

## Board of Directors

<b>Date:</b>	4 November 2020	<b>Attachment Number:</b>	6																
<b>Title of Report:</b>	<b>CHAIR'S BRIEFING</b>																		
<b>Purpose of the report and the key issues for consideration/decision:</b>	<p>To inform the Board of the Chair's activities since 2 September Board meeting.</p> <p>As with the rest of the UK, activity has been shaped by the implications of the current pandemic and the resultant Government asks of the UK public. As such, activity of the Chair (as with other Non-Executive Directors [NEDs]) has continued to be undertaken remotely wherever possible in line with the relevant prevailing national guidance. Activity continues to remain cognisant of the requirement to "stay alert; control the virus, save lives" and reflects a continued, consistent commitment to meet the wide range of healthcare needs of the Airedale, Wharfedale and Craven (AWC) community.</p>																		
<b>Prepared by:</b>	Andrew Gold, Chair																		
<b>Presented by:</b>	Andrew Gold, Chair																		
<b>Strategic Objective(s) supported by this paper:</b>	<table border="1"> <tr> <td><b>Financial Sustainability</b></td> <td>X</td> <td><b>Empower &amp; Engage Staff</b></td> <td>X</td> </tr> <tr> <td><b>Quality of Care</b></td> <td>X</td> <td></td> <td></td> </tr> </table>			<b>Financial Sustainability</b>	X	<b>Empower &amp; Engage Staff</b>	X	<b>Quality of Care</b>	X										
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<b>Is this on the Trust's risk register:</b>	<table border="1"> <tr> <td><b>No</b></td> <td>X</td> <td><b>Yes</b></td> <td></td> <td><b>If Yes, Score</b></td> <td></td> </tr> </table>			<b>No</b>	X	<b>Yes</b>		<b>If Yes, Score</b>											
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<b>Which CQC Standards apply to this report:</b>	Well Led																		
<b>Have all implications related to this report been considered: (please X)</b>	<table border="1"> <tr> <td><b>Finance Revenue &amp; Capital</b></td> <td></td> <td><b>Equality &amp; Diversity</b></td> <td>X</td> </tr> <tr> <td><b>National Policy/Legislation</b></td> <td>X</td> <td><b>Patient Experience</b></td> <td>X</td> </tr> <tr> <td><b>Human Resources</b></td> <td>X</td> <td><b>Terms of Authorisation</b></td> <td></td> </tr> <tr> <td><b>Governance &amp; Risk Management (BAF)</b></td> <td>X</td> <td><b>Other:</b></td> <td></td> </tr> </table>			<b>Finance Revenue &amp; Capital</b>		<b>Equality &amp; Diversity</b>	X	<b>National Policy/Legislation</b>	X	<b>Patient Experience</b>	X	<b>Human Resources</b>	X	<b>Terms of Authorisation</b>		<b>Governance &amp; Risk Management (BAF)</b>	X	<b>Other:</b>	
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<b>Action Required: (please X)</b>	<table border="1"> <tr> <td><b>Approve</b></td> <td></td> <td><b>Discuss</b></td> <td></td> <td><b>Receive for information</b></td> <td>X</td> <td><b>Decision</b></td> <td></td> </tr> </table>			<b>Approve</b>		<b>Discuss</b>		<b>Receive for information</b>	X	<b>Decision</b>									
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<b>Previously Considered By:</b>	<table border="1"> <tr> <td>N/A</td> <td><b>Date:</b></td> <td>N/A</td> </tr> </table>			N/A	<b>Date:</b>	N/A													
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<b>Recommendations:</b>	The Board is asked to note the Chair's activity in this briefing report.																		

## **Chair's Briefing 4 November 2020**

This activity report is structured around five key themes the Board has recognised as the frame for developing the Airedale NHS Foundation Trust (the Trust) Board's strategy, namely partnerships, population, patients, progression and people.

Partnership activity included continued direct involvement in the NHS Improvement (NHSI) Chairs' Advisory Board meetings. Although that forum has recently had a refresh and reduction in membership, the Trust continues to have direct input in these important NHSI led conversations. Similarly I attended a meeting for Chairs of healthcare providers across Yorkshire & Humber which included presentations from NHSI's Chief People Officer; NHSI Regional Director and the Chief Executive of NHS Providers. All these forums provide valuable insight on the ever changing provision of healthcare in the UK as well as within our own region.

In addition, the Chief Executive and I attended the NHSI leaders' regional roadshow for healthcare sector leaders on 9 October and the latest quarterly meeting of the West Yorkshire Association of Acute Trusts (WYAAT) Committee in Common (CIC) on 27 October. It is a pleasure to be the current Chair of WYAAT CIC at this time given the rotational approach adopted for that role which is truly reflective of the spirit of that partnership. I also chaired the West Yorkshire & Harrogate (WY&H) Steering Committee on Climate Change held on 13 October which supports a programme of activity with the aspiration for WY&H to become a global leader in responding to the climate emergency. That forum is a catalyst for action for each and every WY&H healthcare provider to embrace and determine what needs to change to make things happen to address climate change. The recent NHS Net Zero Carbon paper requires each NHS provider Board to identify a Board lead to drive such activity. On 3 November in support of both designated WY&H Climate Change Leads, as Chair of the WY&H Climate Change Steering Committee I will be attending part of the WY&H System Leadership Executive (SLE) meeting. That attendance is for the Climate Change programme to both update and make various asks of the WY&H SLE about their respective organisation's progress in addressing climate change. All such involvement, over and above core duties for the Trust, further reflects the Trust's commitment to making a difference to population health through active participation in system working.

Both the Chief Executive and I attended the WY&H BAME review report launch event on 22 October and I attended the WY&H Climate Change Summit held on 19 & 20 October. Such attendance is a part of our commitment to making a difference on equality and addressing climate change, both of which have an important part to play in population health and wellbeing nationally as well as within the AWC community.

Over and above attendance at all the above events, I also have on-going contact with other WYAAT Chairs. In addition, along with other healthcare leaders in our Place, Bradford District and Craven, both the Chief Executive and I took part in an independent external assessment of the 'Act as One' Place based collaboration with a view to optimising the benefits for population health that an effective partnership in our Place brings.

Population links have been maintained through continued dialogue with the Council of Governors (COG). The latest of the informal monthly briefings for the COG on 1 October, along with the COG meeting on 8 October, again took place remotely using technology. Both meetings involved other Board members and enabled the Board and COG to share information and insights in fulfilling their respective duties. The role of COG to engage with the AWC population about the service the Trust provides means the COG remain an important link to the AWC community.

In addition to that, the Trust's Annual Members' Meeting (AMM) was held on 18 September. Despite current restrictions on social gatherings meaning the AMM could not take place in person, the views on the service the Trust offers from those members who participated in the AMM were most welcome with the Trust also providing a recording of the AMM and a questions and answers forum on its website for those who were unable to attend at the designated date and time of the AMM.

Patient activity, such as visiting and end of life arrangements, continues to reflect national guidance and applicable local lockdown arrangements. Throughout this pandemic, Safer Patient Initiative walkrounds (which involve the Chair and/or a NED alongside another Trust Board member) have been suspended given the impact of the coronavirus. The patient story at the start of every Trust Board meeting held in

public continues to provide all the Board further direct insight on the Trust's services and the experience of patients. Weekly NED update conversations open to all NEDs and those members of the Executive involved enable all the NEDs to remain visible and stay connected with colleagues.

Progressive activity included further time spent by the Board on their efforts to advance a new healthcare facility on the Steeton site, with the aim of development at pace if the funding for that was to be forthcoming. The Trust's Board remains committed to continue to provide a range of services from the Steeton site with patient safety and quality concerns paramount within that.

In addition, Trust Board meetings on 2 October and 7 October included, amongst other things, evaluation of a sizeable opportunity for a new client of the Trust's wholly owned subsidiary and the Trust's Digital strategy respectively. Given the commercial nature of these matters they were both assessed in private. All meetings of the Trust Board, and its Committees, continue to be held remotely using technology. Attendance at the Quality & Safety Committee meeting held on 28 October enabled the Chair to observe the activity and approach of that Committee as part of a rolling assessment of the Trust's governance and well led aims.

People activity includes direct involvement in the Board Appointments, Remuneration and Terms of service (BART) committee for the Chief Nurse and Executive Finance Director. The BART Committee determine the recruitment process, interview panel composition (which involve independent members with very relevant skills and experience) and confirm the interview questions used in forming the decision as to whether, and who, to appoint.

BART also oversaw the completion of the annual performance review process for the Executive Directors after it had to be paused at the height of the COVID-19 outbreak in line with national guidance. In addition BART determined and applied the remuneration policy for the Executive Directors. The activity of BART for Executive Directors is mirrored in the remit of the Appointments & Remuneration Committee (ARC) for NEDs with ARC having the majority of its membership from the COG. In line with best practice governance, no individual is involved in determining the outcome of their own remuneration. In addition, to demonstrate a commitment to all colleagues, all the Trust Board had an annual assessment of performance and clear objectives set for the rest of the current financial year which are supported by a personal development plan.

This month has seen me make time to complete various mandatory training modules to be up-to-date on all that in line with the Trust's expectation for all colleagues. Undertaking this remotely via the new e-learning available helped in completing the training, both as it could be accessed remotely as well as giving greater flexibility on when it could be carried out.

There has also been further direct involvement in the Appointments Advisory Committee hiring of several new consultants. The calibre of candidates demonstrates a recurring theme of the Trust being considered a great place to be, from both a career along with a wider lifestyle perspective.

As part of the whole Board's commitment to equality and diversity I attended the Disability Network meeting last month just as other NEDs on the Trust's Board are involved in the Networks for BAME; Gender Pay and LGBT. All these network meetings are open to all colleagues and the Chair and Deputy Chair of each such network in turn are members of, and therefore have a voice at, the Trust's Inclusion Group. That Inclusion Group in turn reports to the Board's People Committee to enable the Trust Board to be assured that the Board's commitment to diversity and inclusion is the actual lived experience of all colleagues.

Summing up, as we enter winter and the usual pressures that brought prior to COVID--19, as well as the impact of COVID-19 and (unlike the initial phase of the pandemic) retaining as many as possible of the wider healthcare services offered to the population of AWC remains a significant ask for all colleagues. Given the challenges they face, on-going support for all colleagues' health and wellbeing remains a key focus for the Trust Board and we will be discussing this today as part of the agenda for this meeting. This ask of colleagues is of course not unique to the Trust and applies to all healthcare providers, be that primary care; social care and relevant parts of the voluntary sector such as hospices. Partnership arrangements are integral to draw on experience elsewhere and to optimise service delivery for the AWC population. Similarly the continued full support of everyone at the Trust and the latent talent and skills they always bring in fulfilling their duties remains essential. All this in turn reflects the important role the Trust has as an anchor organisation for the locality and the health of the AWC population as well as its economy.