

**MEETING OF THE BOARD OF DIRECTORS HELD AT
9.30AM ON WEDNESDAY 30 NOVEMBER 2016 IN THE SEMINAR ROOM,
AIREDALE GENERAL HOSPITAL, SKIPTON ROAD, STEETON, KEIGHLEY**

PRESENT: Professor Michael I Luger, Chairman (in the Chair)
Miss Bridget A Fletcher, Chief Executive
Miss Jill Asbury, Interim Director of Nursing
Mr Andrew Copley, Director of Finance
Mr Jeremy Cross, Non-Executive Director
Mr Andrew Gold, Non-Executive Director
Professor Anne Gregory, Non-Executive Director
Dr Maggie Helliwell, Non-Executive Director
Ms Stacey Hunter, Chief Operating Officer
Mr Karl Mainprize, Medical Director
Mrs Lynn McCracken, Non-Executive Director
Mr Shazad Sarwar, Non-Executive Director

IN ATTENDANCE:

Ms Helen Bourner, Director of Strategy and Partnerships
Mr Nick Parker, Director of HR and Workforce
Mrs Jane Downes, Company Secretary
Mrs Sharon Katema, Assistant Company Secretary

Also in attendance were Governors and staff members.

An apology for absence was received from Mr Rob Dearden, Director of Nursing.

198/16 DECLARATIONS OF INTEREST

There were no declarations of interest.

199/16 PATIENT STORY

Miss Asbury invited the Board to watch a video on Patient Stories entitled "Empathy: The Human Connection to Patient Care". Pausing for comments after the presentation, Miss Asbury informed the Board that she intended to use this video in inductions as well as sharing with Ward leaders.

The Board reflected and discussed the learning from the video presentation. Professor Luger commented that it encapsulated the focus of the Trust and was a useful reminder to everyone that despite the day to day pressures, the need to maintain the human connection to patient care remained.

Miss Fletcher echoed these sentiments and stated that it was important for staff to be mindful of the emotional connection with people.

The Board thanked Miss Asbury for the video presentation.

200/16 MINUTES

The minutes of the Board meeting held on 26 October 2016, were approved as a correct record.

201/16 MATTERS ARISING NOT COVERED ELSEWHERE ON THE AGENDA

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

Professor Gregory asked if the Board could be provided with a schematic showing all the collaboration initiatives and how they link together. Ms Bourner agreed to produce the document.

H Bourner

202/16 CHAIRMAN'S BRIEFING

The Chairman's Briefing was taken as read.

The report sought to inform the Board of the Chairman's activities including his attendance at partnership meetings, such as the NHSI Chair's Advisory Meeting and WYAAT meeting for Chair's and Chief Executives'. Professor Luger added that he had attended the long service recognition lunch for employees with 25 or more years' service with the Trust, as well as a meeting with members of the Yorkshire Society.

The Chairman's Briefing was received and noted.

203/16 REPORT OF THE CHIEF EXECUTIVE

Miss Fletcher presented the Chief Executive's Report, which was taken as read.

The Report highlighted the key national and local health economy developments of strategic relevance to the Foundation Trust as well as updating the Board on key strategic and operational developments that the Executive Team was leading on.

Miss Fletcher drew attention to Appendix 1 which provided an overview of the significant national developments that took place during November including :

(i) National Developments and publications

The significant national developments in November included:

The Trusts had submitted the draft two year Operational Plan for 2017-19 in line with the set submission date of 24 November 2016. She informed the Board of the discussions with NHS Improvement on changing the Control Total and had been advised that this was highly unlikely. Further details of this were to be discussed in the private meeting.

- The final plan will be submitted on the 23rd December 2016;
- West Yorkshire and Harrogate along with some areas had published their respective Sustainability and Transformation Plans (STP). The Board formally received the STP document;
- The Bradford and Craven STP had applied to have its own control total. The question remained as to whether the Trust participates in the control total on an aggregate basis or to join the West Yorkshire control total. In the meantime, the Trust was focusing on its own control total.
- The National Tariff Consultation and Contracting Policy had been published. The briefing provided by NHS Providers was referred to and would be discussed further in the private session of the Board meeting.
- The Q2 outturn for the NHS had revealed a deficit of £648m. Reference was made to the lobbying prior to the Autumn Statement, however no mention had

been made directly of the availability of further funding for social care.

(ii) Local Health Economy Developments

- The STP which sets out how the region proposes to close an expected financial gap of £1.07bn by 2021 was published earlier in November 2016. The West Yorkshire and Harrogate STP area comprises six smaller constituent parts namely: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield;
- The Trust continued to be involved in new care model programme development locally and across West Yorkshire;
- Directors have continued to work with key stakeholders across local and wider West Yorkshire health and care economies.

Mr Cross asked if the funding provided for delayed transfer of care would be recurrent funding and what period it would cover. Miss Fletcher responded that she had been advised that the funds were available and currently held by Wakefield CCG. The funds covered the period from 1st December 2016 to 31st March 2017 and would not be recurrent.

The Chairman asked whether the recent appointments of Emergency Department ('ED') Consultants had improved the flow of patients through ED. Ms Hunter responded that whilst the appointments had had a positive impact, it had not enabled patients to be moved on to wards due to delayed transfers of care. To this end, the Primary Care Plans for Winter were still awaited. Miss Fletcher added that she had requested all Winter Plans to be ready by July in line with the timeframe for Provider Plans.

Professor Gregory asked if there had been any progress in seeking partnerships with care providers on the Airedale site. Miss Bourner said she was pursuing with care homes however this would not provide a quick fix. She was therefore liaising with eg local GP providers to assist with the front-end flow of patients.

Dr Helliwell requested further information regarding the Enhanced Health Care in Care Homes Model referred to in the Chief Executive's Report. Miss Bourner explained the framework of best practice being developed, but mentioned that TMedicine had not been specifically referenced in the framework document.

(iii) Airedale Foundation Trust Update

Miss Fletcher highlighted that the Trust had not achieved the A&E 4 hour standard and Referral to Treatment standard and apologised to those patients who may have been affected. A formal Governance trigger by NHS Improvement remained a risk given the continuing risks. The Trust had submitted a formal appeal to NHSI regarding the A&E standard as a result of the system-wide pressures reported over several months.

The NHSI Hospital Pharmacy and Medicines Optimisation Project had notified the Trust that the Pharmacy Transformation Plan was one of only four Trust's in Yorkshire to have received a GREEN rating.

Miss Fletcher said the Trust would be holding its third Pride of Airedale Awards in the New Year. Two new categories had been introduced this year to recognise the work undertaken outside of the hospital setting and also the contribution by the Trust's corporate service teams.

The Report of the Chief Executive and attachments were received and noted.

204/16 NURSING AND MIDWIFERY STAFFING REPORT

The Nursing and Midwifery Staffing Report for October 2016 was taken as read. At the Chairman's request, the Report would be considered in the private section of the Board meeting.

205/16 MORTALITY REPORT

Mr Mainprize presented the Mortality Report which was taken as read.

The report had highlighted that the Trust's crude mortality rate was 1.11%. In October 2016, there were 57 deaths of which five were elective admissions and there were no maternal or paediatric deaths recorded. Included in the Mortality Scorecard was the newly published Dr Foster's Hospital Standardised Mortality Ratio (HSMR) which set the Trust ratio as 91.26 against the average England ratio of 100.0. These figures were for the latest available period of April 2015 to March 2016.

Mr Mainprize informed the Board that all returns were within the expected range and the emergency weekday and weekend HSMR were given alongside the mortality ratio for low risk diagnosis groups.

The Mortality Report and Scorecard to October 2016 was received and noted.

206/16 QUALITY IMPROVEMENT REPORT Q2

Mr Mainprize presented the Quality Improvement Report which was taken as read.

The following key points from the Q2 Quality and Safety Report were noted:

- 18 complaints had been received and this was consistent with the preceding equivalent period. Four complaints originated as PALS contacts.
- One case of CDifficile was reported this quarter compared to three in the previous equivalent reporting period. Investigations had found this case to be avoidable. There were no cases of MRSA bacteraemia;
- There was a downward trend in the number of reported fall incidents and the number of reported falls resulting in significant harm and fracture;
- The Trust's median reporting rate compared favourably with acute (non-specialist) cohort of organisations according to the latest release from the National Reporting and Learning System (NRLS);
- The SHMI ratio for the period April 2015 to March 2016 was 0.94 and remained below the national average;
- Both Airedale and Castleberg were ranked in the lower quartile for Ward food, Privacy, Dignity and wellbeing according to the Patient-Led Assessment of the Care Environment (PLACE) 2016 which was published in September;
- The percentage of patients receiving harm free care had steadily increased in the last 25 months from around 90% to around 95%, and this compared favourably with the regional and England average;
- Varicose vein PROMS participation rates have fallen in 2015/16. This has been highlighted to the service which has attributed this to a change in process. As a result, the distribution of questionnaires has been altered to reflect the process of care.

The Chairman reported that in a meeting he had with Peter Wyman, Chair of CQC, he was told there would be unnecessary emphasis on “leading indicators” e.g. staff morale from staff surveys. Mr Mainprize would be considering the Trust’s response in relation to the method by which to measure these indicators as part of the ongoing CQC consultation.

Mr Cross queried whether the mandatory training target figure of 90% was realistic and asked whether it should be reviewed. Mr Parker acknowledged the need to focus on mandatory training and explained that the 90% figure was a stretch target.

Dr Helliwell referred to the general theme running through the Report in relation to patient safety, pressure ulcers and complaints around staffing problems. The complaints review process was explained and the initiative to utilise Ward Administration support to help the response rates. With regard to pressure ulcers, Ms Asbury reported on the ongoing work with staff to recognise the early warning signs. In relation to the Trust’s work to reduce falls, enhanced monitoring was being put in place.

The Board expressed their disappointment in the results of the PLACE assessment. Ms Hunter explained that a major part of the challenge for Airedale was the estate including the lack of patient access to eg individual TV’s and radio’s. A multi-disciplinary team had been established to respond to the PLACE assessment.

Dr Helliwell referred to the National Clinical Outcomes Review Programme and queried which year the recommendations related to and whether any needed to be closed down. Mr Mainprize said that a standard framework had been launched to ensure timely review and closure of actions was in place.

The Appraisals and Performance Development Reviews data was referred to. Mr Parker explained the process by which additional focus was being placed on ensuring appraisals and PDR’s were undertaken and accountability framework that set alongside this.

In response to a question by Professor Gregory regarding the audit of care plans – nursing KPI’s, Miss Asbury explained how the audit process had changed and been made more consistent by improving the core requirements and reducing the number of audit notes from 20 to 10. Professor Gregory asked if automation could improve the audit process. Miss Asbury confirmed that discussions had taken place with the Information Team on this subject and system development had been scheduled for 12 to 18 months. Miss Fletcher asked Ms Bourner to look at how the Trust’s systems could be developed further to release time for staff. Professor Gregory commented on whether this could bring a commercial opportunity.

Ms McCracken referred to the NICE guidelines schedule and requested an explanation of what partial and non-compliance meant in practice. Mr Mainprize clarified how the NICE guidance process operates and the Trust’s assessment against the guidance. He confirmed that a robust governance process was in place. Professor Gregory asked for additional information to demonstrate that the Trust had reviewed the NICE guidance and that the Trust was at as full compliance as it could achieve.

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The Quality and Safety Report for the second quarter of 2016/17 was received and noted.

207/16 FINANCE AND PERFORMANCE REPORT

The Finance and Performance Report for the period ended 31 October 2016 was taken as read.

(i) Finance Report

Mr Copley stated that the overall position at the end of October after the release of contingencies was a surplus of £2,939k which was £82k worse than plan. The Trust was also subject to achieving a control total with NHSI. The control total excluded donated assets and therefore would be different to the underlying position. At the end of October the control total position was a surplus of £2,967k, £98k worse than plan.

Mr Copley outlined the following key points to the Board:

- The underlying position, before the release of non-recurrent support, is a deficit of £1.9m. After releasing contingencies the position is a deficit of £153k, £524k behind plan;
- The NHSI control total (which excludes donated assets and includes STF funding) is a surplus of £2,967k against a planned surplus of £3,065k, £98k worse than plan relating to underachievement on CIP, under trades on income, and costs related to delayed discharges. This is offset by nonrecurrent support;
- Within the position there is a 30% of non-elective threshold abatement equating to £431k that has not been reinvested into services;
- EBITDA is £201k worse than plan. This position delivers a UoR rating of 2 against a plan of 1;
- PbR Income is £1,377k below plan;
- CIP has achieved £3,166k against a plan of £5,211k, £2,045k behind plan. This is £1,180k worse than the contingency set aside, therefore contributing to the deterioration of EBITDA. Mr Copley added that the CIP performance and Clinical Income undertrades continued to be of significant concern. The Groups have signed up to delivering a recovery plan which will improve the position and this has been delivered in line with expectations in October. There was improvement on the run rate for the Clinical Income although it remains at £1.3m behind plan.
- Controls around Agency expenditure remain in place and costs have continued to be managed. The internal plan for agency at Month 7 was £2,668k meaning the Trust was £221k worse than the internal plan.

(ii) Performance Report

Mr Copley presented the Executive Performance Report which provided a summary of the Trust's position. Of note were the following key points:

- The Trust's NHS Improvement Single Oversight Framework Governance rating was Amber due to the A&E 4 hour standard being 90.2% and the Referral to Treatment standard being below 92% for October;
- There was a potential risk of a formal Governance trigger by NHS Improvement as a result of the A&E 4 hour standard not being achieved for three of the last four quarters and continuing pressures regarding the RTT standard are potentially increasing this risk further;
- Clostridium difficile and A&E 4 hour standards for 2016/2017 have continued to be declared as risks;
- The flu vaccination campaign was progressing with 61% take-up to date. It was noted that to receive the CQUIN monies (£280k) the Trust would be required to achieve the target of 75% by 31 December. Mr Mainprize and Miss Hunter confirmed that a communications plan was in place and front-line staff were being targeted to ensure they received their flu jab. The reasons for staff not opting to be vaccinated were discussed. It was agreed that all Board members should be vaccinated. Ms Asbury was asked to arrange for those Board members not

JAsbury

- already vaccinated to receive their flu jabs following the Board meeting.
- Dawn Gulliford, Cancer Manager had been commended for her work. The Board were supportive of the Executive Directors nomination to give her a Pride of Airedale Award.

NParker

The Finance and Performance Report was received were noted.

(iii) Exception Report on the 4 hour Emergency Care Standard (ECS)

The Emergency Care Standard Exception Report which sought to inform the Board of the failure to achieve the 4hour ECS, was taken as read.

Ms Hunter advised that the Trust had achieved 90.17% in October 2016 which was below the required 95% standard. She apologised on behalf of the Board to patients and their families who had to wait in excess of 4 hours. In providing assurance to the public that the Trust discharged its duties to the regulator, Ms Hunter informed the Board that NHS Improvement were regularly briefed on the situation. In terms of context setting, Ms Hunter said the Trust had been the 8th best performing ED in England at 93%.

The following key points which impacted on the delivery of the ECS were highlighted in the report:

- ED Attendances October 2016 were 5.84% higher than the same period in 2015. Overall the number of attendances between April-October 2016 was 4.58% higher than the same period in 2015;
- Admissions during October 2016 were 4.64% lower than the same period in 2015;
- Bed occupancy rates during October 2016 were averaging 97.02% compared to 96.23% during October 2015.
- The average bed days occupied by Delayed Transfer of Care ('DTC') patients were 100 days per week, (low 67 and high of 136). Over the same period in 2015 there were on average 60 bed days occupied per week. This was an increase of 66% and accounts for an additional 19 beds in our bed base. DTC therefore remained the key focus for the Trust.
- Gaps in both the consultant and middle grade shifts were placing significant strain on the substantive staff. This problem was a national picture and was now becoming sustained, system wide and although recognised as very challenging, there was no easy solution to resolve the issues. Ms Hunter thanked the ED staff for their hard work.

Ms Hunter encouraged the Board to visit the Rapid Improvement Week event currently taking place.

The Emergency Care Exception Report was received and noted.

(iv) Referral to Treatment Standard

The Referral to Treatment Standard was taken as read.

Ms Hunter informed the Board that despite achieving at aggregate level across Q1, the Trust failed across all Q2 months and again in October 2016. This failure at month 1 of Q3 could impact on the performance element of the Sustainability and Transformation Fund related to this standard. She added that the length of time patients were waiting for treatment fell significantly below the level the Trust aspires to deliver.

The report detailed the multiple factors which impacted upon the Trust and individual

service positions as well as the ability to mitigate them to deliver a sustained improvement in the Trust position.

The decline in the Trust's performance mirrored national performance, and nationally the 92% target has not been achieved once this financial year. The Board noted that the delivery of this standard was an ongoing risk.

The Referral to Treatment Standard was received and noted.

(v) Friends and Family Test Response

The Friends and Family Test Response Report was noted. The Chairman requested that consideration of this Report be deferred to the private Board meeting.

208/16 INTEGRATED GOVERNANCE DASHBOARD REPORT

The Integrated Governance Dashboard Report was taken as read.

Mr Copley stated that the overall position for October 2016 was consistent for most areas with Finance and Performance showing pressures. Workforce improved following the most recent Pulse Survey results. In Workforce a couple of indicators now include revised or stretch targets from April 2016.

The following key points were noted:

- The Trust had notification from the Care Quality Commission of enhanced monitoring being implemented from June and so the rating was now showing red;
- Outpatient DNA Rates were above the aspirational target set in the Annual Plan of 6% for October 2016. It was anticipated that further work through the Right Care programme would help continue progress this.

Mr Parker reported that the NHSI recruitment timeline target of 21 days had been challenged. NHSI had responded that the Trust cannot ignore the 21 days' timeline but had accepted the explanation why the Trust was unable to meet the target. The dashboard template had therefore been changed to reflect the fact that the Trust is unable to comply.

Mr Parker briefed the Board on the current deep dive into the reasons for the increase in sickness levels. He said the Trust benchmarked as 'average' compared to the overall NHS sickness levels, and was one of the better performing in the region. It was agreed to provide a progress report to the January Board meeting.

NParker

The Integrated Governance Dashboards were received and noted.

209/16 COMPANY SECRETARY'S REPORT

The Company Secretary's Report was taken as read.

Mrs Downes highlighted the following points which were received and noted:

(i) Board Governance Matters

The Board Appointments, Remuneration and Terms of Service Committee had met on the 16th of November 2016 and recommended the following appointments to Board sub-committees:

- Dr Helliwell appointed Chair of the Quality Service Assurance Committee with effect from 1 January 2017.
- Mrs McCracken appointed to the Quality Service Assurance Committee in place of Professor Gregory with effect from 1 January 2017.
- Dr Helliwell appointed to the Audit Committee in place of Shazad Sarwar with effect from 1 January 2017.
- Mr Gold, Mr Cross and Professor Luger appointed as members of the Finance Sub-Committee.
- Mr Gold appointed Chair of the Finance Sub-Committee;

The NED appointments to Board Sub-Committees and the Board Finance Sub-Committee terms of reference were approved.

(ii) Trust's Policy Register

The Policy Register was reviewed. The migration of documents from SharePoint to the Aireshare document management system had provided the opportunity to ensure all policies; guidelines and standard operating procedures were up to date prior to being uploaded.

(iii) Airedale NHS FT Charitable Funds Report

During October 2016, the charity received donations and legacies of over £4k, and spent over £5k. The charity had also approved the upgrading of the Children's Outpatients and Ward 17 Resource Room.

Dr Alan Hart-Thomas would be replacing Dr Philip Da Costa as the clinical representative on the Charitable Funds Sub-Committee with effect from 1 January 2017.

(iv) Board Action Log

The Board action log was reviewed and those items deemed completed agreed for deletion.

210/16 ANY OTHER BUSINESS

There were no other business items raised.

211/16 CLOSE OF NEXT MEETING

There being no further business, the Chairman declared the meeting closed.

The next meeting of the Board of Directors will be held at 9.30am on Wednesday 25th January 2017 in the Seminar Room, Airedale General Hospital.