mr Moss, Assistant Director of Estates and Facilities to comment. He responded that the travel plan and improvements for car parking arrangements would benefit both patients and visitors. He explained that the hospitals' link to Steeton railway station had not been included in the Strategy due to the fact that he was awaiting finalisation of the highway plans for the new housing estate to be built adjacent to the hospital. The intention was however to improve the walkway facilities and signage to the hospital. In response to the Chairman's comment regarding the satellite sites, Mr Moss added that discussions were currently ongoing with NHS Property Services Limited and plans were in place to implement a number of improvements at all the sites locally owned by NHS Property Services Limited.

The Board acknowledged the tangible differences and improvements to a number of wards in recent months and noted the financial contributions made by the hospital charities.

The Estates Transformation Strategy 2015/2020 was approved.

### **ii) Information Management and Technology Strategy 2014-2019**

Mr Copley presented the updated IM&T Strategy which he said aligned to and supported the Trusts Five Year Strategic Plan and corresponding Right Care Vision. He added that the Strategy took account of national developments and included a strengthened governance approach to technology with the inclusion of information asset owners, a strengthened information department together with further development of processes and guidance. Of specific note was the development of the information platform which would address the Trusts business intelligence aspirations and thereby shift the emphasis from data to information.

The Information Management and Technology Strategy 2014-2019 was approved.

### **iii) People Plan**

Mr Parker presented the People Plan which had been developed to support the Right Care Vision. He stressed the plan had been cognisant of the wider national influences, in particular the NHS Constitution, which had sought to help develop the Right Care principles. He explained that the People Plan had been influenced by a number of themes fed back by staff and therefore the Plan had been divided into four key areas namely; well led, healthy and engaged, productive and skilled and talented themes.

Mr Parker then explained the split of each of the themes into specific projects in order to support the overarching People Plan.

The workstream timeline was presented showing the key milestones. Of note were the discussions that would be required to take place with the Unions and Staff Side particularly relating to pay and conditions negotiations. Mr Parker explained that the front loading of the Plan was deliberately programmed as such as some of the initiatives were enablers for further project work.

In response to Mr Drake's question regarding how the outcomes would be measured given the difficulties in measuring human relations, Mr Parker acknowledged the difference between 'hard measures' and 'soft measures'. The Chairman commented on the financial cost of some of the projects and whether this had been accounted for, to which Mr Parker said the training elements would be at a cost although investment in good line management was less tangible. The Investors In People was seen as a good benchmark in order to measure the outcomes. Miss Fletcher confirmed in relation to staff training, that financial allocations were made to allow nurses access to appropriate training and that clinicians also had Supporting Professional Activities (SPA) time made available to accommodate study leave and training. This was caveated by the acknowledgement that backfill arrangements to free staff up to work on good line management was always a challenge. Reference was also made to the Trusts introduction of resilience training in order to support staff to deliver efficiencies whilst maintaining good health wellbeing and staff motivation.

Professor Gregory commented that it was good to see a values-based Plan and asked whether staff generally were supportive of the Plan. Mr Parker said the Plan had been based on feedback, however following presentation at the Board and its approval the Plan would now be communicated to staff more widely.

The area of staff appraisals and personal development plans were also commented on. Mr Parker agreed that appraisals and personal development plans were key for staff and reported on the improvements that had been made both in the quality of appraisals and also the numbers of staff receiving appraisals. Mr Mainprize commented that doctor appraisals stood at 100% given that appraisals were incorporated into the revalidation process.

The Board were cognisant of the importance of the People Plan given the changes required in the NHS as signalled in the Five Year Forward View.

The Board received and noted the People Plan.

### **iv) Research and Development Strategy 2014-2019**

Mrs Wagner presented the Five Year Strategy for Research and Development, highlighting the Strategy fit with national research requirements.

Mrs Wagner drew the Boards attention to the widening new research in relation to Telemedicine onto the national portfolio; the developing relationship with Bradford

University; and the aspirations to explore and establish strategic partnerships with other organisations eg Bradford District Care Trust.

A number of comments and observations were made including from the Chairman, that having clinicians involved in research was to be encouraged but asked what mechanisms and rewards processes were in place to achieve this goal. Mrs Wagner responded that the revalidation process had helped, although the Strategy had yet to determine a reward and recognition framework. Ms Hunter added that the Job Planning Scrutiny Group had made an explicit reference in their terms of reference to explore opportunities for clinicians to support R&D activity. It was agreed to reflect this approach in the R&D Strategy, and include recognition of innovation work already happening which would help to support the recruitment process.

**AWagner**

The Research and Development Strategy 2014-2019 was approved.

#### **255/14 PATIENT STORY**

Mr Dearden gave the background to the patient story which focussed on a patient's experience of the hospital services using a 'mystery shopper' methodology. It was noted that this was the first in the process of obtaining feedback in this way although the 'mystery shopper' patient had been involved in undertaking similar exercises in other hospitals. The main areas highlighted in the story were around the value of signage and clear information; cleanliness of wards and other areas; patient experience and the value of good information relayed by clinicians. The story highlighted a number of areas for improvement related to signage at Skipton hospital, public transport links, access to the site, car parking and patient "drop off zones".

The Board commented on the usefulness of the 'mystery shopper' methodology, which had provided a different perspective than that observed by those more familiar with the hospital sites. The Board also acknowledged the level of detail provided by the 'mystery shopper' which again had been particularly useful.

#### **256/14 NURSING MIDWIFERY STAFFING REPORT**

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

In presenting the Report, Mr Dearden said challenges were emerging in relation to nurse staffing recruitment and that despite a continued recruitment campaign throughout September, registered nurse applications had been low thereby resulting in low recruitment.

A number of points of clarification were requested by Directors regarding the data, which Mr Dearden explained. In response to a general comment by Professor Gregory regarding the base level of care support staff indicated by the data, Mr Dearden responded that he was not unduly concerned at this point in time as he was not aware of any difficulties in recruitment of care support staff. He referred back to his previous comment around the difficulties in the recruitment of registered nurses and his work with HR to maximise potential recruitment opportunities with Universities.

The Nursing Staffing Midwifery Staffing Report for September 2014 for was received and noted.

## **257/14 INTEGRATED GOVERNANCE DASHBOARD REPORTS**

Mr Copley presented the Integrated Governance Dashboard Report for September 2014. He drew attention to the summary of overall performance and the additional comparator data showing performance against the same point in 2013. The comparison with September 2013 highlighted a decline in performance and posed the question whether this was a warning indicator of an underlying issue.

The key exceptions highlighted for September 2014 related to the staff engagement and workforce development dashboards, showed staff sickness, staff job satisfaction and staff recommending the Trust as a place to work as declining in performance.

The Chairman referred to the continuing under performance in relation to Did Not Attend, to which Ms Hunter responded that Airedale has set itself a stretch target and actually benchmarked well against other Trusts. She acknowledged that performance could improve and to this end deploying an alert system for patients was noted.

## **258/14 FINANCE AND PERFORMANCE REPORT**

### **i) Finance Report**

Mr Copley presented the Finance Report for the period ending 30 September 2014. He said the overall financial position showed a surplus of £40k against a planned surplus of £11k ie £29k better than plan, with EBITDA £37k worse than plan and PBR income of £46k above plan – this was driven mainly by high cost drugs off-set by costs, non-electives, direct access and therapy services. The Cost Improvement Programme was £114k better than expected due to improvements over the previous two months. The non-elective 70% threshold reduction was £437k to the end of September, which it was noted if this funding was forthcoming the Trust's financial position would be significantly improved. The recurrent CIP gap continued to be managed through the Trusts Right Care Portfolio of programmes.

Mr Copley concluded his Report by stating that he was mindful of the decreasing trend of downward income moving into month 6.

### **ii) Performance Report**

Mr Copley presented the Executive Performance Report for September 2014 and highlighted the following key points.

The 2014/15 standard national contract requires all provider Trusts to deliver the 18 week standards at individual specialty level each month with potential financial penalties for non delivery. In quarter 1 some specialties had not managed to achieve the standards which it was noted could lead to a potential financial penalty of approximately £62.6k being applied in total. During the contract negotiations, a number of discussions had been held regarding whether enough activity was being commissioned for some of these services to support specialty level performance. The Board were asked to note that additional funding had now been received and the Trust was currently negotiating with NHS England regarding information requirements. He added that the Trust would be on track to deliver back to plan by December.

The overall position with regard to A&E/ambulance handover had continued to improve across Q2 compared to Q1 with a reduced number of breaches in two of the three months in this period.

As previously discussed following continued pressures, the position for both the stroke and TIA standards remained below the required thresholds, however the stroke position had generally improved in Q2 compared to Q1. As a result of the continuing position, the Trust had received a performance notice from the CCGs during Q2. As previously reported by Ms Hunter, plans were continuing to be worked on regarding the service provision going forward working with the Commissioners and the Stroke Network.

The draft position for the 2014/15 CQUINs indicator was noted.

In response to the Chairman's question around changes in GP referrals, Mr Copley confirmed that GP referrals had increased however the efficiency of processing the work and the case mix had resulted in delays in confirming appointments. The involvement of GPs in designing models of care and participation in the Right Care Programmes was acknowledged.

The Finance and Performance Report was received and noted.

#### **259/14 OPERATIONAL AND CAPACITY PLANNING STRATEGY FOR WINTER 2014/15**

Ms Hunter presented the final draft of the Trusts Operational and Capacity Planning Strategy for Winter 2014/15 for approval. In doing so she highlighted section 3 of the Plan relating to capacity management and resilience, and the improvements to the bed management process which would be implemented taking the learnings from the previous Winter Plan. It was noted that the Trust had received notification that a second tranche of SRG monies estimated at £782k was likely but was yet to be confirmed. Ms Hunter stressed that the planning strategy was predicated on the recruitment of additional nurses particularly registered nurses, ED and acute physicians. Also highlighted were the risks around the lack of seven day working in primary care and the continued increase in demand, and the national picture across acute providers.

After due consideration the Board approved the Operational and Capacity Planning Strategy for Winter 2014/15.

#### **260/14 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 reported that implementation of the Fit and Proper Person requirements had been delayed to mid-November. A further update would be provided at the next Board meeting.

**CoSec**

##### **ii) Appointment and Retirement of Non Executive Director**

The Board noted that the Council of Governors had approved the appointment of Mr Jeremy Cross as Non-Executive Director with effect from 1 October 2014.

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

During September 2014, the Charity received donations and legacies of over £16k and spent approximately £20k over this period. On behalf of the Charity, the Company Secretary as Secretary of the Charitable Funds Sub Committee thanked members of the public for their generous donations.

**261/17 BOARD ACTION PLAN**

The Board Action Plan was reviewed and those items deemed completed agreed for deletion from the schedule.

**262/14 ANY OTHER BUSINESS**

The Chairman referred to discussions held with Governors regarding the issue of Executive pay awards and the transparency of the decision making process. Accordingly, the Board Appointments Remuneration and Terms of Service Committee had discussed the transparency of the process. After consideration, the Committee had agreed to ensure the Annual Report contained a comprehensive explanation of the Executive pay decision making process.

**263/14 CLOSE OF MEETING**

The next meeting of the Board of Directors would be held at 9am on Wednesday 26 November 2014 in the Seminar Room, Airedale General Hospital.

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