

<b>Report to:</b>	Board of Directors				
<b>Date of Meeting:</b>	25 January 2017				
<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>Key points for information</b>
<p>I'm sure we all share the frustration of having to observe outcomes that are below the standard to which we aspire, in A&amp;E waiting times, referral to treatment (RTT), and related quality measures. We are frustrated because we believe that our patients deserve better, but short-run constraints prevent us from achieving at the level we want.</p> <p>I must say that this past month I have had many conversations with executives about how we are coping and trying to improve, and my judgment is that all hands are on deck: both managers and rank-and-file staff have been working long hours and trying to introduce some new approaches to become more efficient. The fruits of that labour are beginning to become visible, but we have a long way still to go. But thanks are due to the Airedale team. (I look forward to being able to show some measure of appreciation at the third annual Pride of Airedale awards dinner in March, for which judging is now underway.)</p> <p>This sense of swimming against the tide will continue into the fourth quarter. Winter pressures will not abate and time has to be devoted to the initiatives underway, including our new pathology partnership, the critical care accelerator, the development of an Accountable Care Organisation (ACO), the repatriation of elective work, plans for estates work, and more. The decision we took last month about our Annual Plan requires us to achieve stretch CIP targets to assure our sustainability. So there is no rest for the weary. And on top of that the CQC re-inspection is not far off and we have to ensure that we are ready. Bridget Fletcher and I have talked about how the Non-Executive Directors (NEDs) can provide constructive support.</p> <p>The pressures across the NHS have been the subject of many news commentaries and political utterings. If misery likes company we can take solace in the (sad) fact that our performance relative to other Trusts in Yorkshire and nationally is not particularly bad. That may take some of the heat off us from London, but it should not make us comfortable.</p> <p>As you would expect, the state of the NHS has been front and centre in the external meetings I've attended in the past two months. At a recent HFMA Chairs' Conference, and again at the northern Chairs' networking event in Leeds, NHS Improvement (NHSI) demonstrated that the financial position of the Service is improving in aggregate with a realistic expectation to return to balance in three years. And across our STP (Sustainability &amp; Transformation Plan) and more broadly the pressure has been encouraging some promising partnership developments. Our new pathology venture with Bradford is one example, WYAAT (West Yorkshire Association of Acute Trusts) is advancing some appropriate partnerships. And Helen Hirst (Chief Officer of Airedale, Wharfedale and Craven, Bradford City and Districts CCGs) assures me that she is committed to helping advance an ACO, though that will take a few years to work out. On this point I should report continued good relationships between me and the chairs of nearby trusts. I met (one-on-one) with Andrew Haigh (Chairman, Calderdale &amp; Huddersfield NHS</p>

Foundation Trust) and with Mike Smith (Chairman, Bradford District Care NHS Foundation Trust) and Bill McCarthy (Chairman, Bradford Teaching Hospitals NHS Foundation Trust) to ensure that we are keeping the lines of communication and commitment to cooperate open. I'm scheduled to see Eileen Fairhurst (Chairman, East Lancashire Hospitals NHS Trust) in the next several weeks.

An important pathway to financial stability is outlined in the Carter Report that was released last year. NHSI has built capacity to help Trusts implement some of the recommendations, and I find that very promising. Andrew Copley has been leading efforts in the STP to achieve savings through possible joining up of administrative functions. In addition, the work on the "Model Hospital" has moved ahead with an April date to open up access to NEDs. That seems to be a very useful tool to help us all understand how efficient we are compared to other Trusts which could lead to better local practices.

Another way to improve our finances and quality outcomes is through technology – which you know is a pet topic for me! I attended a stellar presentation at the HFMA conference about the growing use not just of telemedicine in Scotland, but also virtual examinations. That is proving an effective means to reduce A&E attendance and to make outpatient work more efficient. Of course we are proud of the leadership position we have in telemedicine, but there is more we must push if we are to maintain our reputation as an innovation pioneer.

And of course, another important requirement for sustainability is to be able to move patients out of their beds when they are medically fit, and that requires resources from the social service and community care sectors. I talked at length about that with Susan Hinchcliffe, Leader of Bradford Metropolitan District Council, whose understanding of the complexities of the health and social care ecosystem is growing. We have had some positive interactions with the Metropolitan District Council staff regarding pathways into the community. And finally, Susan has convinced the Health and Wellbeing Board to allow all secondary providers to be at the table when the Board meets.

None of the plans we've made will work without the buy-in of our clinicians. I know that Karl Mainprize and Jill Asbury are spending more time with doctors and nurses/AHP (Advanced Health Practitioners) respectively, and other executives are being more visible in walk-arounds and meetings. In the past two months, two consultants have come to see me, which I have found very useful. An increasingly important role for NEDs is to be able to reinforce the messages and themes of the Board. The reality is that our clinicians are a very thoughtful group who understand better than anyone what the practical issues of implementation might be.

Over the past two months Jane Downes (Company Secretary), Lynn McCracken (Non-Executive Director), and I have met with several Governors in a task-and-finish group to agree some changes to our Constitution. One of the important recommendations that will be presented to the Council of Governors' meeting next week is to realign and rebalance the Governors' constituencies which will result in a shrinking of the Council from 31 to 20 members over three years (if ratified). We also had our Board-to-Council meeting in December and network meetings every month (which Shazad Sarwar, Non-Executive Director, has helped me with!)

Over this reporting period I also meet with several candidates for our external business advisory group, and now have a core of people willing to be convened in the first quarter, as planned.

And finally, I was able to participate in two Safer Patient Initiative walkrounds in the past two months: neonatal unit and cardiology/respiratory. As always, I found those visits very enlightening and rewarding as a reminder of why we are here!

**Recommendation**

The Board is asked to receive and note the Chairman's Briefing.