

**MEETING OF THE BOARD OF DIRECTORS
HELD AT 9.00AM ON WEDNESDAY 25 FEBRUARY 2015
IN THE SEMINAR ROOM, AIREDALE GENERAL HOSPITAL, SKIPTON ROAD,
STEETON, KEIGHLEY**

PRESENT: Professor Michael I Luger, Chairman, (in the Chair)
Mr Andrew Copley, Director of Finance
Mr Jeremy Cross, Non-Executive Director
Mr Rob Dearden, Director of Nursing
Mr Ronald Drake, Non-Executive Director
Miss Bridget A Fletcher, Chief Executive
Professor Anne Gregory, Non-Executive Director
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
Mr David Birks, Member of the Public (item 33/15)
Mrs Debra Borsley, Principle Speech and Language Therapist (item 33/15)
Mrs Karen Dunwoodie, Patient Experience Lead (item 33/15)
Mr David Riley, Member of the Public (item 33/15)

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

30/15 DECLARATIONS OF INTEREST

There were no declarations of interest.

31/15 MINUTES OF THE BOARD MEETING HELD ON 28 JANUARY 2015

The minutes of the Board meeting held on 28 January 2015 were approved as a correct record.

32/15 MATTERS ARISING NOT COVERED ELSEWHERE ON THE AGENDA

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

33/15 PATIENT STORY

The patient story this month focussed on Parkinson's Disease and how therapy such as singing could help patients with their speech and also gain confidence. Karen Dunwoodie introduced Mr David Birks and Mr David Riley who were patients with Parkinson's Disease, along with Ms Debra Borsley, Principle Speech and Language Therapist. There followed a short video clip highlighting a singing therapy course that

had been initiated by Debra Borsley. Patients agreed that vocal cord therapy had helped them to become more aware of their speech and said the sessions were very positive and had an uplifting effect.

Mr Birks spoke of the shock at being diagnosed with Parkinson's Disease seven years ago. He said the singing therapy had helped a great deal and the exercises patients were given to do at home had proved very useful and beneficial. He said the Aire Unit provided vital support and that meeting other patients had been an integral part of the therapy.

Mr Riley informed the Board the therapy course had been very helpful and that he had gained a lot of confidence from attending. He asked the Board to reflect on the video clip and consider the fact that his fellow patients had asked him to relay the message they had also benefited from the therapy and that the Aire Unit was innovative. In response to a question about his expectations prior to attending the course, Mr Riley said he found it very beneficial and he thanked the Board for the opportunity to attend the meeting to tell this message.

Ms Borsley went on to explain the benefits of the therapy course and said this was a new initiative. She said Parkinson's Disease patients find activating their voices and smiling difficult and singing therapy helped them to achieve both. Singing also helped enhance patients' moods. A review session for all the patients would be undertaken in 12 months.

In response to a number of questions and comments, Mr Riley said the course had been motivational and he felt lucky to have been one of first 15 patients involved. Ms Borsley confirmed that it was her intention to publish the evidence-based results.

In response to a question from the Chairman, it was noted there were 100 patients currently waiting for this therapy. The need to look at commissioning therapy courses was acknowledged given that this supports the Trust's 'Right Care' strategy.

Dr Toop thanked Messrs Birks and Riley for attending the meeting to talk about their experiences and for wanting to 'give something back'. He also acknowledged the work Ms Borsley had done via the therapy session.

At this point Mr Birks, Mr Riley and Ms Borsley left the meeting.

The Board then discussed the impact of the singing therapy course on the patients involved and agreed that it was incumbent on the Trust to give appropriate publicity of the evidence based outcomes to ensure an enhanced quality of care for patients was delivered. The platform in which to achieve this was discussed and the potential fit with the Right Care'/Extensivist model of care acknowledged.

The Chairman in concluding discussions said he would convey the Board's appreciation to Messrs Birks and Riley and Ms Borsley.

Chairman

34/15 CHAIRMAN'S BRIEFING

The Chairman's Briefing was taken as read.

The Chairman commented on the developments highlighted in the news today around the transfer of NHS funding to the local authorities in Greater Manchester and said this was an indication of how quickly things can move forward in the NHS. He also gave positive feedback from his meeting with David Bennett, Chief Executive, Monitor.

The Chairman's Report was received and noted

35/15 REPORT OF THE CHIEF EXECUTIVE

Miss Fletcher presented the Chief Executive's Report and in doing so drew the Board's attention to Appendix 1.

i) National Summary Developments

Update on 2015/16 Annual Planning Round 2015/16 National Tariff

Of particular note was the current position in relation to the national tariff and the fact that due to objections by providers exceeding 51%, the national tariff could not be implemented. Highlighted was the consideration by Simon Stevens to offer a voluntary tariff which was marginally in the Trust's favour given the efficiency factor had moved from 3.8% to 3.5% and the calculation of the emergency tariff. Providers had until 4 March to decide whether to proceed with the Enhanced Tariff Option or the default tariff which would be based on 2014/15. Mr Copley advised the Board that he would be recommending the Board support the Enhanced Tariff Offer.

Francis 'Freedom to Speak Up' Review

Miss Fletcher expressed the importance of the document to the Board and outlined the two key recommendations listed with the Chief Executive's Report. She confirmed the Director of Nursing would be leading the Review.

Mr Drake made reference to the links between the Reviews and the Trust's whistleblowing process, to which the Board was asked to reflect on the impact and degree of process overview that should be delegated to the Audit Committee given whistleblowing was within its terms of reference. Mr Dearden gave assurance that colleagues' views would be sought as part of the 'true for us' exercise. He reminded the Board of the need to be proportionate given the vast amount of regulatory information being produced. Miss Fletcher commented that over-regulation did not improve quality per se, and that the Trust's role was to create a culture of learning. She said the Quality Improvement Framework currently being drawn up would also help to take this forward.

Professor Gregory asked whether the Trust could define what proportion of its budget was spent in order to meet its regulatory requirements and commented that it was important that this information was in the public domain. Miss Fletcher said a piece of work could be undertaken to determine this, but also reminded the Board that there were specific standards providers had to meet and cited the required levels of A&E staffing as one area in particular. Miss Fletcher suggested that a more detailed conversation be held at the Board strategy session focussing on nurse staffing levels.

RDearden

Focus on Avoidable Deaths

Miss Fletcher drew the Board's attention to this section of the report and highlighted the requirement for the Chairman to confirm in writing to the Secretary of State for Health the measures being taken to reduce the number of avoidable deaths in the Trust. She assured the Board work had been ongoing around this prior to the announcement by the Secretary of State for Health.

Chairman

Guidance: Transfer of 0-5 Children's Public Health Commissioning to Local Authorities

The plans to transfer the planning and funding for public health services for 0-5 year olds to local authorities was outlined particularly in the context of the news discussed earlier in the meeting in relation to NHS funding in the Greater Manchester area.

ii) Local Health Care Developments

New Models of Care Update

Miss Fletcher reminded the Board of the Trust's expression of interest application in a blended Multi Specialty Community Provider/Primary and Acute Community System Model and said the Trust was expecting to hear later today whether it had been successful in reaching the next stage.

Miss Fletcher gave an update on the current situation regarding stroke services and said the meeting with the external stakeholder group led by the CCG scheduled for early February had been cancelled. She informed the Board that she was hopeful a solution could be reached and gave assurance that she would continue to lobby to find a resolution.

Workforce Update – Staff Reward and Recognition Scheme

Miss Fletcher confirmed nominations for the monthly Pride of Airedale awards continued to be submitted and that the scheme was being well received. Of note was that the first Pride of Airedale Awards Ceremony taking place the following evening. The response rate for nominations had been high and was very well supported throughout the organisation.

In response to Mrs Houghton's question regarding the funding of the Mutually Agreed Resignation Scheme (MARs), Mr Parker said that staff leaving the Trust under MARs would do so during the 2015/16 financial year. He confirmed that the scheme was self-funding. The Board noted the requirement for an adequate financial contingency in 2015/16 to meet the associated costs.

The Report of the Chief Executive was received and noted.

36/15 RIGHT CARE PORTFOLIO REPORT

Miss Fletcher presented the Right Care Portfolio Report and in doing so confirmed this was a report against each of the workstreams. She encouraged the Board to view the Right Care progress reports that were on display in the Trust HQ Corridor and confirmed the Right Care Programme was gaining momentum.

Dr Toop asked for a brief update on the recent Clinical Workshop, which Mr Mainprize duly provided. He said the two main models discussed were GP Plus which focussed on prevention, and the Extensivist Model whereby consistency of care was key for patients when in hospital and following discharge from hospital. He said the plan was for a blended health and social care model. Mr Mainprize confirmed the CCG were seeking a go-live date of July although recruitment may result in delayed implementation. He stressed there was a need to ensure this was the right way forward for patients and therefore October 2015 would be a more realistic target date.

With regard to improving patient flow, Dr Toop questioned the timeframe for ensuring the target relating to 'patients home by 2pm policy' and asked whether this was achievable. Ms Hunter explained the role of the Senior Nurse, Transformation and outlined the work that was ongoing in trying to understand the barriers to this being implemented. She explained there were reasons for this work being behind target and that this was also a national issue. She confirmed that following the Quality Account event held in Keighley during October, patients had asked whether prescriptions could be issued directly to their local pharmacy for collection. She informed the Board that the Trust was very supportive of this process change and was being actively discussed with the CCG. In response to a question from Mr Cross around the implementation of e-prescribing on the wards, it was noted this had been piloted and would be rolled out onto additional wards during the week. In concluding discussions, Ms Hunter said the Trust would take a view on the way forward following

the completion of the work undertaken by the Senior Nurse, Transformation.

Mrs Houghton asked for a progress update on CIPs and specifically the target for the Women's and Children's Group. Ms Hunter explained the difficulties the Group had in achieving its CIP target given the scope for achieving efficiencies on on-pay expenditure was limited. Progress was however being made to reduce the CIP backlog. Dr Toop asked if the Group's CIP target had been realistic and sought assurance that realistic CIP targets were being set. Ms Hunter explained the approach taken when setting the efficiency programme adding that the Group had experienced a number of unforeseen circumstances, which in turn had meant an increase in medical and agency costs. Also noted was the department had been set the lowest CIP of all the Groups.

In response to comments from Professor Gregory regarding performance of the Digital Care Programme, Mrs Wagner reported that the original CIP target had included the realisation of financial benefits arising from changes to the medical records, however this was now being concluded within a different timescale. She confirmed that patient letters were now being sent to GPs electronically which would show a cost saving. Ms Wagner acknowledged the social benefits of digital care would need to be captured in future Right Care reports.

Mr Drake sought assurance that the Trust would not be losing skilled staff as a result of the MAR Scheme. Mr Parker responded the skill base of staff was part of the scheme criteria and taken in to account as part of the overall transformational restructuring programme. He added that line managers and Staff Side representatives were included and consulted on as part of the process.

The Right Care Portfolio Report was received and noted.

37/15 NURSING MIDWIFERY STAFFING REPORT

Mr Dearden presented the Nurse Midwifery Staffing Report for January 2015. In doing so he confirmed staff had experienced considerable pressures during January and paid tribute to the hard work of all staff in delivering services to patients. Of note was that the Trust had up to 77 additional beds open during this period which represented just over a quarter of the Trust's total bed occupancy. He assured the Board that staff had been supported during this difficult period.

Dr Toop asked whether there were clear boundaries in acknowledging extreme/reasonable stress levels and what measures were in place to gauge the impact of pressures on staff in acute situations. Ms Hunter explained how both hard and soft metrics were used to evaluate where the stress points were in the organisation. She cited the use of a number of mechanisms, for example, staff pulse surveys, SPIs and the Trust's Health and Well Being Programme. She also made reference to the Trust's procedures in place to respond to high activity from an operational perspective. Ms Hunter concluded by stating the systems in place to support staff and gave assurance that she would have made the Board aware of any instances where the situation had not improved.

In response to a comment from Mrs Houghton regarding the recent ward change for private patients, Ms Hunter explained that private outpatients were still being accommodated on Ward 19. Mrs Houghton also commented on the impact on private patient income and said the Trust should not set itself unrealistic income targets for 2015/16.

The Nursing Midwifery Monthly Staffing Report for January 2015 was received and noted.

38/15 INTEGRATED GOVERNANCE DASHBOARD REPORTS

In presenting the Integrated Governance Dashboard Report for January 2015, Mr Copley drew the Board's attention to the Trust's current performance compared with previous performance. He outlined the fact the Trust had seen an increase in pressures and highlighted the Friends and Family Test, staff engagement and sickness levels as areas where there had been a decline in performance. Following a comment from Dr Toop about the worsening finance and performance position, Mr Copley said this was linked to the extreme pressures that had been experienced during December and January. Miss Fletcher gave assurance that the Integrated Governance Dashboards were reviewed in detail at the Executive Assurance Group and via the Board Assurance Framework on a monthly basis and therefore the Executive Directors were sighted on the situation.

With regard to the Outpatient DNA rate, Ms Hunter confirmed that from April onwards the Trust would put in place a stretched target which would be reflected in future Dashboard Reports.

Mr Parker reported that the increase in staff sickness levels had been due to colds, flu and seasonal D&V, particularly for nursing staff and Health Care Support Workers. However, for other areas of the workforce the sickness figures had remained static.

The Integrated Governance Dashboard Report for January 2015, was received and noted.

39/15 FINANCE AND PERFORMANCE REPORT

i) Finance Report

Mr Copley presented the Finance Report ending 31 January 2015.

The overall financial position showed a surplus of £393k against a planned surplus of £275k.. The CIP was £72k better than expected with a strong cash and liquidity position and the Trust was on target for a balanced position at year end. Mr Copley clarified the reasons for the reduced agency costs and the increase in the payment by results contract as asked by Dr Toop and Professor Gregory, respectively.

The Finance Report was received and noted.

ii) Performance Report

Mr Copley presented the Executive Performance Report for January 2015 which was received and noted.

iii) Emergency Care Standard Report

Ms Hunter presented the Emergency Care Standard Report and in doing so informed the Board the Trust had failed to deliver the 4 hour Emergency Care Standard for January 2015. She updated the Board on the current position and confirmed the position to date was 95.55%; the position for February was 96.23% and the Quarter position was 94.78%. She informed the Board that a second winter peak was expected and staff were continuing to work hard to deliver care to patients. She apologised on behalf of the Trust to those patients who had waited longer than the 4 hour standard.

In response to a comment from Mrs Houghton in relation to the cluster of bank holidays around Easter the previous year, Ms Hunter confirmed the Trust was looking at putting plans in place given the similarity of bank holiday dates this year.

The Emergency Care Standard Report was received and noted.

iv) 62 Day Cancer Target Report

Ms Hunter presented the 62 Day Cancer Target Report and informed the Board that whilst historically the Trust had delivered all the measures, the standard had failed in January. She gave the background to the failure of the standard and explained that some patients would have taken longer to diagnose due to the complexity of their cases. She assured the Board a root cause analysis had been undertaken for all patients affected and confirmed meetings were taking place with each Clinical Lead and Clinical Nurse Specialist to review the findings. She gave assurance that all the patients affected had now received treatment and that the Trust was taking learnings on board and the focus was now on recovering the position.

The 62 Day Cancer Target Report was received and noted.

40/15 QUALITY ACCOUNT Q3 REPORT

In presenting the Quality Account Q3 Report, Mr Mainprize drew attention to the sustained downward (positive) shift relating to the NHS Safety Thermometer for all pressure ulcers over the last four months. He also outlined the latest situation with regard to urinary catheterisation and was able to assure the Board that following an audit of the procedure, patients were being catheterised appropriately.

He then highlighted the summary paper that had been produced to accompany the Quality Account. Mrs Houghton commented in relation to radiation errors and asked whether there were any similarities between cases. Mr Mainprize confirmed this was not the case and assured the Board that none of the patients affected had come to documented provable harm.

Mrs Houghton asked for clarification of the falls categorisation of 'found on floor' and whether this helped in understanding the causation. Mr Dearden said this category related to an unwitnessed fall and gave assurance that a detailed analysis was undertaken of all falls. The Chairman commented on the work of Dr Mahmood Adil who was a specialist in falls and suggested it may be beneficial to look at the work he had undertaken in reducing falls. Mr Dearden agreed to take this forward.

RDearden

In response to a query around the availability of equipment and in particular low beds, Mr Dearden confirmed this equipment can break from time to time, however the Trust was in the process of ordering additional low beds to supplement the current stock.

Mr Mainprize explained as part of his report the process by which the SHMI data is calculated and the reasons for the time lag in being able to present the benchmarking data.

Professor Gregory commented on the section relating to medication incidents and asked Mr Mainprize whether he thought this was high. He confirmed that a deep dive was undertaken into each case and that the Trust was in line with other organisations in this area.

The Quality Account Q3 Report was received and noted.

41/15 HEALTHWATCH NORTH YORKSHIRE ENTER AND VIEW REPORT

Mr Dearden presented the Healthwatch North Yorkshire Enter and View Report following their visit to the Trust on 3 November 2015 and said this had been the first visit undertaken by that Group. Overall the report was very positive but there were some recommendations to be put in place.

Mr Drake commented this was a snapshot of four particular areas and asked what assurances the Trust had received for other areas throughout the organisation. Mr Dearden clarified the scope of the report and said Healthwatch had specified the departments they wanted to visit.

Mrs Houghton commented that the Service Provider Response section did not appear to respond to all the issues raised in the report; given this document was in the public domain she asked for clarity. Mr Dearden agreed to pick this point up with Alison Fuller, Assistant Director Healthcare Governance.

RDearden

In conclusion, the Chairman asked whether this Report had been communicated to staff. Ms Hunter confirmed that was the case and that she would ensure staff were commended for providing consistent safe patient care.

SHunter

42/15 COMPANY SECRETARY'S REPORT

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

i) CQC Regulations Update

The Company Secretary outlined the CQC Guidance that had been issued for providers regarding the Regulations, Enforcement Policy and Memorandum of Understanding. The Board duly noted this Guidance.

ii) Register of Policies

The Register of Policies was received and noted. The Board were informed that all Trust Policies were now in date and work was ongoing to merge policies where appropriate.

iii) Board Work Programme

The Board were informed that some of the items on the Board Work Programme may have to be delayed due to the restrictions placed on public bodies during the pre-election period. The Company Secretary would keep the Board informed. The 2015 Board Work Programme was received and noted.

iv) Airedale NHS Charitable Funds Report

During January 2015 the charity received donations and legacies of almost £7k and spent approximately £16.5k during this period. On behalf of the charity, Mrs Houghton, Chair of the Charitable Funds Sub Committee thanked members of the public for their generous donations.

v) Board Action Plan

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

43/15 ANY OTHER BUSINESS

Mr Mainprize informed the Board the Palliative Care Team for Bradford, Airedale Wharfedale and Craven had been successful in reaching the finals of the BMJ Palliative Care Team Awards. The Board congratulated the Team.

44/15 CLOSE OF MEETING

The next meeting of the Board of Directors would be held at 9am on Wednesday 25 March 2015 in the Seminar Room, Airedale General Hospital.

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

**MEETING OF THE BOARD OF DIRECTORS
HELD AT 9.05AM ON WEDNESDAY 25 MARCH 2015
IN THE SEMINAR ROOM, AIREDALE GENERAL HOSPITAL, SKIPTON ROAD,
STEETON, KEIGHLEY**

PRESENT: Professor Michael I Luger, Chairman, (in the Chair)
Mr Andrew Copley, Director of Finance
Mr Jeremy Cross, Non-Executive Director
Mr Rob Dearden, Director of Nursing
Mr Ronald Drake, Non-Executive Director
Miss Bridget A Fletcher, Chief Executive
Professor Anne Gregory, Non-Executive Director
Mrs Sally Houghton, Non-Executive Director
Mr Karl Mainprize, Medical 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
Mr Matthew Smales-Cresswell (item 64/15)
Mrs Wendy Winterbottom, Assistant Company Secretary

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

An apology for absence was received from Dr Mike Toop, Non-Executive Director.

59/15 DECLARATIONS OF INTEREST

There were no declarations of interest.

60/15 MINUTES OF THE BOARD MEETING HELD ON 25 FEBRUARY 2015

The minutes of the Board meeting held on 25 February 2015 were approved as a correct record.

61/15 MATTERS ARISING NOT COVERED ELSEWHERE ON THE AGENDA

i) Patient Story (33/15)

Of note was that one of the patients that had attended the February Board meeting had joined a choral group. Mrs Wagner confirmed work was ongoing to publish an article on the work Debra Borsley, Principle Speech and Language Therapist was undertaking with patients suffering from Parkinson's Disease. The Chairman also confirmed he had written to Messrs Birks and Riley to convey the Boards appreciation for their attendance at the previous meeting.

62/15 PATIENT STORY

The patient story this month focussed on the care and treatment of Mr Matthew Smales-Cresswell, a member of staff at the Trust. Mr Smales-Cresswell had agreed to attend the meeting to relay his story following a diagnosis of appendicitis. He described the symptoms he had experienced and the care pathway from his GP through to being admitted as an inpatient. Of note was the fact that although he had been informed the ward was expecting him, upon arrival at hospital it became apparent this was not the case. He said communications initially had not been clear however, eventually the situation had been resolved and the appropriate treatment had taken place.

Mr Smales-Cresswell went on to highlight the fact that at both the GP consultation and twice when in hospital, a pressure test on his appendix had been undertaken which caused him great discomfort. He also outlined a minor complication that had occurred following his surgery. He said that an explanation as to why this had happened and reassurance around whether it would heal fully was not forthcoming on discharge from hospital which had been a concern.

He went on to assure the Board that despite the initial problems he had experienced, the level of care and the medical treatment he received from both the surgical team and the staff on the ward had been excellent although lessons could be learned around effective communication with patients particularly at the point of admission. The process around discharging patients with the correct information was also important.

Mr Dearden, on behalf of the Board, thanked Mr Smales-Cresswell for attending the meeting to relay his experiences. The importance of ensuring the patient experience was as good as it could be was acknowledged and this should be addressed via the Right Care Programme. The need to look at the discharge process was also acknowledged. Mr Mainprize gave a medical opinion around the same test being performed three times and the discomfort this had caused for the patient. The need for clinicians to ensure they listen to patients was highlighted. The importance of using transformational programmes to ensure this was addressed going forward was acknowledged.

At this point Mr Smales-Cresswell left the meeting.

63/15 CHAIRMAN'S BRIEFING

The Chairman's Briefing was taken as read.

The Chairman commented on the importance of networking and maintaining partnership working. The need to continue to focus on the relationships with the CCGs was highlighted.

The Chairman's Report was received and noted

64/15 REPORT OF THE CHIEF EXECUTIVE

Miss Fletcher presented the Chief Executive's Report,

i) National Summary Developments 2015/16 Planning Round

Miss Fletcher informed the Board that given the ongoing national discussions regarding the Tariff, the Trust had decided to opt for the Enhanced Tariff Option ('ETO'). Miss Fletcher reported that most FT's with the exception of the Shelford Group had accepted the ETO and explained the rationale, in that as Specialist

Centres they would be affected greater by the tariff change due their case mix.

Devo Manchester

In response to a question around the recently announced funding arrangements in Manchester and what this could mean for Trust if rolled out nationally, it was noted that advice would need to be taken given the imminent pre-election period ('purdah'), before this could be discussed at Board level.

NHS Forward View Into Action: *New Models of Care Vanguard*

The Board were informed the Trust's Vanguard application had been successful. The Trust would therefore be hosting a visit by NHS England and Monitor to review the Trust's plans for enhancing patient care in nursing homes. The Board would be kept informed of the outcome of this visit and it was suggested a discussion take place at the next Board Strategy Session to ascertain the work that would be required in order to deliver this. The need to be mindful of ensuring appropriate Governance was in place when working with multi -agencies and partners was acknowledged.

Mr Drake reported he had been approached by a number of pressure groups who had referred to the term 'Vanguard' as 'whole scale contracting-out of services'. The need to raise this with Sam Jones, New Models of Care Director for clarity was noted given that the name of the programme to 'Vanguard' had been changed previously. Also of note was that discussions on the Trust's application had taken place at the Integration Change Board (ICB) whereby they had confirmed their support. Positive feedback had also been received from Bradford District Care Trust including how they could add value.

In response to a comment from Mr Drake regarding the governance arrangements for the developing Vanguard Programme, Miss Fletcher confirmed that the next Board Strategy meeting would focus on partnership working.

The Board noted that the Bradford mutual bid – Accountable Care System - had not been successful.

Jimmy Savile Investigation

The Board were informed that a full review of the Trusts systems and processes was being undertaken in light of the further reports issued in relation to Jimmy Savile.

£188m Bailouts Switched to Loans

Miss Fletcher highlighted this section of the report relating to difficulties this could pose for Foundation Trusts.

Monitor Announcements

The recent Foundation Trust authorisations were highlighted within the Report. Also noted was the investigations that had been launched into a number of northern FTs. Miss Fletcher said there was the possibility of an increase in the shift of resource allocations between the north and south with a possible increase in the number of northern FTs declaring financial difficulty.

ii) Airedale Foundation Trust Update

Q3 Monitor Review

The Boards attention was drawn to the Monitor letter appended to the Report and the COSRR rating of 3 and governance risk rating green. Mr Copley highlighted the difficulty in maintain a COSRR of 3 going forward, given the fact the Trust would be likely to come under increasing financial pressure due to the current challenges and the increase in emergency activity. He added that he had clarified the reference in the letter to financial headroom with Monitor, and been given assurance that the same message had been given to all FTs.

Accident and Emergency 4 Hour Treatment Time Standard

Miss Fletcher commented that meeting the A&E 4 hour standard continued to be a challenge, however the position for both March and the Quarter was above the 95% target. With regard to the cancer waiting times, this was being managed and Miss Fletcher said she was hopeful the position would improve although this could not be confirmed until April. Following a query from Professor Gregory on failure of this target, Ms Hunter said the reasons were as reported via the Exception Report at the last Board meeting and gave assurance that she was confident lessons had been learned. She also highlighted the difficulties in tracking complex cancer patients and said changes in the systems and processes that underpin this had been made.

Workforce Update – Pride of Airedale

Miss Fletcher highlighted the success of the recent Pride of Airedale Award Ceremony that had taken place the previous month. Mr Drake expressed his thanks to the Executive Team for a successful event and all members of staff who had received a nomination and an award.

The Report of the Chief Executive was received and noted.

65/15 RIGHT CARE PORTFOLIO REPORT

Miss Fletcher presented the Right Care Portfolio Report and in doing so confirmed she would take the paper as read. She highlighted the progress against each of the programmes and drew attention to the slightly different layout of the Report. She asked the Board whether this detailed style of reporting was what the Board wanted to receive. Positive comments were fed back and the different reporting style was welcomed; the fact that visuals had been included was acknowledged as helpful.

Professor Gregory drew attention to the number of red indicators on the workforce dashboard and asked if there were any items of specific note for the Board in relation to these. Mr Parker said there were timing issues in that some of the targets had been set in year one, however the expectation had been these would not be achieved until year two and therefore some of the programmes had been rolled over into year two. Discussions then took place around the importance of closing the CIP gap for surgical services during 2016/17. Discussions also centred on the improved position within the Theatres work programme. Miss Fletcher outlined there had been a number of improvements made in anaesthetics which had had a positive impact.

Mrs Wagner stressed the importance of Right Care engagement and invited the Board to contribute to the picture messages being put on display throughout the Hospital.

In conclusion, it was agreed to continue with the new style of Report layout.

The Right Care Portfolio Report was received and noted.

66/15 NURSING MIDWIFERY STAFFING REPORT

Mr Dearden presented the Nurse Midwifery Staffing Report for February 2015. In doing so he confirmed activity had reduced to a more acceptable level. Staff sickness had been quite high with Norovirus and respiratory problems cited as the main reasons for absence.

Mr Dearden then assured the Board of the active recruitment strategy that was in

place and confirmed the Trust had been more successful in recruiting nursing staff with ten Registered Nurses being recruited into post, plus 21 students were due to take up their placements at the Trust from September 2015. He assured the Board the Trust was not complacent in relation to nurse recruitment and would align nurse recruitment to an option appraisal following completion of the safer nursing care tool. He gave assurance the Trust would be planning for the following winter, although he did point out that the Trust would also likely need to look at overseas recruitment.

Mr Drake asked in relation to the Harden Ward and whether staff on this ward were included in the overall staffing numbers. Mr Dearden confirmed the staff on the Harden Ward were aligned to the nursing bank and that nurse staffing numbers on the ward were increased during the winter months when appropriate.

Professor Gregory commented on the fill rates for Health Care Support Workers and what the knock-on effect of this was. Mr Dearden gave assurance that the Trust did not have issues in relation to the recruitment of Health Care Support Workers and confirmed wards were staffed accordingly. Also of note was the fact that should patients require specialist care a Health Care Support Worker would be allocated to each patient. He added that a review of bed pressures took place on a daily basis and staff were allocated to each of the wards depending on activity.

Miss Fletcher then outlined the work that was being undertaken in relation to nurse staffing and assessment against a national tool and said this would be presented to either the April or May Board meeting.

RDearden

The Nursing Midwifery Monthly Staffing Report for February 2015 was received and noted.

67/15 INTEGRATED GOVERNANCE DASHBOARD REPORTS

In presenting the Integrated Governance Dashboard Report for February 2015, Mr Copley drew the Board's attention to the pressures in relation to finance and performance, staff and workforce. With regard to staff and workforce, Mr Parker confirmed the upward trend in staff sickness but noted that it had begun to decline recently. Also of note was the fact the high staff turnover figures for February related to the concluding MAR scheme. He assured the Board that the Trusts actual turnover rate was low when benchmarked against other NHS Trusts.

The deterioration within finance and performance was linked to the pressures within the stroke service, cancer and CQUINs and partly due to the recent increase in activity.

The Integrated Governance Dashboard Report for February 2015 was received and noted.

68/15 FINANCE AND PERFORMANCE REPORT

i) Finance Report

Mr Copley presented the Finance Report ending 28 February 2015.

The overall financial position was a deficit of £83k against a planned deficit of £428k, £345k better than plan. The CIP was £129k better than expected however the need to close the gap within 2016/17 was highlighted. The deficit was ahead of plan linked to non recurrent underspends and the improvements in CIPs non-recurrently. Also highlighted was the impact on income during February due to the reduced number of working days.

Mr Copley informed the Board that following a review by the District Valuer, the value of the site had reduced by £2m, which would mean an increased technical deficit for this year but that would be offset somewhat by a reduced charge for depreciation.

With regard to contracts, year end settlements were coming in as expected however the challenge to the CCG in relation to the Non Elective 70% threshold remained unresolved at present.

Finally, Mr Copley confirmed the cash and liquidity position was strong and the capital programme was on plan.

The Finance Report was received and noted.

ii) Performance Report

Mr Copley presented the Executive Performance Report for February 2015 and highlighted the following key points.

- Improved amber rating for A&E
- CDiff infections stood at 10 cases against a national target of 9 and de minimus of 12.
- Pressures remained within the 62 day cancer target.
- Ambulance handover for 60 minutes had improved however there were still pressures in relation to the 30 minute handover.

The Chairman asked for an update regarding inpatient and outpatient waiting times, to which Mr Copley said the CCGs had been unable to fund all 18 weeks speciality levels and he assured the Board the Trust was in discussion with the CCG regarding this.

Mr Cross commented in relation to discharge standards. Ms Hunter explained this was a 2 year CQUIN with clear milestones of achievement set out. However, she reminded the Board achievement of this was predicated on multiple providers which therefore impacted on the Trust.

The Performance Report was received and noted.

69/15 STAFF SURVEY REPORT

In presenting the Staff Survey Report, Mr Parker drew attention to the fact that when compared to the previous year's results the outcome of the survey had been disappointing. The need to look at the results in context was required as it had been undertaken during a time of huge activity pressure throughout the Trust and national industrial action. Also of note was the shift in staff indicating a response of *neither agree or disagree* in some categories. He then went on to outline the key issues namely in relation to;

- work pressures
- quality of line management
- clinical concerns of some staff groups
- Senior manager communications with staff
- experiences linked to the different staff groups

He said the next steps for the Trust in addressing these areas would be included within the Trust's People Plan.

Mr Cross commented that he felt encouraged by the level of focus and queried whether line managers were being held to account for the results in their respective departments to enable improvements to be made where required. Miss Fletcher said the importance of line management accountability and the need to take responsibility was key to enabling transparency within departments. She assured the Board the Trust did have in place various leadership programmes to enable development of the workforce in this area.

Professor Gregory acknowledged the hard work Mr Parker and the HR department had undertaken to support staff. In commenting on the calibration of responses, she highlighted the fact that staff within the Trust may set themselves high targets of achievement. Mr Parker confirmed there was evidence to support this and that staff aspirations were high.

The Staff Survey Report was received and noted.

70/15 QUALITY IMPROVEMENT STRATEGY AND QUALITY ASSURANCE FRAMEWORK

Mr Mainprize said he would take the documents as read. The Chairman relayed a message from Dr Toop, that he was supportive of both the revised Quality Improvement Strategy ('QIS') and Quality Assurance Framework ('QAF'). Mr Mainprize highlighted the fact it was important for every member of staff to contribute to patient care and that there had been extensive consultation with patients, partners and staff in the production of the Strategy.

Mr Mainprize then presented the QAF and said the aim of the document was to set out what accountability and what this would mean across the Trust. He explained the restructure of the Clinical Specialty Assurance Committee (CSAC) and what that would mean going forward. Mrs Houghton commented on the membership of CSAC given there was no reference to NEDs in the narrative. Mr Mainprize confirmed the membership would remain the same. Also of note was that new Terms of Reference for CSAC would be drawn up and confirmation was given that all Committee's and Group's Terms of Reference would be reviewed annually to ensure they remained fit for purpose.

The Chairman suggested these documents be presented to the Governors which **KMainprize** was duly agreed.

The Quality Improvement Strategy and Quality Assurance Framework were approved.

71/15 COMPANY SECRETARY'S REPORT

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

i) Director's Year End Declarations

The Company Secretary outlined the year end requirement for Directors to declare any material interests for recording in the Register of Interests. She drew attention to the Register attached as Appendix 1 and highlighted the need for Directors to inform the Company Secretary of any updated information now and on an ongoing basis. The Board duly received and noted the Directors interests for the year ended 31 March 2015.

ii) Airedale NHS Charitable Funds Report

During February 2015 the charity received donations and legacies of over £10k including a donation of c.£3,000 from Hexadex Ltd for the Emergency Department Appeal. The Charity spent approximately £68k during this period including the purchase of patient monitoring equipment for the new Emergency Department totalling £50k and £2k to help support the new Patient Information Hub. On behalf of the charity, Mrs Houghton, Chair of the Charitable Funds Sub Committee thanked members of the public for their generous donations.

iii) Board Action Plan

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

72/15 ANY OTHER BUSINESS

There were no items raised.

73/15 CLOSE OF MEETING

The next meeting of the Board of Directors would be held at 9am on Wednesday 29 April 2015 in the Seminar Room, Airedale General Hospital.

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