

**MEETING OF THE BOARD OF DIRECTORS HELD AT
09.30AM ON WEDNESDAY 29 NOVEMBER 2017 AT AIREDALE
GENERAL HOSPITAL, SKIPTON ROAD, STEETON, KEIGHLEY**

PRESENT: Professor Michael I Luger, Chairman (in the Chair)
Miss Bridget A Fletcher, Chief Executive
Ms Jill Asbury, 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

IN ATTENDANCE:

Mrs Jane Downes, Company Secretary
Ms Penny Clark, Member of the public (item 227/17)
Ms Annie McCluskey, Head of Nursing (item 227/17)
Miss Lynsey Nicholson, (item 227/17)
Mr Nick Parker, Associate Director of HR and Workforce
Mrs Wendy Winterbottom, Assistant Company Secretary

An apology for absence was received from Ms Helen Bournier, Associate Director of Strategy and Partnerships

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

ACTION

226/17 DECLARATIONS OF INTEREST

There were no declarations of interest.

227/17 PATIENT STORY

Ms Asbury introduced Penny Clark to the meeting who was in attendance to share her mum's experiences whilst a patient on ward 10. Penny Clark informed the Board she was a retired nurse and her close family also worked in healthcare.

She explained her mother was 94 years old and had suffered a fall at home. Prior to the fall she had been very independent although she did have some mobility issues. Whilst an inpatient on ward 10 there had been errors in her mother's care that the family felt were inexcusable. The Board were informed the biggest issue related to the assessment of Penny Clark's mother and in her view the nursing team saw her as an elderly lady who fell frequently and had poor cognitive skills.

During the 10 days in hospital Penny Clark's mum was not seen by a physiotherapist and got weaker during her time in hospital. She was generally frailer and more confused during her time in hospital. The fall had damaged her muscles in her back and although she was prescribed painkillers in ED she did not receive any pain relief on the ward. When Penny Clark challenged this the response from the nurses was that she hadn't asked for any pain relief.

She described other areas of concern regarding her mum's care and said there had been a number of discrepancies in the notes which led to the family feeling they needed to take their own notes about her care. The patient's needs were not discussed with the family and Penny Clark said the overall communication with the family had been poor. She said they were ignored when they approached the nursing station and when a member of staff did communicate with the family they were not made to feel welcome. When it came to discharging Penny Clark's mum, this had been arranged for 4pm however, the family were contacted at 2pm to ask whether anyone was coming for her. The discharge letter contained incorrect information and the request for a referral to physiotherapy, continence service and the audiology service has not been included.

The Board were informed the HSCWs on the ward were very kind and friendly but the family felt they had not had received appropriate leadership. Penny Clark said she was deeply disappointed by the care her mum had received particularly as the points she had raised do not have cost implications to rectify.

The Chairman thanked Penny Clark and gave assurance the Board consider seriously the comments from the patient story items.

Ms Asbury formally apologised to Penny Clark, her mother and family for their experiences. She confirmed she had met Annie McCluskey, Head of Nursing and the nursing team to discuss this case and said work was taking place to make improvements. She said ward 10 generally had good systems in place for delivering patient centred care however they do need to work alongside families to better understand the patient's background.

Miss Fletcher thanked Penny Clark and said she appreciated her openness. She highlighted that staff relied on feedback from both patients and relatives to draw attention to cases where care has not been as it should to enable improvements to be made. She said the Board needed to reflect on this story and consider what actions could be put in place to ensure learnings were taken forward.

Professor Gregory outlined the importance of the Board hearing both good and bad patient stories and said her concerns related to the factual inaccuracies that had been experienced particularly concerning the discharge letter. She said staff should reflect deeply on this and ensure checks and balances are in place for patients.

Ms Hunter acknowledged the fact Penny Clark was able to expose areas of concern that other families might not be so aware of and said their experiences would matter to the team on ward 10 and this would be taken seriously.

Dr Helliwell said she volunteered on ward 10 to help patients at mealtimes. In referring to concerns that had been raised regarding food she asked what could have been done to make the situation better. Penny Clark explained the issue and said she would have liked to have been informed her mum was not eating. Dr Helliwell gave assurance these discussions do happen on the ward and apologised

for the situation that had been experienced.

The Board thanked Penny Clark for her time in relaying the patient story.

228/17 MINUTES

The minutes of the Board meeting held on 25 October 2017 were approved as a correct record subject to minor typographical amendments.

229/17 MATTERS ARISING NOT COVERED ELSEWHERE ON THE AGENDA

i) Performance Report (202/17ii)

Ms Hunter confirmed the second iteration of the winter plan report had been submitted.

ii) CQC Re-Inspection Quality Improvement Plan (204/17)

Ms Asbury confirmed the plan signed off by the Board at the previous meeting had been submitted to the CQC.

230/17 CHAIRMAN'S BRIEFING

The Chairman's Briefing was taken as read. The Chairman said he was sorry to be leaving the Trust and it had been a pleasure to work with everyone and the Board had been particularly special to work alongside.

The Chairman's Briefing was received and noted.

231/17 REPORT OF THE CHIEF EXECUTIVE

Miss Fletcher presented the Chief Executive's Report and highlighted the following key points.

National Developments

i) Autumn Budget

Miss Fletcher referred to the fact additional funding for winter had been announced during the autumn budget however it was potentially likely this would be weighted to those Trusts rated category 3 or 4. Airedale was category 2. Of note was the fact the £1.6bn for next year was non-recurrent and reference was made comments from NHS Providers about the fact this was still falling short of what was required. With regard to the pay rise for staff on Agenda for Change terms and conditions, this was still to be confirmed by the staff pay review body and it was noted that there was no commitment that this would be fully funded.

Professor Gregory commented on a previous occasion the NHS received additional funding and the fact there had been no transparency around this and asked whether there would be any process around distribution. Miss Fletcher explained the process that would be in place but cautioned that because Airedale performed reasonably well it was less likely it would receive a fair share of funding. She said the funding for winter would be targeted around A&E however there were no processes set out at the moment.

ii) Operational Management of Winter

The Executive Team were focussing hard on this and the Trust was working on delivering savings and looking ahead to 2018. Regarding winter, Miss Fletcher referred to the joint letter from NHS England and NHS Improvement appended to the report. Of note was the A&E Delivery Board were trying to put pressure on colleagues regarding the fact the winter plan for the local area was not accepted and the question of what other options could be put in place had been asked. The Trust was being asked to expand its Plan reflective of weak arrangements outside the Trust's control. The Board noted the Trust was being supported by NHSE on this. Internally the Trust had been asked to create a winter room which would align to contingency plans already in place although more work was required on this. Ms Hunter gave a detailed explanation of this and agreed to discuss flow through the hospital further with Executive colleagues the next day..

iii) Single Oversight Framework

NHSI had published the updated Single Oversight Framework and its response to recent feedback. The briefing document (appendix 2) from NHSI summarised the specific changes under each Single Oversight Framework theme and was followed by a summary of the feedback from respondents.

iv) CQC Fees Consultation

A response had been submitted regarding the CQC fees.

Airedale Developments

Miss Fletcher referred to the CQC Insight Tool and said this would be a big change for the Trust in how it will be regulated going forward.

v) Flu Campaign

The Trust continues its flu vaccination campaign for 2017/18. The latest position for uptake of the vaccination was just over 60%.

vi) Rapid Improvement Event AAU

The event held earlier in the month focussing on acute admissions had been led by the Trust's quality improvement, ED and AMU teams. The live testing had gone well and looked at improving and refining the flow of patients from ED into the organisation which was crucial planning for the new acute assessment unit to ensure processes were in place ready for the opening in the spring.

vii) Financial Position

Miss Fletcher highlighted to the Board the fact the financial position was of great concern. She explained the additional efforts and scrutiny that was in place and said the Executive Directors were looking at plans in detail and that more scrutiny would be placed on the Groups. With regards to the Performance standards there was concern regarding deliver of the cancer standard for November.

Miss Fletcher on behalf of the Board thanked staff for maintaining the quality of care to patients in ED.

viii) Harden Ward, Castleberg

Miss Fletcher drew attention to the Healthwatch papers appended to the report. Of note was the consultation would conclude at the end of February 2018.

Good News

Miss Fletcher drew the Boards attention to the expansion of the Nightingales Day Nursery and the Guardian Public Sector awards which had been held the previous evening. Miss Fletcher confirmed the Trust's Stammering Therapy project had won

the Digital and Technology Award and the Board congratulated the team on their achievement in taking this project forward.

The Report of the Chief Executive was received and noted.

232/17 NURSING AND MIDWIFERY STAFFING EXCEPTION REPORT

Ms Asbury presented the monthly Nursing and Midwifery Staffing Report for October 2017 and highlighted the following key points.

- Registered Nurse fill rates during the day this month had returned to just over 90% at 91.5%. The use of HCSWs was between 105% – 108% during day and nights shifts
- There had been a slight increase in pressure ulcers and falls within Integrated Care and assurance was given this was being monitored. With regard to cases of multiple falls work was taking place on this.
- Two International nurses had passed their English language test and there was a process in place around individual plans for those nurses due to take the test.
- The Trust hosted a recruitment open evening on 8 November which was very well attended. Potential recruits would take up posts from September 2018, a similar event was being planned for February 2018
- Opportunities for developing other staff into Registered Nurse posts were being considered alongside Bradford Teaching Hospitals NHS Foundation Trust and Health Education England.
- The Trust had recruited 16 HCSWs to provide generic care to patients on wards 4 and 6. The Chairman asked how the Board could be assured these staff members were appropriately trained and supervised. Ms Asbury confirmed they receive competency based training which included discharge care. Miss Fletcher referred to the fact it was key for the Trust to look at how it develops the workforce going forward.

Mr Cross said it was positive to note the registered nurse fill rate was over 90% however it highlighted that vacancies were increasing and asked did this mean additional bank and agency staff were required? Ms Asbury explained the bed bases could be altered accordingly however the need to be aware of individual patient's needs was noted.

Dr Helliwell referred to the category 3 pressure ulcers on ward 10 and confirmed work was taking place to review patient's skin conditions. She also confirmed the fill rates for the ward were good.

Mr Copley asked about care hours per patient day and whether there was an acceptable tolerance on the wards. Ms Asbury reported care hours per patient day varied across the wards and Airedale currently had the third lowest rate in the country. Mr Gold referred to the recent presentation at the Finance Committee and said the discussions had reinforced the point the Trust needed to constantly balance a range of things such as patient safety, quality and finances, which is very difficult. He said consideration needed to be given to the impact of that balancing act when setting the Plan for 2018/19.

Mr Cross highlighted the importance of maintaining the current focus on recruitment events to ensure the Trust attracted potential staff.

Professor Gregory asked whether work was taking place to refresh the workforce

and the Board were assured this was happening.

The Nursing and Midwifery Staffing Exception Report was received and noted.

233/17 PATIENT SAFETY REVIEW Q2 2017/18

Mr Mainprize presented the Patient Safety Review for Q2. He highlighted the falls information and said the majority of these happened on ground floor wards as these were more likely to be uneven. Work was taking place to resolve this.

Work had also taken place around the Sepsis proforma and recent data suggested this was starting to have a positive impact. Dr Helliwell commented on the graph outlining staff survey reporting culture and the fact this appeared to be reducing. Of note was the current staff survey would close on 1 December.

Mrs McCracken referred to the section outlining reasons recorded for omitted doses of medicines and asked regarding the progress with TPP. Ms Asbury confirmed TPP had been contacted about this and a number of other items which would be discussed at a meeting scheduled for January.

Mr Cross highlighted the increase in pressure ulcers within community services and asked whether there were plans in place to address this. Ms Asbury confirmed discussions had taken place with the Community Services Lead to address this. She also highlighted to the Board the fact these patients might have complexities therefore other agencies could also be caring for them.

234/17 MORTALITY REPORT

The Board received and noted the Mortality Scorecard.

235/17 FINANCE AND PERFORMANCE REPORT

Mr Copley presented the Finance and Performance Report for the period ended 31 October 2017.

i) Finance Report

Mr Copley gave a detailed update on the current financial position and said there were increasing pressures including winter which could be a risk further into 2018.

- The underlying position, before release of non-recurrent support is a deficit of £3.2m. £1.7m worse than plan for month 7. During October the level of income was lower than expected. The underlying position before the release of non-recurrent support is a deficit of £2k. After support the position is a deficit of £2,069k, £508k better than plan;
- Within the position there is a 30% of non-elective threshold abatement equating to £513k that has not been reinvested into services;
- EBITDA performance is £842k worse than plan. This position delivers a UoR rating of 2 against a plan of 1;
- PbR Income is £1, 219k below plan;
- CIP has achieved £5,304k against a plan of £4,784k, £556k better than plan.

ii) Performance Report

Mr Copley highlighted the following key points:

- Following continued pressures for urgent care in the health system, the A&E 4 hour national standard was not achieved for October. As at 20 November this standard was 92.7% for the month, below the national standard but above the STF trajectory
- The Trust had achieved the target for STF funding requirements for Quarter 1 and Quarter 2. Clarity had been received that the Quarter 4 assessment of the 95% national standard shall only be based on March 2018 performance
- RRT for October was delivered at 93.4%
- The number of C-diff cases to date stood at five. Four had been reviewed and the outcome was that three were deemed unavoidable and one was currently undergoing a review. Therefore the year to date was one case still to be reviewed by the CCG against an annual threshold of 6;
- The 62 day Cancer target for October was achieved at 87.1% however Ms Hunter informed the Board it was very unlikely the target would be achieved for November which is a concern as the quarter would include December. The Board noted this was a significant risk. The other pressure is the A&E ambulance handover; there had been two breaches of the 60 minute standard
- CQIUNS were delivered during Q1 however the main area of exception was around Sepsis where further work was required on antibiotic administration within one hour, as the Trust is below the required threshold for this standard. Other issues noted related to the diagnostic 6 week target. Ms Hunter said there was a significant investigation taking place in the department
- Overall the NHS Improvement Single Oversight Framework Governance rating is Amber.

Ms Hunter informed the Board the Trust has been in OPEL level 3 for five days and silver command was currently in operation. She referred to pressures in East Lancs and the fact Airedale had been experiencing ambulance divers as a result of that.

Mr Gold commented on next year's finances and said it was important to consider patient measures and finances when submitting the Plan. Discussions took place around nurse and doctor staffing levels and performance standards going forward while maintaining patient safety. Mr Gold commented patient safety and quality was paramount. In referring to the system pressures the Trust was experiencing it was important to consider ways the Trust could make a difference and the fact this needed the general public to think differently about the NHS.

Discussions took place around MSSA and Mr Mainprize explained this related to resistance to antibiotics. He gave a detailed account of the work taking place to fight infections and reported on the national concern around antibiotic resistance. Ms Asbury explained the work that had taken place regarding the cases of MSSA and to date no further cases had been recorded.

The Board received and noted the Finance and Performance Report.

236/17 INTEGRATED GOVERNANCE DASHBOARDS

Mr Copley presented the Integrated Governance Dashboard Report for October

2017 which was taken as read. The position remained consistent with previous months. He referred to the 'spidergram' outlining the triangulated data compared to the previous year.

The Friends and Family Test response rate was below the threshold. Staff citing stress as a reason for absence had increased and sickness was above the planned position. The vacancy rate had increased and mandatory training was below the planned level.

Mr Parker explained that sickness absence was lower than the same period the previous year however it was above the target level. With regard to stress related absences these had increased however short term absences had reduced in month and first day referrals to Health and Wellbeing had been taken up. Mr Parker informed the Board the main reasons for stress related absences were due to personal reasons and were not necessarily work related.

Reference was made to the fact staff were increasingly under pressure and Professor Gregory referred to personal related stress cases. She said various work related factors could be impacting on individual personal related stress cases.

Dr Helliwell referred to the stillbirth campaign and asked if the Trust's rate was a concern. Ms Hunter responded and assured the Board the Trust was not an outlier.

237/17 CQC INSIGHT TOOL REPORT

Ms Asbury gave a presentation on the CQC Insight Tool and said the purpose was to give an indication to the Board of what the Insight Tool looks like and to highlighted what information the Board will see going forward.

The aim of the CQCs strategy was to deliver an intelligence driven approach to regulation. The Insight Tool brings together 216 indicators that are already available and affects five of the key lines of enquiry.

Ms Asbury explained the reporting requirements and the work this would create for the groups. The Board noted the internal processes that would be put in place for management of the process and the fact information for each Group and sub-speciality would need oversight and review before submission to the CQC.

Ms Hunter said she was concerned about the impact this will have on already very busy key individuals with responsibility for these areas. Miss Fletcher said these audits were completed for learnings and were being turned into a regulatory tool which was not their purpose. Mr Gold felt it was important the Trust ensured a measured and balanced approach was taken to this going forward.

Ms Asbury proposing bringing a report to the Board appended to the monthly score card which would include a table describing indicators that had moved in month and highlighting whether the Trust was worse than the national average. If this was the case the report would highlight the work that was taking place to address this. Professor Gregory asked what practical use can be made of this information as the Board see this in other reports. Detailed discussions took place around the various ways in which the NHS is micro managed generally and the fact this was changing the focus of Executive Director colleagues.

The CQC Insight Tool was received and note.

238//17 COMPANY SECRETARY'S REPORT

The Company Secretary reported the following items.

i) Resignation of the Chairman

The Board were informed of the resignation of Professor Michael Luger, Non-Executive Chair with effect from 30 November 2017. In accordance with the Trust's Constitution (section 26.1). Mr Andrew Gold, currently Deputy Chair, will be appointed acting Chair of the Trust with effect from 1 December 2017. A recommendation to appoint an acting Deputy Chair will be taken to the governors for approval at the next Council of Governors meeting on 13th December.

The Board received the resignation of Michael Luger as Non-Executive Chair with effect from 30 November 2017.

Airedale NHS FT Charitable Funds

During the month of October 2017, the Airedale NHS Foundation Trust Charitable Funds received donations/legacies of £21,673.86 including:

- £4,318.61 donation from various fundraising events arranged by S Wilkinson and L Brewer for the HODU Fund
- £3,830.00 funeral donations in memory of G Elks for the HODU Fund
- £1,700.00 donation from The Showtime Fund, Helen Howard School of Theatre Dance for the Stroke Support Fund
- £5,000.00 legacy for the Castleberg Hospital Fund. The Board noted this fund was still in place and would remain so until the outcome of the consultation was known.

During the month of October 2017, the Airedale NHS Foundation Trust Charitable Funds spent £19,974.31 including the following items of note:

- £16,416.40 for 4 electric chemotherapy chairs from the HODU Fund
- £1,625.40 for a blood pressure monitor from the Medicine & Elderly Trust Fund

iii) Board Action Log

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

239/17 ANY OTHER BUSINESS

i) NHS Improvement Chief Executive Appointment

Miss Fletcher informed the Board Ian Dalton would take up the post of Chief Executive of NHS Improvement from Monday 5 December. He held very senior positions across the private sector as well as a background in the NHS.

ii) Chairman's Resignation

Mr Gold referred to the fact this was the final Board meeting for the Chairman who was leaving the Trust to pursue a role in education. He said on behalf of the Board of Directors that he was grateful for the fresh approach and commercial view that he had brought to the Board. Mr Gold and the other Board directors wished the Chairman well for his future.

240/17 CLOSE OF MEETING

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

The next meeting of the Board of Directors would be held at 9.30am on Wednesday 31 January 2018 in the Seminar Room, Airedale General Hospital.

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