

**MEETING OF THE BOARD OF DIRECTORS
HELD AT 10.00AM ON WEDNESDAY 30 SEPTEMBER 2015
IN THE SEMINAR ROOM, AIREDALE GENERAL HOSPITAL, SKIPTON ROAD,
STEETON, KEIGHLEY**

PRESENT: Mr Ronald Drake, Non-Executive Director (in the Chair, to item 202/15)
Professor Michael I Luger, Chairman (in the Chair from item 202/15))
Mr Andrew Copley, Director of Finance
Mr Jeremy Cross, Non-Executive Director
Mr Rob Dearden, Director of Nursing
Miss Bridget A Fletcher, Chief Executive
Professor Anne Gregory, Non-Executive Director
Mrs Sally Houghton, Non-Executive Director
Ms Stacey Hunter, Director of Operations
Mr Karl Mainprize, Medical Director
Mr Shazad Sarwar, Non-Executive Director
Dr Mike Toop, Non-Executive Director
Mrs Ann Wagner, Director of Strategy and Business Development
(except 216/15ii) to 219/15)

IN ATTENDANCE:

Mrs Jane Downes, Company Secretary
Mr Nick Parker, Head of HR
Mrs Wendy Winterbottom, Assistant Company Secretary
Ms Denise Todd, Matron Surgery and Endoscopy (item 212/15)

Also in attendance were Governors and staff members.

Mr Drake explained that the Chairman had been delayed and would attend the meeting in due course. Mr Drake took the Chair.

211/15 DECLARATIONS OF INTEREST

There were no declarations of interest.

212/15 PATIENT STORY

Mr Dearden welcomed Denise Todd, Matron for Surgery and Endoscopy to the meeting to present the story about the '*Hello My Name Is*' initiative that had been officially launched at the Trust's open day.

Matron Todd explained a review had been undertaken of patient feedback on the NHS Choices website whereby there had been some negative comments in relation to ward 19. In order to give context to the patient story Matron Todd explained the layout of the ward and said all the beds were in private side rooms.

She reported that an in-patient had experienced various healthcare professionals entering their room throughout the day and was concerned that none of these

members of staff had introduced themselves or explained why they were there. Following feedback from both this patient and the relative of a previous patient who had raised similar concerns, the Ward Sister recognised that staff should introduce themselves to patients and explain the reasons why they were in the room.

Matron Todd explained that a Group established to look at how to improve this situation agreed that all staff throughout the hospital should introduce themselves when addressing patients and visitors, and proposed the launch of the '*Hello My Name Is*' initiative. To date the response from patients and their families has been positive and Matron Todd expressed the importance for patients in knowing who is providing their care. Work was continuing to ensure this is embedded throughout the organisation eg. all staff will in due course be provided with new ID badges which will include the wording, Hello My Name Is.

Professor Gregory asked for an explanation of the protocol regarding how patients address staff i.e. was it acceptable to refer to staff by their first name. Mr Dearden said the key element was that an appropriate introduction was given to patients, and confirmed patients and their families did have permission to address staff by their first name if they felt comfortable in doing so. Mr Cross asked whether Consultants were also taking this forward. It was noted that a small number of Consultants had a preference for being addressed by their honorific.

Miss Fletcher congratulated ward 19 on their work in addressing the issues that had been raised. She said this was a good demonstration of how staff felt empowered to make changes for the benefit of their patients.

The Board gave recognition to the work that had been done to put this initiative in place and the fact this meant staff were accountable to patients and were taking responsibility for their actions. The Board acknowledged the positive impact this would have for patients and their families and thanked Matron Todd for her time to attend the meeting to relay the story.

At this point Matron Todd left the meeting.

213/15 MINUTES OF THE BOARD MEETING HELD ON 29 JULY 2015 AND ANNUAL GENERAL MEETING HELD ON 30 JULY 2015

The minutes of the Board meeting held on 29 July 2015 were approved as a correct record.

The minutes of the Annual General Meeting held on 30 July 2015 were reviewed. Professor Gregory asked for clarity around the answer to the question relating to the percentage of readmission rates. Ms Hunter provided an explanation and it was agreed the minutes would be altered accordingly.

Co Sec

The minutes of the Annual General Meeting held on 30 July were received and noted.

214/15 MATTERS ARISING NOT COVERED ELSEWHERE ON THE AGENDA

i) 193/15(iii) Company Secretary's Report – Well-Led Framework

The Company Secretary confirmed the interim self-assessment feedback would be provided to the Board in October.

Co Sec

215/15 CHAIRMAN'S BRIEFING

In the absence of the Chairman it was agreed to defer presentation of the briefing until the Chairman joined the meeting.

216/15 REPORT OF THE CHIEF EXECUTIVE

Miss Fletcher presented the Chief Executive's Report and in doing so highlighted the following key areas.

i) National Developments

Miss Fletcher drew the Board's attention to the significant amount of information that had been issued over the summer months, particularly in relation to the financial position of acute providers. She drew attention to the comments from the Kings Fund and the Nuffield in particular. She said she had attended a recent event with the Chairman hosted by NHS Providers where the financial situation had been discussed and said it was clear the financial challenge over the coming years was significant.

She highlighted the media coverage regarding the provision of 7 day services and gave reassurance to the Board that the figures for the Trust in relation to deaths over the weekend verses weekday were within the Trust's expected range.

Attention was drawn to the section within the Report outlining the negotiations that were on-going in relation to the Consultant and Junior Doctors contracts. Also of note was that Jeremy Hunt, Secretary of State for Health was looking to change the law to reflect the fact that Foundation Trusts should be measured by their CQC rating.

Other areas that were drawn to the Board's attention included the number of Chief Executive posts that were vacant; the provider landscape and the fact consideration would need to be given as to what this would mean for Airedale; and, the comprehensive spending review that was due to publish in November. The commentary outlining the position for CCGs and the increasing push for using technology for patient care was also highlighted.

Miss Fletcher drew the Board's attention to a letter that had been received from Monitor in relation to safe staffing and the need for Trust's to be proportionate in their spending on agency staff given the cap on spending that had been put in place nationally. Mrs Houghton asked for assurances around how the Trust had managed to reduce its agency spend given the new national guidelines. Ms Hunter said the Trust had seen a decrease in its activity during July and August compared to previous years and the situation regarding vacancies had significantly improved. Miss Fletcher also reminded the Board of the fact the Trust had been asked at short notice to maintain the winter capacity which had not been factored into the Trust's plan.

Dr Toop commented on the financial position of the Trust and expressed his concern should the situation deteriorate. He also asked in relation to the Trust's efficiency savings and how realistic the timescale was for achieving these. Mr Copley responded and confirmed the Trust was looking at where it could make changes internally. He assured the Board of the Trust's strong liquidity position; however he said it would be difficult to deliver 5% efficiency year on year. He also said it was important to consider what the comprehensive spending review would mean for FTs particularly in relation to the tariff.

A detailed discussion followed focussing on the need to continue to support the local population and ensure patients' receive safe care. Professor Gregory asked what support the Non-Executive Directors could give in ensuring this was maintained. Miss Fletcher acknowledged the Board's support and said it was important to maintain this approach. She said it was important key messages were delivered to staff regarding how the required efficiencies would impact on the Trust following the outcome of the comprehensive spending review, and asked for support from the Board in taking this forward.

At this point Mrs Wagner left the meeting.

ii) Local Health Economy Developments

An update was given on the New Models of Care and in particular the Airedale and Partner Care Home Vanguard. The national lead, William Roberts was now in post and Helen Bourner, Commercial Director from Bradford District Care Foundation Trust had joined Airedale on a secondment as Care Home Vanguard Contracting Director. Miss Fletcher provided an update on the Urgent and Emergency Care Vanguard and said the bid had been successful.

Miss Fletcher made reference to the fact Kersten England, Chief Executive at Bradford Council was keen to look at what services could be provided collectively across the Bradford District. She had also held positive meetings with Cllr. Dave Green, Leader, Bradford Council.

iii) Airedale Foundation Trust Update

Miss Fletcher gave an update on the stroke service and said the new service was working well. The performance standard was above the required threshold and she paid tribute to the hard work of staff in achieving this.

At this point the Chairman joined the meeting and took the Chair.

The Report of the Chief Executive was received and noted.

217/15 CHAIRMAN'S BRIEFING

The Chairman's briefing was taken as read. He drew attention to the Charity Fundraising Steering Group and the proposal to form an advisory group comprising external local business people etc. He asked Directors to advise him of any useful contacts who could assist the Trust's fundraising activities. He assured the Board the advisory group would not have any official status and would be acting in an advisory capacity.

He also drew attention to the on-going discussions with Governors regarding their contribution to the Trust and asked the Board to consider how communication with Governors could be improved in order to make best use of their skills.

Also noted was a further meeting of the three local provider Chairs and Chief Executive's would be taking place focussing on the changing provider landscape.

218/15 FOOD AND DRINK STRATEGY

Mr Dearden said the Five Year Forward View required Trusts to have a Food and Drink Strategy in place. He paid tribute to the work by Katherine Jones, Head of

Dietetics who had produced the Strategy.

He informed the Board that a Board Task and Finish Group had been established to take the Strategy forward comprising multiple stakeholder input. He listed the main areas the Strategy would focus on and informed the Board that work was on-going to look at the food and drink that was provided throughout the hospital including the vending machines. He said a key element was the development of an implementation plan and asked for the Board's support in taking this forward.

In response to Dr Toop's question about the Trust's main food supplier, Sodexo, Mr Dearden said there had been a change in the way food was procured and also changes in provision, labelling and the presentation of food.

Mrs Houghton asked how the Trust could work with the Friends of Airedale to ensure the two shops provided healthier food options. Mr Dearden explained that the Volunteers had visited another Trust to look at how they had implemented a similar food and drink strategy. The need for clear product labelling and providing alternative options from a cultural point of view had been acknowledged and included in the plan being progressed by the dietetic department and Sodexo. The importance of considering the food and drink available in the hospital vending machines was highlighted given the need to offer a broad choice for patients and visitors particularly out of hours.

In concluding discussions, Mr Dearden confirmed the Trust had engaged with staff and Volunteers throughout the development of the Food and Drink Strategy and asked for views on whether the Board felt the Right Care cartoon should be included. This which was agreed.

The Board approved the Food and Drink Strategy.

219/15 RIGHT CARE PORTFOLIO REPORT

The monthly update report outlining progress and performance on the Right Care portfolio of programmes was received and noted.

Miss Fletcher highlighted the progress of all the Right Care Programmes and emphasised the focus on the Digital Care Programme and looking at alternative ways to implement an integrated health record. She said there continued to be good engagement from staff around identifying where savings could be made and asked the Board's opinion as to whether they felt the level of detail within the Report was appropriate.

Dr Toop asked what contribution Right Care had made towards the overall required savings. Ms Hunter explained the Trust was aiming to deliver approximately £5m of efficiency savings, (in line with the previous year) of which £3m savings had been achieved to date. Miss Fletcher outlined the importance of ensuring patients continued to receive safe care whilst making the required savings. She also said the Trust would need to look at the impact of the comprehensive spending review in November.

The Chairman in referring to the Digital Care Programme reported that Bradford THFT and Calderdale FT had recently commissioned a different digital patient record to that used by Airedale. The impact for Airedale in not being able to share electronic patient records across the patch was acknowledged in terms of potential financial savings.

In concluding discussions, the Board said the level of detail within the Report was sufficient. The Right Care Portfolio Report was received and noted.

At this point Mrs Wagner re-joined the meeting.

220/15 OPERATIONAL AND CAPACITY PLAN WINTER 2015/16 (FINAL)

Ms Hunter presented the final Operational and Capacity Plan Winter 2015/16. She drew attention to the changes to internal processes and ways of working within the Emergency Department implemented since presentation of the draft plan in July.

Ms Hunter informed the Board that local partners had not confirmed their winter plans. The on-going issues in relation to local authority spending cuts and the impact this would have for patients was noted. She reported that a number of care homes were de-registering which would have a significant impact on the availability of alternative provision for patients. This in turn would impact on the Trust and the community teams. The Chairman commented on whether the de-commissioned care homes were using Telemedicine and asked whether there was an opportunity for the Trust to offer this service.

With regard to nursing recruitment, Ms Hunter assured the Board that the Trust would be in better position given the international recruitment of nurses recently secured.

Mrs Houghton asked what the discharge planning process was over the Christmas period. Ms Hunter confirmed the delivery of care to patients remained the same throughout the year and said the Trust did not as a matter of course plan to discharge patients before or during the Christmas period.

Finally, Ms Hunter confirmed the partnership working with the out-of-hours GP service, Yordale was working well.

The Operational and Capacity Planning Strategy for Winter 2015/16 was approved.

221/15 NURSING MIDWIFERY STAFFING EXCEPTION REPORT

The Nursing and Midwifery Staffing Exception Reports for July and August 2015 were taken as read. Mr Dearden confirmed there were no significant quality and safety concerns to report.

Mr Dearden gave an update on the recent project to recruit international nurses from Croatia and Rumania. He said the Trust had been successful in recruiting 27 registered nurses and that further interviews were scheduled to recruit additional nurses up to the required level of 35 nurses. He informed the Board there would be a delay between the nurses arriving in the UK and taking up their nursing posts at the Trust due to the NMC registration process, however they would be employed as Health Care Support Workers during the interim period. The Trust had established a tailored induction programme and would be supporting the nurses with accommodation for their first three months.

Following a detailed discussion regarding the importance of attracting nurses from the Trust own locality, Mr Dearden assured the Board that proactive work was on-going to recruit nurses via Bradford University and also with Keighley College to look at career options for students within the health service.

The Board discussed the availability of suitably qualified nurses in the locality and were mindful that neighbouring Trusts would also be looking to recruit qualified nurses. The implication of 'fishing in the same pool' as other local providers was acknowledged. In response to Professor Gregory's comment relating to the ethics of recruiting from countries in which healthcare workers could be a scarce resource, Mr Dearden assured the Board the recruitment process had been ethical.

The Board considered and agreed that workforce planning should be included on a future Board Strategy agenda. In concluding the discussions, Mr Dearden acknowledged the work of the Trust's senior nurses and HR colleagues in taking this recruitment process forward. Mr Cross asked whether one of the internationally recruited nurses could be invited to a future Board meeting to relay their experiences of the process and how they have settled into their role. This was agreed.

**Co Sec
RDearden**

The Nursing and Midwifery Staffing Exception Reports for July and August 2015 were received and noted.

222/15 INTEGRATED GOVERNANCE DASHBOARD REPORTS

The Integrated Governance Dashboard Report for August 2015 was taken as read.

Mr Copley said the trends were similar to previous months although the pressures in relation to staff and workforce had shown an improved position.

The Workforce Dashboard indicated the number of staff absent with stress had reduced and whilst the sickness absence rate overall had shown an improvement, it was still higher than the required threshold. The Board were informed that work was on going with line managers to help reduce staff sickness.

In presenting the Quality and Safety Dashboard, Mr Copley highlighted the improved position regarding the response level to the Friends and Family Test. Mr Copley also informed the Board there had been one unexpected death. Of note was the number of complaints received by the Trust had increased slightly.

With regard to the Finance and Performance Dashboard, the pressures around CIP delivery were highlighted and the Outpatient DNA had increased. An exception report had been appended to the Dashboard Report.

Mr Copley reported the 4 hour A&E standard, cancer targets, C-difficile target and outpatient DNA rates continued to be declared risks.

i) Outpatient DNA Report

Ms Hunter explained that the Outpatient DNA Report was to inform the Board of the plans put in place to achieve the 6% aggregate DNA target for the Outpatient department.

The planned introduction of the call reminder service to go live during the first week of October was expected to improve the position by Quarter 4. Aligned to this, an analysis of the benefits of using personal messaging was underway; however at this stage there was no conclusive evidence that this service reduced DNA rates.

Mr Sarwar asked whether the Trust publicised that the target of 6% was a stretched target. Ms Hunter said this had not been the case previously however an engagement exercise had taken place within the Outpatients Department to test the appetite for this service. The Board were informed that patients were asked why they did not attend appointments and there were multiple factors as to why this

happens.

The Board received and noted the progress of the Outpatient DNA rate.

223/15 FINANCE AND PERFORMANCE REPORT

i) Finance Report

Mr Copley presented the Finance Report for the period ending 31 August 2015.

The overall financial position to date showed a deficit of £791k against a planned deficit of £740k, £51k worse than plan driven by CIP slippage. The Trust's EBITDA was £402k worse than plan. The CIP was £475k worse than forecast mainly due to supporting additional capacity in the winter period.

Mr Copley reported the main area of concern was the reduction in income which was higher than expected, mainly due to a reduction in non-elective activity from East Lancs. Finally, he confirmed that the Trust's liquidity was strong.

ii) Performance Report

Mr Copley presented the Executive Performance Report for August 2015 showing the Trust's performance against the Monitor Risk Assessment Framework. He reported that the Trust had achieved a Monitor 'green' rating for the quarter and paid tribute to the hard work of colleagues in delivering the required targets. It was noted that the Trust had had a second MRSA case and six cases of C-Difficile for the year to date. The ambulance hand-over time had improved and the number of patients seen in A&E within 15 minutes showed the most improved rate across the locality.

Following the agreed stroke service reconfiguration, the position for the stroke standard had improved and was above the required threshold. The Trust had achieved all the required CQUINS. The potential for an improved position for cancer was noted and the Board were informed that a separate paper outlining the changes to the 62 day inter-provider transfer service would be presented by Ms Hunter. A&E performance was on plan to deliver the required standard for the Quarter.

The Board received and noted the Finance and Performance for the period ended 31 August 2015.

i) 62 Day Inter-Provider Transfer Cancer Breach Performance Report

In presenting an overview of the actions by specialty tumour site where inter-provider performance had been identified for improvement, the two letters appended to the paper from Monitor and the Chair of Leeds Teaching Hospitals Trust's (LTHT) were noted. Ms Hunter explained the impact of a change in the penalty regime whereby the proposal under national consideration was to impose the penalty on the transferring organisation.

The Board noted the self-assessment template submitted to Monitor, indicating the work required against the eight key priorities. Ms Hunter said it was important the Board were cited on the areas of challenge for the Trust.

In response to Professor Gregory's question whether safeguards would be built into the system around co-morbidities that may hide a cancer diagnosis, Ms Hunter assured the Board that this had been considered.

In concluding the discussions Ms Hunter paid tribute to the work undertaken by Jane Lang, Patient Services Manager and the significant difference this had made for lung cancer patients. She confirmed the Trust would share performance data for the

overall 62 day cancer pathway.

The Board noted the recommendations outlined in the 62 Inter-Provider Transfer Cancer Breach Performance Report

224/15 QUALITY ACCOUNT Q1 REPORT

In presenting the Quality Account Q1 Report, Mr Mainprize drew attention to the following key points:

- One MRSA case and four cases of C-Difficile had been reported during the month.
- NICE compliance for a drug used to treat chronic Hepatitis C - the Trust was partly compliant due to regional guidelines.
- Red rating for the portfolio of clinical studies due to the changes in the required study threshold
- Green rating for 'never events'
- Zero radiation incidents
- Amber rating against the PLACE study
- Green rating for inpatient pressure ulcers. were green - the work undertaken by colleagues in reducing the number of pressure ulcers was acknowledged

The Quality Account Q1 Report was received and noted.

225/15 COMPANY SECRETARY'S REPORT

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

i) NHS Constitution

The changes to the NHS Constitution and Handbook to the NHS Constitution were outlined. The documents had been updated to reflect current policy and legislation. The Board noted these key changes.

ii) Parliamentary Health Service Ombudsman Report – Complaints About Acute Trusts 2014/15

The Board received and noted the PHSO Report – Complaints about Acute Trusts 2014/15 and also acknowledged the review for Airedale NHSFT was positive.

iii) Airedale NHS Charitable Funds Report

From July to August 2015 the Charity received donations and legacies of c£48k including four individual legacies totalling £35k and spent over £10k. Members of the public were thanked for their generous donations.

iv) Board Meeting Dates – 2016

The proposed schedule of Board meetings, strategy meetings and Board to Council meetings for 2016 was approved.

v) Board Work Programme 2015

The Board Work Programme 2015 was reviewed.

iv) Board Action Plan

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

226/15 ANY OTHER BUSINESS

There were no other items of business.

227/15 CLOSE OF MEETING

The next meeting of the Board of Directors would be held at 9am on Wednesday 28 October 2015 in the Seminar Room, Airedale General Hospital.

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