

**MEETING OF THE BOARD OF DIRECTORS
HELD AT 09.00AM ON WEDNESDAY 25 NOVEMBER 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
Ms Stacey Hunter, Director of Operations
Mr Karl Mainprize, Medical Director
Mr Shazad Sarwar, Non-Executive Director
Mrs Ann Wagner, Director of Strategy and Business Development

IN ATTENDANCE:

Mrs Jane Downes, Company Secretary
Dr Helen Livingstone, Consultant in Palliative Medicine (item 270/15)
Mr Nick Parker, Head of HR
Mrs Wendy Winterbottom, Assistant Company Secretary

Also in attendance were Governors and staff members.

269/15 DECLARATIONS OF INTEREST

There were no declarations of interest.

270/15 PATIENT STORY

Mrs Wagner introduced the patient story and welcomed Dr Helen Livingstone, Consultant in Palliative Medicine to the meeting.

The focus of this month's patient story centred on patients who were receiving end of life care through Airedale's Gold Line Service. Goldline is a helpline for patients across Airedale, Wharfedale, Craven and Bradford who have a serious illness and may be in the last year of life. Goldline was developed in response to feedback from patients, carers, GPs, clinicians and Manorlands Hospice and was made possible initially through a grant from The Health Foundation through their Shared Purpose Programme.

To demonstrate how Gold Line enhanced the care of patients in their last year of life and supported their carers Mrs Wagner introduced a short film produced by The Health Foundation as part of their Power of People series demonstrating what can be achieved when people working in the Health Service are given the time and support to innovate. Mrs Wagner explained the films feature real people –

individuals and their families – coping with a range of health challenge including long term conditions, dementia, mental health issues and approaching end of life – and how staff are going the extra mile to innovate and enhance the patient and carer experience.

The 'Power of People' series of five short documentaries were to be shown at Keighley cinema later in the week. Mrs Wagner said she was grateful to the families that had agreed to share their stories and also paid tribute to the work undertaken by the staff running the Gold Line service.

The Board were then invited to watch the short film documenting the story of a cancer patient and the care and support that had been received by the patient and their family.

Dr Livingstone highlighted the fact the Gold Line had made a positive impact on families, but said a whole system approach to end of life care was needed. She explained to the Board that twice as many patients in the Airedale locality were able to die at home than the national average. However, she expressed concern that patients within East Lancashire did not have access to the Gold Line Service. Mrs Wagner informed the Board end of life care was being built into the Enhanced Health in Care Homes Vanguard programme and would include the East Lancashire region.

Miss Fletcher highlighted the benefit of having SystemOne in order to access medical records of patients on an end of life care pathway. She also highlighted the importance of support for clinical colleagues working in this environment. The Board paid testament to Dr Livingstone and her colleagues for the work they had undertaken in providing the Gold Line support for patients and their families.

Mr Drake made reference to the difficult nature of the work undertaken by the Gold Line staff and asked for assurance staff were able to access emotional and psychological support. Dr Livingstone confirmed provisions were in place via action learning sets, which included support from colleagues based at Manorlands Hospice. Monthly operational meetings were also in place and colleagues were encouraged to speak with Dr Livingstone for support.

Professor Gregory thanked Dr Livingstone and her team for the support they give to patients and their families during what were very difficult circumstances. She asked regarding the bereavement support for families and what mechanisms were in place. Dr Livingstone explained that Gold Line staff were not able to offer bereavement counselling; however she gave assurance families were directed appropriately. She added that 70% of carers were receiving support from either their GPs or other sources; however more work needed to be undertaken to look at support for carers within the community.

The Board thanked Dr Livingstone for her attendance and at this point she left the meeting.

271/15 MINUTES

The minutes of the Board meeting held on 28 October were approved as a correct record subject to the following amendment.

Minute ref 246/15 third paragraph, final sentence amended to read “The main topic of discussion had focussed on the plethora of central Government notifications, including manpower shortages and cost management rather than service quality”.

272/15 MATTERS ARISING NOT COVERED ELSEWHERE ON THE AGENDA

There were no matters arising.

273/15 CHAIRMAN’S BRIEFING

The Chairman’s briefing was taken as read. He made reference to the Comprehensive Spending Review to be announced later today and the impact this may have for the NHS. He also informed the Board he had attended a number of meetings with Miss Fletcher, which were highlighted in the report of the Chief Executive.

Ms Hunter asked for further comment regarding the DevoManc referenced in the paper. He said work was taking place to move towards a West Yorkshire model; however health had been omitted at this stage.

The Chairman’s briefing was received and noted.

274/15 REPORT OF THE CHIEF EXECUTIVE

Miss Fletcher presented the Chief Executive’s Report and in doing so invited Ms Hunter and Mr Parker to give a presentation to the Board on the contingency arrangements for the forthcoming Junior Doctors industrial action.

i) Junior Doctors Industrial Action

Mr Parker gave the background to the national discussions that had taken place and how the current situation had been reached. He reported the outcome of the ballot by the BMA ie 98% of those completing a ballot paper had voted in favour of taking strike action. The BMA had informed Trust’s there would be three days of action affecting emergency care only on day 1, leading to a full walk-out on day 2 and day 3 of the industrial action. He reinforced the point that this was a national dispute and said patient safety and care was paramount.

Ms Hunter outlined the contingency planning arrangements and confirmed the formal ‘command and control’ arrangements, comprising Silver Command, which would be in place throughout the period of industrial action. She informed the Board that because the action would affect all NHS services, the Trust would be required to report via Gold Command to NHS England.

Ms Hunter confirmed work had taken place to review Junior Doctor rotas to ascertain where there would be any gaps. She assured the Board that alternative staffing arrangements would be put in place where required.

In terms of the impact on patients, the Trust would continue to provide emergency care for patients although planned elective work would need to be reduced. Ms Hunter apologised to patients for any disruption this may cause and said the Trust would give as much notice as possible to any changes to elective care.

The Chairman asked regarding contingencies for the days following the strike. Ms Hunter said elective activity would be re-arranged accordingly. However, this would be difficult given the current winter pressures already becoming evident. The potential impact on both income and performance against 18 weeks and cancer targets was highlighted.

Professor Gregory asked in the event of a major incident whether the Junior Doctors on strike would be available if required. Ms Hunter confirmed this was the case.

Mr Drake asked how dependent the Trust was on support from the CCG. Ms Hunter confirmed this was not a concern at this time as GPs would not be involved in the industrial action, although conversations with the CCG would need to take place regarding income and any penalties given these would be out of the Trust's control.

In response to Mr Sarwar's question about the Trust's communications to patients and the public, Ms Hunter said this had been considered as part of the preparatory work in order to try and reduce the number of patient concerns being raised.

ii) National Developments

An announcement had been made the previous day confirming that £4bn of funding would be released. Miss Fletcher confirmed she and other colleagues had been lobbying hard as a sector to ensure that additional money above what been promised would be front loaded. She said the importance now would be how the money would flow and said this did give a better view financially from the Trusts perspective. She said there would be publicity regarding the efficiency savings being 2% which was better than expected. Also noted was the fact there would be additional money put in to the provider sector to help the overall deficit.

In response to a question from Mr Cross regarding lobbying in the future Miss Fletcher highlighted that the ability to challenge was being reduced and cited the recent proposed change regarding the tariff as one area where this was being put in place. She said partnership working would be key going forward. With regard to the 2% efficiency the detail behind this would need to be reviewed however Mr Copley said the Trust was still working on 3%.

Miss Fletcher in referring to the cap on agency spend confirmed work was on-going to look at the impact this would have for the Trust and said this would be discussed in more detail at the Board strategy meeting on 3 December.

Miss Fletcher drew the Board's attention to the current care home crisis and said this was having an impact locally with over 100 beds having been taken out of the system. This was due to a number of factors, including the closure of care homes and beds following CQC Inspections, the introduction of the living wage and flat income from councils. She informed the Board of the impact this was having on the A&E standard and the fact the Trust was having to cancel some elective work due to bed shortages. She invited Board members to give consideration to this for further discussions at the Board strategy meeting. Miss Fletcher said a different funding model nationally was required adding that the ICB had asked her to lead a piece of work on this.

Miss Fletcher made reference to the consultation on the draft Government Mandate for the NHS. The six priorities for health and care system were noted by the Board.

Professor Gregory commented on the priority of preventing ill health and supporting people to live healthier lives. She said public health could be seeing significant funding cuts in the future which may affect the ability by the NHS to respond. Miss

Fletcher said this was something for the Board to be cognisant of.

iii) Local Health Economy Developments

Miss Fletcher confirmed the Trust had now received confirmation of the £1.1m funding allocation for 2015/16 for the Airedale and Partners Enhanced Health in Care Homes Vanguard, and said work was now on-going with key partners and stakeholders. The Board were informed of the continuing discussions to develop a provider alliance partnership for the Airedale, Wharfedale and Craven Pioneer proof of concept for complex care.

iv) Airedale Foundation Trust Update

Miss Fletcher expressed her concerns regarding the Trust's performance against a number of national standards, and said Mr Copley would provide more detail on this later in the meeting.

Miss Fletcher drew attention to the workforce development section of the report and said Mr Parker had been in discussions with local colleges to explore partnership working in developing the future workforce from the local population.

Ms Houghton asked in relation to communications around the stroke services and whether there were any learnings to take away from this from a good news perspective. Miss Fletcher said this could be included as part of the annual plan and drew attention to the fact an update on the stroke service was due back to the Overview and Scrutiny Committee in February.

The Report of the Chief Executive was received and noted.

275/15 RIGHT CARE PORTFOLIO REPORT

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

Miss Fletcher encouraged Board members to visit the 'feedback windows' on the top floor corridor in which patients and visitors had given their views on the patient discharge process and areas for improvement. She also informed the Board that the Right Care Portfolios would be refreshed to ensure these were more focussed on the areas that would make a difference for patients in the future.

Clarification was given in response to a number of specific questions asked by Non-Executive Directors relating to the programmes. Mr Cross asked whether there would be the opportunity to look at standardisation of purchasing which Mr Mainprize confirmed this was the case.

The Chairman asked what the Trust could do to help to resolve the problem of delayed medicines/prescriptions for patients. Miss Fletcher said this was an on-going issue for the NHS and gave a detailed explanation of the complications faced by patients when they were discharged. She acknowledged the need for addressing this across the NHS as a whole but was hopeful E-prescribing would provide help in addressing the issues for Airedale's patients. The Chairman asked if there were any exemplars in this area. Miss Fletcher said this was a problem both at a local and national level. A detailed discussion took place around this and the implications of TTO's in which Mr Mainprize highlighted the fact clinicians needed to ensure medication was prescribed safely for patients upon discharge. The Chairman asked for a progress report on this issue in the next Right Care Portfolio Report.

SHunter

Finally, Mr Cross asked for comment regarding the overall agency spend highlighted in the report. Ms Hunter confirmed the biggest improvement had been seen in nurse agency spend.

The Right Care Portfolio Update Report was received and noted.

276/15 INTEGRATED GOVERNANCE DASHBOARD REPORTS

The Integrated Governance Dashboard Report for October was taken as read. Mr Copley reported that the issues as outlined within the report were consistent with previous months however; he drew the Board's attention to the amber rating for the cancer standard. Of note were the following updates:

- Outpatient DNA rates had shown an improved position but were still below the required 6% threshold at 6.3%
- Friends and Family Test Response rate was currently below the required threshold for both In-patients and A&E
- The Trust reported an unexpected death during October
- Sickness absence was above the 3.6% threshold during October at 4.63%
- Leaver turnover rate showed an improved position
- Staff recommending the Trust as a place to work or receive treatment had shown an improved position
- Mandatory training threshold had been increased and therefore the Trust was now rated amber

With regard to the Friends and Family Test performance, Mr Dearden explained that day cases had been included in the results from May, which was why the target was proving more difficult to achieve. He assured the Board that the qualitative data from the Friends and Family Test was reviewed in detail each month.

The Chairman asked what measures were being put in place to address the staff sickness and the rates relating to absence due to stress. Mr Parker gave assurance work was on-going with line managers to manage sickness absence and to ensure action plans were in place to manage long term sickness. He highlighted the fact that not all absences due to stress were work related and the fact the Trust had set a stretch target.

Professor Gregory commented on the Outpatient DNA rate. Ms Hunter said Netcall was only deployed in October however; focus would remain on the impact this would have on DNA rates.

The Integrated Governance Dashboard Reports were received and noted.

277/15 NURSING AND MIDWIFERY STAFFING EXCEPTION REPORT

i) Monthly Report

The Nursing and Midwifery Staffing Exception Report for October 2015 was taken as read. Mr Dearden drew attention to the sustained pressure on non-elective care in AMU. He reported that additional beds had been opened resulting in a reduced percentage of fill rates due to staff resourcing the additional beds. In highlighting the pressures on AMU, Mr Dearden apologised to members of the public who had been affected by this. He gave assurance to the Board there were no significant safety concerns on the ward.

The Board were informed that a number of the recently recruited overseas nurses had received their pin numbers and were now working on the wards. A further eight colleagues were due to arrive at the end of the month. Ms Hunter informed the Board that the Winter Plan had been put in place a month early, which would impact on the Trust's financial resources. She also made reference to the difficulties being experienced in discharging patients into care homes given the number bed closures in the locality.

Professor Gregory referred to the staffing issues on ward 13 and asked for assurance regarding patient safety on the ward. Mr Dearden said recruitment to the ward was on-going and a key staff member had returned from sick leave. He also gave assurance around the monitoring processes in place from a quality and safety perspective. He added that some of the recently recruited nurses would be filling the vacant posts on this ward.

Professor Gregory made comment about ensuring services were stable - a fact not apparent in the report. Mr Dearden assured the Board daily bed meetings were taking place and that rotas were reviewed proactively on each ward, which included reviewing sickness absences and staff vacancies.

The Nursing and Midwifery Staffing Exception Report for 2015, was received and noted.

ii) Half Year Report

Mr Dearden reported that the Trust was now starting to see the benefits of the additional staffing that had been put in place. He confirmed matrons and heads of service had reviewed all nurse staffing and assured the Board in respect of quality and safety and said systems were in place to escalate any issues where necessary.

Mr Drake referred to the fact the Dementia Crisis Response Team had been decommissioned by the CCG. Mr Dearden said this was unfortunate given its positive impact for dementia patients.

The Nursing and Midwifery Staffing Half Year Report was received and noted.

278/15 QUALITY ACCOUNT Q2 REPORT

In presenting the Quality Account Q2 Report, Mr Mainprize drew attention to the following key points:

- Moderate harm had reduced from an amber rating to green
- The rate of falls resulting in fracture had reduced from amber to green
- The number of reported grade 3 pressure ulcers had moved from green to amber
- The number of reported pressure ulcers overall had fallen

Professor Gregory referred to the recent media reporting regarding antibiotic strain resistance and asked whether there could be an impact in the UK. Mr Mainprize said there had been many studies undertaken relating to this subject and said there was the potential for world-wide antibiotic resistance.

279/15 FINANCE AND PERFORMANCE REPORT

i) Finance Report

Mr Copley presented the Finance Report for the period ended 31 October 2015. The financial headlines reported by Mr Copley were.

- Financial position to date showed a deficit of £578k against a planned deficit of £589k, £20k better than plan
- EBITDA was £363k worse than plan
- The CoSR rating was 3 against a plan of 3
- PbR income was £80k below plan
- CIP was £635 worse than forecast due to the continuation of supporting additional capacity in relation to winter and higher than planned agency costs
- Within the position is a 30% non-elective threshold abatements equating to £322k

Mr Copley said the Trust was on track to deliver the financial plan. The main issues for the Trust going in to the Winter period were outlined, including the fact that the Winter ward had now opened. He said work was on-going to lobby CCGs regarding costs associated with non-elective activity, as the 30% threshold adjustment had not been received. Mr Copley assured the Board that discussions were taking place with the relevant Groups regarding CIP shortfalls.

ii) Performance Report

Mr Copley presented the Executive Performance Report for October 2015 showing the Trust's performance against the Monitor Risk Assessment Framework.

The indicative Q3 rating for service performance was amber, due to non-achievement of the 62 day cancer standard for October. All other standards had been achieved or were within the de-minimis limits however; the current position in a number of other areas were at risk. He added that pressures in A&E and delayed discharges were compounding the situation. Also of concern was the RTT target and the increase in cases of seasonal viruses on some wards.

Professor Gregory asked whether there were systems and processes in place to highlight when the Trust was at risk and cited the ambulance handover as an example. Ms Hunter said systems and processes did work well and gave assurance that the teams were working exceptionally hard to deal with current pressures in the system.

iii) 62 Day Cancer Exception Report

In presenting the 62 Day Cancer Exception Report, Ms Hunter reported non-delivery of the 62 day cancer standard during October. She apologised to those patients that had been affected. She said the paper highlighted the root cause analysis and explained the process by which patients were reviewed. Ms Hunter confirmed she was working closely with senior management to improve the situation.

The Finance and Performance Report and 62 Day Cancer Exception Report were received and noted.

280/15 RCP NATIONAL AUDIT OF INPATIENT FALLS

The overview and response to the RCP National Audit of Inpatient Falls was taken as read.

Mr Dearden said the Audit needed to be taken in context of the local demographic and aging population and the fact that patients above the age of 65 were deemed at a higher risk of falls. Mr Dearden explained the Trust's falls rate per 1000 bed days was a concern however; he said this was the first time since 2008 the Trust had received this data. He informed the Board that in respect of harm from falls the Trust was not an outlier. Also noted was the fact the Trust was a high reporter of incidents which was positive.

Mr Dearden confirmed an action plan had been developed and the national figure incorporating falls per bed days would be included on the Quality and Safety Dashboard from hereon. In conclusion, Mr Dearden said the falls rate during 2015 had been reducing however; he said the Trust was not complacent and a repeat audit would be undertaken in six months.

Mrs Houghton commented it would be beneficial to have information outlining what lessons had been learned to reduce falls. Mr Dearden said changes to the ward environment changes had made a positive impact, but acknowledged there was more work still to do.

In concluding discussions, the Board requested a report update in six months.

RDearden

The Overview and Response to the RCP National Audit of Inpatient Falls was received and noted.

281/15 QUALITY IMPROVEMENT STRATEGY

i) CSAC - Evolved Process

Mr Mainprize presented the paper outlining the CSAC evolved process. He drew attention to the phased approach and the work undertaken by the Groups in redesigning the process.

He explained the three stage process which CSAC would follow as part of the specialty deep-dive. The Board were informed that CSAC had endorsed this process.

Mrs Houghton asked for clarity regarding whether NEDs would be part of the visits undertaken by the peer review teams. Mr Mainprize said this would not normally be the case; however should NEDs wish to join the visits they would be welcome.

Mr Sarwar highlighted the need for a balanced approach to concerns raised at CSAC and the Board needed to be mindful this was an evolving process. Professor Gregory commented on the peer review process and said this was crucial as previously CSAC had been too reliant on Dr Toop's expertise.

The Board approved the proposal for implementation from January 2016.

ii) CQC Inspection Plan

Mr Mainprize presented the CQC Inspection Gantt Chart and in doing so drew the Boards attention to the significant amount of preparatory work that was being undertaken. He said the first Provider Information Request (PIR) had been received and the information submitted to the CQC. The second PIR was due to be received on the 22 December. He said the work required to gather the information would be significant. Finally, he assured the Board they would be informed of the on-going process in a timely manner.

Ms Hunter made reference to the fact the Trust had been notified of a further inspection in relation to the Vanguard expected to take place between January and March 2016.

Professor Gregory acknowledged the hard work of staff in preparation for the CQC Inspection.

The Gantt chart outlining the CQC Inspection process was received and noted.

282/15 COMPANY SECRETARY'S REPORT

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

i) Non-Executive Appointments

The recommendation of BART to appoint Mr Shazad Sarwar as Chair of the Clinical Speciality Assurance Committee, and the appointment of Mrs Houghton as a member of the Audit Committee were approved.

ii) Standing Orders – Interim Review

The review of the Trust's Standing Orders and Scheme of Delegation had highlighted a number of areas requiring clarification, which were explained. The Board agreed the changes to the Standing Orders and Scheme of Delegation as stated in the report.

iii) Airedale NHS Charitable Funds Report

The Board in its capacity as Corporate Trustee approved the transfer of the charitable funds to a Barclays bank non-charging account.

In October 2015, the charity received donations and legacies of over £11k and spent approximately £7k. Members of the public were thanked for their generous donations.

iv) Board Action Plan

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

283/15 ANY OTHER BUSINESS

There were no other items of business.

284/15 CLOSE OF MEETING

The next meeting of the Board of Directors would be held at 9am on Wednesday 27 January 2016 in the Seminar Room, Airedale General Hospital.

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