

Report to:	Board of Directors				
Date of Meeting:	24 September 2014				
Report Title:	Chairman's Briefing				
Status:	For information	Discussion	Assurance	Approval	Regulatory requirement
Mark relevant box with X	X				
Prepared by:	Michael Luger				
Executive Sponsor (presenting):	N/A				
Appendices (list if applicable):	None				
Purpose of the Report					
To inform the Board of the Chairman's activities.					
Action required of the Board of Directors					
To receive and note the report					

Key points for information
<p>Chairman's Report for 24/09/14 Board Meeting</p> <p>As we all know, August is a relatively slow month – many staff take annual leave and fewer meetings are scheduled, including the Board Meeting. I thought I would have fewer items to report but it turns out I don't!</p> <p>The most prominent entries in my diary this past month are meetings with MPs, other chairs, new governors, and major stakeholder groups.</p> <p>We hosted visits by three of our local MPs—Andy Stephenson, Phil Davies, and Kris Hopkins. Andy donned a hard hat and hi-vis vest to tour the A&E new build. It was my first tour of the project as well and I was duly impressed with the thoughtfulness that has gone into its planning and its promise to allow us to provide a more fit-for-purpose emergency service. Hats off to our team for their hard work to deliver a quality project on time and within budget. It is exciting to imagine how other planned estates projects – for example, the acute care centre – can help transform the hospital.</p> <p>All of our MPs expressed continuing support for Airedale, and as one would expect, concern that we stay out of the headlines for any misdeeds! We shared with them our challenges (for example, to be able to get more resources to cope with pressures in A&E), and each pledged to help in any way they could.</p> <p>I was pleased to have a meal with my counterparts at BDCT and BRI, Mike Smith and Kamlesh Patel. One immediate action from that meeting was a jointly authored letter to David Green revisiting the decision to give just one seat to the three providers around the HWBB table. We all agreed that it is vital to have us all represented in order to make health and social care more aligned in the area. We also talked about ways to provide leadership within the local health economy – specifically to assure alignment between primary and secondary care. We agreed to have three public events in the next year, each one hosted by one of us, to which the CCG/GP practices, Governors, public officials, and other stakeholders would be invited. In short—we need to learn from each other and recognise that we all face common</p>

challenges that are best addressed in a joined-up way.

The event I suggested we host would be around telemedicine and related technology. Of course, this needs to be accepted/adopted by the Execs. But they know I will provide any support that is appropriate.

I also attended a meeting of regional chairs at Barnsley NHS Foundation Trust. This group is broader than West and North Yorkshire, including Hull, York, Mid-Yorks, Sheffield, among others. It was very useful to share experiences with the group. One particular take-away was from a debrief by Stephen Wragg (Barnsley) of the financial issues that his FT has experienced.

I was pleased to meet with several of the newly elected/appointed governors in the past month, and with one of our new consultants. I presented at the August Governors' Network meeting, on the issue of BART and the determination of executive pay.

So far, the enhancement we implemented in the relationship between NEDs and Governors seems to be working. Sally made a presentation at the last Network meeting on governance, which was very well-received, and other NEDs are slated to attend these meetings in the future.

Another matter relating to Governor-Board relations was discussed in the past month: how best to make the Governors aware of the business discussed in the "private" board meetings. The monthly business is separated into public and private because there are some matters that are judged to be sensitive for commercial reasons or to protect confidentiality. Therefore, the private meetings are closed to "the public" including the press. The Governors have been excluded as part of the public, even though that was not the intention.

We discussed three ways to address this: (1) inviting the Governors into the private meeting, (2) holding a separate meeting with a group of Governors after the meeting to apprise them of the business transacted, or (3) covering the contents of the private meeting as part of the Chairman's report at the Network sessions, as Colin apparently did. The preference fed back to me was (3) since Governors did not want additional meetings (2) and could not guarantee that many Governors would be able to come to the Board meetings (1). If, after several months' trial that was not judged adequate, we will revisit the matter. (There was no private meeting this past month.)

We had four significant stakeholder events in the past month: the volunteer appreciation day, the staff appreciation day, the open day, and an ANV annual general meeting. I was pleased to be at all but the open day.

An important role for NEDs is to be ambassadors with patients, staff, and public groups. We will talk about ways to do this better at our retreat on 6 October. One opportunity is the A&E fundraising dinner-dance on Saturday in Skipton, to which I am bringing a group of friends. We need to ensure good board representation at such events.

Finally, the ARC committee has been busy this past month, working with Odgers on the NED appointment, reducing a very strong field of candidates to a long-list and then a short-list of three whom we are interviewing this week.

Recommendations

None