

**MEETING OF THE BOARD OF DIRECTORS
HELD AT 9.30AM ON WEDNESDAY 31 OCTOBER 2018
AT AIREDALE GENERAL HOSPITAL, SKIPTON ROAD, STEETON, KEIGHLEY**

PRESENT: Mr Andrew Gold, Chair
Ms Jill Asbury, Director of Nursing
Mr Brendan Brown, Chief Executive
Mr Andrew Copley, Director of Finance
Mr Jeremy Cross, Non-Executive Director
Professor Anne Gregory, Non-Executive Director
Dr Maggie Helliwell, Non-Executive Director
Ms Stacey Hunter, Chief Operating Officer
Mr Mark Lam, Non-Executive Director
Mr Karl Mainprize, Medical Director
Mrs Lynn McCracken, Non-Executive Director

IN ATTENDANCE:

Mrs Jane Downes, Group Company Secretary
Mr Nick Parker, Associate Director of HR and Workforce
Mr Stuart Shaw, Associate Director of Strategy, Planning & Partnership
Designate/Head of Planning & Performance
Michael Smith (item 246/18)
Patient Story attendees:
Ms Georgina Fox and family member
Mr Dan Hillen, Acute Medical Unit
Ms Julia Nixon, Acute Medical Unit

Also in attendance were staff members, Governor and CQC representatives.

ACTION

The Chair welcomed Mr Stuart Shaw to his first Board meeting following his appointment as Associate Director of Strategy, Planning and Partnership.

232/18 DECLARATIONS OF INTEREST

There were no declarations of interest.

233/18 PATIENT STORY

Ms Asbury introduced Ms Georgina Fox who talked about her experience of the Acute Assessment Unit whilst undergoing a period of intense investigation to determine her condition.

The Chair thanked Ms Fox for her story. Professor Gregory asked for her view about how the patient experience could be improved. She said the coordination of processes between primary and secondary care could be smoother as she had experienced some system issues. She added that once her condition had been

diagnosed the experience had been good.

Ms Hunter referred to the work of the ambulatory care team and the value this brought to the patient experience.

Mr Cross asked for Ms Fox's view of her patient journey and if she had understood the terminology, what was happening and why. Ms Fox said she had initially undertaken her own research but she had felt fully informed on each step of the diagnostic process.

Ms Asbury asked members of the staff members present how the diagnosis process would have worked without the ambulatory care unit. Ms Nixon said prior to the establishment of the ambulatory care unit it would have probably meant a two to three week inpatient admission for the patient.

Dr Helliwell asked for assurance that GP's in the area were aware of the referral process and the benefits of having an ambulatory care unit at Airedale. Ms Julia xx said she had raised awareness through a number of communications route including attendance at GP practice meetings.

The Chair concluded the discussion by thanking Ms Fox, her mother-in-law and staff members of the ambulatory care team for their attendance.

234/18 MINUTES

The minutes of the Board meeting held on 26 September 2018 were approved as a correct record, subject to one typographical correction.

235/18 MATTERS ARISING NOT COVERED ELSEWHERE ON THE AGENDA

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

236/18 BOARD ACTION LOG

The Board action log was reviewed and those actions deemed completed agreed for closure.

In referring to the action relation to the flu vaccination campaign, Ms Asbury said arrangements had been made to administer vaccinations to those Board directors that had not yet received their vaccinations.

237/18 CHAIR'S BRIEFING

The Chair's briefing was received and noted.

Mr Cross commented that the Employee Open Day had been excellent and very well attended.

Mr Brown presented the Report of the Chief Executive and in doing so highlighted the following:

Commitment to Quality of Care

(i) Care Quality Commission ('CQC') Quality Assessment

A briefing was given on the forthcoming inspection to take place on 18 to 20 December. The unannounced core service inspection was anticipated in either November or December.

(ii) Flu Vaccination Campaign

The current take-up of vaccinations by front-line staff stood at 58.5%. Ms Asbury advised the Trust was at 75% of the overall take-up compared to the previous year and benchmarked well to the Trust's peers.

(iii) Clinical Waste Storage

Mr Brown summarised the current position regarding the waste management contract and the Trust's response in terms of implementing contingency plans. He stressed that the protection of patient safety and services as well as staff welfare had been paramount at all times. Credit was paid to the staff at AGH Solutions Limited in managing the situation efficiently and diligently.

(iv) Improving Lives

Research & Development (R&D) Education Event

The Board noted the forthcoming inaugural joint R&D event with Bradford THFT, to be hosted by Airedale on 12 November 2018.

(v) NHS Improvement ('NHSI') - Use of Resources ('UoR') Assessment

The forthcoming UoR assessment by NHS Improvement on 20 November 2018 was noted. To date a significant amount of information had been submitted in preparation for the assessment.

(vi) Right Care Portfolio Programme Report

The Right Care Portfolio Programme Report was taken as read. Mr Brown said he had initiated a discussion about how the report could be presented differently to Board members. The Chair suggested a couple of changes to the format and data analysis within the report.

Mr Cross highlighted the Trust's work with Keighley College and encouraged the development of the apprenticeship schemes. Mr Brown said meetings with council colleagues had been held to moot the sharing of apprentices between public service organisations, with a view to rolling-out the initiative to post-graduate employees.

(vii) Autumn Budget

Since compiling the Report, the Chancellor of the Exchequer had delivered the Autumn Budget in which an increase in mental health spending and funding for social care had been announced.

(viii) People Events and Staff Awards

Mr Brown referred to the number of events that had taken place during the month; all of which had been well attended and provided a good morale booster for staff and also for visitors to the hospital. Specific reference was made to the following:

- Skipton Food Bank – ‘Food Mile’
- Sunbeam Baby Remembrance Garden
- Pride of Airedale Awards for October

Mr Lam referred to the current programme of open events and staff initiatives and asked how the Trust could sustain the work. He commented that these types of events were rare amongst acute providers. Mr Brown said the employees open day and public theatres open day had been running for a number of years and going forward would form part of the People Plan.

239/18 BOARD ASSURANCE FRAMEWORK (Q1) AND CORPORATE RISK REGISTER

Jane Downes presented the Board Assurance Framework (‘BAF’) and Corporate Risk Register and explained the changes to the report format. She drew attention to the summary of risks and the changes since quarter 1, including the proposal to redefine the risk relating to ‘*Failure to ensure IT systems are protected from cyber attacks*’ to broaden it to include reference to the digital infrastructure.

The Board’s general view was Report format was clearer and easier to interpret.

The Chair asked the Board to consider and agree whether the highest risks the Trust currently faced related to the availability of workforce and the 5 year capital expenditure programme were correct, and if so the Board agenda and reports should reflect a focus on these key areas. Mr Brown said the debate around workforce and capital expenditure had been reflected consistently in Board discussions.

Mr Cross reported that the Trust’s internal auditor, Audit Yorkshire had undertaken a benchmarking exercise of BAFs with other Trusts and confirmed the Trust’s BAF compared consistently with other Trusts.

The Chair asked for assurance around the process by which the tolerance scores had been derived; the governance process over changes; and, confirmation of when the whole Board would engage with that process. He also requested additional narrative to explain the reasons for any change in the risk score or its tolerance. It was agreed the Board would discuss the BAF at the November Board Strategy meeting.

**Co Sec/
Board**

240/18 INTEGRATED GOVERNANCE DASHBOARD REPORT

Mr Copley presented the Integrated Governance Dashboard Report for September 2018 and in doing so said performance had been consistent overall during the last month. He drew attention to the following

- Workforce sickness levels increase
- Operational pressures and the continuing escalation beds opened and occupied
- Theatre utilisation above plan
- Waiting times increase
- Outpatient DNA reduction
- Prolonged low number of complaints

The Chair referred to the KPI reporting trend and seasonality relating to bed occupancy and asked what measures were being taken to ensure bed capacity

was being maintained. Ms Hunter responded that Airedale performed well in a number of areas and summarised the work of the Trust in reducing the prevalence of long stay patients. She also said the Trust was on track to meet the request from NHS Improvement relating to reducing the length of stay for patients. Also reported was availability of monies from the West Yorkshire Accelerator Zone (WYAZ) to promote the 'home first' initiative which was on plan to deliver a better experience for patients.

Professor Gregory queried the level of Outpatient DNA's and sought assurance about how the Trust was seeking to improve the position. Ms Hunter said the Trust benchmarked well and explained the initiatives in place to deliver information to patients in text format. In responding to a supplementary question about changing the Trust behaviours and the way in which outpatient appointments were offered, Ms Asbury said an outpatient suite would be in place during 2019 and explained how the Integrated Health Report (IHR) programme would help to support the digital management of e-referrals.

Mr Lam referred to the continuing increase in demand and asked the Executive Director's their view on the matter. Mr Brown acknowledged that ensuring a cohesive response across the system including the integration of patient pathways was a challenge. Ms Hunter briefed the Board on the ongoing initiatives to improve the patient referral process and the outpatient experience, including the plans to implement a video platform.

The Chair requested the narrative accompanying the report should highlight key trends and themes to enable visibility of the outpatient transformation work and the tangible measures being discussed to progress system transformation.

A Copley

The Integrated Governance Dashboard Report for September 2018 was received and noted.

241/18 FINANCE AND PERFORMANCE REPORT

(i) Finance Report

Mr Copley presented the Finance Report for the period ended 30 September 2018, and highlighted the following key points:

- Month 6 underlying consolidated position showed a deficit of £2,010k, £1,322k better than plan;
- Within the position, the 30% of non-elective threshold abatement equating to £1,697k had not been reinvested into services;
- Earnings before interest tax depreciation and amortisation was £856k better than plan. This position delivers a Use of Resources rating of 3 against a plan of 3;
- Payment by Results income was £818k above plan;
- Cost improvement plans had over achieved to month 6, delivering £4,048k against a target of £2,071k, £1,977k better than plan; and
- Liquidity ratio showed that working capital was in line with plan.

Mr Copley briefed the Board on the ongoing issues with the implementation of the financial ledger upgrade. He stressed the issues were outside the Trust's control, and gave assurance that the finance team was working hard to mitigate the delay of invoice payments. Mr Lam asked for assurance that supplier cash flow, in particular those classed as 'small' suppliers would not be jeopardised as a result. Mr Copley said the finance team had implemented a prioritisation system and that

additional staff had been brought in to assist. The Board requested an exception report to advise of the issues and mitigating actions in place.

The Finance Report for the period ended 30 September 2018 was received and noted. **A Copley**

(ii) Performance Report

Mr Copley presented the Performance Report for the period to 30 September 2018 and highlighted the following key points:

- 3 C.Difficile infections for the year to date. Following investigation all had been deemed unavoidable and therefore would not count against the Trust's annual target.
- 62 day cancer screening standard had been achieved for September at 88.9%. Ms Hunter explained the shadow monitoring process on breach allocation showed our percentage being above the national thresholds, once patients who were transferred to other providers were reallocated if referred after day 38. Further updated guidance on this would come in to effect for new treatments from October 2018.

Mrs McCracken referred to the current level of waiting lists and asked whether there was a pattern or theme emerging. Ms Hunter said the sub-specialty of foot and ankle surgery and oral and maxillofacial surgery services were the main outliers, with the scarce availability of surgeons and theatre capacity the underlying causes. She explained the triage process in place to ensure patient safety was maintained by prioritising those patients requiring surgery more urgently. Mrs McCracken asked in relation to those patients waiting at 40 weeks what assurance could be given to ensure those waiting times did not exceed 52 weeks. Ms Hunter said mechanisms were in place to avoid this particular situation arising which had been deployed previously.

The Performance Report to 30 September 2018 was received and noted.

242/18 PATIENT SAFETY SCORECARD

Mr Mainprize presented the Patient Safety Scorecard Report to 30 September 2018 and highlighted the following key points:

- Incident reporting continued to be elevated, with the last three returns above the expected range. Maternity, Surgical and Community services showed an upward trend in reporting numbers. In terms of incident category, 'staffing level' reporting had increased in this period.
- Two serious incidents were notified to STEIS in September one of which was initially received as a complaint relating to delay in diagnosis.
- Reported Category 2 (C2) pressure ulcers per 1000 occupied bed days showed a significant positive variance commencing March 2018.
- There were no instances of significant pressure ulcers reported in September 2018 across all services. There had been eight C3 pressure ulcers reported by Ward 6 during the year to date.
- VTE compliance was below the national threshold in August 2018 with adverse variation noted within Surgical and Women and Children's Services.
- The fall rate per 1000 occupied bed days alongside the C2 pressure ulcer indicator would be rebased prior to the October 2018 issue of the scorecard.

The Patient Safety Scorecard Report was received and noted.

243/18 MORTALITY REPORT

Mr Mainprize presented the Mortality Scorecard to 30 September 2018 and highlighted the following key issues:

- During September there had been 53 deaths with a crude mortality rate of 1.06% of spells.
- The latest published national data for the HSMR (April 2017 to March 2018) showed the values to be 'as expected'.

Mr Mainprize asked the Board to consider the amalgamation of the Fracture Neck of Femur Task and Finish Group in to the Trust's governance reporting process via the Mortality Report, given the sustained improved position. Assurance was given that visibility of the data analysis would be reported through the Quality and Safety Committee.

The Board considered and agreed that the Fracture Neck of Femur Task and Finish Group could be disbanded with the caveat that the Quality and Safety Committee receive a quarterly analysis report.

K Mainprize

The Mortality Report was received and noted.

244/18 NURSING AND MIDWIFERY STAFFING REPORT

In presenting the monthly Nursing and Midwifery Staffing Report for September 2018, Ms Asbury highlighted the following:

- Nurse staffing levels on the wards remained challenging. Ten areas out of the seventeen areas had reported fill rates below the 90% threshold for Registered Nurses on day shifts, with five of these wards being below 80%. These challenges were the result of vacancies and the number of escalation beds open during this period, particularly in the medical wards. To mitigate this there had been an increased use of healthcare support workers, therefore the fill rates for unregistered staff exceeded 100% in most clinical areas.
- The vacancy graph demonstrated an increase in nurse vacancies during the month. In previous months unregistered staff had been recruited on a temporary basis to fill these posts. These staff had now been absorbed into unregistered staff vacancies, therefore creating vacancies. A number of international nurses had also left over the summer months.
- Twenty five new registered nurses would join the Trust during September and October; a significant increase to previous years' intake for the same period.
- The teams were managing to maintain the quality of care that they provide to patients as demonstrated in the metrics. However there were concerns about the resilience of the staff and the sustainability of this position in the longer term, particularly in the Integrated Care Group.

In referring to the recruitment of twenty five new registered nurses, it was agreed that 'a meet the board' session with the new cohort of registered nurses would take place at a point in time.

J Asbury

Ms Asbury reported that the Trust had been invited and had been accepted to join the NHSI Retention Programme.

A number of questions were asked by Non-Executive Directors regarding the analysis of nurse vacancies graph and the contact made with universities regarding completion of the training programmes. The self-funding of the training programmes was suggested as the main inhibitor for attracting students. The Chair asked the new People Committee to reflect on this point and include as a work plan item.

N Parker

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

245/18 PEOPLE REPORT Q2 2018/19

Mr Parker presented the People Report for Quarter 2 2018/19 and drew attention to the following key areas:

- The development of a 'retention' plan, following a bespoke workshop with NHS Improvement (NHSI) focused on nurse retention rates;
- Further improvements to the Trust's approach to Freedom to Speak Up on the back of the Board self-review and action planning process;
- The evaluation of future workforce models and roles in conjunction with NHSI, Health Education England and Huddersfield University to inform future workforce design within the Trust and across WYAAT.
- Continued implementation of workforce inclusion strategies; and in particular the response to the latest Workforce Race Equality Standard and Workforce Disability Equality Standard.

Mrs McCracken referred to the higher turnover rate for professional scientific and technicians staff group and asked if any work nationally could be drawn upon to improve the position. Mr Cross referred to the well-led emphasis and asked if the new People Committee could reflect on this measure once established.

N Parker

The Chair added a comment around the evolving nature of the report and the recognition that the Trust's main risk as reported in the BAF was workforce related.

The People Report for Quarter 2 2018/19 was received and noted.

246/18 FREEDOM TO SPEAK UP (FTSU) ANNUAL REPORT 2017/18

The Chair welcomed Mr Michael Smith (Acting FTSU Guardian) to the Board meeting. Mr Nick Parker presented the Freedom to Speak Up Annual Report for 2017/18 and in doing so, paid credit to Sarah Broadhead Crofts for her work in establishing the role since February 2017.

He reported that this was the second annual report and covered an assessment of the key issues in relation to raising concerns; the actions taken to date to create a culture whereby employees felt confident about raising concerns; and the lessons learned.

Mr Lam stated that as a Board director it was important to enable staff to speak up and to provide that mechanism for staff. He said the majority of problems related to inter-personnel issues which should be covered by standard processes. Mr Parker

said traditionally the role of the Human Resources Department had been perceived as one of protecting the organisation but the purpose of the FTSU Guardian was to provide a safe environment for staff to raise issues and promote the feeling that their voice would be heard.

Mr Smith, Acting FTSU Guardian explained how the role supported staff in posting their concerns to the correct person, department and/or process. Mr Brown said the purpose of the FTSU was to ensure direct access to Board members and to ensure visibility.

Mr Cross queried whether the Acting FTSU arrangement should be based within the Human Resources Department to ensure the independence of the role. Mr Parker gave assurance around the role remaining independent of HR processes.

The Board noted that Mrs McCracken was the Non-Executive Director link with the FTSU Guardian.

The Board received and noted the FTSU Annual Report.

247/18 NATIONAL CANCER PATIENT SURVEY

Ms Asbury presented the 2017 National Cancer Patient Experience Survey. In doing so she reported the Trust's response rate of 64% was in line with the national response rate at 63%.

Ms Hunter said the Trust had not improved its position over a number of years and signalled the requirement to do so. In particular she highlighted the known environment issues affecting patient experience but also drew attention to the new mobile cancer screening unit that had just been launched.

Ms Asbury responded to a comment by Dr Helliwell about patient experience and said interim reporting would be presented to the Quality and Safety Committee via a six-monthly report and action plan.

J Asbury

248/18 COMPANY SECRETARY'S REPORT

The Company Secretary reported the following items.

(i) UK Corporate Governance Code

A review against the new UK Corporate Governance Code had been undertaken and the findings noted.

The Code of Governance for NHS Foundation Trusts, last revised in 2014, had been based on the UK Code and traditionally had been revised with each new iteration of the UK Code.

A report on the new NHS Code of Governance would be presented to the Board once published and advice given on any changes required to the Trust's governance approach and documents.

Co Sec

(ii) Charity Governance Code

The Governance Code applicable to charities had been refreshed and a new assessment toolkit published.

It was agreed that a review against the new toolkit would be undertaken and a self-assessment report presented to the Airedale NHS Funds Charitable Sub-Committee for assurance purposes. **Co Sec**

(iii) Airedale NHS Charitable Funds

During September 2018, the Airedale NHS Charitable Funds Committee (Committee) received donations of over £7,000 and spent over £11,000. The charity also approved funding of £25,000 for Cancer Research project funding and £46,000 for enhancing the patient environment on Ward 5.

The Chair of the Committee thanked members of the public for their generous donations to the hospital charity.

(iv) Board Work Programme 2018

The Board received and noted the Board Work Programme for 2018.

249/18 ANY OTHER BUSINESS

There was no other business reported.

250/18 CLOSE OF MEETING

The next meeting of the Board of Directors would be held at 9.30am on Wednesday 28 November 2018 in the Seminar Room, Airedale General Hospital.

There being no further business, the Chair declared the meeting closed