

**MEETING OF THE BOARD OF DIRECTORS  
HELD AT 9.30AM ON WEDNESDAY 29 MAY 2019  
AT AIREDALE GENERAL HOSPITAL, SKIPTON ROAD, STEETON, KEIGHLEY**

**PRESENT:** Andrew Gold, Chair  
Rob Aitchison, Chief Operating Officer (agenda items 1-10)  
Jill Asbury, Director of Nursing  
Brendan Brown, Chief Executive  
Andrew Copley, Director of Finance  
Jeremy Cross, Non-Executive Director  
Maggie Helliwell, Non-Executive Director  
Melanie Hudson, Non-Executive Director  
Karl Mainprize, Medical Director  
Lynn McCracken, Non-Executive Director  
Nadira Mirza, Non-Executive Director  
Nicholas Parker, Director of People and OD

**IN ATTENDANCE:**

Sarah Boardhead-Crofts, Freedom to Speak Up Guardian  
Stella Jackson, Head of Corporate Governance  
David and Sue (agenda item 3)

**APOLOGIES:** Mark Lam, Non-Executive Director  
Victoria Pickles, Associate Director of Corporate Affairs  
Stuart Shaw, Associate Director of Strategy, Planning & Partnerships

Also in attendance were staff members and Governor representatives.

**73/19 WELCOME**

The Chair welcomed everyone to the meeting, including the recently appointed Non-Executive Directors (NM and MH).

**74/19 DECLARATIONS OF INTEREST**

JC, Chair of AGH Solutions Ltd, declared an interest in agenda item 13 (AGH Solutions Standing Orders/Standing Financial Instructions).

There were no other declarations of interest.

**75/19 PATIENT STORY**

This month's patient story was told by David and Sue who spoke about their experiences of three episodes of care at the hospital. David had a complex drug regime and was admitted to a very busy ward where staff shortages were being experienced. Sue was asked to support David's care needs and to make sure he did not get out of bed. Sue felt unable to leave him and felt worried and isolated. During this time, David repeated his medical story to a number of different doctors. David also observed and experienced some communication and discharge planning issues. David and Sue recommended to the Board ways in which care could be improved (which the Director of Nursing would be progressing) and pointed out that

some elements of David's care had been excellent including the staff they encountered and the soft diet that was constructed to look like a roast dinner.

Prior to discussing the story, the Board apologised to David and Sue for the issues experienced. The following key points were then highlighted during the discussion that followed:

- The story demonstrated the importance of individualised care and good communications, for both patients and their families. Whilst there was a shortage of staff on the wards, it appeared there was also a cultural issue on the ward which the Director of Nursing would be addressing. **Action: Director of Nursing;**
- Consideration should be given to developing ward welcome and discharge packs for patients. **Action: Director of Nursing to consider the feasibility and practicality of this;** and
- David and Sue had met with the Director of Nursing to discuss the issues experienced and ward leadership had also been identified as an area requiring attention. The Trust was aware of the need to develop its leaders and a number of activities were underway (including a Leadership programme).

**Trust Board thanked David and Sue for sharing their story.**

#### **76/19 MINUTES OF THE BOARD MEETING HELD ON 1 MAY 2019**

The minutes of the Board meeting held on 1 May 2019 were approved as a correct record of the meeting.

#### **77/19 MATTERS ARISING NOT COVERED ELSEWHERE ON THE AGENDA**

##### Actions

- 27/3/19-1: Nursing and Midwifery Staffing Report – an update regarding the quality impact assessment was contained in the monthly Nursing and Midwifery Staffing report.

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

#### **78/19 CHAIR'S BRIEFING**

The Chair's briefing was taken as read.

##### **The Board:**

- **Noted the Chair's briefing; and**
- **Ratified the decision not to proceed with the regional pharmacy supply chain.**

#### **79/19 REPORT OF THE CHIEF EXECUTIVE**

The Chief Executive presented the Report of the Chief Executive and highlighted the following key points:

- There was a significant focus on leadership at all levels within the Trust including: a Quality Improvement session with NHS Improvement to be held in June; the ongoing delivery of a Leadership Development programme (supplemented by a series of leadership enrichment sessions open to all staff), the ongoing delivery of Leadership Community sessions; and the implementation of Schwartz Rounds. The Chief Executive highlighted the importance of the Board being informed about the

effectiveness of the Leadership Development Programme. **Action: Chief Executive to incorporate an update into the Chief Executive report at the conclusion of the training programme;** and

- A discussion would be taking place during the Private Board meeting regarding a proposal to form one Clinical Commission Group for Bradford, Airedale, Wharfedale and Craven. It had not been possible for the presenter to attend the Public Board meeting due to his diary commitments.

#### **The Board:**

- **Noted the Chief Executive's report.**

### **80/19 WRITTEN REPORTS FROM SUB-COMMITTEE CHAIRS**

#### ***Audit and Risk Committee, 24 May 2019***

The report was taken as read. Board members expressed their appreciation to ML for his commitment and contribution as Chair of the Audit and Risk Committee and member of the Board.

#### ***Finance, Performance and Digital Committee, 21 May 2019***

The report was taken as read.

#### ***People Committee, 22 May 2019***

LM informed Board members that the Guardian of Safe Working report had identified a need for the Respiratory team to a dedicated ultrasound machine and it was noted that the Integrated Care team would be forwarding an application to the Charitable Funds Committee. **Action: Chief Operating Officer to encourage the team to submit the application.** The remainder of the report was taken as read

#### ***Quality and Safety Committee, 22 May 2019***

The Chair of the Quality and Safety Committee reported the Committee believed that as the Patient Safety Thermometer was no longer a mandatory requirement (and the key components of this were reflected in more robust, detailed and nuanced reporting in the Quarterly Safety Review), it should be removed from the work programme. The Director of Nursing added she had recommended this course of action to the Clinical Commission Group and was awaiting a response. The remainder of the report was taken as read.

**Trust Board noted the Committee reports.**

### **81/19 INTEGRATED GOVERNANCE REPORT**

The Director of Finance introduced the report, which measured performance against a range of objectives and performance indicators, and highlighted the following key points:

- The Trust continued to experience significant levels of operational demand which were impacting on finance and operational performance;
- There had been two 'never' events in April; and
- Sickness absence was 4.29% against a target of 4%. The Director of People and OD added the management of sickness absence and support for individuals continued to be a key focus and the two other local trusts were experience similar issues regarding sickness absence levels.

The Chief Operating Officer informed the Board A&E had experienced high levels of demand during April which had resulted in 85% of patients being seen within the four hour target. Performance had recently improved to approximately 90% due to the Trust closing approximately 50% of the winter escalation beds. The cancer 31 and 62 day targets had been met in April, although the 2 week target had been narrowly missed.

The following comments were made in response to challenge and questions from Board members:

- It was unlikely the Trust would achieve the 85% bed occupancy target (90% was more realistic) and the bed occupancy and escalation metrics would require review. **Action: Chief Operating Officer/Associate Director of Strategy, Planning and Partnerships to review the metrics when reviewing the dashboard in August 2019;** and
- The Private Board meeting would be reviewing the financial pressures being experienced within the Integrated Care team during the Private Board meeting.

**Trust Board noted the Integrated Governance dashboard.**

## **82/19 FINANCE AND EXECUTIVE PERFORMANCE REPORTS**

### ***Finance Report***

The Director of Finance introduced the Finance report and informed Board members the underlying position at month one was a deficit of £600k which was £392k worse than plan. The majority of overspend was being expended by the Integrated Care team. The Chief Operating Officer added a number of steps were planned from June onwards to reduce the bed base which would improve the financial performance in this division.

### ***Executive Performance Reports***

The Director of Finance introduced the report and informed Board members the one Clostridium Difficile case had been classed as unavoidable. He pointed out that A&E admissions remained high and the four hour national standard had not been met for April. The Chief Operating Officer added research was being undertaken to determine the reasons for people attending A&E and the NHS Improvement Academy recent independent assessment had highlighted a small number of actions the Trust could take to improve performance. The Chief Operating Officer believed that consideration should be given to effective ways in which to signpost people to alternative services should A&E not be appropriate for them. The Director of Finance highlighted the importance of primary care provision being sufficiently robust in order to deter A&E attendance and the Chief Executive highlighted the significance of GPs leading any service redesign.

**Trust Board noted the Finance and Executive Performance reports.**

## **83/19 PATIENT SAFETY SCORECARD REPORT**

The Medical Director presented the Patient Safety Scorecard Report to 30 April 2019 which had also been considered by the Quality and Safety Committee. There had been two 'never' events in April and one SIRI unexpected death and investigations would be undertaken

**Trust Board noted the Patient Safety Scorecard Report.**

## **84/19 LEARNING FROM DEATHS INCLUDING THE MORTALITY SCORECARDS**

The Medical Director introduced the report and informed Board members a consistent theme remained regarding the early identification of people at the End of Life. The Summary Hospital level Mortality Indicator (SHMI) ratio for January to December 2018 was 0.90 and was banded 2 or as expected. Board members queried whether more detailed analysis of mortality data was undertaken. In response, the Medical Director reported it was and that data was collected by ward, team, group and individual consultant. Board members considered it appropriate that the Quality and Safety Committee consider whether the data/narrative should be presented in a different way to the Board. **Action: Head of Corporate Governance to request that this matter be considered by the Quality and Safety Committee.**

**Trust Board noted the Learning from Deaths report and Mortality Scorecards.**

## **85/19 SERIOUS INCIDENT LEARNING REPORT QUARTER 4 2018/19**

The Medical Director introduced the report which had been considered by the Quality and Safety Committee. During discussion about the report, Board members were informed that work was underway to improve the verbal and written communication skills of staff. Board members referred to the patient story which had been told earlier in the meeting and highlighted the importance of communication tools be tailored to meet the individual needs of patients and carers.

**Trust Board noted the Serious Incident Learning Report.**

## **86/19 NURSING & MIDWIFERY STAFFING REPORT**

The report was taken as read.

**Trust Board noted the monthly Nursing and Midwifery Staffing report.**

## **87/19 SIX MONTHLY NURSING AND MIDWIFERY STAFFING REVIEW**

The Director of Nursing introduced the report which provided a six monthly update on nurse staffing levels. The report also contained information regarding a Nurse Associate Quality Impact Assessment tool which had been adopted by the Trust. The Director of Nursing pointed out that whilst much work had been undertaken to transform care delivery, any further transformation could be detrimental to the quality and safety of patient care. Consequently, it was important that the Board bore this in mind when considering the international nurse recruitment business case which would be considered during the Private Board meeting.

Board members considered it equally important that consideration be given to the action to be taken by the Trust should its recruitment efforts fail to attract a sufficient number of people. They acknowledged the importance of developing: i) innovative solutions which would free up more time for qualified staff to care; and ii) effective interventions which would curtail inappropriate demand for acute hospital services.

**Trust Board noted the:**

- **Rising level of concern about the ability to fill current and projected adult registered nursing vacancies through the national pipeline;**
- **Number of escalation beds open at the time of the review;**
- **Inclusion of more detailed maternity information;**
- **Transformational workforce changes and the move into `business as usual`;**
- **Quality Impact Assessment associated with the introduction of the Registered**

**Nurse Associate role; and**

- **General trend in harms across the organisation and the planned developments to enable trends to be reviewed at ward level.**

#### **88/19 PATIENT SAFETY REVIEW QUARTER FOUR**

The Medical Director introduced the report which was designed to augment the monthly Patient Safety and Mortality Scorecard surveillance with additional local and national health intelligence. The report had also been considered by the Quality and Safety Committee and sepsis performance was being monitored by that Committee.

LM informed Board members the Mortality Safety Group now incorporated the Patient Safety Group.

**Trust Board noted the Patient Safety Review at quarter four.**

#### **89/19 ANNUAL REPORTS AND ACCOUNTS**

The reports were taken as read and the Head of Corporate Governance reported a small number of minor amendments had been made to the Annual Report. These were mainly factual and were not material in nature. The amended Report had been shared with the External Auditor. The Report and Accounts and Quality Report had also been considered by the Audit and Risk Committee. Additionally, the Quality Report had been considered by the Quality and Safety Committee.

Board members considered it appropriate that the timetabling of the 2020 Board meetings be scheduled to enable Board members to review and comment on each of the aforementioned documents prior to the submission day. **Action: Associate Director of Corporate Affairs to incorporate into the 2020 meeting schedule.**

**Trust Board:**

- **Approved the Annual Report 2018-19;**
- **Approved the Annual Accounts 2018-19;**
- **Approved the Annual Governance Statement;**
- **Noted the Annual Audit Letter; and**
- **Approved the Quality Report 2018-19.**

#### **90/19 COMPANY SECRETARY'S REPORT**

The Head of Corporate Governance introduced the report which contained: i) information regarding the Senior Independent Director (SID) appointment ii) proposed changes to AGH Solutions' Standing Orders and Standing Financial Instructions; iii) Information regarding the External Auditor appointment; iv) proposed changes to the Board Appointments, Remuneration and Terms of Service Committee terms of reference; v) the Board work programme for consideration by the Board; and vi) information regarding Charitable Funds income and expenditure during March and April.

**Trust Board:**

- **Noted the SID appointment;**
- **Approved the proposed changes to the AGH Solutions' Standing Orders and Standing Financial Instructions;**
- **Noted that Grant Thornton had been appointed as the Trust's External Auditor;**
- **Approved the changes to the Board Appointments, Remuneration and Terms of Service Committee terms of reference;**

- **Noted the Board work programme; and**
- **Noted the Charitable Funds update.**

#### **91/19 FREEDOM TO SPEAK UP GUARDIAN REPORT**

The Director of People and OD introduced the report and informed Board members the results correlated with those from the Staff Survey and highlighted a culture where staff felt able to raise concerns.

The Freedom to Speak Up Guardian then highlighted the following key points:

- During the last 12 months, 51 freedom to speak up cases had been raised and feedback received about the process from people raising concerns had been good;
- The results showed a significant shift in the number of people raising open concerns which highlighted there had been a positive change in culture; and
- The People Committee had discussed the results and had highlighted a need for the themes and trends arising through different reporting avenues to be effectively joined up. Discussion at that Committee meeting had also revealed people from protected characteristic backgrounds did not access the Freedom to Speak Up Guardian as much as other colleagues and it was important to understand the reasons for this. The Medical Director added work was being undertaken to determine how the Trust might more effectively reach its harder to reach groups.

**Trust Board noted the Freedom to Speak Up Guardian report.**

#### **92/19 GUARDIAN OF SAFE WORKING QUARTERLY REPORT: FEBRUARY TO APRIL 2019**

The Medical Director introduced the report which highlighted the challenges faced and pressures being experienced by junior doctors. In recognition of this, the Trust was undertaking a number of activities which aimed to improve the working lives of those doctors and promote the Trust as a good place to work. LM added the report had also been considered by the People Committee.

**Trust Board noted the Guardian of Safe Working quarterly report.**

#### **93/19 ANY OTHER BUSINESS**

There were no other items of business and the meeting concluded at 11.45 pm.

#### **94/19 REVIEW AND CLOSE OF MEETING**

The Board outlined the importance of hearing from patients and carers about their experiences of care and believed the patient story told during the meeting had impacted a number of discussions.

The next meeting of the Board of Directors would be held at 9.30am on Wednesday 29 May 2019 in the Seminar Room, Airedale General Hospital.

**PUBLIC TRUST BOARD MEETING**  
**Wednesday 29 May 2019**

**Note:** Actions will remain on the log for one meeting post completion. Actions to be brought to a future Board of Directors meeting will be added to the work plan.

**ACTION LOG**

Red	Amber	Green	Blue
Overdue	Going forward	This meeting	Closed

DATE DISCUSSED	AGENDA ITEM AND ACTION	LEAD	CURRENT POSITION	DUE DATE	STATUS	DATE ACTIONED & CLOSED
269/18	<b>Director of Nursing</b> to arrange for a Patient Experience Trends analysis report to be produced on a six monthly basis.	JA		June Board		
249/18 (1)	<u>NHS Code of Governance</u> <b>Group Company Secretary</b> to advise the Board of changes required to governance documents following the publication of the revised Code of Governance	VP	Expected to be released late summer	TBC		
	Chair/Chief Executive to timetable discussion regarding the Digital Strategy (and its implications on the workforce and estate) into the Board Strategy work programme.		Included in June Board Strategy day	June 2019		
30/1/19 (4)	<u>Integrated Governance Report</u> <b>Associate Director of Strategy, Planning and Partnerships</b> to develop the draft Commercial Strategy following approval of the Trust Strategy;	SS	May FPD Committee / Board	May 2019 June Board		
	<b>Associate Director of Strategy, Planning and Partnerships</b> to take the following comments into account when producing the next iteration of the dashboard: - Trust indicators to reflect system-wide metrics; and - The summary of overall performance to focus on: quality and safety, finance, performance and people.	SS	Work being done to develop the Integrated Governance Report to be discussed at Board Strategy	June 2019		

31/1/19-9	<u>Integrated Governance Report</u> <b>Chair/Associate Director of Corporate Affairs</b> to timetable into the Board work programme a workshop regarding the Integrated Performance Report (including the Spider Diagram).	AG / VP	Integrated Performance Report to be part of Board Strategy day in June	June 2019	
27/3/19-1	<u>Nursing &amp; Midwifery Staffing Report</u> <b>Director of Nursing</b> to: <ul style="list-style-type: none"> <li>Undertake a quality impact assessment of the Nurse Associate role and forward the findings to the 1 May Board meeting; and</li> <li>Ensure future reports contain trend and benchmarking data.</li> </ul>	JA	Update provided at 29 May 2019 Board meeting  Action overdue	29 May Board 2019	
2/5/19-2	<u>Company Secretary's Report</u> <b>Associate Director of Corporate Affairs</b> to incorporate information into the 2019/20 Modern Slavery Statement regarding steps taken by the Trust to safeguard those patients identified as possible Modern Slavery victims.	VP		May 2020	
29/5/19-1	<u>Patient Story</u> <b>Director of Nursing</b> to: <ul style="list-style-type: none"> <li>Oversee a review of the wards ethos around caring; and</li> <li>Determine the feasibility of providing patients with welcome and discharge packs.</li> </ul>	JA JA		July 2019 July 2019	
29/5/19-2	<u>Report of the Chief Executive</u> <b>Chief Executive</b> to incorporate an update into the Chief Executive report regarding the effectiveness of the Leadership Programme and proposed next steps.			Nov 2019	
29/5/19-3	<u>Written Reports from Sub-Committee Chairs</u> <b>Chief Operating Officer</b> to encourage the Integrated Care team to submit an application to the Charitable Funds Committee for an Ultrasound machine.	RA		June 2019	
29/5/19-4	<u>Integrated Governance Report</u> <b>Chief Operating Officer/Associate Director of Strategy, Planning and Partnerships</b> to review the bed occupancy and escalation bed metrics and narratives when reviewing the dashboard	RA/SS		August 2019	

29/5/19-5	<u>Learning from Deaths Including the Mortality Scorecards</u> <b>Head of Corporate Governance to request</b> that the Quality and Safety Committee consider whether it would prove beneficial to the Board/Committee should the format and content of the mortality data should change.	SJ	Assistant Director of Healthcare Governance informed of the request	June 2019		30/5/19
29/5/19-6	<u>Annual Reports and Accounts</u> <b>Associate Director of Corporate Affairs</b> to ensure a Board meeting to approve the annual reports and accounts is incorporated into the 2020 meeting schedule prior to the report submission day.	VP		July 2019		