COUNCIL OF GOVERNORS MEETING
AGENDA

Venue: Board Room, Airedale General Hospital, Skipton Road, Steeton,
Keighley, BD20 6TD
Date: Wednesday 26 October 2011
Time: 1600 hours

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Date and time of next meeting:
4pm Wednesday 25 January 2012 Quarterly Council of Governors meeting

Council of Governors meetings are public meetings. Any member of the public can raise questions regarding the business of the Council. Questions need to be submitted in advance of the meeting either: in writing to the Company Secretary, Trust Headquarters, Airedale NHS Foundation Trust, Skipton Road, Steeton BD20 6TD or by email to jane.downes@anhst.nhs.uk
2011 ANNUAL GENERAL MEETING
HELD AT 11:00 ON THURSDAY 1 SEPTEMBER 2011 IN THE LECTURE THEATRE,
AIREDALE GENERAL HOSPITAL, SKIPTON ROAD, STEETON, KEIGHLEY

PRESENT: Mr Colin S Millar, Chairman (in the chair)

GOVERNORS
Mrs Janet Ackroyd, South Craven
Mr Peter Allen, Skipton
Mr Peter Beaumont, Wharfedale
Mr David Child, Bingley
Mrs Jean Hepworth, Keighley East
Cllr Robert Hesletine, North Yorkshire County Council
Mrs Naz Kazmi, Voluntary Sector, Keighley Voluntary Services
Mrs Valerie Kimberley, West Craven
Mrs Anne Medley, Keighley West
Mr Adrian Mornin, Keighley Central and Lead Governor
Mrs Barbara Pavilionis, Skipton
Mrs Pat Thorpe, Bingley Rural
Cllr Marcia Turner, Craven District Council

EXECUTIVE
Mr Rob Dearden, Interim Director of Nursing

DIRECTORS
Miss Bridget Fletcher, Chief Executive
Ms Chris Miles, Director of Operations
Mrs Sheenagh Powell, Director of Finance
Mrs Ann Wagner, Director of Strategy & Business Development

NON EXECUTIVE
Mr David Adam, Non Executive Director & Senior Independent Director

DIRECTORS
Mr Jeff Colclough, Non Executive Director
Mr Ronald Drake, Non Executive Director
Mrs Sally Houghton, Non Executive Director
Mr Alan Sutton, Non Executive Director & Deputy Chairman

IN ATTENDANCE
Mrs Jane Downes, Company Secretary
Mr Damien Murray, Audit Commission
Cllr Colin Westerman, Town Mayor, Keighley

Also in attendance were 13 members.

An apology for absence was received from Mrs Pam Essler, Stakeholder Governor, NHS Bradford & Airedale.
1. CHAIRMANS OPENING STATEMENT

Mr Colin Millar, Chairman welcomed everyone to the annual general meeting, including Councillor Colin Westerman, Town Mayor of Keighley.

Mr Millar briefly outlined the key highlights for Airedale over the past year and particularly mentioned the following achievements:

- First year as a Foundation Trust
- Appointment of a new Chief Executive
- Establishment of the Council of Governors
- Successful new developments
- Transfer of Community Services
- Dr Foster Small Hospital of Year award

Mr Millar concluded his presentation by reporting the changes to the Board of Directors which had taken place during 2010/11. He reported the departure of Mr Adam Cairns, Chief Executive and the appointment of Miss Bridget Fletcher, formerly Chief Nurse, as Chief Executive. He specifically thanked Mrs Debra Fairley for her contribution during her tenure as Interim Chief Nurse, and also Ms Chris Lisle for her contribution whilst Director of Human Resources. He added that the vacant post of Director of OD & Workforce was being actively recruited to.

2. COUNCIL OF GOVERNORS RESPONSE BY THE LEAD GOVERNOR

Mr Adrian Mornin, Lead Governor gave an overview of the work of the Council of Governors since Foundation Trust status had been achieved in June 2010.

He specifically mentioned the success of the 2011 Council of Governors election in which 32 Governors had been elected. The Council of Governors was now well established and working well.

He reported that membership of Airedale NHSFT now stood at over 9,000 members, and that a working group of the Council of Governors had been established to focus on the membership development strategy thereby ensuring continuing recruitment, engagement and communication. Mr Mornin explained the methods by which membership communication was being achieved which included, member newsletters, ‘Meet the Chairman’ events, ‘Focus on Medicine’ events, attendance at local shows and events and also ‘Meet your Governor’ sessions.

Mr Mornin concluded his presentation by outlining the ways in which the Council of Governors had worked together with the Board of Directors and senior management in formulating the Annual Plan 2011/12-2013/14 and also the Quality Account.

He finally thanked members and his fellow Governors for their support over the year and looked forward to working with them during the coming year.
3. **ANNUAL REPORT AND ACCOUNTS 2010/11**

Mrs Sheenagh Powell, Director of Finance presented the Annual Report and Accounts for 2010/11. In doing so she highlighted the requirement for Airedale for 2010/11 to produce two sets of accounts; the first covering the 2 month period from 1 April to 31 May 2010 prior to authorisation as a Foundation Trust; and the second covering the period from 1 June 2010 following authorisation as a Foundation Trust.

Mrs Powell reported on the income and expenditure over the previous year, which for ease of comparison with the previous year was presented as a 12 month period. The main highlights were:

- Operating surplus of £225,000
- Cash balance of £5.162m
- Technical deficit of £58,000 due to impairment of £283,000
- Fully audited accounts with unqualified opinion

Mrs Powell explained that the technical deficit had arisen to a re-valuation of the estate, and clarified that the cash balance was planned. The income split from the Trusts Commissioners was explained as was the expenditure analysis.

Mrs Powell drew attention to the capital resources for the year and major areas of capital expenditure during 2010/11. These included:

- Central chillers £412,000
- Information Technology £124,000
- Medical Equipment £127,000
- Electrical Infrastructure £3,174,000

Mrs Powell added that the phasing of payments relating to the electrical infrastructure project had resulted in a slight capital expenditure underspend for 2010/11.

Mrs Powell reported that Airedale as a Foundation Trust would continue to face financial challenges, and was planning to improve overall efficiency by 8.5% in 2011/12, whilst delivering a planned capital investment programme of £20million over the next four years. The Board remained determined however to deliver efficiency improvements to ensure the long term sustainability of Airedale.

In terms of the external assurance provided to the Foundation Trust in relation to financial governance, Mrs Powell explained that Monitor and the Audit Commission, in their role as external auditor, provided assurance on the overall financial stability of Airedale. The financial risk ratings for 2010/11 projected to 2013/14 were duly reported.

Mrs Powell drew attention to the Annual Governance Report and the key message contained therein as:
• Unqualified audit opinion
• No important weaknesses in internal control
• Proper arrangements to secure economy, efficiency and effectiveness taken
• Content, style and structure of the Quality Report was good
• Trust’s approach to preparation of the Quality Report was effective

In concluding her presentation, Mrs Powell referred to the summary of the annual report and accounts in the publication 'Annual Record', and stated that the full annual report and accounts was available on the website.

The annual report and account for the period to 1 June 2010 to 31 March 2011 was duly received.

4. OVERVIEW OF 2010/11 AND ANNUAL PLAN 2011/12

Miss Bridget Fletcher, Chief Executive gave an overview of the Foundation Trust’s achievements during 2010/11.

Of particular note was that Airedale had achieved quarterly ratings of 3 for finance and green for governance throughout the year.

She then referred to the quality and safety achievements during 2010/11, which included a full unconditional CQC registration. Miss Fletcher reported on the visit by the CQC focussing on nutrition and care of the elderly in which the CQC had formally recorded that the care was ‘well organised, calm and the best care that could be given’.

Miss Fletcher also reported that the stroke service provided at Airedale had been judged to be one of the best in the country. She had therefore decided to join a team meeting to find out more about the work of the department. She said it had been a real privilege to hear the personal care being given by the stroke service. A number of other initiatives were also mentioned including the initiative whereby Board directors participated in ward walkrounds.

Referring to infection prevention, Miss Fletcher reported there had been a small cluster of three MRSA cases in August 2010, however since then there had been no further cases reported. She also mentioned that the A&E department had decided against relaxing the 98% 4 hour national target introduced during 2010/11, and had maintained this standard successfully throughout the year.

Miss Fletcher then went on to explain the support given to staff through the strengthening of communication via the health and wellbeing strategy, partnership with staff representatives, clinical leadership and staff engagement. She also welcomed the staff who had joined through the transfer of Community Services on 1 April 2011. Miss Fletcher referred to the recent departure of a number of staff through the voluntary redundancy scheme and paid tribute to their contribution and loyal service to Airedale.
The service developments introduced during 2010/11 were highlighted as:

- Airedale Community Collaborative Team (ACCT)
- Dexa scanning service
- Lymphoedema service
- Telemedicine

She also mentioned that the lymphoedema service had now been operating for a full year and had made a real contribution to the care given to patients. In addition, the telemedicine service was starting to make a real impact. Miss Fletcher said the telemedicine hub was now operational and encouraged everyone to view the hub during the open day.

Miss Fletcher also highlighted the achievements celebrated by Airedale during 2010/11, which included:

- Dr Foster Small Trust of the Year
- PEAT rating of ‘excellent’ for food and privacy
- Health Business award for outstanding achievement in health care
- National programme recognising patient safety at Airedale

In looking forward to 2011/12, Miss Fletcher referred to the new vision for the Foundation Trust which she said reflected the needs of the community, stakeholders and staff. She then put the vision in to context by comparing it with the challenges facing Airedale. In doing so Miss Fletcher explained how the current health system had in effect been designed by default and then explained that the purpose of Airedale’s vision had been to design patient care by ‘purpose’.

She stated that the approach to care was a fundamental part of Airedale’s strategy, and then went on to describe how the annual plan for 2011/12 would be put in to practice at Airedale by:

- Putting consultants and specialist opinion at the core of our hospital services
- Radically altering the current hospital dominated delivery model
- Being the HUB for a joined up approach linking community, primary, tertiary, Local Authorities and voluntary sectors
- Implementing and establishing telemedicine and other technologies
- Leading in the remodelling of the local health economy for the benefit of our local community

Miss Fletcher concluded her presentation by thanking the local community, governors and staff for their continued support of Airedale Foundation Trust.
5. QUESTIONS FROM MEMBERS

The Chairman thanked Mr Adrian Mornin, Mrs Sheenagh Powell and Miss Bridget Fletcher for their presentations and invited questions.

Ms Ruth Weston, Maternity Service User Committee commented that she had enjoyed the presentation, said it had been good to see ‘the vision’ and made a number of observations including:
- A consultant midwife had not been mentioned in the future vision and having one would promote women’s choice
- Reference to ‘maternity matters’ and having choice improves women’s wellbeing
- Promotion of breastfeeding initiatives
- Development of baby friendly policies

Miss Fletcher agreed that she was keen to see the development of maternity services which she knew would be welcomed by the local community. She added that Airedale had just launched in August 2011 the Maternity Futures Programme, in which the Maternity Department would be working in partnership with its users to develop and design the maternity services for the future.

Councillor Westerman, Town Mayor of Keighley commented that he had been a recent patient at Airedale and had received fantastic care and treatment during his stay.

He then referred to the issue of car parking for visitors and staff and asked if parking charges could be reduced. Miss Fletcher responded that the Foundation Trust was going through a difficult period of financial constraints and therefore it was not possible to reconsider charging levels at present. She explained that at the time of the review a benchmarking exercise comparing charges of other local Foundation Trusts had been undertaken, with the final decision being made on the basis of pitching charges at Airedale in the median range.

As there were no further questions or comments, the Chairman thanked everyone for their attendance and closed the meeting.
MEETING OF THE COUNCIL OF GOVERNORS
HELD AT 1600 HOURS ON WEDNESDAY, 27 JULY 2011
BOARD ROOM, AIREDALE GENERAL HOSPITAL, SKIPTON ROAD, STEETON, KEIGHLEY

PUBLIC

PRESENT:
Mr Colin Millar, Chairman (in the Chair)
Mrs Janet Ackroyd, Public Governor, South Craven
Mr Peter Allen, Public Governor, Skipton
Mr Peter Beaumont, Public Governor, Wharfedale
Mr Andrew Brocklehurst, Public Governor, Settle and Mid Craven
Mr David Child, Public Governor, Bingley
Mrs Jean Hepworth, Public Governor, Keighley East
Mrs Valerie Kimberley, Public Governor, West Craven
Mrs Anne Medley, Public Governor, Keighley West
Mr Adrian Mornin, Public Governor and Lead Governor, Keighley Central
Mr Chris Nolan, Public Governor, West Craven
Mrs Sheila Paget, Public Governor, Ilkley
Mrs Barbara Pavilionis, Public Governor, Skipton
Dr Alan Pick, Public Governor, South Craven
Mr John Roberts, Public Governor, Worth Valley
Mr Ray Tremlett, Public Governor, Pendle East and Colne
Mrs Valerie Winterburn, Public Governor, Craven
Ms Rachel Binks, Staff Governor, Nurses and Midwives
Mr David Petyt, Staff Governor, Registered Volunteers
Miss Katie Watson, Staff Governor, All Other Staff
Mrs Pam Essler, Stakeholder Governor and Deputy Lead Governor, NHS Bradford and Airedale
Cllr Robert Heseltine, Stakeholder Governor, North Yorkshire County Council (part)
Mrs Naz Kazmi, Stakeholder Governor, Voluntary Sector
Mr Bill Redlin, Stakeholder Governor, NHS North Yorkshire & York
Mrs Pauline Sharp, Stakeholder Governor, Bradford Metropolitan District Council
Mrs Marcia Turner, Stakeholder Governor, Craven District Council

IN ATTENDANCE:
Mr David Adam, Non Executive Director
Dr Andrew Catto, Medical Director
Ms Marianne Dixon, Audit Commission
Mrs Jane Downes, Company Secretary
Miss Bridget A Fletcher, Chief Executive
Ms Chris Miles, Director of Operations
Ms Nichola Powell, Membership Officer
Mrs Sheenagh Powell, Director of Finance
Ms Cath Seal, Communications Manager
Mr Alan Sutton, Non Executive Director
Mrs Ann Wagner, Director of Strategy and Business Development

APOLOGIES FOR ABSENCE:
Mr Jeff Colclough, Non Executive Director, Mr Ronald Drake, Non Executive Director, Mr
Mohammed Nazam, Public Governor, Keighley Central, Mr Naren Samtaney, Staff Governor,
Doctors and Dentists, Mrs Karen Swann, Staff Governor, Nurses and Midwives and Mrs Patricia
Thorpe, Public Governor, Bingley Rural.
39/11  WELCOME

The Chairman welcomed everybody to the meeting especially the seven new Governors who all gave a brief introduction of themselves to the Council. He said the Council of Governors were now into their second year and were firmly established.

40/11  DECLARATIONS OF INTEREST

There were no declarations of interest.

41/11  MINUTES OF THE MEETING HELD ON 26 APRIL 2011

The minutes of the meeting held on 26 April 2011 were approved as a true record.

42/11  MATTERS ARISING NOT COVERED ELSEWHERE ON THE AGENDA

(i)  Peter Beaumont requested that the minutes of the meetings be circulated within a few weeks of the meeting taking place.

(ii) John Roberts queried whether the ‘InOurHands’ e-mail address had been circulated as discussed at the last meeting. It was unclear whether this had happened but the Company Secretary would check and action.

(iii) Pam Essler asked for clarification on the linkage between the committees and work groups. The Company Secretary agreed to provide a committee/groups structure.

Company Secretary

43/11  REPORT FROM THE CHIEF EXECUTIVE

Bridget Fletcher explained that she would take the paper as read and then invited questions from the Governors.

(i)  Assess to Admit

Bridget Fletcher explained that the introduction of “assess to admit” innovation was a new service models which would take out unnecessary delays and put the patient at the centre of the hospitals care. The introduction of this innovation would mean Consultants seeing patients sooner, which in turn would result in patients receiving the correct treatment/tests much quicker. Whilst this was a big change to the current way of working, it had support from the GPs. The Trust was working in collaboration with the GPs and had invited the Chair of the Airedale Alliance to come in to the Trust to do a ward round on Ward 15 with Dr Catto. In return reciprocal arrangements were in place so that Dr Catto and his colleagues would be able to spend time in a GP surgery, which would benefit and give an understanding of each which would be beneficial to the service as both sides could give their opinions.

Bill Redlin asked whether this would result in fewer admissions to the hospital. Bridget Fletcher confirmed this would be the case but the Trust was working closely with GPs to look at alternative care settings given that whilst there were some intermediary care beds in place these were insufficient to meet patient needs.
(ii) **Acronyms**
Due to the number of acronyms used in all the documents, David Child asked if a glossary could be attached to all reports.

(iii) **GP Commissioning Consortia**
Marcia Turner asked whether any progress had been made regarding Craven being part of the Clinical Commissioning Group as this was vital. Bridget Fletcher had not yet had any further information from central Government but agreed this was an important issue as it remained crucial to get the consortia arrangement secure across all boundaries.

Pam Essler said she was attending shadow board meetings and commented that the mechanism for securing cross boundary assurance was not yet in place.

A number of other comments were made about the future consortia arrangements at Earby/Barnoldswick and other areas. Following a detailed debate, the Chairman said this was a huge strategic issue and gave assurances that the Trust was doing all it could to pursue a satisfactory outcome.

(iv) **Primary Care Trusts (PCTs)**
With regard to the PCTs merger, Pam Essler clarified the position by stating that this was collaboration with NHS Bradford & Airedale and NHS Leeds and that they would remain separate statutory bodies until 2013.

(v) **Major Trauma Network Executive Group**
Bridget Fletcher said she welcomed the proposed changes as the Trust could not provide the same service as Leeds could and it would be safer for patients. The numbers of patients affected were not large, however, it was felt having a resource centre at the Airedale would be advantageous for the rehabilitation for patients who had been treated at Leeds. It was early thinking at present but she felt it was important for the Trust to have a say.

Chris Nolan asked whether the Trust would keep its A&E Department. Bridget Fletcher confirmed it would as this would only affect those patients with head injuries, cardio thoracic which were small in number.

(vi) **North Yorkshire and York Review Update**
Adrian Mornin asked for feedback following the ministerial briefing and whether Professor Hugo Mascie-Taylor had any views of the impact telemedicine would have. Bridget Fletcher said there had been no comment made either way.

(vii) **2011/12 Annual Plan: Stage 2 review**
Bridget Fletcher reported that the Trust had been selected for a Stage 2 review of its Annual Plan. She added that Airedale was one out of twelve other Trusts who were subject to the Stage 2 review. Monitor had commissioned Price Waterhouse Cooper (PwC) to undertake the review who would be meeting with the Board and senior managers/consultants over the next few weeks before reporting back to Monitor on 25 August 2011. She said the Trust welcomed the review by PwC as this would provide further assurance on the Trust’s Annual Plan. It was noted there would be no cost to the Trust.
(viii) **Innovation Update**

Bridget Fletcher and Richard Pope were attending a Regional Transition Event event with Yorks and the Humber to showcase the work Airedale was doing around a new model of care using the telemedicine innovation. The event would be attended by Sir David Nicholson, NHS Chief Executive and Professor Bruce Keogh, NHS Medical Director as well as by Chief Executives and GPs.

Pauline Sharp asked if it was successful whether it would lead to taking on more staff and investing in new equipment. Bridget Fletcher said there was a pricing model in place however if the Trust wanted to fulfil the full capabilities of the system it would mean staff working differently. With regard to staffing, this would be slightly different as current staff would be redeployed into the community.

Ray Tremlett asked whether the Trust were market leaders. Bridget Fletcher confirmed the Trust were market leaders with what was currently being undertaken and that no other companies were offering a similar service with a proof of concept and research.

(ix) **Director Appointments**

The Chairman introduced Ms Christine Miles to the Council of Governors as the new Director of Operations, and informed the meeting that Mr Rob Dearden had been appointed on an interim basis from Calderdale and Huddersfield NHSFT as Director of Nursing. He said the post of Director of Organisational Development and Workforce remained vacant, however as this was a specific role requiring very specific skills the Chief Executive was working through the next steps.

(x) **Workforce Reduction Programme: Update**

In response to a question about the workforce reduction programme, Bridget Fletcher clarified that front line staff were not involved in the current staff reductions but, even though it was highly unlikely, she could not rule the possibility out for certain. She said the nurse to patient ratio on the wards would not be compromised although as the bed numbers reduced through changes to the mode of patient care, those staff would be redeployed into the community.

44/11 **ANNUAL PLAN 2011/12**

Adrian Mornin said this was the first the Governors had seen the detail of this report so asked whether this could be discussed in greater detail with the Chief Executive outside the meeting. Bridget Fletcher confirmed she was agreeable to this suggestion as she appreciated the report contained a lot of information.

The Annual Plan 2011/12 was considered was received and noted with the agreement a focus meeting would be arranged to discuss in more detail.

Peter Beaumont reiterated an earlier comment regarding the acronyms. Sheenagh Powell agreed to look at the report and send a glossary prior to the focus meeting taking place.

45/11 **QUARTERLY AIREDALE NHSFT REPORT**

(i) **Finance Report**

Sheenagh Powell informed the meeting that the Quarter 1 position was currently against plan. She said Monitor required the Trust to have a risk rating of 3 which had been achieved to date. The cost improvement savings (CIPs) the Trust had to make for the current year were £11.5m and to date £7.4m had been identified. This had been helped by the commissioners
delaying the 30 day discharge whilst the service was remodelled. She confirmed there was a lot of work being undertaken to ensure the Trust delivers its plan at the end of the year.

Adrian Mornin asked what percentage of the savings which had been achieved were sustainable and whether there were any areas which were underperforming on their CIPs. Sheenagh Powell said going forward, plans were being undertaken to ensure savings could be sustained and currently there were no major deviations from the CIP plan.

Ray Tremlett asked what the consequences would be if the Trust did not make the required savings. Sheenagh Powell said if the Trust did not make the required savings it would, in essence, be put into the hands of the Administrator although this would be a last resort. However, she said this had not happened to any other Foundation Trust as Monitor would reduce the risk rating to a 1 or 2 and all the Governors would be aware that there was a problem prior to reaching this level.

A question was asked regarding how aware the staff were regarding the required savings, to which both Katie Watson and Rachel Binks confirmed all staff were very aware.

John Roberts asked why the Government had stipulated a 4% efficiency saving for Foundation Trusts when in reality the saving for the Trust was around 9%. Sheenagh Powell explained the main reasons why Airedale’s efficiency savings were required at a higher level which included changes in tariffs and 30 day readmissions tariffs, a recurring CIP from 2010/11 and also a shortfall in inflation. The Chairman said in practice other Foundation Trusts had efficiency savings of 6% or more.

(ii) Performance Report
Sheenagh Powell presented the Performance Report for Quarter 1. She said all performance targets were showing green except one relating to the new A&E targets. She confirmed work was progressing and would therefore expect to achieve compliance regarding this target by the end of the year.

46/11 YEAR END REPORTS

(i) Auditors Report to the Council of Governors
The Chairman welcomed Marianne Dixon, Audit Manager, Audit Commission who presented the Auditors Report to the Council of Governors comprising the following documents:

- Annual Governance Report covering the 2 month period up to 31 May 2010;
- Annual Governance Report covering the 10 month period from 1 June 2010 to 31 March 2011; and
- External Assurance of the Trust’s Quality Report 2010/11

Ms Dixon explained the role of the Auditor in scrutinising the reports and the process by which the Auditor arrived at their opinion. She clarified that the Trust had two sets of accounts for 2010/11, as Airedale were not authorised as a Foundation Trust until 1 June 2010. She added that each set of accounts had been prepared in accordance with different regimes as the 2 month accounts were for the Department of Health and the 10 month accounts were for Monitor.

The 10 month accounts were therefore the set of accounts of interest to the Governors. As there were no fundamental issues with the accounts the Auditor had been able to give an unqualified opinion.
The Governors asked a number of specific questions relating to the accounts, mainly relating to asset management and the site revaluation process.

In referring to the Quality Accounts, Ms Dixon again explained the role of the Auditor and the process by which the audit was undertaken. She explained that Monitor had set two key indicators, with the Trust picking one they wanted to report on which was Slips, Trips and Falls. The feedback given by Ms Dixon was positive in that it had met Monitor requirements and mentioned that the previous years Quality Accounts had been held as an exemplar document. She reported that due to the systems in place for collating the information required for the audit, the Auditors fee of £8k had been reduced to £7k.

Following detailed discussions, the Council of Governors received and noted the Annual Governance Report for the 10 month period 1 June 2010 to 31 March 2011 and noted the Annual Governance Report for the 2 month period 1 April 2010 to 31 May 2011.

(ii) **Annual Report and Accounts 2010/11**

The Chairman informed the meeting the 2 month Annual Report and Accounts 2010/11 was tabled for information only as this covered the period pre-Foundation Trust status, and that the 10 month Report would be taken to the AGM to be received formally.

John Roberts asked for clarification of the remuneration bandings, which was duly given.

He also referred to the section on the staff survey and asked why certain issues relating to staff health and wellbeing had deteriorated. Bridget Fletcher said the Trust was aware of these issues and they were being addressed through the Trusts Staff health and Wellbeing Strategy by the Group established to implement the action plan accompanying the strategy. She did say there were some contradictions in the survey which was done on an annual basis, but agreed communication was extremely important for everybody. John Roberts asked whether an interim report could be done for the next meeting to update the Governors on progress. The Chairman said in the absence of a Director of Organisational Development and Workforce this would not be possible but wanted to make the Council of Governors aware this was being dealt with at Board level.

The Council of Governors duly received the Annual Report and Accounts for the 10 month period 1 June 2010 to 31 March 2011, and noted the Annual Report and Accounts for the 2 month period 1 April 2010 to 31 May 2011.

(iii) **Quality Account 2011/12**

Andrew Catto recorded his thanks to Pam Essler and John Roberts for their contribution and involvement in the Quality Account Steering Group meetings.

Ray Tremlett asked how the Trust was dealing with obese patients and the need for bariatric equipment. Andrew Catto said there was equipment available in Theatres and the Trust was aware of the growing trend.

Jane Downes informed the meeting that a more public facing Annual Report, incorporating the Quality Account, would be available at the Open Event and would be mailed to Governors beforehand. It was intended to circulate the document widely to GP surgeries, libraries, etc.

The Council of Governors duly received and noted the Quality Account 2011/12.
The Chairman thanked Marianne Dixon for her presentation to the Council of Governors.

47/11  APPOINTMENTS

(i) Lead Governor/Deputy Lead Governor
The proposed process for the nomination and election of the Lead Governor and Deputy Lead Governor was considered. The Chairman drew the Governors’ attention to the only process change from the previous year which related to restricting nominations for the role of Deputy Lead Governor to public Governors only. This change had followed feedback by a number of Governors to the Company Secretary.

Peter Beaumont said it seemed arbitrary to draw lots if there was a draw and should it not go out to re-election. Jane Downes said it was hoped that agreement could be reached between the candidates although the drawing of lots was a democratic process. Councillor Heseltine concurred that this was seen as due process.

The Council of Governors duly agreed the nomination and election process.

(ii) Deputy Chairman
At this point, the Chairman asked Alan Sutton and David Adam to leave the meeting.

It was noted that in accordance with the Constitution, the Council of Governors shall appoint one of the Non Executive Directors as a Deputy Chair.

The Chairman therefore proposed that Alan Sutton be re-appointed as Deputy Chairman for the remainder of his term of office, which expires in 2012.

The Council of Governors duly considered and agreed that Alan Sutton be re-appointed as Deputy Chairman until his retirement in May 2012.

(iii) Senior Independent Director
It was noted that in accordance with the Constitution, the Board of Directors shall, following consultation with the Council of Governors, appoint one of the Non Executive Directors to be the Senior Independent Director.

The Chairman therefore proposed that David Adam be re-appointed Senior Independent Director for a period of 12 months.

The Council of Governors duly noted the proposal which would be presented for approval by the Board of Directors at its meeting on 28 July 2011.

At this point Alan Sutton and David Adam rejoined the meeting.

(iv) Auditors
It was noted that the re-appointment process including the re-appointment of the Audit Commission until the conclusion of the 2011/12 audit had been approved by the Council of Governors at its meeting in October 2010.

The Council of Governors duly noted and agreed the continuation of the Audit Commission as the Trust’s Auditors for the financial year 2011/12.

48/11  GOVERNOR WORKING GROUPS ACTIVITY UPDATE

The Chairman took the paper as read but asked the Chair of each group for any additional comments.
(i) Organ Donation Group
David Adam said due to the current climate in the Trust he felt it was not prudent to promote organ donation at the moment, however the prominence of organ donation would increase over the next couple of years.

(ii) Equality and Diversity Steering Group
Adrian Mornin said this was an important issue for the Trust however the Group had not made much progress to date. He felt perhaps having a Non Executive Director appointed to the Group would help to raise awareness.

(iii) Patient/Carer Condition Management Group
Anne Medley and Pauline Sharp confirmed a meeting had yet to take place. Andrew Catto said the patient information service had been launched but there were a few internal issues which needed to be clarified prior to engagement.

49/11 ITEMS TO NOTIFY GOVERNORS

(i) Board Sub-Committees
Following a recent strategic Board meeting in which the restructuring of the committee structure had been discussed, the Chairman proposed the withdrawal of this paper pending further development. It was agreed to take this item to the next meeting on 26 October 2011.

Chairman

(ii) Council of Governor – Changes
The changes to the Council of Governors following the recent elections were noted. The Chairman formally thanked the retiring Governors for their contribution to the first year of the Trust being a Foundation Trust.

(iii) Council of Governors – Evaluation
The Company Secretary explained that under the Code of Governance it was a requirement that an evaluation exercise is undertaken at least every three years. As the Board of Directors were currently undergoing a similar exercise it was proposed that the process be rolled-out to the Council of Governors.

The Company Secretary suggested talking this through in more detail with Governor’s at one of their Network Meetings with a view to Governors being consulted on the process and survey questions.

Company Secretary

(iv) Annual General Meeting – 2011
The programme for the AGM was considered and agreed. It was noted that the AGM would be held at 11am on Thursday, 1st September 2011 in the Lecture Theatre.

(v) FTGA Membership
The proposal was put to the Council of Governors whether to continue with the FTGA membership and renew for a further year.

The Chairman informed the meeting he had recently been to a Chairman’s meeting for Yorkshire and the Humber and half the members present were not renewing their membership. Comments from Governors who had attended either regional or national FTGA meetings felt they were excellent and it was worthwhile being a member. Following a detailed discussion in which there did not appear to be a general consensus, the motion was put to a vote. An initial vote showed equal votes for and against. The Chairman then asked the Governors to reconsider following which the majority vote was in favour of continuing membership of the FTGA. Therefore, it was agreed to renew the FTGA membership for one year during which there would be a further review undertaken.
50/11 FORWARD AGENDA

The forward plan was considered.

Jane Downes informed the meeting a Board to Board meeting would be arranged in November to start the process for the Annual Plan 2012/13.

51/11 MEMBERS QUESTIONS

The Chairman had received one question from Mr Ralph Quigley which related to the increase in the Chairman and Non Executive Directors fees.

The Chairman responded by saying this issue of setting Non Executive Directors fees following authorisation as a Foundation Trust has been considered by three meetings of the Council of Governors’ Appointments & Remuneration Committee, an informal meeting of the Governors’ network and a formal meeting of the Council of Governors.

There was staff participation in the process at every stage and the final decision was taken in public session at the January meeting of the Council with members of staff present around the table and in the audience and members of public in the audience.

In addition, he had held informal meetings with representatives of the Trust’s employees, including Mr Quigley, and reported these at Governors’ network meetings.

Governors were aware that this was a sensitive issue and Mr Quigley could see that they took care to deal with it in a proper, open and moderate way as he had described.

Adrian Mornin agreed with the comments of the Chairman and added that as Lead Governor and a member of the Appointments and Remuneration Committee he had had a number of meetings with the Executive Directors and Non Executive Directors to assess their roles. He said the Governors had taken the decision to ensure the Trust retained the high calibre of Non Executive Directors they currently had. He confirmed the Governors were neither cajoled nor coerced into making this decision and followed the recommendations set out by Monitor. He also said this decision had been made at the January 2011 meeting and it was important to move forward now.

Mr Quigley asked whether the Governors were aware of the principles outlined by Monitor in the Code of Governance which stated that ‘the remuneration committee should also be sensitive to pay and employment conditions elsewhere in the foundation trust, especially when determining annual salary increases’. The Chairman confirmed the Governors were aware of this principle and had been taken in account when setting the fees structure.

52/11 ANY OTHER BUSINESS

John Roberts asked if Governors were unable to come to the Network meeting to be arranged to discuss the evaluation of the Council of Governors if they put in writing what they have achieved individually and what they feel the Council has achieved collectively.

Barbara Pavilionis reminded Governors that help was required for recruiting at shows in the district and if anybody would like to assist to contact the Membership Office.
53/11  REVIEW AND CLOSE OF MEETING

All Governors agreed that the meeting had been good and informative.

The next quarterly meeting would be held at 4pm on Wednesday, 26 October 2011 in the Board Room, Education Centre, Airedale General Hospital.

There being no further business, the Chairman declared the meeting closed.
AIREDALE NHS FOUNDATION TRUST

COUNCIL of GOVERNORS

26 October 2011

NHS CONSTITUTION
PRINCIPLE 7

The NHS is accountable to the public, communities and patients that it serves

**ACTION REQUIRED BY THE COUNCIL OF GOVERNORS**

- To receive and note the report of the Chief Executive
Introduction

In this month’s report I have taken the opportunity to update governors on significant national and local developments occurring during the second quarter of 2011/12 as well as reporting on Foundation Trust developments. As usual details of our financial and service performance to date are covered in the separate report from the Director of Finance.

1 National Developments

Since the last meeting of the Council of Governors in July, there have been a number of national developments including:

1.1 The Health and Social Care Bill 2011: Latest Update

The second reading of the Health and Social Care Bill was completed in the House of Lords on Wednesday 12 October. The House defeated amendments that sought to halt further progress on the Bill and provide for extra scrutiny of the Bill by setting up a special select committee. The Bill will now proceed to the Committee Stage for line by line examination on 25th October.

Over 1,000 amendments were made to the Bill following the “pause” earlier this year. These include detail on continuity of services and what will happen to foundation trusts and other providers that become unsustainable.

The issues which continue to attract most commentary are:

- Role of the Secretary of State and duty to provide a comprehensive health service
- The need to ensure better integration of services
- The extent of cooperation and competition in the NHS
- The governance and accountability of clinical commissioning groups

With regard to governors, we anticipate the Bill will result in a stronger role for governors particularly in terms of holding Foundation Trust Boards to account and reviewing major transactions.

Once the Bill has completed its passage through the legislative process we will prepare a comprehensive digest for Governors and the Board of Directors to ensure any changes that impact on the Foundation Trust are identified and consequences considered.

1.2 Health Bill Transition and Implementation: Update on structural changes

Over the summer, in preparation for implementing the NHS reforms outlined in the Health and Social Care Bill, the Department of Health made a number of important announcements and published a series of key documents which the Council of Governors should be aware of, including:

i) Strategic Health Authority Cluster Appointments

Governors will recall the Department of Health’s transition plan includes clustering the existing ten Strategic Health Authorities (SHAs) into four sectors. Airedale NHS Foundation Trust now falls within the North of England SHA cluster which replaces the North West, North East and Yorkshire and the Humber SHAs.

SHA cluster Chief Executive and Chair appointments were announced in August. For the North of England cluster Ian Dalton has been appointed Chief Executive and Kathryn Riddell Chair. Ian Dalton was formally chief executive of NHS North East and more recently has been the Department of Health’s provider lead director. Ian will continue as Senior Responsible Owner for the set up of the new NHS Trust Development Authority, and will continue to lead the Foundation Trust pipeline work nationally, alongside this SHA cluster role. Governors may recall Kathryn Riddell was formally Chair of...
NHS Yorkshire and the Humber. Governors will appreciate the importance of building on our existing relationship with Kathryn Riddell and establishing a rapport with Ian Dalton.

As part of our stakeholder management approach I have written to Ian Dalton to invite him to visit Airedale so we can brief him on our service vision and ambition for patients. Clearly Ian’s appointment is an important development. In his role as provider lead director he has expressed his concerns regarding the viability and sustainability of the District General Hospital model. We need to create an opportunity to share with him our plans and demonstrate our innovation. We already have a supportive relationship with Kathryn Riddell. Colin Millar has also written to Kathryn congratulating her on the appointment. It is important that we continue to foster and nurture these key strategic relationships as part of our contribution to creating a sustainable local health economy.

ii) Clinical Commissioning Groups

Governors will recall a key development in the original White Paper was the development of GP consortia. Following concerns raised during the “pause” and in response to the listening exercise and report of the NHS Futures Forum, the Government revised its plans, replacing proposed GP consortia with Clinical Commissioning Groups.

Clinical Commissioning Groups, as groups of practices, will have responsibility for bringing together a range of health and care professionals, together with patients and the public. There is now a requirement to have a nurse, a hospital doctor and lay people on the Clinical Commissioning Groups’ respective governing bodies.

An update on the local position is provided later in this report.

iii) Clinical Senates and Networks

Following the publication of the Future Forum report and the Government's response, there has been a great deal of interest in proposals for new clinical senates (likely to be in the order of 15 nationally) and the role of clinical networks in the new system.

iv) Local HealthWatch Developments

At the beginning of August the Department of Health announced 75 Local HealthWatch pathfinders, which are being introduced as part of the Government’s plans to modernise the NHS. These new learning networks, which replace the current LINks structure will champion patients’ views and experiences, promote the integration of local services and improve choice for patients through advice and access to information.

Local HealthWatch will provide a collective voice for patients and carers, and advise the new Clinical Commissioning Groups on the shape of local services to ensure they are informed by the views of the local community.

The 75 Local HealthWatch pathfinders which includes Bradford’s (but not North Yorkshire or East Lancs) will pioneer plans ahead of their full establishment across the country in October 2012.

The Foundation Trust recognizes the important role of Local Healthwatch and is working to establish strong links.

v) Health and Wellbeing Boards

Governors will recall one of the structural changes proposed in the Health and Social Care Bill is the creation of Local Authority Health and Wellbeing Boards to reflect the enhanced commissioning role of Local Authorities.

1 Local Involvement Networks (LINks) are made up of individuals and community groups, such as faith groups and residents’ associations, working together to improve health and social care services.
The Department of Health has announced a cohort of pathfinder Health and Wellbeing Boards which are to be set up in shadow form this Autumn, including for North Yorkshire and Bradford but not East Lancs. Further detail on the local position is provided later in this report.

1.3 Second Phase of NHS Reform Listening Exercise Launched

On 17 August Prime Minister David Cameron launched the next stage in the national listening exercise designed to inform the development of the government’s NHS reforms.

Health secretary Andrew Lansley told the Health Select Committee in July that the second stage of the listening exercise would focus on three areas: education and training, information and public health. David Cameron confirmed a fourth strand has been added focusing on integration. An emphasis on integrated care – to some degree in opposition to the reforms initial prioritising of competition – was a key note of the Future Forum’s first report.

The Forum’s integration workstream will study integration between health and social care, as well as within the NHS and will focus on how to ensure the Government’s modernisation programme leads to better integration of services around people’s needs. The information workstream will focus on how to make information improve health, care and wellbeing. The education and training workstream will focus on how to develop the healthcare workforce to deliver world-class healthcare. The public health workstream will focus on how to ensure the public’s health remains at the heart of the NHS.

1.4 Other National Developments

In addition to this update on the NHS reform agenda, I wish to draw the Council of Governors’ attention to a number of other developments which are of strategic relevance to the Foundation Trust, including:

i) Future of hospital services

Over the summer a number of commentators have published papers calling for radical changes to the traditional medical hospital model including:

- **A report from think tank Reform** by Professor Paul Corrigan claiming that up to 40 hospitals will fail by 2013 without radical reform of their working practices, and that Britain could face a £5bn bill to rescue them
- **A briefing on reconfiguration of hospital services from the Kings Fund** by Candace Imerson calling for radical changes to streamline the process for reorganising hospital services and to prevent politicians from blocking essential changes (including hospital closures) that would improve the quality and safety of NHS care.
- **A book by Sir Nigel Crisp** (former Chief Executive of the NHS and Permanent Secretary of the Department of Health and now an independent crossbench member of the House of Lords) *24 Hours to Save the NHS - the Chief Executive's account of reform 2000 to 2006* tells the inside story of the NHS Plan reforms and draws out the lessons for the future. He argues that

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2 The NHS Future Forum was launched on 6 April as part of the Government’s listening exercise on the Health and Social Care Bill. Set up as an independent advisory panel to ‘pause, listen and reflect’ on the content of the existing Health and Social Care Bill the Forum has made a series of recommendations to the Prime Minister, Deputy Prime Minister and the Secretary of State for Health on how the Government’s modernisation plans for the NHS might be improved. These recommendations are reflected in amendments to the Bill which are currently being reviewed by the House of Lords.

The Forum, chaired by Professor Steve Field immediate past Chairman of the Royal College of GPs, brings together 45 individuals from a diverse range of backgrounds including frontline clinicians, healthcare managers and representatives from the voluntary sector, local government and patient bodies amongst others.
further radical reform is needed if the NHS is to remain affordable and sustainable. He believes the challenge is dealing with the numbers of older people and those with long-term conditions who need supporting in the community. This means a shift away from hospitals. He predicts there will be less need for large hospital outpatient departments and some services and whole hospitals will need to close or be merged with others.

As Governors are aware from our work on the Annual Plan, our vision for a different model for this Foundation Trust absolutely fits with these emerging views. Over the summer, in addition to working with our local health and social care partners we have worked with both Professor Paul Corrigan and Chris Ham to explore with them our blueprint for the future District General Hospital model as a provider of integrated care, brokering support for patients in the most appropriate setting including in the home/closer to home enabled by our innovative telemedicine technology.

iii) Commission on Improving Dignity in Care for Older People

The NHS Confederation, in partnership with the Local Government Group and Age UK, has established a Commission on improving dignity in care for older people in hospitals and care homes. The Commission will gather information through a call for written evidence and plans to publish an initial report and recommendations for consultation at the beginning of next year.

Given the population we serve and our commitment to improving our patients experience, the Council of Governors is advised the Board of Directors is very interested in contributing to the work of the Commission and will be looking to submit evidence to inform this review.

2 Local Health Economy Developments

An update on developments across the local health economy includes:

2.1 Foundation Trust Public Consultations

In September both the Yorkshire Ambulance Service and Bradford District Care Trust formally began their respective 12 week public consultation exercises on their plans to become Foundation Trusts in 2012.

Both organisations are key strategic partners for the Foundation Trust - Yorkshire Ambulance Service in relation to our shared interest in redesigning the out of hours and urgent care pathways, enabled by our telemedicine offer and Bradford District Care Trust in relation to our shared integrated care and transforming community care agendas.

The Board of Directors will determine their formal responses at their November meeting.

2.2 Primary Care Trust Clusters

Governors will recall as part of the transition arrangements in preparation for implementation of the Health and Social Care Bill structural reforms, the Department of Health decided to consolidate Primary Care Trusts (PCTs) into clusters whilst the new clinical commissioning group system develops.

The latest position with regard to the clustering of our local Primary Care Trusts is as follows:

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3 The NHS Confederation We are an independent membership organisation that represents all types of providers and commissioners of NHS services in England.
i) Airedale, Bradford and Leeds

NHS Yorkshire and the Humber have announced the appointment of John Lawlor as Chief Executive and Linda Pollard as Chair of the new Airedale, Bradford & Leeds PCT cluster. John and Linda were previously Chief Executive and Chair of NHS Leeds. Non Executive and Executive appointments have been confirmed and the cluster went live at the beginning of October.

Having made early contact with John Lawlor, he accepted my invitation to visit Airedale in September to attend a summit with the key leaders from NHS Bradford and Airedale and the Airedale and Wharfedale GP Consortia to be briefed on the financial position and service model and vision for this part of the patch. I also took the opportunity to showcase our new Telehealth HUB. John was supportive of the Foundation Trust’s strategy and approach and very interested in our innovative approach to pathway redesign enabled by technology. Colin Millar has also made contact with Linda Pollard and has invited her, together with some of the PCT Cluster Non Executive Directors, to visit the Foundation Trust.

ii) Pan Lancashire

NHS North West have announced the chief executive and chair of the Pan Lancashire PCT cluster are Janet Soo-Chung, who is currently the chief executive of NHS North Lancashire, and Peter Kenyon, who is currently the chair of NHS Central Lancashire.

The Chairman and I will be arranging to meet Janet and Peter to establish a relationship.

iii) North Yorkshire and York

Given the size, complexity and financial challenge in North Yorkshire and York, there are no plans to the PCT to be clustered and the existing management and governance arrangements are remaining.

2.3 Proposed Clinical Commissioning Groups (CCGs)

The latest position regarding the development of local clinical commissioning groups is as follows:

i) Airedale, Wharfedale and Craven

Lobbying from GP leaders in the Airedale & Wharfedale and the Craven GP Consortia to promote their case for a merger to create a new Clinical Commissioning Group (CCG) which crosses local authority boundaries has continued over recent weeks. As previously reported the Foundation Trust fully supports their plans, which we believe better reflect natural patient flows and put the hospital at the heart of the community. We are actively supporting the lobby, including putting forward a supportive narrative to local MPs, council leaders and chief executives and local elected members.

Bradford’s Local medical Committee (LMC) has run elections for the districts, shadow CCGs including for an Airedale, Wharfedale and Craven group. As only five nominations were received for the six places available, no election took place and the 5 GPs who were nominated (Drs Pue, Kennedy, Renwick, Summers and Wallace) have been automatically appointed. Apparently the LMC will be calling for further nominations for the vacant sixth place.

ii) Pendle

Governors will recall from previous briefings that the 17 practices that formed the Pendle GP consortia had expressed an interest in becoming a stand alone CCG. Latest indications are this is unlikely with the practices more likely to be subsumed within a pan Lancashire CCG.
2.4 Health and Well Being Boards

The latest position on the development of the early implementer Health and Well Being Boards (HWBBs) for our respective Local Authorities is set out below. Governors should note providers will not have places on the Boards, therefore it is essential that the Foundation Trust builds on and further develops strategic relationships and partnerships in order to inform service developments. Governor stakeholder representatives for the respective local authorities are recognised as a potential resource in this regard. The formal statutory HWBBs will be in place by April 2013.

i) Bradford Council

The Council’s Health Overview and Scrutiny Committee and Executive approved terms of reference for their proposed early implementer Health and Well Being Board which has begun meeting this month

Governors should note the terms of reference do include provision to co-opt providers at some point. Meetings will be held in public. We will ensure we have a representative in attendance to listen to the debate, demonstrate support and identify opportunities to influence and inform.

ii) North Yorkshire County Council

North Yorkshire County Council has written to stakeholders inviting views on the proposed governance arrangements and outline structure for their shadow Health and Wellbeing Board for North Yorkshire. Governors should note the proposals focus exclusively on the commissioner role and no provision is made for provider direct involvement. Unlike the Bradford proposal there is no provider co-option provision.

iii) Lancashire County Council

Governors should note Lancashire County Council is not included in the first 132 early implementer sites. Of the district councils in the Lancashire area, Blackburn and Darwin has secured early implementer status for their proposed Health and Wellbeing Board.

2.5 North Yorkshire Review Update

As reported to the July Council of Governors, earlier this year NHS Yorkshire and the Humber commissioned Professor Hugo Mascie-Taylor from the NHS Confederation to undertake a review on how to make best use of resources within the North Yorkshire health and social care economy. The final report, which was published in August and was considered by the Foundation Trust’s Board of Directors at its September meeting, recommends that health and social care services need to be radically redesigned and restructured if they are to deliver what is required of them.

The report considers options and makes forty four detailed recommendations in relation to the following areas:

- Strategic recommendations including redesigning the model of care, reducing hospital impatient beds, making efficiency savings, developing community services and improving integration and more responsive provision
- Community hospitals with a view to reducing the total hospital inpatient bed base by at least 200. (Note one of the options considered but not favoured was the closure of a district general hospital)
- Community services
- Estate
- General practice/primary care
- Mental Health
- Planned care
• Public health prevention
• Unplanned care

Within the Foundation Trust, work is underway to respond to this very detailed report. As previously reported to the Council of Governors, the Foundation Trust contributed to the review including submitting evidence on the potential impact and benefit telemedicine could have for the North Yorkshire population and health and social care economy in terms of redesigning pathways for patients with long term conditions and supporting care at home/closer to home. This contribution featured in the Foundation Trust's reablement proposals submitted to NHS North Yorkshire and York. In addition proposals have been developed to provide a telemedicine service to help primary care manage the demand from nursing homes across North Yorkshire.

2.6 Keighley Integrated Care project

NHS Bradford and Airedale, the Airedale and Wharfedale GP Consortia and Bradford Social Services have been refreshing plans for the delivery of integrated services in Keighley. The Keighley Steering Group has been reconvened (it had not met for a year) to consider options for integrated care for Keighley. The Keighley community is at the heart of the population we serve and the Foundation Trust is a key contributor to discussions for the future service model.

We support the recommendation to pursue further the option of integration, as it fits in with our collaborative care pathway model. The emerging model is designed around ambulatory care pathways with a strong focus on the needs of frail older adults, patients with dementia and patients with long term conditions. The model is based on development of evidence-based urgent care clinical pathways that span primary, community, intermediate, secondary and social care. Care is delivered in people’s home or a community setting wherever possible with acute care services being utilised only as a last resort. This model of care is absolutely aligned with our own strategic vision.

Governors representing the Keighley public constituencies will be particularly interested in this development and more detailed briefings can be arranged.

2.7 Transforming Community Services/Reablement Update

Discussions continue with commissioners, GPs, local authorities and other providers across the three Local Health Economies on integration of services as part of the transforming community services agenda. The Foundation Trust is active in these discussions and recently submitted proposals to all three PCTs for consideration against reablement4 monies. The latest position by health economy is as follows:

• **NHS Bradford and Airedale** – following a bidding process, Airedale has secured funding from the Primary Care Trust (final amount to be confirmed) for 2 years from the health reablement monies to expand the Airedale Community Care Team service to support implementation of our urgent care redesign proposal to support patients at home, avoid unnecessary admissions and reduce readmissions.

• **NHS North Yorks and York** – this Primary Care Trust has taken a different approach to Bradford’s with all reablement monies including that ringfenced for health transferring to the Local Authority. The bidding process is therefore overseen by the County Council. A final decision regarding allocations is awaited

• **NHS East Lancs** – the process is not clear however the Foundation Trust has secured a contract funded from reablement monies to pilot the provision of a telemedicine service in Pendle

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4 Reablement funding - this is the name given to pump priming funding made available to support disinvestment in traditional hospital based acute services, to enable investment in better integrated community based models of care which support patients in their own homes and encourage self help and independence, enabled through technologies such as telemedicine
2.8 Local Stakeholder Management

The Foundation Trust continues to strengthen relationships with key local stakeholders. In addition to routine planning and business meetings, activities since the last meeting of the Council of Governors include:

i) Local Authority Engagement

During the last quarter Colin Millar and I have met with a number of senior political leaders, elected members and officers within Bradford and North Yorkshire Councils to present our strategy and seek feedback on and support for our plans. This engagement included a formal presentation to the Craven Overview and Scrutiny Committee on 23 September.

With regard to Lancashire County Council and Pendle Borough Council over the next quarter I intend to make developing links in East Lancashire a priority although relationships with the GPs in Pendle are strong, links with the County Council and Borough Council need to be strengthened.

ii) GP Engagement

The Foundation Trust’s programme of GP events continues. On 9th September the Trust hosted a second clinical engagement event for the Airedale and Wharfedale Alliance. Over 50 colleagues from primary care attended the event, which showcased 5 clinical specialties. This followed an event in May event where we showcased an initial nine specialties and demonstrated our innovative telemedicine capabilities. The events have been well received and have provided a much welcomed opportunity for primary and secondary clinicians to meet.

The events are part of our primary care customer relationship strategy and are complemented by individual GP practice visits, a GP educational programme, new GP e-bulletin and website developments.

iii) Creating a sustainable health economy

On 27th September I hosted TEMPEST 2. This was a follow up event to the local health economy event I hosted in January. Its purpose is to progress the thinking on integration and whole system redesign. As well as representation from our Local Authorities, PCTs, GP commissioners, the Care Trust, patients panel and clinical staff, this time we have also included the voluntary sector and our Telehealth HUB technical partner.

To stimulate debate and provoke discussion we secured the support of Professor Paul Corrigan, former health policy advisor to Tony Blair, to speak at the event. Paul has been providing support to the local health economy in Cumbria in pursuing their integration agenda and was accompanied by Nigel Macguire, the Managing Director of the Cumbria Clinical Commissioning Group who shared his experiences of integration. The event was well received and provided an excellent platform for further work on integration.

3 Foundation Trust Developments

3.1 Financial and Performance Position

The overall position at the end of September is detailed in the Director of Finance’s financial and performance update reports.

From a service performance position I can confirm the Foundation Trust received formal confirmation in September from Monitor of a Financial Risk Rating (FRR) of 3 and GREEN governance rating for Quarter 1.
Looking ahead to Quarter 2 performance I can confirm the Foundation Trust is forecasting a GREEN level of compliance against all governance and service performance areas of the Monitor compliance framework and a Financial Risk Rating of 3.

3.2 2011/12 Annual Plan : Monitor Review Stage 2

In accordance with the Compliance Framework for Foundation Trusts, the Annual Plan for 2011/12 was submitted to Monitor at the end of May. The plan has been influenced by feedback from members and the Council of Governors. (A copy of the final version of the Annual Plan is included in the papers for this meeting).

Andrew Catto (Medical Director), Sheenagh Powell (Director of Finance) and Andrew Copley (Deputy Director of Finance) have had telephone interviews with Monitor’s assessment team as part of the standard stage one review process for all Foundation Trusts. The interviews focussed on assuring Monitor how the Foundation Trust can maintain quality and safety despite a very challenging cost improvement programme.

Given the size of the financial challenge, Monitor has confirmed the Foundation Trust’s Annual Plan will be subjected to a second stage review involving an external assessment by PWC during July and August. We expect to receive further details of how the second stage review will be undertaken shortly and will update Governors at the Council meeting on 27th July.

As reported at the July meeting of the Council of Governors, the Foundation Trust was informed by Monitor that our Annual Plan would be subjected to a Stage 2 annual plan review. Monitor commissioned Price Waterhouse Coopers (PWC) to undertake the review during. As well as submission of key data and evidence (in excess of 1000 documents) the review also included a series of interviews with individual Executive, Non Executive Directors and other staff plus representatives from our lead commissioner and GPs. In addition the Chairman was invited to meet with Directors from Monitor at their offices on 19 September a part of their assessment and assurance process.

At its September meeting, the Board of Directors received the final report and recommendations from PWC and confirmation of Monitor’s overall conclusion this Foundation Trust represents a “medium-high risk in the three year plan period”. This outcome is as expected given the size of the Foundation Trust’s financial challenge and lack of experience as a Foundation Trust.

3.3 Workforce Update

i) Director Appointment

I am continuing the search for a Director of Organisational Development and Workforce to replace Christine Lisle. In the interim Ann Wagner, Director of Strategy and Business Development continues to provide Executive Director oversight and support to the Directorate and Nick Parker, Head of Human Resources has assumed additional responsibilities. Given the huge organisational change agenda the Foundation Trust faces, this is a key appointment and it is essential we secure someone with the right skills and experience to support the workforce to enable the Foundation Trust deliver its strategy.

ii) Workforce Reduction Programme

As the Council of Governors is aware, to secure a sustainable future the Foundation Trust needs to realise efficiencies in excess of £11.5m this year including implementing a workforce reduction programme which has been agreed with staff side and regional union officials.
In the first round some 57 applications for voluntary redundancy and 27 applications for the Mutually Agreed Resignation Scheme (MARS) were received. A second call for voluntary redundancies and MARS applications went out to staff at the end of June. In this second phase we received 12 applications for VR, of which 10 were approved and 49 applications for MARS, of which 9 were approved.

The majority of staff from Phase 1 have now left the Foundation Trust and the majority of Phase 2 leavers left during September and October.

We are continuing discussions with staff side about next steps, but there is no real appetite amongst management or staff for a further phase at this stage. Preference is to use the agreed restructuring and redundancy protocols and arrangements agreed with staff side to support areas as they restructure.

iii) Staff Engagement

Executive Directors, with support from the Head of Human Resources, have been considering ways to improve staff engagement and morale in response to feedback from the previous national staff survey and during the workforce reduction programme. NHS Employers\(^5\) have also recently published a staff engagement toolkit with research showing links between increased staff engagement and better patient outcomes/experience. Following consultation with staff side our intention is to publish a new ‘People Plan’ in the Autumn with actions centred around feedback (pulse surveys and listening groups), embedding engagement measures in senior management objectives and improving people management. Progress will be tracked by the Board of Directors against a suite of key performance indicators.

3.4 Service Developments - Telemedicine

Building work to create the new Telehealth HUB was completed last month (ahead of schedule and under budget) and the HUB went live providing clinical services on 12 September. We are now stepping up our local, regional and national marketing and promotional activities.

Following Dr Richard Pope and my presentation on our telemedicine HUB to NHS Chief Executive Sir David Nicholson and NHS Chief Medical Office Bruce Keogh at the end of July at a Regional Transition Event in Wakefield, the Foundation Trust has been invited to work with colleagues at the Department of Health to help inform future tariff developments which will be reflected in the NHS Operating Framework for 2012/13.

3.5 Awards

I am pleased to report the Foundation Trust has been shortlisted for two more prestigious awards as follows:

- **Health Service Journal\(^6\) Acute Trust of the Year** Judges will be visiting the hospital in the next stage of the contest and will be looking for evidence of excellent performance across the whole organisation such as real involvement of patients and the local community in developing services.

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\(^5\) NHS Employers – The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first

\(^6\) Health Service Journal – is the UK's leading source of news and information on health management and policy. Targeted at healthcare professionals, it is an integrated online resource and magazine
• **Nursing Times** Award for the Privacy and Dignity for our work on developing the dignity room

In addition, I am pleased to report that Jane Downes, Foundation Trust Company Secretary has reached the final of the Institute of Chartered Secretaries and Administrators (ICSA) Company Secretary of the Year competition.

Ceremonies where the winners will be announced for all of the above will take place in November.

In September front line staff represented the Foundation Trust at the new Health Service Journal Efficiency Awards where we had been shortlisted for two awards for our work on workforce efficiency (therapies) and acute sector efficiency (telemedicine in prisons). Unfortunately we did not win our categories but reaching the finals is still an excellent outcome.

Governors should be aware that pursuing awards such as those highlighted has been a deliberate tactic this year as part of our strategic communications plan to raise awareness of the Foundation Trust and provide platforms to evidence our progress and share our blueprint for the future with key decision makers/opinion formers. It also boosts staff morale and provides excellent Public Relations material. Obviously this has to balanced against the resource to prepare applications and the costs of attending panel assessments and award ceremonies.

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**Executive Owner:**
Bridget Fletcher
Chief Executive

**Report Author:**
Ann Wagner
Director of Strategy & Business Development

19 October 2011 v 4
Issues for Consideration

1. Year to Date – for the Period Ending 30 September 2011

The overall position at the end of September taking account of restructuring costs is showing a surplus of £570,000, which is line with the expected plan.
## Financial Performance Summary

<table>
<thead>
<tr>
<th>Area of Review</th>
<th>Key Highlights</th>
<th>Month 06 Plan</th>
<th>Month 06 Actual</th>
<th>Q2 Plan</th>
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</table>
| **Financial Summary ~ Overall Risk Rating** | * As at month 06 against EBITDA value is on line with plan allowing for roundings.  
* PBR contract income is an estimated figure for September. The estimated figure for September indicates a slow down in the level of financial overtrade.  
* The overall position to date after adjusting for restructuring costs which have started coming through is a surplus of £570,000.  
* Overall FRR is 3.15 which is marginally behind a plan of 3.25. This is due to increased costs in the month notably in Surgical Medical staffing and increased nursing costs due to bed pressures in the month. | 3            | 3              | 3       |
| **Operational Performance**            | * At month 06 against EBITDA the Trust has a 5.61% return on Income FRR 3.  
* Clinical Group performance has marginally declined this month due to the increased medical staffing costs.  
* Corporate has improved as the continued impact of the workforce review is released each month. | 3            | 3              | 3       |
| **Liquidity**                          | * The liquidity ratio shows that working capital (cash + debtors - Creditors) is able to cover 28 days of the Trust`s operating expenses, this is on line with plan.  
Cash was £4.7M compared to a plan of £5.5M. | 4            | 4              | 4       |
| **Use Of Assets**                      | * The Trust has made a 4.83% return on assets which is slightly lower than the expected 4.94%.  
* The current capital programme of £6M is approved, capital spend to date is £3,479,000. | 3            | 3              | 3       |
| **Income & Expenditure Position**      | * The overall position is a surplus of £570,000 which is on line with the expected plan for the end of September.  
This position has been adjusted for restructuring costs of £3,098,000 which came through in July, August and September which have been classified as exceptional items. | 2            | 2              | 2       |

### Surplus Cumulative Variance

![Surplus Cumulative Variance Chart](chart.png)
2. **Key Issues**

The main issues are as follows:

- CIP delivery across the groups is in line with the expected delivery but there is still a gap to find and therefore additional plans need to be identified and delivered to ensure we have a contingency to support any future income risks.

- Managing contract performance targets within the agreed plan.

- Ensure the delivery of CQUIN within efficient use of resources.

- PCT QIPP intentions for 2011/12 above the agreed contract position.

3. **Actions Being Taken to Ensure Delivery of the Financial Targets**

Executive Directors and the management team, with clinical engagement, are working to identify what levels of productivity could be improved to sustain income levels, whilst also reducing costs.

4. **Risks/Impacts**

Key risks remain:

- Failure to deliver further CIP plans through further restructure savings and bed reductions.

- Ensuring delivery of CIP plans earlier and managing expenditure plans across the groups to ensure they work within their agreed budgets.

- Ensure pro-active use of resources to meet the referral to treatment targets.

- Managing demand efficiently and effectively within the Trust’s operational capacity, particularly within the Surgical Group, and increasing performance over the year so that we at least deliver the planned levels of income with efficient use of resources.

- Failure to meet CQUIN targets.

- Failure to redesign new pathways for readmissions, increasing the risk of losing emergency income.

- Managing position/contract with the PCTs and how the readmission income is managed.

- Continuing concern around the local price review with the PCTs.
5. Recommendation

The Board should note the underlying position across the clinical groups, including the requirement to continue to increase productivity and ensure CIP delivery to plan.

A Copley
Deputy Director of Finance
14th October 2011

September Accounts Month 06 2011/12
FINANCE REPORT FOR THE COUNCIL OF GOVERNORS MEETING  
FOR THE PERIOD ENDING 30 SEPTEMBER 2011

Financial Performance Summary

<table>
<thead>
<tr>
<th>Area of Review</th>
<th>Key Highlights</th>
<th>Year to date Monitor Financial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Month 06 Plan</td>
</tr>
</tbody>
</table>
| Financial Summary ~ Overall Risk Rating | * As at month 06 against EBITDA value is on line with plan allowing for roundings.  
  * PBR contract income is an estimated figure for September. The estimated figure for September indicates a slow down in the level of financial overtrade.  
  * The overall position to date after adjusting for restructuring costs which have started coming through is a surplus of £570,000.  
  * Overall FRR is 3.15 which is marginally behind a plan of 3.25. This is due to increased costs in the month notably in Surgical Medical staffing and increased nursing costs due to bed pressures in the month. | 3 3 3 |
| Operational Performance | * At month 06 against EBITDA the Trust has a 5.61% return on Income FRR 3.  
  * Clinical Group performance has marginally declined this month due to the increased medical staffing costs.  
  * Corporate has improved as the continued impact of the workforce review is released each month. | 3 3 3 |
| Liquidity | * The liquidity ratio shows that working capital (cash + debtors- Creditors) is able to cover 28 days of the Trust’s operating expenses, this is on line with plan.  
  Cash was £4.7M compared to a plan of £5.5M. | 4 4 4 |
| Use Of Assets | * The Trust has made a 4.83% return on assets which is slightly lower than the expected of 4.94%.  
  * The current capital programme of £6M is approved, capital spend to date is £3,479,000. | 3 3 3 |
| Income & Expenditure Position | * The overall position is a surplus of £570,000 which is on line with the expected plan for the end of September.  
  This position has been adjusted for restructuring costs of £3,098,000 which came through in July, August and September which have been classified as exceptional items. | 2 2 2 |

Surplus Cumulative Variance

![Surplus Cumulative Variance Graph](image)

Page 1 of 6
Income and Expenditure

Summary/Overview

The overall position at the end of September taking account of restructuring costs is showing a surplus of £570,000, which is line with the expected plan.

However, it should be noted that this is after taking account of £3,098,000 for restructuring costs which have been paid out to date and will be classified as an exceptional item. The overall position taking account of exceptional items is a deficit of £2,527,000, this does not affect the monitor risk ratings.

The table below shows the summary performance:

<table>
<thead>
<tr>
<th>Sep-11</th>
<th>Year to date</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget</td>
<td>Actual</td>
<td>£,000</td>
</tr>
<tr>
<td>Income</td>
<td>£,000</td>
<td>£,000</td>
</tr>
<tr>
<td>Expenditure</td>
<td>£,000</td>
<td>(2,967)</td>
</tr>
<tr>
<td>I&amp;E Surplus/(Deficit)</td>
<td>570</td>
<td>(3,097)</td>
</tr>
<tr>
<td>Add back exceptional items</td>
<td>0</td>
<td>(3,098)</td>
</tr>
<tr>
<td>Underlying position</td>
<td>570</td>
<td>0</td>
</tr>
</tbody>
</table>

Although the overall financial position to date is on line with plan the favourable movement as seen in previous months has reduced. This is due to a slow down in the level of overtrade and increased medical staffing costs notably across the Surgical group.

The income shortfall is in other income and this is being offset by corresponding reductions in expenditure.

Actions Being Taken

The executive team are reviewing the performance to date of the groups’ CIP trajectories through the Delivery Assurance Groups assessing what progress is being made to close the gap, notably the timing and phasing of savings linked to further bed reductions, procurement and medical staffing. Greater focus is also being put on the surgical group to assess what further scope there is to identify further savings.

The overall VR & MARS savings are still estimated to be £2,536,948 full year with savings of £1,484,948 for this year with restructuring costs of £3,732,655. This means we have £1,067,345 left from the loan to support another review to improve the position further. HR and finance will be reviewing any final adjustments this month.

Cost Improvement Plan Performance for Month 06 ending 30 September 2011

The overall CIP performance across the groups before any central support is 59% of the CIP plan which is better than last month which was 54%.

The CIP plans identified have been reviewed this month and the value now stands at £8.7M with a full year effect value of £10.7M, the in year gap is being supported by the contingency which was built into the plan to allow for slippage in CIP projects and risks on income from emergency readmissions at the end of the year.

Community plans are now starting to generate savings but have still some further work to close the gap on their CIP target.
The performance of the group CIPs and plans for 2011~12 are being reviewed through the Delivery Assurance Groups and, in conjunction with the operational action plans, non recurrent support is also being monitored.

**CIP Trajectories for Plans Identified**

![CIP Trajectories for Plans Identified](image)

The red line shows the improving forecast trajectory for CIP plans now identified and takes account of the known savings from the workforce reduction programme.

**Income**

**PBR Contract PCT Performance**

<table>
<thead>
<tr>
<th></th>
<th>Annual Plan £000s</th>
<th>Plan Sept-11 £000s</th>
<th>Actual Sept-11 £000s</th>
<th>Variance £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KIRKLEES PCT</strong></td>
<td>142</td>
<td>70</td>
<td>25</td>
<td>(45)</td>
</tr>
<tr>
<td><strong>NORTH YORKSHIRE &amp; YORK PCT</strong></td>
<td>25,675</td>
<td>12,692</td>
<td>12,936</td>
<td>244</td>
</tr>
<tr>
<td><strong>LEEDS PCT</strong></td>
<td>1,226</td>
<td>606</td>
<td>516</td>
<td>(90)</td>
</tr>
<tr>
<td><strong>EAST LANCASHIRE PCT</strong></td>
<td>12,348</td>
<td>6,097</td>
<td>6,242</td>
<td>145</td>
</tr>
<tr>
<td><strong>CALDERDALE PCT</strong></td>
<td>147</td>
<td>72</td>
<td>56</td>
<td>(16)</td>
</tr>
<tr>
<td><strong>BRADFORD &amp; AIREDALE PCT</strong></td>
<td>65,947</td>
<td>32,554</td>
<td>32,560</td>
<td>6</td>
</tr>
<tr>
<td><strong>NCAS</strong></td>
<td>983</td>
<td>488</td>
<td>622</td>
<td>134</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>106,468</td>
<td>52,579</td>
<td>52,957</td>
<td>378</td>
</tr>
</tbody>
</table>

*Figures do not include MFF or cross border income.*

The overtrade in North Yorkshire is associated with critical care services. This will need monitoring, given their financial pressures.

**Forecast**

The forecast trajectory indicates that the underlying position is still on track to deliver the planned surplus.
Total Non Current Assets

Capital expenditure in respect of the Electrical Infrastructure Project was £592k in September, with the value for October expected to be approx £600k. This should have expenditure back on plan for the Electrical Infrastructure Project, with only Labour cost and agreed variation to be paid in the remainder of the Financial year, most of the high cost equipment will have been installed. The plan for the 2011/2012 capital expenditure remains at £6,017,000.

The revaluation of site on to a Modern Equivalent Asset basis was reflected in value at 31 March 2011, discussions will be held later in the year regarding a revaluation for 2011/2012.

Cash

Cash levels is £4.7M lower than plan, as workforce reduction payments, Capital payments in respect of the Electrical Infrastructure and other creditors have all been paid within contract terms. The remaining Capital payments in respect of the Electrical Infrastructure are being monitored to help manage the cash position, as is the outstanding balance of Debtors, ensuring that amounts due are both raised and collected promptly.

OTHER MATTERS

PWC Annual Plans Stage 2 Review Report

The Trust has now received a formal letter from monitor confirming the outcomes from the PWC Annual planning review.

As part of this years Annual Planning process Airedale was selected by Monitor for a stage 2 review which involved an external review of the Trusts 3 year Annual Plan carried out by Price Waterhouse Cooper.

Monitors rationale for the stage 2 review was to cover four main risks:

1. Quality risk ~ Linked to the size of the CIP’s and reduction in workforce would this affect the level of quality.

2. Ability to deliver the £11.5M CIP programme.
3. Income and non payment risks ~ given the issues around emergency and levels of re-admissions would the PCT’s fund the level of Income in the contract.

4. Quality of Plan ~ Lack of Clarity around the size of the CIP and size of contingency.

**Monitors Overall Rating**

The report has indicated that the overall score for Airedale was Medium ~ High which is in line with what was expected from the draft report.

Monitors Table for scoring for the stage 2 review is as follows:

- Medium
- Medium ~ High
- High
- Very High

A C Copley  
Deputy Director of Finance  
14th October 2011  
September Accounts Month 06 2011/12
Action required by the Council of Governors

To receive and note the attached Performance Report cumulative to September 2011.

The attached Performance Report shows the position to September 2011 for the Monitor Compliance Framework requirements for Service Performance as part of the Foundation Trusts quarterly Governance declaration.

Performance is shown against the required threshold or trajectory for each indicator assessed as part of the framework.

Key messages to September 2011 include;

- The Monitor Compliance Framework Quarter 2 rating for Service Performance is Green.
- All of the standards were delivered for Quarter 2.

Key performance highlights include;

- There have been no hospital acquired MRSA bacteraemias and four Clostridium Difficile infections during this period.
- Referral To Treatment - The Foundation Trust is projecting to achieve both the admitted and non-admitted requirements of this standard for Quarter 2.
• The total time spent in department for patients seen in Accident and Emergency met the required standard.
• The Quarter 2 performance for all of the cancer standards is projected to be above the required thresholds.

The Council of Governors is asked to receive and note the Performance Report to June 2011.
Council of Governors  
25th October 2011  

Performance Report as at 30th September 2011  

1. Introduction  

The attached Performance Report shows the position to 30th September 2011 for the Monitor Compliance Framework requirements for Service Performance as part of the Foundation Trusts quarterly Governance declaration.  

Performance is shown against the required threshold or trajectory for each indicator assessed. Traffic light ratings are then applied to show the level of risk using the following criteria;  

Green: Performance achieving the required threshold/trajectory  
Amber: Performance not achieving the required threshold/trajectory but within acceptable tolerances allowed  
Red: Performance not achieving the required threshold/trajectory  

This summary provides a high level overview of the position for each framework and includes details of any corrective action being taken where required.  

The recent updates to the Operating Framework and Monitor Compliance Framework for 2011/2012 have been incorporated into the attached report.  

2. Monitor Compliance Framework  

Governance  
The Compliance Framework outlines Monitor’s risk-based approach to regulating NHS Foundation Trusts.  

Foundation Trusts are assessed quarterly on Service Performance and this contributes to the overall Governance ratings.  

Ratings are awarded on a four point scale; Green, Amber/Green, Amber/Red and Red.
The Foundation Trust was rated Green for Governance for all four quarters in 2010/2011 and also Quarter 1 of 2011/2012.

The projected 2011/2012 Quarter 2 rating for Governance is Green.

Following the review by Monitor of the Foundation Trusts Annual Plan, the Terms of Authorisation for 2011/2012 now expect it to achieve quarterly ratings of Green.

Key performance highlights include;

- The Foundation Trust is within the required limit for both MRSA bacteraemias and Clostridium Difficile infections for Quarter 2. There have been no hospital acquired MRSA bacteraemias and four Clostridium Difficile infections during this period.

- Referral To Treatment - The Foundation Trust is projecting to achieve both the admitted and non-admitted requirements of this standard for Quarter 2.

- The total time spent in department for patients seen in Accident and Emergency met the required threshold. The national requirement is that 95% of all patients are seen, treated or discharged within 4 hours. The Foundation Trust achieved a rate of 98.2% of patients seen within 4 hours in Quarter 2.

- The Quarter 2 performance for all of the cancer standards is projected to be above the required thresholds. Following the recent pressures noted for the 62 day cancer standard for patients referred from a screening service, the full Quarter 2 position has achieved the threshold level.

Stuart Shaw
Head of Planning and Performance
October 2011
### 2011/2012 Governance Standards – Quarter 2 Position

<table>
<thead>
<tr>
<th>Domain</th>
<th>Targets – weighted 1.0 (National requirements)</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>Clostridium Difficile – Meeting the Clostridium Difficile objective</td>
<td>13</td>
</tr>
<tr>
<td>Safety</td>
<td>MRSA – Meeting the MRSA objective</td>
<td>2</td>
</tr>
<tr>
<td>Quality</td>
<td>Maximum waiting time of 31 days for subsequent treatments for all cancer treatments</td>
<td>94% Surgery 98% Drug</td>
</tr>
<tr>
<td>Quality</td>
<td>Maximum waiting time of 62 days from referral to treatment for all cancer treatments</td>
<td>85% Referrals 90% Screening</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>Referral to treatment waiting times – Admitted (95th percentile)</td>
<td>23 Weeks</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>Referral to treatment waiting times – Non-admitted (95th percentile)</td>
<td>18.3 Weeks</td>
</tr>
<tr>
<td>Quality</td>
<td>A&amp;E - Total time in A&amp;E (&lt;4 Hours)</td>
<td>95%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain</th>
<th>Targets – weighted 0.5 (Existing healthcare targets)</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>Maximum waiting time of 31 days from diagnosis to treatment for all cancers</td>
<td>96%</td>
</tr>
<tr>
<td>Quality</td>
<td>Maximum waiting time of two weeks from urgent GP referral to date first seen for all urgent suspect cancer referrals</td>
<td>93% Referral 93% Breast</td>
</tr>
<tr>
<td>Quality</td>
<td>Stroke Indicator</td>
<td>TBA</td>
</tr>
<tr>
<td></td>
<td><strong>Overall Rating</strong></td>
<td>GREEN</td>
</tr>
</tbody>
</table>
Action required by the Council of Governors

To ratify the appointment of the Lead Governor.

(i) Lead Governor
The nomination process for the election of the Lead Governor (and Deputy Lead Governor) was agreed at the July 2011 Council of Governors meeting. Public Governors were therefore invited to put forward expressions of interest in accordance with the agreed timetable.

Governors will recall that the election process agreed was a single process, in that the Governor polling the most votes would be elected Lead Governor, and the Governor polling the second highest votes would be elected as Deputy Lead Governor.

As there was just one candidate for the position of Lead Governor, this means that the position of Deputy Lead Governor remains vacant.

Accordingly, the Council of Governors are invited to ratify the appointment of the sole nominee - Mr Adrian Mornin as Lead Governor for a term of one year.

(ii) Deputy Lead Governor
In accordance with the agreed election process, the position of Deputy Lead Governor remains vacant. The merits of continuing for a year without a Deputy Lead Governor has been discussed and the view mooted that it would be in the best interests of the Council of Governors if there was a Deputy Lead Governor in post.

Accordingly, notice is given that the following motion will be put to the Council of Governors at the Council of Governors meeting on 26th October 2011:

“The Council of Governors resolves to hold an election for a Deputy Lead Governor”
Should the motion be passed, the election timetable will be:

9 November 2011  Closing date for nominations to be submitted to the Company Secretary*
11 November 2011  Ballot papers issued
25 November 2011  Closing date for receipt of voting papers
28 November 2011  Announcement of Deputy Lead Governor

* A supporting statement will not be required.

The Public Governor polling the most votes will be appointed Deputy Lead Governor for a term of one year to coincide with the election process for the Lead Governor appointment. Should there be a tie for the position of Deputy Lead Governor, the final decision will be made by drawing lots.

The appointment will be ratified by the Council of Governors at the January 2012 meeting.
1. Context

_The Board of Governors, which is responsible for the appointment and re-appointment of Non-Executive Directors, should take the lead on agreeing a process for the evaluation of the Chairman and the Non-Executives, with the Chairman and the Non-Executives. The outcomes of the evaluation of the Chairman and the Non-Executive Directors should be agreed by the Governors. The Governors should bear in mind the desirability of using the Senior Independent Director to lead the Non-Executive Directors in an evaluation of the Chairman._ (Monitor Code of Governance Paragraph D.2)

2. Appraisal Process

The Council of Governors’ Appointments & Remuneration Committee considered appraisal of the Chairman and Non-Executive Directors at its meeting on 12 April 2011 and agreed an outline process. The process drew heavily on the NHS Appointments Commission process that had been applied in the Trust before its authorisation as an FT.

The appraisal of the Chairman was conducted by David Adam, the Senior Independent Director. The SID took soundings from the Chief Executive, the Non-Executive Directors and the Lead Governor. The appraisal discussion took place on 25 July and a written summary of the appraisal was presented to the Appointments & Remuneration Committee on 12 September.

The appraisal of the Non-Executive Directors was conducted by the Chairman. On 25 May Non-Executive Directors were invited to prepare for their appraisal discussions for the year ending 31 March 2011. The individual discussions were held between 7 July and 25 August.
The discussions covered:

- Performance against 2010-11 objectives,
- Self-assessment against personal performance criteria as agreed with the ARC (proforma attached),
- Review of meeting attendance and training attendance,
- Proposed 2011-12 objectives,
- Proposed training & development,
- Appointment renewal preferences and appointment of Chairman in 2013.

Following the appraisal discussions a one page summary (proforma attached) of the key points of the appraisal plus a statement of agreed objectives were agreed with each Director and signed by both the Director and the Chairman. Copies of the signed summaries are held by the Executive Support Manager, Mrs. Trish Smith.

3. ARC Review

At its meeting on 12 September the ARC reviewed:

- The one page summary appraisal document for each Non-Executive Director,
- The agreed objectives for 2011/12 for each Non-Executive Director,
- A summary of attendance at Trust meetings/events (formal and informal),
- An overview of performance ratings.

The ARC concluded that:

- A satisfactory appraisal process had been conducted,
- It should review the appraisal process that had been used in three months in preparation for the 2012 appraisal round.

4. Recommendation

The Council of Governors resolves that an effective process has been applied of appraisals for 2010/11 and objective setting for 2011/12 for the Chairman and Non-Executive Directors.
Alan Sutton will retire as a Non-Executive Director at the end of May 2012 at the end of his final term of office. It is the role of the Council of Governors to appoint his successor, to take up the appointment from 1 June. To meet this deadline, the Council has to approve the new Director at its meeting on 25 April. The Council has delegated to its Appointments & Remuneration Committee the management of the recruitment process.

Monitor’s Code of Governance sets out the responsibilities of the Council of Governors and the ARC in this task:

The [Appointments & Remuneration Committee], with external advice as appropriate, is responsible for the identification and nomination of Non-Executive Directors. The Committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the NHS Foundation Trust and the skills and expertise required within the Board of Directors to meet them. (Paragraph C.1.1)

The Governors are responsible at a general meeting for the appointment of Non-Executive Directors. Once suitable candidates have been identified the [Appointments & Remuneration Committee] should make recommendations to the Council of Governors. (Paragraph C.1.4)

When considering the appointment of Non-Executive Directors, the Council of Governors should take into account the views of the Board of Directors on the qualifications, skills and experience required for each position. (Paragraph C.1.6)

The Board of Directors has conducted a skills gap analysis to identify the qualifications, experience and personal qualities that it believes are needed in the new appointee. A ‘person specification’ based on the results of this skills gap analysis will be recommended to the ARC for consideration at its meeting on 1 November. At that meeting the ARC will approve a final person specification.
At the 1 November meeting the ARC will also agree a recruitment method. This will be press advertising, internet advertising, head-hunting, word-of-mouth or some other method. Once the method has been agreed, a detailed plan will be considered and approved at a meeting shortly after 1 November.

If head-hunters are to be used a sub-group of the ARC will interview available firms of head-hunters and recommend one firm to the ARC for appointment with the intention that they should start work immediately.

The ARC will bring a report to the 25 January meeting of the Council of Governors for information, setting out:

- The person specification on which recruitment is being based,
- The recruitment plan including, if appropriate, information on the firm of head-hunters being used,
- A progress report on the recruitment,
- Details of the selection process by which it is proposed to select the final candidate from the applications received,
- A Non-Executive Director succession plan for 2011-16 to put the appointment into context.

It is not anticipated that the selection process will start to evaluate candidates before February or March.

**Recommendation**

The Council of Governors notes the action being taken by the Appointments & Remuneration Committee to progress the appointment of a new Non-Executive Director to take office from 1 June 2012.
Title: Governor Committees/Working Groups Activity Update

EXECUTIVE DIRECTOR: NHS Constitution

Title: Principle 7

The NHS is accountable to the public, communities and patients that it serves

AUTHOR: Jane Downes

Company Secretary

Activity required by the Council of Governors

To receive and note the following updates from the Governor working groups.

Membership Development Group
Governor Membership: Anne Medley, Pat Thorpe, Peter Allen, Rachel Binks, Pam Essler, Barbara Pavilionis, Katie Watson, Janet Ackroyd and Valerie Kimberley

The group meets monthly to discuss, plan and action the 3 workstreams of communication, recruitment and retention and engagement of members.

Janet Ackroyd, Valerie Kimberley and Katie Watson have recently joined the Group.

Since the last meeting, the group finalised arrangements for the AGM and Open Event, and following the event reviewed and discussed feedback received from Members attending. The general feeling was that the event had been interesting, information and well received by the local community. A number of areas and ideas to concentrate efforts have been identified for taking forward for next year’s event.

MDG welcomed Sam Keighley from LINKS Bradford to the October meeting to talk about the work of LINKS and explore opportunities for joint working in the areas of member recruitment and engagement. A further meeting is to be scheduled.

Airedale Charitable Funds Sub Committee
Governor Representative: Peter Allen

Since the last report, the committee has reviewed and agreed the business plan and strategic objectives for 2011/12. The main aim of the charity for the coming year will be to raise awareness of the Airedale NHSFT charity and ensure that donations and legacies received are spent efficiently and give the maximum benefit to both patients and staff. The committee has
also undertaken its planned appraisal of the charity’s investment policy with input from its external financial advisers.

Organ Donation Group  
**Governor Representative Peter Allen, Val Winterbottom**  
The committee forms part of government recommendations to improve organ donation rates in the UK over the next five years. The Group has met a number of times under the chairmanship of Mr David Adam, Non Executive Director.

Equality and Diversity Steering Group  
**Governor Representative: Pam Essler, Adrian Mornin**  
Following the appointment of Mr Rob Dearden as Interim Director of Nursing, executive lead responsibility for equality and diversity has transferred to Mr Dearden, supported by Mrs Debra Fairley, Deputy Director of Nursing. The work programme of the Equality & Diversity Group is currently being refreshed and has most recently focused on establishing a Trust wide equality delivery system, with input being provided by the Governor representatives.

Patient/Carer Condition Management Group  
**Governor Representative: Anne Medley, Pauline Sharp**  
An initial meeting has been held. The main Group is currently formulating its terms of reference and will commence meetings shortly.

Patient & Public Engagement & Experience Steering Group  
**Governor Representative: Peter Beaumont**  
During the past twelve months, the Patient and Public Engagement and Experience (PPEE) Steering Group has met on five occasions and discussed the following: -

- Draft Policy for PPEE
- Draft PPEE Strategy
- Action Plans for the Inpatient; Maternity; and Cancer Services national patient experience surveys
- The government white paper from a patient perspective
- Current PPEE activities taking place within ANHSFT
- Patient Safety Week
- Audit of Patient Experience
- Commissioner performance requirements

The Steering Group has agreed to set up a separate PPEE Operational Group with the specific purpose of ensuring that the experiences of those who use the services of ANHSFT and their carers are captured and acted upon to improve future care and treatment, with priority given to all national surveys. The PPEE Steering Group is strategic and the PPEE Operational Group will deal with the detailed aspects of patient experience, making sure that decisions are carried out. The Operational Group will report to the Steering Group.
Health & Well Being Implementation Group
Governor Representative: Alan Pick
The Health and Wellbeing Implementation Group was set up in 2010 to oversee the implementation of the strategy. The Group is now well established with bi-monthly meetings being held attended by staff representatives from all sections of the hospital.

To date the main focus of the group has been on employee health and wellbeing services and stress management. Two examples of initiatives include the recent re-introduction of the staff newsletter, which has been particularly well received by staff and is now into its second edition; and also the introduction of a staff lottery which had its initial launch at the summer staff event and will commence in the Autumn.

Quality Account Steering Group
Governor Representative: Pam Essler, John Roberts
The Quality Account Steering Group is responsible for the publication of the annual Quality Account publication and the forward look to the 2011/12 Quality Account and beyond. Governor representatives were consulted during the approval and signing-off process for the 2010/11 Quality Account which has now been published. Governors also provided input to the new version of the annual report called ‘The Annual Record’ which featured material from the Quality Account. This ‘user-friendly’ publication has received excellent reviews to date and will be used as a blueprint for further annual reports.

A number of workshop sessions have been held with the local community, including governors, to seek their views on the priorities for the Foundation Trust in readiness for the annual planning process. The most recent of these being a cross-community wide event held in Keighley on 13th October.
**APPENDIX 3: APPRAISAL CRITERIA**

<table>
<thead>
<tr>
<th>(i)</th>
<th><strong>Strategic Direction</strong></th>
<th>Give an example of a way in which your personal contribution influenced Trust strategy in 2010/11.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ii)</td>
<td><strong>Performance</strong></td>
<td>What action did you take personally in 2010/11 that resulted in better performance than the Trust would otherwise have achieved?</td>
</tr>
<tr>
<td>(iii)</td>
<td><strong>Ethical Leadership &amp; Values</strong></td>
<td>Give an example of a way in which your personal contribution influenced Trust values in 2010/11.</td>
</tr>
<tr>
<td>(iv)</td>
<td><strong>Governance</strong></td>
<td>Give an example of a way in which you ensured that governance of the Trust in 2010/11 was better than it would otherwise have been.</td>
</tr>
<tr>
<td>(v)</td>
<td><strong>Impact &amp; Contribution</strong></td>
<td>If your special contribution in 2010/11 was not covered by (i) to (iv) above, what was it?</td>
</tr>
<tr>
<td>(vi)</td>
<td><strong>Independence</strong></td>
<td>Provide evidence to demonstrate that you still exercise independent judgement.</td>
</tr>
<tr>
<td>(vii)</td>
<td><strong>Self Development</strong></td>
<td>What specific steps did you take in 2010/11 to ensure your continued development as a Director?</td>
</tr>
<tr>
<td>(viii)</td>
<td><strong>Commitment</strong></td>
<td>What is the nature of your commitment to the Trust?</td>
</tr>
</tbody>
</table>

Name: .................................

Signed: .................................

Date: .................................
Appraisal Summary – Non-Executive Director

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Year Reviewed</td>
<td></td>
</tr>
</tbody>
</table>

1. Overall Assessment of Performance

<table>
<thead>
<tr>
<th>Outstanding</th>
<th>Fully Satisfactory</th>
<th>Generally Competent (with areas for Improvement)</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Review of Performance


3. Learning & Development Needs


4. Further Comments


<table>
<thead>
<tr>
<th>Appraiser</th>
<th></th>
<th>Appraisee</th>
<th></th>
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<tbody>
<tr>
<td>Signed</td>
<td></td>
<td>Signed</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Position</td>
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<td>Position</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>
1. **Appointments and Remuneration Committee - appointment**
   The Chairman wrote to all Governors in early October explaining that a vacancy for a Public Governor had arisen on the Appointments and Remuneration Committee. Expressions of interest were invited from Public Governors only, by Monday 24th October. The place will be announced at the Council of Governors meeting by ‘drawing lots’ (should there be more than one nominee).

2. **Review of Vacant Seats**
   The structure of the Council of Governors includes seats for 10 Stakeholder Governors. We currently have seats filled for 8 of the 10 Stakeholder Governor places. The 2 vacant seats are NHS East Lancashire and the Business Sector seat.

   Governors will recall that NHS East Lancashire decided not to take up their seat, and having re-contacted NHS East Lancashire their position remains unchanged. With regard to the Business Sector seat, Yorkshire Forward had been approached however due to the announcement by the Coalition Government to abolish the Regional Development Agency (which includes Yorkshire Forward) they are no longer able to nominate a representative.

   Given the more recent changes to the commissioning system, the Board have advised that any proposals to change the Constitution and composition of the Council of Governors should wait until the shape of the commissioning boundaries becomes clear. The Board will therefore consult with the Governors at the appropriate stage, but in the meantime the Council of Governors will be kept up to date on developments.
3. Appointment of Auditor
Governors will recall that the Audit Commission was appointed as Auditor to Airedale NHSFT up to and including the audit of the 2012/13 financial year. The abolition of the Audit Commission was announced earlier in the year however at that time assurances were given that the Audit Commission’s appointment would be unaffected. Since then, we have been notified that the timeframe for the abolition of the Audit Commission has been brought forward and consequently the Audit Commission will no longer be able to undertake the audit for 2012/13. The Director of Finance is therefore planning to start the process of appointing an auditor to be in place for the 2012/13 financial year, by establishing a working group in January 2012 with a view to recommending an appointment by late summer 2012. Expressions of interest from Governors to join the working group will be invited.

As reported at the July 2011 meeting, we signaled the intention to commence an evaluation of the Council of Governors in line with the Monitor Code of Governance principle that ‘the Council should assess its own collective performance and its impact in the Foundation Trust’.

The Company Secretary is proposing to start the process in the Autumn by setting up a special Governor working group to focus on the format of the evaluation process. Expressions of interest will be invited from Governors to join the group in early November.

5. Buddy Groups
Governors will recall that networking groups were established earlier in the year for Governors to meet with Non Executive Directors and Executive Directors. Following varying success, a refresh of the groups has been undertaken and is now based on geographical location and with fewer groups.

The schedule showing the revised buddy groups is attached as Appendix A.

6. 2011 Annual General Meeting and Open Event
The Annual General Meeting and Open Event were held on 1st September 2011. Mr Adrian Mornin addressed the Annual General Meeting giving an account of the activities of Governors. Both events were well attended with over 250 members attending the Open Event.

The 2012 Annual General Meeting and Open Event will be held on Thursday 23rd August 2012. The Membership Development Group will lead on planning for the 2012 Open Event.

7. FTN/FTGA Event – 30th September 2011
The FTGA and FTGA co-hosted a one day event entitled - Governor Development Programme in Sheffield. This was attended by Barbara Pavilionis and David Child as well as the Company Secretary. Presentations focused on Policy Update, Paul Betts, Economic Adviser; Current Practice in FT Membership, Recruitment and Engagement, Kim Hutchings, Head of Development and Engagement; and FT Governors – Governance & Accountability, John Coutts, Governance Adviser.
Of note were the implications for FT Governors arising from the ‘pause’ in the Health and Social Care Bill which are summarised below:

- Council of Governors able to approve changes in the FT Constitution
- Powers to call directors to meetings and answer questions
- Governors have a role in the approval of major transactions and mergers and acquisitions
- Board responsibility to prepare Governors for new role
- Specific duty to hold Non Executive Directors collectively and individually to account
- Specific duty to represent the interests of members as a whole and the interests of the public

The detail of how these changes to the role of Governors will be effected has yet to be published and is still subject to political debate and Royal Assent. Further briefings will however be issued by the Company Secretary as the Bill goes through the House of Lords.

8. Non Executive Directors – Activity Reports
The reports from Non Executive Directors showing meetings attended for the period July to September 2011 on behalf of the Trust are attached in Appendix 2.
AIREDALE NHS FOUNDATION TRUST
BUDDY GROUPS (version 4)

David Adam/Ron Drake/Sheenagh Powell
David Child Bingley
Pat Thorpe Bingley Rural
Val Winterburn Craven
Sheila Paget Ilkley
Peter Beaumont Wharfedale
John Roberts Worth Valley
Bill Redlin NHS N Yorkshire and York
Cllr Robert Heseltine North Yorks CC
Prof Anne Forster University of Leeds
Karen Swann Staff Governor – nurses/midwives
Staff Governor Katie Watson - other staff

Jeff Colclough/Ann Wagner/Chris Miles
Adrian Mornin Keighley Central
Mohammed Nazam Keighley Central
Jean Hepworth Keighley East
Anne Medley Keighley West
Naz Kazmi Voluntary Sector
Pam Essler NHS Bradford & Airedale
Pauline Sharp Bradford MDC
Rachel Binks Staff Governor – nurses/midwives
Naren Samtaney Staff Governor – doctors/dentists

Sally Houghton/Alan Sutton/Rob Dearden/Andrew Catto
Chris Nolan West Craven
Valerie Kimberley West Craven
Ray Tremlett Pendle East & Colne
Peter Allen Skipton
Barbara Pavilionis Skipton
Andrew Brocklehurst Settle & Mid Craven
Janet Ackroyd South Craven
Alan Pick South Craven
Cllr Dorothy Lord Pendle BC
Cllr Marcia Turner Craven DC
David Petyt Staff Governor - volunteers
**NAME:** David Adam

**PERIOD:** July 2011 to September 2011

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 July</td>
<td>Appraisal and Endoscopy review</td>
</tr>
<tr>
<td>19 July</td>
<td>Recruitment and Applications review</td>
</tr>
<tr>
<td>19 July</td>
<td>NED Meeting with Governors</td>
</tr>
<tr>
<td>21 July</td>
<td>Board Strategy Day</td>
</tr>
<tr>
<td>25 July</td>
<td>Finance Meeting and CM appraisal</td>
</tr>
<tr>
<td>27 July</td>
<td>Council of Governors’ Meeting</td>
</tr>
<tr>
<td>29 July</td>
<td>Board of Directors Meeting</td>
</tr>
<tr>
<td>1 September</td>
<td>Annual General Meeting</td>
</tr>
<tr>
<td>5 September</td>
<td>Endoscopy Contractors’ Selection Meeting</td>
</tr>
<tr>
<td>8 September</td>
<td>Audit Committee</td>
</tr>
<tr>
<td>12 September</td>
<td>Meeting with Rob Deardon and ARC</td>
</tr>
<tr>
<td>26 September</td>
<td>Electrical Infrastructure Review Meeting</td>
</tr>
<tr>
<td>29 September</td>
<td>Audit Committee Meeting</td>
</tr>
</tbody>
</table>

**Note:** The quarterly schedule includes time actually spent on NED duties at Airedale or other appropriate locations. It takes no account of preparation for meetings, background reading and more general correspondence on hospital business.
NAME: Jeff Colclough

PERIOD: July 2011 to September 2011

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 July</td>
<td>Internal meeting on consultant grievance appeal</td>
</tr>
<tr>
<td>19 July</td>
<td>NED Meeting with Governors</td>
</tr>
<tr>
<td>21 July</td>
<td>Board Strategy Day</td>
</tr>
<tr>
<td>22 July</td>
<td>Annual Appraisal with Chairman</td>
</tr>
<tr>
<td>25 July</td>
<td>Finance Committee</td>
</tr>
<tr>
<td>27 July</td>
<td>Council of Governors’ Meeting</td>
</tr>
<tr>
<td>29 July</td>
<td>Board of Directors Meeting</td>
</tr>
<tr>
<td>25 August</td>
<td>Audit Committee</td>
</tr>
<tr>
<td>1 September</td>
<td>Annual General Meeting</td>
</tr>
<tr>
<td>8 September</td>
<td>Audit Committee</td>
</tr>
<tr>
<td>26 September</td>
<td>Remuneration and Terms of Service Committee</td>
</tr>
<tr>
<td>27 September</td>
<td>Anne Wagner/Rob Dearden – patient experience</td>
</tr>
<tr>
<td>29 September</td>
<td>Board of Directors Meeting</td>
</tr>
</tbody>
</table>

Summary
My focus in Q3 has been on the development and enhancement of the patient experience agenda within the Trust. This has involved research, correspondence and internal meetings culminating in agreement in September that I be designated as Board NED lead for patient experience.

NOTE – The quarterly schedule includes time actually spent on NED duties at Airedale or other appropriate locations. It takes no account of preparation for meetings, background reading and more general correspondence on hospital business.
NAME: Ron Drake
PERIOD: July 2011 to September 2011

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 July</td>
<td>QSAC</td>
</tr>
<tr>
<td>6 July</td>
<td>PwC Forum for NEDs – Presentation on Bribery Act 2010</td>
</tr>
<tr>
<td>11 July</td>
<td>Meeting with Ch of Audit and Execs - Integrated Governance planning</td>
</tr>
<tr>
<td>11 July</td>
<td>Attending Members Event – “Training to be a Doctor”</td>
</tr>
<tr>
<td>19 July</td>
<td>NEDs meeting with Governors Event</td>
</tr>
<tr>
<td>21 July</td>
<td>Board Strategy Meeting</td>
</tr>
<tr>
<td>15 August</td>
<td>Meeting with Director of Finance in advance of meeting with PwC</td>
</tr>
<tr>
<td>18 August</td>
<td>Meeting with Chief Executive in advance of meeting with PwC</td>
</tr>
<tr>
<td>18 August</td>
<td>Meeting with PwC as part of Monitor review</td>
</tr>
<tr>
<td>21 August</td>
<td>Appraisal Meeting with Chairman</td>
</tr>
<tr>
<td>1 September</td>
<td>Meeting with Deputy Head of Clinical Governance</td>
</tr>
<tr>
<td>1 September</td>
<td>AGM and Open Day</td>
</tr>
<tr>
<td>2 September</td>
<td>QSAC</td>
</tr>
<tr>
<td>5 September</td>
<td>Follow up meetings with CQSAC members</td>
</tr>
<tr>
<td>26 September</td>
<td>Remuneration and Terms of Service Committee</td>
</tr>
<tr>
<td>29 September</td>
<td>Board of Directors Meeting</td>
</tr>
</tbody>
</table>

NOTE – The quarterly schedule includes time actually spent on NED duties at Airedale or other appropriate locations. It takes no account of preparation for meetings, background reading and more general correspondence on hospital business.
NAME: Sally Houghton  
PERIOD: July 2011 to September 2011

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th July</td>
<td>Finance Workshop for Governors</td>
</tr>
<tr>
<td>7th July</td>
<td>Governors “Buddy” meeting</td>
</tr>
<tr>
<td>11th July</td>
<td>Integrated Governance meeting with Ron Drake, Jane Downes, Ros Robbins</td>
</tr>
<tr>
<td>15th July</td>
<td>Appraisal with Colin Millar</td>
</tr>
<tr>
<td>19th July</td>
<td>NED presentations to Governors</td>
</tr>
<tr>
<td>21st July</td>
<td>Board Strategy Day</td>
</tr>
<tr>
<td>25th July</td>
<td>Finance Committee</td>
</tr>
<tr>
<td>27th July</td>
<td>Council of Governors</td>
</tr>
<tr>
<td>29th July</td>
<td>Board Meeting</td>
</tr>
<tr>
<td>11th August</td>
<td>Meeting with PWC re 2nd stage review of Annual Plan</td>
</tr>
<tr>
<td></td>
<td>Charities Sub-Committee (chaired)</td>
</tr>
<tr>
<td>18th August</td>
<td>Meeting with Ros Robbins – update on action plan re Thirlwell Inquiry</td>
</tr>
<tr>
<td>25th August</td>
<td>Informal meeting of Audit Committee with Sheenagh Powell re Internal Audit Plan</td>
</tr>
<tr>
<td>1st September</td>
<td>AGM &amp; Open Day</td>
</tr>
<tr>
<td>6th September</td>
<td>Chaired Grievance Appeal</td>
</tr>
<tr>
<td>8th September</td>
<td>Audit Committee (chaired)</td>
</tr>
<tr>
<td>15th September</td>
<td>Mental Health awareness event for NEDs hosted by Rotherham, Doncaster and South Humber NHS Foundation Trust</td>
</tr>
<tr>
<td>20th September</td>
<td>Governors “Buddy” meeting</td>
</tr>
<tr>
<td>22nd September</td>
<td>Charities Sub-Committee (chaired)</td>
</tr>
<tr>
<td></td>
<td>Meeting with Rob Dearden</td>
</tr>
<tr>
<td>29th September</td>
<td>Board Meeting</td>
</tr>
</tbody>
</table>

**Summary**

This quarter I have attended the usual activities for all the Board including Finance Committee, Board meeting and a Board Strategy day. In addition this quarter I attended the AGM and Open Day.

Prior to the Audit Committee which I chaired on 8th September, I had an informal meeting to look at the Internal Audit Plan. At the Audit Committee meeting we looked at a number of areas of assurance on governance. Outside of the usual reports from West Yorkshire Audit Committee (Internal Audit) and Audit Commission (External Auditors) we had a report from the Assistant Director of Healthcare Governance on Clinical Audit and the Head of HR delivered his annual assurance report. As well as his assurance report we also looked at the governance arrangements of the workforce reduction programme. Our Engagement Lead from the Audit Commission also gave an update on the “dissolution” of the Audit Committee which will result in the Trust having to appoint a new External Auditor earlier than anticipated.
I have chaired 2 Charities sub-committees where, amongst other things, we have been looking at the investment policy and developing a strategy for the charity. Non regular activities included chairing a Grievance Appeal and attending a Mental Health Awareness event for NEDs. I had wanted to attend this as I am aware that e.g. a number of our “regular” A&E attendees have mental health issues and I wanted to understand this further. The event was held in Rotherham and was very useful providing both an insight into Mental Health issues and also new models of care.

NOTE – The quarterly schedule includes time actually spent on NED duties at Airedale or other appropriate locations. It takes no account of preparation for meetings, background reading and more general correspondence on hospital business.
**NAME:** Alan Sutton

**PERIOD:** July 2011 to September 2011

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 July</td>
<td>NED Meeting with Governors</td>
</tr>
<tr>
<td>21 July</td>
<td>Board Strategy Day</td>
</tr>
<tr>
<td>27 July</td>
<td>Council of Governors’ Meeting</td>
</tr>
<tr>
<td>29 July</td>
<td>Board of Directors Meeting</td>
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<tr>
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</tr>
</tbody>
</table>

**NOTE** – The quarterly schedule includes time actually spent on NED duties at Airedale or other appropriate locations. It takes no account of preparation for meetings, background reading and more general correspondence on hospital business.
## Airedale NHS Foundation Trust

**Council of Governors Forward Agenda Plan 2011/12**

<table>
<thead>
<tr>
<th>Agenda item</th>
<th>October 11 Quarterly meeting</th>
<th>9 November Council to Board</th>
<th>January 12 Quarterly meeting</th>
<th>February 12 Council to Board</th>
<th>April 12 Quarterly meeting</th>
<th>July 12 Quarterly meeting</th>
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<tbody>
<tr>
<td>Quarterly Airedale FT Report</td>
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<td>X</td>
<td>X</td>
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<td>Chief Executive’s Report</td>
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<td>Quality Accounts</td>
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<td>Annual Report and Accounts</td>
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<td>Annual Plan</td>
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<td>Forward Agenda Plan</td>
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<td>Governor events – feedback</td>
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<td>AGM/open event</td>
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<td>Auditors Report</td>
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<td>Annual Report – Infection Control</td>
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<td>Register of Interests</td>
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<td>Ad hoc reports/presentations</td>
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<tr>
<td>Review of vacant stakeholder seats</td>
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<td></td>
<td>X</td>
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<td>Review of Lead/Deputy Governor appointment process</td>
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<td></td>
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<tr>
<td>Appointment of Lead/Deputy Governor</td>
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<td>X</td>
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<tr>
<td>NED appointment/re-appointment process</td>
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<td>X</td>
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<td>X</td>
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<tr>
<td>NED appointment process</td>
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<td>Consideration of working group/committee membership</td>
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<td>Review ARC terms of reference</td>
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Oct 2011