

<b>Report to:</b>	Board of Directors				
<b>Date of Meeting:</b>	27 January 2016				
<b>Report Title:</b>	Chairman's Briefing				
<b>Status:</b>	<b>For information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>	<b>Regulatory requirement</b>
Mark relevant box with X	X				
<b>Prepared by:</b>	Michael Luger, Chairman				
<b>Executive Sponsor (presenting):</b>	N/A				
<b>Appendices (list if applicable):</b>	None				
<b>Purpose of the Report</b>					
To inform the Board of the Chairman's activities.					
<b>Action required of the Board of Directors</b>					
To receive and note the report.					

<b>Key points for information</b>
<p>Since the last Board meeting we have benefited from two strategy retreats. I found both invaluable. In December, we discussed different models of care, including what an Accountable Care Organisation would look like for this geographic footprint. I was pleased to observe how our thinking has advanced, and as important, how our relationships with key partners in the region have developed. In short, ideas that seemed only aspirational seem to be a few steps closer to possible implementation, which is critically important if we are to survive as a health care provider.</p> <p>The retreat in January allowed us to listen to how our clinical groups plan to address the Trust's Right Care mandate in the coming year. That is so important, not just because we need to have all groups within the Trust working to achieve the same goals and objectives, but also because our Right Care strategy is fully consistent with the NHS's Five Year Forward View which all Trusts are required to adopt. Not surprisingly, there was some unevenness in the presentations, but there seemed to be more buy-in among the clinical staff this year than in the past, which is so important.</p> <p>Based on the positive energy coming from those retreats, and the favourable consequence for the Trust of the Autumn budget statement and related policy changes, I feel more optimistic about the future than I have in some time. We surely have continuing challenges – our quality outcomes always can be better, we will undoubtedly face more winter pressures than we have to date as the weather turns colder, care home closures and social service cutbacks continue to affect our ability to discharge patients, the junior doctors' actions are putting pressures on the other clinical staff, and affects our elective procedure schedule. But the vision of our Executives, their patience and perseverance in pushing our agenda, and the continued dedication of our clinical staff are making a difference and should provide further motivation to us.</p> <p>Since our last Board meeting we also had our annual Board-to-Council meeting, including the big Board bake-off. The Governors seemed satisfied that we largely delivered what we said we would for the year, and also seemed to enjoy our cakes. Congratulations to Ron Drake for the winning entry. I still have not recovered from the disappointment of not winning with my Carolina Red Velvet cake!</p>

As we move into the new year the work of ARC will escalate around the recruitment of up to three new NEDs. This is such an important task since the strength of the Trust depends on the quality and diversity of the NEDs just as much as the Executives and staff. To date we have been fortunate to attract outstanding colleagues and that must continue. All of us can help by talking to potential applicants from our various communities.

Speaking of quality staff, I enjoyed serving as one of the judges for the Pride of Airedale awards. All the applicants we reviewed for the “Leader of the Year” award were strong candidates and reflected well on the Trust. This kind of recognition is so important; I look forward again to the awards dinner.

Among my meetings with external partners, stakeholders and associates, was one with Andrew Haigh, chairman of Calderdale and Huddersfield NHSFT. We compared notes about the pressures we face and future plans. That is part of our efforts to develop good relationships with all the neighbouring Trusts, to be open to any kind of mutually beneficial partnerships.

I also met with other chairs from across Yorkshire over a dinner sponsored in Leeds by Odgers Berndtson and PwC, at which Lord O’Neill (Commercial Secretary to the Treasury) spoke about regional devolution. I was sat next to Roger Marsh, chair of the West Yorkshire LEP, with whom I was able to talk about Devo West Yorkshire.

Finally, I attended the first meeting of the NHS Chairs’ Advisory Partnership. That is a group of around 20 chairs of NHS Trusts, convened by the chairs of NHS Improvement and the CQC to compare notes and hear the views of NHS leadership. (Jim Mackey was there as well). There was no earth-shaking revelation in the meeting. But it was very good networking. Ed Smith did a super job chairing, managing to get every committee member to present views and issues. So by the end of the session the leadership of NHS Improvement and the CQC had had an earful of our collective and individual concerns. Ed had asked what NHSI could do to enhance our success. I opined that as well as being the regulator, (senior officials in) NHI could be the neutral arbiter/facilitator/convenor (if invited) when different Trusts talk about partnering, since there is often local and personal agendas that get in the way of a full discussion of options.

In closing this report, I would like to acknowledge the excellent work that Ann Wagner has performed for Airedale during her time on the Board, and wish her every continued success in her new role. Ann’s charm, intelligence, and hard work have served this FT well. I’ve not met anyone in our patch who has worked with Ann who does not speak highly of her. She will have left a lasting legacy here and will be sorely missed. Thanks, Ann, and good luck!

## **Recommendations**

To receive and note the Chairman’s Briefing.