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## Report from the Chief Executive September 2018

Presented by	Professor Clive Kay, Chief Executive		
Author	Helen Haslam, Executive Officer – Chair and Chief Executive Office		
Lead Director	Professor Clive Kay, Chief Executive		
Purpose of the paper	This paper outlines the key developments and occurrences from July and August 2018 that the Chief Executive wishes to discuss with the Board of Directors.		
Key control			
Action required	To note and gain assurance		
Previously discussed at/ informed by			
Previously approved at:	Committee/Group	Date	

### Key Options, Issues and Risks

This paper provides an opportunity for the Chief Executive to bring to the attention of the Board of Directors the key developments and occurrences from July and August 2018

### Analysis

#### 1. Visits

- a. Visit from Professor Nick Bosanquet, Emeritus Professor of Health Policy at Imperial College London – 15th August 2018

#### 2. External Communications and Publications

- a. The Care Quality Commission (CQC) Report: *Beyond Barriers - How older people move between health and social care in England*
- b. NHS Providers On the Day Briefing: CQC *Beyond Barriers* local system reviews report – 3<sup>rd</sup> July 2018
- c. NHS Providers (NHSP) On the Day Briefing *Government reshuffle following Cabinet resignations* – 10<sup>th</sup> July 2018
- d. NHS Providers (NHSP) Briefing *NHS Capital Explainer: what do NHS Trusts need to know?* - 21<sup>st</sup> August 2018
- e. Communication from Ian Dalton, Chief Executive of NHS Improvement (NHSI) – 22<sup>nd</sup> August 2018
- f. Communication from Matt Hancock, Secretary of State for Health and Social Care - 23<sup>rd</sup> August 2018

#### 3. Quality, Investment and Development

- a. New Trust Outpatient Clinic for Women with Bladder Problems

#### 4. Workforce

- a. New Consultant Appointments

#### 5. Celebrating Success

- a. Bradford Institute for Health Research (BIHR) performance in the National Institute for Health Research (NIHR) League Table
- b. Donation of Art Work
- c. Medical Honour for Former Research and Development Director
- d. Team of the Month and Employee of the Month Awards

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## 6. Research

- International Clinical Trial for Treatment of Wet Macular Degeneration
- Wolfson Centre for Applied Health Research

### Recommendation

The Board of Directors is asked to note the key developments and occurrences from July and August 2018 that the Chief Executive wishes to discuss.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Risk Implications	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments		▪
Quality implications		▪
Resource implications		▪
Legal/regulatory implications		▪
Diversity and Inclusion implications		▪

Regulation, Legislation and Compliance relevance
NHS Improvement: Risk assessment framework, quality governance framework, code of governance , annual reporting manual
Care Quality Commission Domain: Safe, caring, effective, responsive, well led
Care Quality Commission Fundamental Standard:
Other (please state):

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
N/a	N/a	N/a	N/a	N/a	

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## Report from the Chief Executive – September 2018

### 1. Visits

#### **Visit from Professor Nick Bosanquet, Emeritus Professor of Health Policy at Imperial College London**

On 15<sup>th</sup> August 2018, I welcomed Professor Nick Bosanquet to the Trust.

Professor Bosanquet is a health economist who first carried out research on NHS funding in the 1980s for the York Reports sponsored by the British Medical Association, the Royal College of Nursing and the Institute for Health Services Management, and has been in his current role at the Imperial College London since 1993.

After being welcomed to the Trust by myself and given a brief introduction to our work so far, we were joined by John Holden, Director of Strategy and Integration/Deputy CEO, who took Professor Bosanquet through a presentation covering our clinical strategy and partnership working. We were later joined by Dr Bryan Gill, Medical Director, who shared with Professor Bosanquet, the Trust's work on Electronic Patient Records (EPR), patient safety and quality improvement.

Dr Gill then accompanied Professor Bosanquet on a tour around our Virtual Trauma Clinic, where he met Mr Richard Grogan, Consultant Orthopaedic Surgeon/Clinical Lead, Orthopaedics, Plastics and Breast Surgery, who explained how the system works, and described the many specific benefits for patients.

Following the tour of the Virtual Trauma Clinic, Professor Bosanquet visited the Bradford Institute for Health Research, where he met Professor John Wright, Director, who spoke about population health, as well taking in a tour of the centre.

It was a pleasure to welcome Professor Bosanquet to the Trust. He later wrote to me to say he felt it was an excellent visit, and believes Bradford can be a UK leader in virtual care, alongside the use of EPR to deliver radical improvement in speed and accuracy of care management by health teams, and provide far better communication with patients.

### 2. External Communications and Publications

#### **a) The Care Quality Commission (CQC) Report: *Beyond Barriers - How older people move between health and social care in England***

The Care Quality Commission (CQC) recently completed a programme of targeted local system reviews throughout 20 local authority areas, in order to assess how well services are currently working together to provide care and support for people aged 65 and over. The resulting report, '*Beyond Barriers - How older people move between health and social care in England*' (**Appendix 1**), summarises the CQC's key findings of these reviews.

The 20 systems for review were identified by the Department of Health and Social Care (DHSC) and Ministry of Housing, Communities and Local Government (MHCLG), and based on Health and Wellbeing Board (HWB) footprints. 19 of the 20 systems were described as 'comparatively challenged'. The CQC reviewed how each local system worked within, and across three key areas: maintaining people's wellbeing at home, care and support when people experience a crisis, and step down, return to a usual residence, and/or admission to a new residence.

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The CQC carried out the reviews using a combination of observations, data analysis, focus groups, questionnaire tools, case-tracking and interviews, as well as on-site visits, speaking to people using services, their families and carers, and staff. Following each review, the CQC produced a local system report highlighting good practice, and opportunities for improving system working. The reviews were followed by local quality summits, which brought together local leaders from each stakeholder and representatives from national bodies.

One of the areas reviewed was the Bradford system – and I have described the findings of that inspection in my previous Board report. I attach the Bradford Local System Review Report again for convenience as **(Appendix 2)**.

**b) NHS Providers On the Day Briefing: CQC *Beyond Barriers* local system reviews report – 3<sup>rd</sup> July 2018**

On 3rd July 2018, I received the NHS Providers On the Day Briefing **(Appendix 3)**, relating to the publication of the CQC's report of local systems provider, entitled '*Beyond Barriers - How older people move between health and social care in England*' **(see above)**

*NHS Providers welcomed the CQC's system reviews, and this report, which provides a valuable contribution to better understanding and improving system working. NHS Providers recognised that there is a need for legislative change in order to hold local systems to account for their performance. However, any plans for legislative change must be aligned with other developments currently happening at pace, including the new funding settlement and 10 year plan for the NHS. In addition, as responsibility and accountability for the provision of services remains with individual trusts, the regulators and national bodies must respect and support current and future institutional accountabilities.*

*The CQC's report is an important starting point in building a picture of the quality of care in local systems. As the national policy agenda continues to support system working and collaboration, NHS Providers welcome the steps CQC is taking to adapt its approach in response to the move to greater integrated working.*

*It is clear that strong relationships and a shared vision are crucial elements of any local health and care system. However, there remains much to do to incentivise and remove barriers to system working. Some areas are devising ways around these disincentives, but national action is needed to remove these barriers, and to set out a clear strategy to support the move to system working. NHS Providers will continue to work with the arm's length bodies to ensure that the system architecture develops to enable leaders to collaborate.*

*Local health and care systems across the country are at different stages of development and while the front-runners are racing ahead, there are other local systems that will need more time and support to develop. This will mean that any approach to assessing systems will need to be iterative and take into account the history of local relations hips and organisations, and see any progress within this context. NHS Providers are concerned that otherwise systems will be judged or even held to account for things that are beyond their control.*

*As the responsibility and accountability for commissioning and provision of services remains with CCGs and Trusts' boards, Trusts need to balance system working with meeting their own organisational accountabilities. In future, it will be crucial that providers and their local system partners are not subject to 'double jeopardy' and multiple judgements. As CQC's*

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*oversight framework for assessing local systems evolves, it will need to ensure that the oversight of systems does not add an additional layer of performance management, duplication or burden. NHS Providers understand that CQC is developing its relationships with two Integrated Care Systems (ICS) areas, and is working with them to develop a cross-sector, system-based approach to its regulatory work.*

*To support this, the national bodies must work together to align their approaches to supporting and overseeing local systems in order to avoid any unnecessary duplication and burden on health and care providers. For example, it would be helpful for CQC to consider how, when designing system-level assessments, it will work with NHS Improvement and NHS England to ensure its approach is aligned with the STP ratings. NHS Providers believe that the national bodies can learn from CQC's experience of conducting these reviews, and it is important that learning is shared at a national level too.*

**c) NHS Providers On the Day Briefing: Government reshuffle following Cabinet resignations – 10<sup>th</sup> July 2018**

On 10th July 2018, I received the NHS Providers On the Day briefing detailing the government reshuffle following Cabinet resignations.

In early July 2018, the resignations of the Foreign Secretary and other ministers resulted in a Cabinet reshuffle. Jeremy Hunt, who recently became the longest serving Health Secretary, was promoted to Foreign Secretary.

The briefing is attached at **Appendix 4** for your information and includes:

1. Biographies of the new secretaries of state for Brexit and health and social care.
2. Department of Health and Social Care ministerial team.
3. A summary of the other changes made in the reshuffle.
4. NHS Providers response to the appointment of Matt Hancock as Health and Social Care Secretary.

**d) NHS Providers Briefing: NHS Capital Explainer: what do NHS Trusts need to know? – 21<sup>st</sup> August 2018**

On the 21<sup>st</sup> August 2018, I received a factsheet from NHS Providers on the subject of capital funding.

Capital funding is constrained across the NHS at the moment and providers have raised concerns about the complexity and lack of information over how this limited funding is allocated to both individual organisations, and to sustainability and transformation partnerships (STPs).

The factsheet from NHS Providers explains the current capital regime, in which providers operate and sets out the routes for accessing the limited capital funding currently available.

A copy of the factsheet is attached at **Appendix 5** for your information.

**e) Communication from Ian Dalton, Chief Executive of NHS Improvement (NHSI) – 22<sup>nd</sup> August 2018**

On 22nd August 2018, I received a letter from Ian Dalton, Chief Executive of NHSI. **(Appendix 6)** The letter details the elective care expectations of NHSI from NHS acute providers, and the risk of Trusts not delivering against the current elective care patient trajectories.

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The letter acknowledges the challenges associated with the delivery of the emergency care pathways, but, recognises a worrying picture where overall Trust activity levels and service performance are not in line with recently submitted plans. In addition, NHSI are seeing only seasonal reductions in long stays in hospital, and bed occupancy is not being sufficiently reduced to enable appropriate flow and performance.

NHSI have previously outlined their expectations with regards to the delivery and management of elective activity. These were reflected in the 2018/19 plan that our Board developed, approved and submitted to NHSI.

Under current trajectories, NHSI fear that Trusts will not deliver for current elective care patients, and there is a future significant financial performance risk resulting from non-delivery of activity income plans.

### 52 week waiters

The letter from Ian Dalton states that he would like the Trust to focus on long waiters on the Referral to Treatment (RTT), waiting list specifically patients waiting over 52 weeks. He goes on to state that the position on 52 weeks requires urgent attention and the delivery of elective care performance is critical to this to ensure patients receive timely, reasonable and appropriate level of care.

NHSI state that it is important that not only do waiting lists not increase, but the number of long waiters on the RTT waiting list are reduced. The expectation from NHSI, at a minimum, is that the number of patients waiting over 52 weeks is reduced by at least 50 per cent with the overall objective of zero 52 week waiters.

### Trust's performance

As part of the correspondence, (**Appendix 6a**), demonstrates the Quarter 1 position for the Trust, and the variance against our plan.

### Actions required

NHSI has asked us to ensure:

1. The importance of delivering elective care performance and activity levels alongside emergency care and finance is recognised by our Trust's senior leadership and given sufficient scrutiny at Board level;
2. There is an appropriate week by week trajectory in place and being met, for reducing the number of 52 week waiters to eliminate these ahead of winter wherever possible, in order to ensure that the March 2019 commitment is delivered;
3. By early September 2018, the Trust has reviewed and forecast its 2018/19 activity and performance commitments to ensure we are back on track. Where we determine that we will no longer be able to meet the activity and performance commitments in our Board-approved plan, NHSI will work with our commissioners to determine how these gaps will be closed through use of capacity in other Trusts and/or the independent sector. Any contingency plan for work carried out by other Trusts or the independent sector should be available to mobilise by mid-September.



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Please see **Appendix 6b** for further assurance requests to enable delivery of the above.

We were asked to provide the following information to our regional director by Wednesday 5<sup>th</sup> September 2018:

- our appraisal of what is driving the elective activity and performance set out above;
- forecast of how and by when, any year to date elective activity under-performance will be recovered;  
and
- the actions we will take to realise the theatre in-session productivity opportunity that our Trust has agreed currently exists.

### Activity monitoring

NHSI will be monitoring elective activity and performance levels very closely. As part of this they will be publishing the RTT Patient Tracker Lists (PTL) each week to all acute Trusts and Clinical Commissioning Groups (CCGs) showing by Trust the number of 52 week waiters, with the expectation that week by week improvements will be seen throughout the rest of the year.

NHS England is writing to CCGs to also inform them of the above requirements.

This issue has been, and continues to be, discussed extensively at the Trust's Finance and Performance Committee, and will be discussed again at today's Board of Directors' meeting.

### f) Communication from Matt Hancock, Secretary of State for Health and Social Care – 23<sup>rd</sup> August 2018

On the 23<sup>rd</sup> August 2018, I received a communication from Matt Hancock, Secretary of State for Health and Social Care.

The communication from The Department for Health and Social Care (DHSC) informed Trusts, Clinical Commissioning Groups, and other organisations in the NHS, about the Government's preparations in response to EU Exit, including in the event that the UK leaves the EU without a deal in March 2019.

The letter covered the Government's plans in relation to the continuity of supply of medicines and other preparatory work that is taking place. DHSC also published a letter to the pharmaceutical industry, and a letter to the suppliers of medical devices and clinical consumables, which provided details on how the Government will support pharmaceutical companies in ensuring continuity in the supply of medicines after EU Exit.

The communications have been sent to the relevant departments in the Trust for their information and action as appropriate.

A copy of the letter sent to me by Matt Hancock (**Appendix 7**), and copies of the letters to the pharmaceutical industry (**Appendix 7a**) and medical devices and clinical consumables suppliers (**Appendix 7b**) are attached.

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### 3. Quality, Investment and Development

#### a) New Trust Outpatient Clinic for Women with Bladder Problems

Thanks to a new outpatients' clinic, which vastly improves the way a vital examination is performed, the Foundation Trust now offers cystoscopy – a procedure in which a thin viewing tube goes into the bladder – as an outpatient appointment instead of an operation under general anaesthetic. Women are now able to come into the hospital for the test on the Women's Unit, and, in most cases, have their condition treated at the same time, all under local anaesthetic, and without the need for a hospital stay.

Previously, women had to be admitted to the main hospital for a cystoscopy in theatre, which meant a longer time in hospital, a general anaesthetic and greater cost in terms of bed space and theatre use. This new clinic is more efficient, and provides a better level of care and patient experience.

I would like to congratulate our colleagues on this excellent patient-centred development.

### 4. Workforce

#### a) New Consultant Appointments

**Ms Lien Brett** joined the Trust on 2<sup>nd</sup> July 2018 as a Consultant in Ophthalmology. Ms Brett has previously completed a fellowship at Leeds Teaching Hospitals Trust. Ms Brett brings experience in Oculoplastics, and can independently perform entropion, ectropion, ptosis and lid repairs.

**Dr Sudeepthi Kakara** joined the Trust as a Consultant in Obstetrics and Gynaecology on 23<sup>rd</sup> July 2018. Previously a Registrar at Mid Yorkshire NHS Trust. Dr Kakara is competent in performing intermediate laparoscopic surgeries (ectopic pregnancies, ovarian cysts, moderate endometriosis), and has experience of high risk pregnancies.

**Dr Saman (Sam) Khan** joined the Trust on 1<sup>st</sup> August 2018 as Consultant Acute Physician/Director of Urgent Care, in the Acute Medical Unit. Dr Khan has been a Consultant Acute Physician since 2012, previously working at Leeds Teaching Hospitals. In his time at Leeds Teaching Hospitals, he was an Honorary Senior lecturer, and he devised a bespoke teaching, training and mentoring programme for advanced clinical practitioners in acute internal medicine. Dr Khan was a lead clinician for acute internal medicine for four years, and has previously worked at the Foundation Trust from 2002 to 2007 as a trainee.

**Dr Sulman Hasnie** joined the Trust on 13<sup>th</sup> August 2018 as a Consultant in Medical Microbiology. Dr Hasnie has vast experience in Medical Microbiology investigation, diagnosis and management of infection in Hospitals and community settings, and has previously worked at the Foundation Trust between 2014 and 2016 as a consultant microbiologist. He later worked at the Pennine Acute Hospital Trust. Whilst at Pennine Acute Hospital Trust, he played a key role in improving the management of sepsis as the co-lead for the Trusts sepsis management group alongside his infectious diseases colleagues. He has extensive experience in working in different laboratory settings both as a speciality trainee and as a consultant.

**Dr Simon Ali** joined the Trust on 13<sup>th</sup> August 2018 as a Consultant Anaesthetist, with experience in Obstetric anaesthesia. Dr Ali was a Specialty Registrar in Aintree University



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Hospital NHS Foundation Trust. Dr Ali has completed advanced training in vascular anaesthesia, perioperative medicine and higher pain training, and has significant critical care experience and has since trained in echocardiography.

**Dr Mark Greasley** joined the Trust on 13<sup>th</sup> August 2018 as a Consultant Anaesthetist, with experience in Obstetric and Critical Care anaesthesia. Previously Mark had been a Specialty Registrar at Calderdale and Huddersfield NHS Foundation Trust. Dr Greasley is skilled in obstetric anaesthesia, and has since completed an advanced Obstetric anaesthetics module, and managed over 180 obstetric cases including high risk and obstetric critical care patients.

## 5. Celebrating Success

### a) Bradford Institute for Health Research (BIHR) performance in the National Institute for Health Research (NIHR) League Table

I am delighted to announce that The Bradford Institute for Health Research made it into the top 10 for the category of '*recruiting Trusts in all studies*' category of the National Institute for Health Research 2017/18 league table, and are 8<sup>th</sup> nationally for '*increased recruitment in all studies*'.

The National Institute for Health Research annual league table, released on 18<sup>th</sup> July 2018, revealed that Bradford Teaching Hospitals NHS Foundation Trust recruited 12,489 participants to its research studies in 2017/18, an increase of 38 per cent compared to 2016/17.

Professor John Wright, Director of BIHR, recognised what an amazing achievement this was for Bradford, clearly demonstrating the commitment from our staff, and the support from our patients to be a 'City of Research'.

The Yorkshire and Humber region continues to be a source for a large number of patients taking part in clinical research studies in the NHS, with more than 80,000 patients being given access to new and better treatments.

In 2017/18, 82,909 people took part in research delivered through NHS Trusts and Clinical Commissioning Groups (CCGs). This represents an increase of almost 10,000 on the previous year (72,944), according to figures published in the NIHR NHS Research Activity League Table.

The number of NHS organisations offering patients the chance to participate in life sciences industry research rose across England – with 34 per cent of NHS Trusts and 28 per cent of CCG regions increasing the number of commercial studies they supported.

I wish to congratulate all the team at The Bradford Institute for Health Research on their success.

### b) Donation of Artwork

I was genuinely delighted to accept, on behalf of the Trust, the generous gift of a handcrafted, stained glass screen from a grateful patient who wished to show his appreciation after the care he received whilst undergoing treatment at Bradford Royal Infirmary.

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Graeme Willson, who is a local artist from Ilkley, designed the piece of artwork in 2003. The screen, which is named “Offering” depicts an intricate floral bouquet pattern incorporating lilies.

Mr Willson explained to me that the idea of presenting it to the hospital came about while he was convalescing. The screen had been in his basement, and he felt it could be put to good use as an appreciation for the treatment he received during his illness, and especially the personal treatment and care provided to him by Mr James Halstead, Consultant Upper Gastrointestinal/General Surgeon.

It was such a pleasure and an honour to receive this kind donation. The screen has been mounted in the new wing in the main hospital concourse, for all to enjoy.

#### **c) Medical Honour for Former Research and Development Director**

I was delighted to learn that Professor Alan Roberts, our former Director of Research and Development, had been awarded a rare and prestigious accolade for his services to medicine over a long career.

During his time with us, Alan developed an international standing in his field of clinical prosthetics and biomaterials, and established a Clinical Prosthetics Centre of Excellence here in Bradford. Alan was also chair of the Bradford Research Ethics Committee.

Alan was presented with The Medal of the Royal Society of Medicine, one of only four to have been awarded since 1805, at a ceremony in London on 24<sup>th</sup> July 2018. Now retired, Alan has also been appointed as an ambassador by the Royal Society of Medicine, and his home town of Morley is planning a civic reception in order to mark the award.

I wish to congratulate Alan on his well-deserved success.

#### **d) Team of the Month and Employee of the Month Awards**

Board members will be aware that we have increased our efforts to recognise the achievements of our staff and celebrate their successes. In 2018 we have introduced “Team of the month” and “Employee of the month” awards, which are based on peer nominations and judged by a panel. Both awards have attracted a large number of nominations, and the monthly winners will be shortlisted for the prestigious Team of the Year and a new category of Employee of the Year at our annual Brilliant Bradford awards ceremony.

Each month’s winners receive their certificate in person – usually with a visit from the Chairman and myself.

Since the Board last met we have announced the:

June Team of the Month – Acute Oncology Nursing Team

June Employee of the Month – Patricia Kay, Housekeeper on Ward 6

July Team of the Month – Clinical Engineering Team

July Employee of the Month – Barbara Brown, Sister in Adult Outpatients (St Luke’s).

All winners are publicised through Let’s Talk staff magazine, on our video wall at BRI, and in addition a number of previous Employees of the Month have also attended an informal afternoon tea with myself and Executive Directors.

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## 6. Research

### a) International Clinical Trial for Treatment of Wet Macular Degeneration

I am pleased to report that the Trust is participating in a cutting-edge research project, one that is poised to improve treatments for patients with sight loss.

An international clinical trial seeking to find a new way of treating wet macular degeneration (a condition that causes the loss of central vision, usually in both eyes) is looking to recruit patients in Bradford, and Bradford Royal Infirmary's award-winning Ophthalmology Research Network (BORN), is at the forefront of the clinical trial, sponsored by PanOptica, Inc.

Currently, the most common treatment for wet age-related macular degeneration (wet AMD) involves regular injections of a drug into the back of the eye. The trial is investigating whether these injections could be replaced by eye drops, an approach which has the potential to transform treatment for patients.

Participants in the clinical trial will receive randomised treatment in the first 12 weeks of the trial, with an additional month of checks to make sure everything is proceeding safely; and they will be followed up every 2-4 weeks by phone or visit over the course of the trial.

I look forward to receiving updates on how this trial will improve patient experience.

### b) Wolfson Centre for Applied Health Research

I am delighted to announce that building work is now underway to create a new flagship research centre at Bradford Royal Infirmary, which will lead improvements to the health and wellbeing of children and elderly people.

The Wolfson Centre for Applied Health Research is an excellent new resource, which will pool the home-grown talent of clinicians and researchers from our hospitals, with that of colleagues from the Universities of Bradford and Leeds.

The research centre has been made possible thanks to a £1m award from the national charity - the Wolfson Foundation. This charity provides grants to support and promote excellence in the fields of science, medicine, the arts and humanities, education, and health and disability.

Construction of the Wolfson Centre is expected to take around 10 months and is due to complete in April 2019, with the Centre being operational from May 2019.

I will keep the Board of Directors updated on the progress of the building work, which will host the Centre for Ageing, one of the UK's most successful research groups in applied health research for older people; and the National Institute for Health Research's National Patient Safety Centre.

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## RECOMMENDATIONS

The Board of Directors is asked to receive and note this report.

## Appendices

Appendix 1 – Beyond Barriers Local System Reviews

Appendix 2 – Bradford Local Services Review Report Final

Appendix 3 – NHS Providers OTDB CQC Beyond Barriers Local System Reviews 3 July 2018

Appendix 4 – NHS Providers Briefing - Government reshuffle following Cabinet resignations - July 2018

Appendix 5 – NHS Providers Capital Factsheet

Appendix 6 – Bradford Teaching Elective Care Letter

Appendix 7 – Communication from Matt Hancock, Secretary of State for Health and Social Care

Appendix 7a – Communication from Matt Hancock, Secretary of State for Health and Social Care

Appendix 7b - Communication from Matt Hancock, Secretary of State for Health and Social Care

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## Appendix 3

# NHS Providers On The Day Briefing: CQC *Beyond Barriers* local system reviews report

The Care Quality Commission (CQC) has completed a programme of **targeted local system reviews** in 20 local authority areas to assess how well services are working together to care for and support people aged 65 and over. The resulting report, '**Beyond barriers**', summarises CQC's findings from the reviews. This briefing sets out the report's key findings and NHS Providers' response to the report.

We welcome CQC's system reviews and this report, which provides a valuable contribution to better understanding and improving system working. We recognise there is a need for legislative change in order to hold local systems to account for their performance. However, any plans for legislative change must be aligned with other developments currently happening at pace, including the new funding settlement and 10 year plan for the NHS. In addition, as responsibility and accountability for the provision of services remains with individual trusts, the regulators and national bodies must respect and support current and future institutional accountabilities.

## Background

The 20 systems were identified by the Department of Health and Social Care (DHSC) and Ministry of Housing, Communities and Local Government (MHCLG), with 19 of the 20 systems described as 'comparatively challenged'. The systems were based on Health and Wellbeing Board (HWB) top priorities. CQC reviewed how each local system works with regard across three key areas: maintaining people's well-being at home/care and support when people experience a crisis, and step down, return to a usual residence, one/one admission to a new residence.

CQC carried out the reviews using a combination of observations, data analysis, focus groups, questionnaire tools, case tracking and interviews. CQC spent two periods on site, speaking to people using services, the families and carers, and staff. After each review the CQC produced a local system report, highlighting what worked well, and opportunities for improving system working. The reviews were followed by local summits, which brought together local leaders and representatives from national bodies.

## Report recommendations

- 1 Encouraging and enabling commissioners to bring about effective joined-up planning and commissioning