

**MEETING OF THE BOARD OF DIRECTORS  
HELD AT 9.30AM ON WEDNESDAY 30 MARCH 2016  
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 (to item 42/16)  
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

**IN ATTENDANCE:**

Mrs Jane Downes, Company Secretary  
Mr Nick Parker, Head of HR  
Mrs Wendy Winterbottom, Assistant Company Secretary  
Denise Todd, Senior Matron Surgery (item 36/16)  
Miss Esta Watson, Patient Story (item 36/16)  
Mrs Ruth Watson, Patient Story (item 36/16)

Also in attendance were Governors and staff members.

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

**35/16            DECLARATIONS OF INTEREST**

There were no declarations of interest.

**36/16            PATIENT STORY**

Mr Dearden welcomed Miss Esta Watson and Mrs Ruth Watson to the meeting to relay the patient story.

The patient story this month was told by Esta Watson, who has Asperger's and is partially deaf. She came to talk to the Board about her problems accessing the Trust's services and the lack of support readily available for adults with special needs. Some of Esta's problems had centred around the fact staff had not been aware of her needs until they had met her which had been stressful for both Esta and staff. She had also experienced difficulties accessing a sign language interpreter and Esta's mother had to accompany her to some appointments due to a lack of other support being available. The Board was also informed that Consultants had refused to read Esta's care plan and she felt some Consultants had been rude to her.

Mrs Watson informed the Board of the stigma around mental health amongst some staff who had suggest that Esta's problems were psychological rather than physical. Esta had also been under the care of CAMHS for a while and the transition from children's to adult services had been problematical. There was a recognition that more needed to be done to support children moving from paediatric services to adult services.

Matron Todd informed the Board that she had been working with Esta and her family along with two wards sisters for approximately two months and that a bespoke care plan had now been put in place. The Trust was also looking at putting in place specialist nurses to support Esta at some of her appointments. The family had since been able to meet together with all the medical staff looking after Esta to review her care plan, which had been a positive step forward.

Mr Dearden assured the Board that the Trust had a flagging system for patients with specific care needs, however he said there was further work to be done when patients were transferred from paediatric services into adult services.

The Chairman said the patient story provided the Board with the opportunity to listen to how patient care can be improved. He reinforced the need to look at Right Care and ensure staff displayed the '*Right Care*' behaviours.

Mr Sarwar commented on the lack of communication both Esta and her mother had experienced and said as an organisation Airedale needed to take this on board and look at how train staff to support patients.

Professor Gregory asked Esta what she felt needed to be improved. Communications with senior Consultants and support for patients with disabilities were areas noted. Esta made reference to the dementia friendly awareness throughout the Trust and said it would be beneficial to look at adapting this for patients with learning difficulties. Matron Todd confirmed there was support for taking this forward.

In concluding the discussions, Mrs Watson said they would be happy to talk further with staff in order to help take Right Care forward. Miss Fletcher thanked them for their offer.

The Chairman thanked Esta and her mother for attending the meeting. At this point Miss Watson, Mrs Watson and Matron Todd left the meeting.

The Board acknowledged the link between some of the points raised by the patient story and the Trust's Inclusion Strategy. Mr Sarwar made reference to previous patient stories that had been presented and asked how the Trust was taking the learnings forward. Professor Gregory also asked how the Trust would challenge unacceptable behaviour.

Mr Dearden confirmed learnings had been taken forward and approaches to patient care had changed as a consequence. He said in relation to the patient story presented today, that he was looking at the Inclusion Strategy alongside Miss Fletcher and Mr Parker. In addition, Focus Groups were being introduced with participation from both staff and patients in order to apply learning into training. Miss Fletcher confirmed the Trust had policies

in place to deal with unacceptable behaviour.

RDearden

The Chairman suggested that on a twice yearly basis, the Board should be informed of the learnings and changes that had taken place following patient story items. This approach was agreed.

#### **37/16 MINUTES OF THE BOARD MEETING HELD ON 27 JANUARY 2016**

The minutes were approved as a correct record subject to one amendment.

Item 07/16 Inclusion Strategy second paragraph amended to read: Mrs Houghton commented that the Inclusion Strategy was explicit and therefore the Trust needed to ensure other strategies eg PPEE Strategy were as explicit. She did acknowledge it was an ongoing piece of work for the Trust

#### **38/16 MATTERS ARISING NOT COVERED ELSEWHERE ON THE AGENDA**

There were no matters arising.

#### **39/16 CHAIRMAN'S BRIEFING**

The Chairman's Briefing was taken as read.

Reference was made to the CQC Inspection and the opportunity this had provided for staff to reflect on how the Trust delivers care to patients. The need to also consider looking at partnership working going forward was noted.

The Chairman's Report was received and noted.

#### **40/16 REPORT OF THE CHIEF EXECUTIVE**

Miss Fletcher presented the Chief Executive's Report and drew attention to the following key areas.

##### **i) National Developments**

##### **Sustainability and Transformation Plan ('STP')**

Miss Fletcher said a West Yorkshire STP would be formed, led by Rob Webster Chief Executive of NHS Confederation which would include a locality based STP for Airedale and Bradford. Miss Fletcher highlighted the section in the report regarding the 44 proposed STP footprint areas and the factors these would need to take into account when forming an STP. The first draft submission of the West Yorkshire STP was required by 11th April with a further detailed submission by June 2016.

##### **Quarterly Performance Provider Sector Q3**

Miss Fletcher drew attention to the NHS providers' operational and financial performance during Quarter 3 and the current recorded deficit. She said organisations were under pressure to achieve an improved position. She also highlighted the current national A&E statistics and the

fact the sector had also failed to meet the 92% referral to treatment target. The data for Q4 would be issued at some point in Q1 2016/17.

### **Carter Review**

The final report by Lord Carter into hospital efficiency had been published which gave a detailed breakdown of how the sector could achieve the required £5bn of savings by 2020. From the Trust's perspective a framework would be set out and managed under the Right Care Programme for presentation to the Board on a quarterly basis. Amy Whitaker, Deputy Director of Finance had been appointed as the Trust's Carter Lead.

### **Global Patient Safety Summit**

Miss Fletcher drew the Boards attention to the Global Patient Safety Summit and in particular the section outlining that from April 2018 every death in hospital would be required to be independently reviewed to confirm the cause.

### **Agency Price Cap**

With regard to the reduction of price caps for agency staff, the Board were informed of the further reduction that would come into effect from 1st April 2016.

### **New Models of Care Vanguard**

The reduction in funding for the New Models of Care ('NMC') Vanguard was noted and the fact this would have an impact on the NMC's plans across the country.

### **ii) Government and DH Developments**

Miss Fletcher highlighted the key points for the NHS from the Chancellor's Budget, in particular an increase in public sector employer pension contributions that would come in to effect on 1 April 2016. Following a query from Professor Gregory around how this would be funded, Mr Copley said the cost implications would need to be factored in going forward. Also noted was the 0.5% levy on apprenticeships to come into effect and the detail and implications around this would need to be considered.

The publication of the Department of Health Learning from Mistakes League, had rated Airedale as 'good'. Work was ongoing to improve Airedale's performance given the link with the Staff Survey results around the question 'staff feeling they are able to improve services for patients'.

The update regarding NHS Improvement (Monitor/TDA) Developments Advisory Panels was noted including the fact Miss Fletcher had been invited to join a Panel headed up by Jim Mackey, Chief Executive NHS Improvement. The appointments at NHS Improvement recently announced were also noted.

Miss Fletcher went on to highlight the section within the report around the current waiting time for diagnosis of Autism. The National Autistic Society had said this needs to be monitored by NHS England.

The proposed changes to NHS PropCo Contracts were noted. Miss Fletcher said this was a significant issue for those services provided from

Castleberg, Skipton and Ilkley.

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

The new wayfinding signage system was nearing completion and feedback to date from patients and visitors had been mainly positive.

Miss Fletcher drew attention to the exception report included in the Board papers regarding failure of the A&E 4 hour standard during February. She apologised to those patients who had been affected by delays in treatment.

The Trust had reported a case of C-difficile during the week bringing the total to 15 cases for the year to date. Four cases were still being assessed to clarify whether they were avoidable or unavoidable.

### **CQC Inspection**

Miss Fletcher made reference to the recent CQC Inspection and thanked everyone who had been involved in the process. She also thanked patients who had provided feedback to the CQC. The Trust was still in the Inspection process and was due an unannounced visit imminently. The Board were informed that since the Inspectors had been in the Trust, approximately 200 information requests had been received. She highlighted the feedback received so far and explained the process leading up to receipt of the draft report.

### **Staff Reward and Recognition**

Attention was drawn to the pride wall that had been installed on the first floor landing area. Names would be added to this on a monthly basis for those members of staff who had received a Pride of Airedale award.

The Chairman commented on the closure of Dewsbury's A&E department and asked whether this would affect Airedale. Miss Fletcher said not directly, although the current consultation plans at Calderdale and Huddersfield to merge the two A&E departments was being monitored.

Finally, the Board acknowledged the work of Mrs Downes in preparing the Report of the Chief Executive Board paper.

The Chief Executive's Report was received and noted.

**41/16**

## **QUALITY IMPROVEMENT Q3 QUARTERLY REPORT**

Mr Mainprize presented the Quality Improvement Quarterly Report which was taken as read. He said the Report would evolve in the next few months to provide more information around mortality. The following key points were noted:

- The Trust had reported a case of MRSA and the number of C-difficile cases had increased by one to 15.
- The SHMI ratio remained below the national average and the Trust was within the expected range.
- The CQC maternity survey had been published and compared to the 2013 survey the Trust had improved in almost every question and services were performing well when benchmarked with other

providers.

- There were no Hospital acquired pressure ulcers. Mr Mainprize thanked staff for helping to achieve this.

The Quality Improvement Q3 Quarterly Report was received and noted.

#### **i) Mortality Report**

In presenting the Mortality Report, Mr Mainprize explained the Trust had been mandated to adjust the current systems which had taken place in November 2015. He said every patient death in hospital would be reviewed and discussed at the recently formed Mortality Surveillance Group.

SHMI was 0.93 which was within the required threshold. Deaths within 30 days were in line with other Trusts. Of note was that the SHMI is calculated six months in arrears.

Regarding deaths in hospital, Mr Mainprize said the most common causes were pneumonia and fractured neck of femur. He said the latter was a concern and therefore a Task and Finish Group had been set up to examine the prevalence. In response to Professor Gregory's question about why patients die from fractures, Mr Mainprize explained that patients who are at risk of falls often suffer from co-morbidities and therefore having a fracture increases the risk of dying from other conditions.

Mrs Houghton asked for an explanation of the deprivation index. Mr Mainprize said this had been included for information to show the level of deprivation within the local community. He said the Board needed to consider how this information is analysed. Miss Fletcher pointed out the Board should be cognisant of the population it served.

Mr Drake queried the incident reporting period in relation to falls and whether this was cause for concern. Mr Mainprize said there had been an increase in the number of incidents reported and work was ongoing to understand the reasons.

The Mortality Report was received and noted.

#### **ii) Q3 SSNAP Report**

Mr Mainprize informed the Board that the data relating to Q3 regarding thrombolysis of patients had been recorded incorrectly. Work was ongoing with the Trust's partners to ensure the data was amended. He assured the Board that an audit had been undertaken and patients had received appropriate care.

42/16

### **NURSING AND MIDWIFERY STAFFING REPORT**

The Nursing and Midwifery Exception report for February 2016 was taken as read. Mr Dearden said this had been a challenging month due to sickness absence and a drop in recruitment. Also factored in was the fact some of the international nurses were still waiting for their NMC registration to be issued. He assured the Board the Matrons had not raised any quality and safety concerns in the delivery of care to patients.

The Chairman expressed concerned regarding the gap in fill rates. Mr Dearden responded and said the Trust was working with HB Retinue to increase the number of bank staff. He pointed out that other Trusts in the area had higher vacancy rates than Airedale. Assurance was given that the Trust was looking at further international recruitment as well as from across the locality given the fact student nurses in the locality would graduate in September.

Professor Gregory asked whether trends had increased or decreased and said the position looked to have worsened than previously reported. She also asked what backfill arrangements were currently in place. Mr Dearden acknowledged there had been a slight deterioration in the current position and recruiting staff remained a challenge. He reported the work taking place to enhance the role of the Healthcare Support Workers and to ensure student nurse allocations. Professor Gregory requested a more detailed discussion by the Board take place in the near future linked to the results of previous staff surveys. This approach was agreed.

Mr Sarwar referred to the recent international recruitment and asked whether the Trust had been aware of the delay in nurses receiving their NMC registration. Mr Dearden acknowledged some of the posts had taken longer to establish than had been anticipated. Miss Fletcher assured the Board work was taking place to look at nurse recruitment in time for the 2016/17 winter plan. It was agreed to discuss nursing recruitment at a future Board strategy meeting. **RDearden**

At this point Mr Copley left the meeting.

#### **43/16 CLINICAL IMPROVEMENTS METRICS REPORT**

Mr Dearden explained the purpose of the paper was to demonstrate the impact the investment on the ward upgrades had made for patients. Mrs Houghton asked how this related to the Nursing and Midwifery Staffing Report given the earlier discussions regarding nurse staffing. Mr Dearden said the benefits of the nurse recruitment process were becoming evident. The Pride of Airedale award attributed to the leadership on ward 9 was acknowledged. Miss Fletcher said strong leadership was key in delivering safe and effective care to patients.

The Board acknowledged the difficulties and challenges staff were under and asked that their thanks for continuing to deliver services and safe care to patients were passed on. **RDearden**

Professor Gregory commented that she was encouraged by the Report and said qualitative metrics were important.

The Clinical Improvements Metrics Report was received and noted.

#### **44/16 FINANCE AND PERFORMANCE REPORT**

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

The Finance Report for the period ended 29 February 2016 was taken as read and the following key points noted.

- The financial position to date showed a deficit of £1,026k against a planned deficit of £1,104k £77k better than plan
- EBITDA was £603k worse than plan
- The CoSR rating of 3 was against a plan of 2
- PbR income was £541k above plan
- CIP was £824k worse than forecast due to supporting additional capacity in winter earlier in the financial year and higher than planned agency costs
- The 30% non-elective threshold abatement equated to £565k

## **ii) Performance Report**

Ms Hunter presented the Executive Performance Report for February 2016 showing the Trust's performance against the Monitor Risk Assessment Framework. With regard to the cancer standard she commended the team for delivering the standard however she highlighted the fact there were pressures around delivery of the standard for Q4, and gave a detailed explanation of the cancer pathway.

The indicative Q4 rating for service performance was amber due to the A&E 4 hour standard which was below the required threshold for the Quarter to date. All other standards were achieved or were within de-minimus limits.

Professor Gregory asked in relation to the nursing home closures and the impact this was having on the Trust. Ms Hunter said this was a concern particularly as very little notification is given when a nursing home is closed to admissions. She informed the Board some decisions between the local CCG and local authority had resulted in a range of issues for the Trust, including a reduction in intermediate care beds, which was a major concern.

## **iii) Exception Report Emergency Care Standard**

In presenting the Emergency Care Standard Exception Report for February, Ms Hunter explained the factors that had contributed to the Trust not achieving the 4 hour standard.

Ms Hunter informed the Board that during March there had been a rise in activity with more than 200 patients attending A&E during the previous eight days. She was however hopeful that Quarter 4 could be delivered. The Board acknowledged the pressure staff had been under during the Easter bank holiday weekend. Ms Hunter referred to the fact NHS 111 had been on divert for some portion of the bank holiday and colleagues in East Lancashire had sought to divert patients 15 times during the previous eight days. Said the system was volatile and becoming increasingly difficult to predict. Miss Fletcher said this was a concern and a system response should be via the Systems Resilience Group. She gave assurance the Trust was looking at how to improve the situation.

Finally, Ms Hunter highlighted the importance of the public being aware the Trust's Monitor 'green' rating is at risk and the fact this could decline given the current pressures on the ED system.

The Finance and Performance Report and Exception Report Emergency Care Standard were received and noted.

#### **45/16 INTEGRATED GOVERNANCE DASHBOARD REPORT**

The Integrated Governance Dashboard Report for February 2016 was taken as read. Miss Fletcher reported that the issues as outlined within the report were consistent with previous months and drew the Board's attention to the fact that a number of indicators were rated green. She informed the Board, the overall performance summary position was an improvement on the same time the previous year. The staff survey outcome had also indicated an improved position.

The Integrated Governance Dashboard Report was received and noted.

#### **46/16 ACTION PLAN FOR THE SERIOUS CONCERNS POST CANCER PEER REVIEW**

Stacey Hunter presented the updated action plan in response to the five serious concerns raised at the Cancer of Unknown Primary Peer Review. She gave assurance that three of the five areas identified were known to the Trust and plans were in place to address these. With regard to the Clinical Audit Programme and physiological support to patients in cancer pathways, the Head of Therapy Services had been asked to undertake a review of the physiological support currently offered.

The Action Plan for the Serious Concerns Post Cancer Peer Review was received and noted.

#### **47/16 SAVILE INQUIRY – PROGRESS REPORT**

Mr Mainprize presented the action plan which was taken as read. He said the two areas rated amber would be green following ratification of the documents at the Procedural Documents Ratification Group in April. He asked the Board if this approach was acceptable and whether pending the documents being ratified, the action plan could be closed. The Board agreed with this way forward.

The action plan was therefore closed on this basis.

**KMainprize**

#### **48/16 COMPANY SECRETARY'S REPORT**

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

##### **i) Appointment of Director of Strategy and Partnerships**

The Board approved the appointment of Helen Bournier as Associate Director of Strategy and Partnerships with effect from 1<sup>st</sup> May 2016.

##### **ii) Non-Executive Director Recruitment**

The Appointments and Remuneration Committee would meet on 13<sup>th</sup> April 2016 to consider the candidates long listed for the Non-Executive positions. As some of the candidates were unavailable for interview on the 18 April consideration was being given to schedule a further interview date in May. The Company Secretary would keep the Board informed of further developments.

**Co Sec**

**iii) Scheme of Delegation – Mental Health Act 1983**

The Board approved the changes to the Scheme of Delegation as outlined in the Report. **CoSec**

**iv) Airedale NHS FT Charitable Funds Report**

During January and February 2016, the charity received donations and legacies of over £23k, including a £6k grant from the Morrison Foundation for the Surgical Specialities Fund (Critical Care Unit). During this period the charity spent almost £24k including the purchase of pressure relief products and thermometers. Members of the public were thanked for their generous donations.

**v) Action Log**

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

**49/16 ANY OTHER BUSINESS**

There were no other items of business.

**50/16 CLOSE OF NEXT MEETING**

The next meeting of the Board of Directors would be held at 9am on Wednesday 27<sup>th</sup> April 2016 in the Seminar Room, Airedale General Hospital.

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