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Date	08.11.18	Agenda item	Bo.11.18.6

Report from the Chief Executive November 2018

Presented by	Professor Clive Kay, Chief Executive	
Author	Helen Haslam, Executive Officer – Office of the Chair and Chief Executive	
Lead Director	Professor Clive Kay, Chief Executive	
Purpose of the paper	This paper outlines the key developments and occurrences from September and October 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	N/A	
Previously approved at:	Committee/Group	Date
	N/A	
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 September and October 2018		
Analysis		
1. Quality, Investment and Development		
a. GE Command Centre		
b. Sepsis Awareness Week (10 th – 14 th September 2018)		
2. Internal Communications		
a. Update on Wholly Owned Subsidiary Company		
b. Update on Waste Disposal Issues		
3. Visits and External Events		
a. Visit from Dr Simon Eccles, Chief Clinical Information Officer for Health and Care: Department of Health and Social Care (DHSC), NHS England (NHSE) and NHS Improvement (NHSI) – 2 nd October 2018		
b. Visit from Laurent Dubois, Chief Executive Officer of GE Healthcare – 4 th October 2018		
c. NHS Improvement (NHSI) and NHS England (NHSE) Long Term Engagement Event – 29 th October 2018		
4. Workforce		
a. New Consultant Appointments		
5. Celebrating Success		
a. Awards for Team of the Month and Employee of the Month		
6. External Communications and Publications		
a. NHS Providers ‘On the Day’ Briefing: Winter Planning Announcements – 7 th September 2018		
b. NHS Providers Briefing: 2018/19 Quarter 1 Finance and Performance Report – 11 th September 2018		
c. NHS Providers ‘On the Day’ Briefing: Quality Improvement (QI) in Hospital Trusts - shared learning - 18 th September 2018		
d. NHS Providers Briefing: UK Government’s Preparations for a ‘no deal’ Scenario – 27 th September 2018		

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- e. NHS Providers Summary of Board Papers – Statutory Bodies - Care Quality Commission (CQC) Board meeting – 19th September 2018
- f. NHS Providers Summary of Board Papers – Statutory Bodies – NHS England (NHSE) Board meeting – 26th September 2018
- g. NHS Providers Summary of Board Papers – Statutory Bodies – NHS Improvement (NHSI) Board meeting – 27th September 2018
- h. NHS Providers Summary of Board Papers – Statutory Bodies – Joint NHS Improvement and NHS England Board Meeting – 27th September 2018
- i. NHS Providers Briefing: NHS Operational Productivity: Unwarranted Variations in Ambulance Trusts – 27th September 2018
- j. The King's Fund Report: Approaches to Better Value in the NHS Improving Quality and Cost
- k. The Nuffield Trust Report: Rethinking Acute Medical Care in Smaller Hospitals
- l. NHS Providers 'On the Day' Briefing: National Tariff Proposals 2019-2020 – 9th October 2018
- m. NHS Providers 'On the Day' Briefing: CQC Publication State of Health Care and Adult Social Care in England 2017/18 – 11th October 2018
- n. Letter from Matt Hancock, Secretary of State for Health and Social Care on EU Exit NHS Trust Contract Review – 12th October 2018
- o. NHS Providers Briefing on the 2018 Party Conferences – 24th October 2018

Recommendation

The Board of Directors is asked to note the key developments and occurrences from September and October 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		▪

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Diversity and Inclusion implications		▪
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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 – November 2018

1. Quality, Investment and Development

a) **GE Command Centre**

I am delighted to confirm that Bradford Teaching Hospitals NHS Foundation Trust has officially signed the contract to collaborate with GE Healthcare to build a Command Centre, here at Bradford Royal Infirmary (BRI).

The Command Centre, which will be open in Spring 2019, is in many respects similar to an air traffic control system, but for a hospital. The system will provide a clear, instant and real-time overview across the hospital, and help staff make quick and informed decisions on how best to manage patient care. Being the first of its kind in Europe, the Command Centre will transform how care is delivered and organised throughout the hospital, as the number of patients continue to increase.

Up to 20 Trust staff based in the Command Centre will monitor a ‘wall of analytics’ that constantly pulls in streams of real-time data from the multiple systems at the hospital. Advanced algorithms will help staff to anticipate and resolve bottlenecks in care delivery before they occur, recommending actions to enable faster, more responsive patient care and better allocation of resources.

The data will be displayed on multiple high definition screens in the Command Centre, as well as on tablets and mobile devices, providing 24/7 support to busy medical teams across the hospital.

The Command Centre will be located centrally in a refurbished space at the BRI site. It will help to reduce unnecessary time spent in hospital after a patient is medically fit to leave, increase the proportion of patients who arrive and are admitted, transferred or discharged from Accident & Emergency (A&E) within four hours, and help ensure that patients are always treated in the clinical environment best suited to manage their care.

The Command Centre programme helps meet the vision of Bradford Teaching Hospitals NHS Foundation Trust to decrease length of stay, alleviate the need for additional wards and beds, especially during peak winter times, and reduce cancellations for non-emergency surgery.

b) **Sepsis Awareness Week (10th – 14th September 2018)**

Sepsis has recently become very high profile as nationally, and even globally, it has been recognised that patients are dying needlessly. SEPSIS Awareness Week (10th to 14th September 2018) was the perfect opportunity for the Trust to generate better understanding of the life-threatening condition among our staff, patients and visitors, as well as reinforcing our key messages around the importance of sepsis screening and timely treatment.

The team at Bradford Teaching Hospitals NHS Foundation Trust hosted a three-day general information stand in the main retail concourse at Bradford Royal Infirmary, and delivered a session at the Grand Round entitled “*So, what about sepsis?*” to get the message out to staff on what can be done to improve patient safety on our wards. The emerging themes identified by staff in attendance were around enabling early recognition of the deteriorating patient, escalation and communication, timely treatment and training. All of these are vital in ensuring the patient receives the best care possible – but also evidence of the challenges that exist when patients suspected of sepsis present in hospital.

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2. Internal Communications

a) **Update on the Wholly Owned Subsidiary Company**

There has recently been quite a lot of national and local activity with regard to the establishment of Wholly Owned Subsidiary (WoS) companies, and on the 19th September 2018, NHS Improvement (NHSI) published a bulletin, (**Appendix 1a**) which included the following statement:

'Please pause any current plans to create new subsidiaries or change existing subsidiaries. We'll be consulting on a new regulatory approach to this in October and following the consultation we will be issuing new guidance. See page 40 of the Department of Health and Social Care's 2017-18 Accounting Officer System statement for more on this.'

Bradford Teaching Hospitals NHS Foundation Trust's approved business case included a section on NHSI's material/significant transaction guidance, and drew reference to the Accounting Officer Statement (**Appendix 1b**), noting that should the guidance issued by NHSI change, then BTHFT would comply. The current status is that the existing guidance remains extant until any changes are introduced following the consultation process.

Following publication of the bulletin, the Trust contacted NHSI for clarity and the decision was made to pause its establishment of a Wholly Owned Subsidiary. The following statement was then issued to staff in order to keep them updated:

The Trust has today decided to pause its establishment of a Wholly Owned Subsidiary (WoS). The Trust has taken this decision in light of clarification from NHS Improvement (NHSI) regarding its recent request for Trusts to "please pause any current plans to create new subsidiaries or change existing subsidiaries." NHSI have specifically requested that where formal staff consultation has not commenced, then the pause should be applied.

The Trust will fully respect NHSI's request to pause all formal elements of the process, but will continue to undertake preparatory work, in order to be able to respond appropriately at the conclusion of NHSI's consultation process, ensuring that any new regulatory requirements are fully met.

As you know, the benefits to both patients and staff are at the heart of the Board's decision to develop a Wholly Owned Subsidiary, and every effort is being made to ensure the plan is delivered safely, recognising our commitment to our values and 'People Strategy'.

The Trust is confident in its plans and remains committed to establishing its own Wholly Owned Subsidiary as soon as it is able.

The Trust will continue to keep you updated on this issue.

I will continue to keep the Board of Directors updated on any further activity.

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b) Waste Disposal Issues

During the week of 1st October 2018, we were instructed by NHS Improvement, to terminate our contract with Healthcare Environmental Services who at the time, provided a clinical waste management solution to our Trust, alongside a number of others across the country. This contractual action was taken after a culmination of regulatory concerns, specifically in relation to the storage of and timeliness of destruction of clinical waste.

The Trust was alerted to potential problems with the continuity of clinical waste provision by NHSI prior to the contractual action being taken, and we were required to develop a detailed contingency plan. This plan was required to ensure our ability to store clinical waste for up to two weeks. The new provider was commissioned by NHS Improvement.

The Trust was able to enact our contingency plan over the weekend of the 5th-7th October 2018, and provide fully risk-assessed clinical waste management and storage across all our sites.

On the 8th October 2018, we held discussions with the contract holder, and the Trust is working with them to define our recovery plan, and what business as usual will look like over the next six months.

With concern over the recent media reports, I can assure the Board that we are taking great care to ensure that all our waste is properly managed and segregated. Waste for incineration is separated and stored in secure containers, this includes sharps bins, which are stored internally. If required, any anatomical human waste is stored in a dedicated refrigerator in the mortuary. The Trust is ensuring that all such waste is handled sensitively and is traceable, as is required when storing this type of waste. The Trust is also undertaking audits in infection control, health and safety, security and environmental risks every day, at each location.

This has been a real team effort across the Trust, and in particular, our portering team, theatres, mortuary and maternity staff have been key to making these interim arrangements work effectively. On behalf of the Board I would like to thank them for their exceptional efforts.

I will update the Board of Directors periodically on any further developments.

3. Visits and External Events

a) Visit from Simon Eccles, Chief Clinical Information Officer for Health and Care: Department of Health and Social Care (DHSC), NHS England (NHSE) and NHS Improvement (NHSI) – 2nd October 2018

On 2nd October 2018, the Trust had the pleasure of welcoming Dr Simon Eccles, Chief Clinical Information Officer for Health and Care: Department of Health and Social Care (DHSC), NHS England (NHSE) and NHS Improvement (NHSI).

After being welcomed to the Trust by myself, and given a brief introduction to our work so far, Simon was taken for a tour. During his tour, Simon visited the Intensive Care Unit, and met with Dr Jamie Atkinson, Consultant Anaesthetist and Alison Bridle, Senior Sister Critical Care; Respiratory Medicine, where he was accompanied by Dr Dinesh Saralaya, Associate Director of Research; and lastly, the Virtual Fracture Clinic where Mr Chris Brew, Consultant Orthopaedic Surgeon highlighted the benefits that the Virtual Fracture Clinic provides to patients.

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At the Bradford Institute for Health Research (BIHR) we were joined by Professor John Wright, Director of BIHR, Cindy Fedell, Chief Digital & Information Officer, and Dr Paul Southern, Chief Clinical Information Officer. We were also joined by colleagues from the Clinical Commissioning Groups (CCGs): Dr Jim Welford, GP, and Clinical IT Lead, Ms Michelle Turner, Director of Quality and Ms Julie Lawreniuk, Director of Finance, all for Bradford City, Districts, and Airedale Wharfedale & Craven CCGs, for a group discussion on *population care management, system-wide working, and clinical adoption of technological change*.

Prior to Simon's departure Sandra Shannon, Chief Operating Officer/Deputy Chief Executive Officer, gave a brief presentation on the GE Command Centre, explaining how the system works, and the benefits to both the Trust and patients, assisted by Sarah Buckley, Service Improvement Matron, Division of Medicine & Integrated Care and Steve Verdi, GE Healthcare Partner.

It was a pleasure to welcome Simon to the Trust, and showcase the excellent work the Trust is doing in terms of digital innovation.

b) Visit from Laurent Dubois, Chief Executive Officer of GE Healthcare – 4th October 2018

On the 4th October 2018, some Board colleagues and I were joined by Laurent Dubois, GE Healthcare Chief Executive Officer for the official signing of the Command Centre contract, and to mark our partnership in developing our latest innovation in patient care – a Command Centre at Bradford Royal Infirmary (BRI).

Laurent and his team came to showcase this hi-tech initiative.

It was a pleasure to host Laurent and his colleagues at the Trust, and I am looking forward to a worthwhile partnership with GE and seeing the benefits of the Command Centre.

c) NHS Improvement (NHSI) and NHS England (NHSE) Long Term Engagement Event – 29th October 2018

On the 29th October 2018, I attended a Long Term Engagement Event organised jointly by NHS Improvement and NHS England.

The Government recently announced a five-year revenue budget settlement for the NHS from 2019/20 to 2023/24, an annual real-term growth rate over five years of 3.4%, and so the NHS now has enough certainty to develop credible long term plans. In return for this commitment, the Government has asked the NHS to develop a Long Term Plan, which will be published in late November or early December 2018.

To secure the best outcomes from the Government's investment, NHSI and NHSE are overhauling the policy framework for the service, and conducting a clinically-led review of the standards, developing a new financial architecture and a more effective approach to workforce and physical capacity planning.

The purpose of the event was for system leaders to collectively discuss and provide advice in the development of the NHS Long Term Plan, and for NHSI and NHSE to gain the perspective of the providers during the development of the plan.

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4. Workforce

a) New Consultant Appointments

Dr Russel Ahmed joined the Trust as a Consultant in Acute Medicine in September 2018. Previously a Specialty Registrar at Leeds Teaching Hospitals, Russel has a dual accreditation in acute internal medicine, and general internal medicine. Having previously worked at Bradford Royal Infirmary as a trainee, whilst at the Trust he was actively involved in bringing about positive changes in the new Ambulatory Care Unit through a series of audits in collaboration with his colleagues.

Dr Cassandra Chisolm joined the Trust as a Consultant in Radiology in October 2018. Cassandra brings to the Trust her experience in Musculoskeletal Radiology, and has previously been a Radiology Clinical Fellow at Sheffield Teaching Hospitals NHS Foundation Trust. Cassandra has regularly performed departmental audits, and service reviews, which provided useful learning insights and led to changes in clinical practice.

Dr Sophie Thomas joined the Trust as a Consultant in Palliative Medicine in October 2018. Previously Sophie has been a Specialty Registrar at Leeds Teaching Hospitals. Sophie has experience in teaching, and has taught a wide range of health care professionals in a variety of teaching environments. Sophie brings her experience in Community, Hospice and Hospital Palliative Medicine to the Trust.

Miss Karen Maude joined the Trust as a Consultant Colorectal Surgeon in October 2018, bringing her experience in Laparoscopic colorectal cancer surgery to the Trust. Previously working at York Teaching Hospitals Foundation Trust since October 2011, Karen is the Training Programme Director for Yorkshire and Humber core surgical trainees. During her time at York Hospitals, she designed a two year regional Core Surgical Training (CST) teaching programme. This was delivered monthly in three locations across the Deanery. Karen is also an examiner for Membership of the Royal College of Surgeons

5. Celebrating Success

a) Awards for Team of the Month and Employee of the Month

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 Chair and myself, or an executive colleague.

Since the Board last met we have announced the:

August Team of the Month – Hydration Project Team (Ward 29, Westbourne Green and Infection Control)
 August Employee of the Month – David Sado, Informatics PACS Manager

September Team of the Month – Pharmacy Technicians
 September Employee of the Month – Stephen Bishop, Specialist Quality Assurance Pharmacy Technician

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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 the Chair, myself and executive colleagues.

6. External Communications and Publications

a) NHS Providers 'On the Day' Briefing: Winter Planning Announcements – 7th September 2018 (Appendix 2a)

On the 7th September 2018, I received a briefing from NHS Providers on the Winter Planning Announcements.

The briefing informed that on the morning of 7th September 2018, the government and the national bodies had made a series of announcements relating to winter planning in the NHS, these are summarised below for your information.

Capital funding

The Department of Health and Social Care (DOHC) has announced that £145 million of funding will be made available for some NHS Trusts to improve emergency care this winter. The funding, which comes from the Department of Health and Social Care's existing budget will be brought forward from future years, and will be spent on measures designed to reduce pressure on NHS services during the winter period.

Winter planning letter

Pauline Philip, National Director of Urgent and Emergency Care at NHS England (NHSE), and NHS Improvement (NHSI) has written to NHS leaders outlining the challenges of the previous winter, and reiterating the need for all winter plans to commit to 90% performance, against the four-hour operational target for Accident and Emergency (A&E) attendances, whilst maintaining the number of patients on elective waiting lists.

Flu vaccinations

As part of the comprehensive plan for winter, Trusts have also been advised by NHS England and NHS Improvement that 100% of NHS staff should receive the flu vaccination to help protect patients and reduce the impact of flu ahead of the winter months.

Review of winter

NHS Improvement's 'Review of Winter 2017/18' (**Appendix 2b**) published on 7th September 2018, reflects the surge in demand experienced across almost all services during last winter. NHSI's review reflects the hard work and commitment of Trusts, and their staff in these difficult months, and found that compared to the previous year, 400,000 more people called NHS 111, 290,000 more people attended A&E departments, and 100,000 more people were admitted to hospital as an emergency. The review also identified issues contributing to the "challenging" winter period.

The Trust has reviewed the contents of the briefing, and having previously received the correspondence from Pauline Philip, is committed to all the necessary actions.

b) NHS Providers briefing: 2018/19 Quarter 1 Finance and Performance Report – 11th September 2018

On the 11th September 2018, NHS Improvement (NHSI) released the quarter one (Q1) finance and operational performance figures for the provider sector. These figures cover the 3-month period ending 30th June 2018.

The briefing from NHS Providers summarises the key headlines from those figures, and provides details of key financial data and the next steps.

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Key headlines

- At Quarter 1 (Q1) the provider sector was planning and forecasting to deliver a deficit of £519m, despite the requirement set out in the planning guidance for the sector to plan and deliver a balanced income and expenditure position. The sector has forecasted this deficit despite delivering almost £500m worth of efficiency savings this quarter.
- NHS Improvement has published the underlying provider deficit going into 2018/19, which stands at £4.3bn gross. NHSI have confirmed that the approach to tackling this deficit will be part of the NHS long term plan.
- The year to date provider sector deficit for the first three months of the year was £814m. This was £22m better than planned, however, £73m worse than Q1 2017/18, where the deficit was £736m. In Q1 2016/17 the provider sector reported a deficit of £461m, and in Q1 2015/16 a deficit of £930m. Therefore, the first three months of 2018/19 represent the sector's worst financial performance since Q1 2015/16.

Against year to date plans, 61 providers reported adverse variances, including Provider Sustainability Fund (PSF). These were mainly being driven by:

- **Demand pressures across the system.** Q1 cost pressures must be seen in the context of continued and unprecedented levels of demands across the system. Compared to the same period last year, A&E admissions were up 6.2%, while overall non-elective admissions were up 5.1% (largely driven by zero day admissions). In Q1 2018/19 providers treated over 170,000 more patients within four hours compared to Q1 2017/18. This demand will be creating operational pressures for providers who are struggling to contain costs and deliver savings.
- **Spend on temporary staff.** Faced with increasing demand and limited workforce supply, spending on temporary staff was more than planned. Spend on bank staff was £102m more than planned and agency staff spend was £32m more than planned. High levels of vacancies, sickness/absence and staff turnover meant that in Q1 2018/19 providers spent £134m more (11%) on temporary staff compared to the same period last year.
- **Under-delivery of planned efficiency savings.** As providers continued to operate in difficult conditions, cost improvement plans (CIPs) were £64m or 11% behind plan at Q1. The growth in reliance on non-recurrent savings continued, and represented 25% of total savings, compared to 13% in the plan.

A copy of the full briefing is attached at **Appendix 3** for your information.

c) NHS Providers 'On the Day' Briefing: Quality improvement (QI) in Hospital Trusts - shared learning

On the 18th September 2018, I received the NHS Providers briefing entitled Quality Improvement in Hospital Trusts - shared learning (**Appendix 4a**).

The briefing summarised the recently published Care Quality Commission (CQC) report, *Quality Improvement in Hospital Trusts - Sharing Learning from Trusts on a Journey of QI* (**Appendix 4b**).

The report, which is aimed at senior leaders in healthcare organisations, particularly Trust Boards, who are considering adopting organisation-wide structured quality improvement (QI) as a strategic priority. The report focuses on leadership alongside the behavioural and cultural aspects of hospitals that have built and embedded a QI, and aims to share learning to inspire and encourage wider improvement in the quality of care

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delivered. There are many good examples provided in the report of how Trusts are using structured QI approaches, and NHS Providers encourage Boards to read the report in full. Key messages from the report are detailed below:

Key messages

- CQC's report presented a concept of the processes for establishing an organisation-wide structured Quality Improvement (QI) program, based on evidence obtained through inspections and Trust visits.
- CQC identified that when a culture of improvement is driven by the Trust's leaders, QI becomes a frontline activity where staff, in consultation or collaboration with patients, deliver improvements focused on value and patient focused outcomes.
- Networks, peer support and shared learning including amongst board members and senior Trust leaders are important elements of QI-driven culture change and emphasising learning as well as results.
- CQC found that QI implementation cannot be approached in a linear way, and that the processes outlined in this report towards building a QI culture are not sequential. Organisations that have implemented systematic QI adopt elements in a different order and often overlap them as appropriate to their local circumstances.
- CQC intends for the report to provide helpful insight to senior leaders of healthcare organisations considering adopting QI. It is not intended as a prescription but to offer insight. Examples from amongst Trusts are provided to illustrate the different processes, their challenges and impact.

The Trust is fully aligned with the message from the CQC, and regular reports are provided through the Quality Committee.

d) NHS Providers briefing: UK Government's Preparations for a 'no deal' scenario – 27th September 2018

On the 27th September 2018, I received a copy of a briefing from NHS Providers on the UK government's preparations for a 'no deal' scenario. This briefing provided further information following the Department for Exiting the European Union (EU) published set of technical notices. The briefing detailed key issues from the notices, which may impact on health and social care services.

Merger review and anti-competitive activity if there is no Brexit deal

The UK will cease to be part of the EU competition regime. The government is not proposing to make any changes to the UK competition regime beyond those necessary to manage the UK's exit from the EU. UK businesses that conduct business in the EU (or that otherwise act in a way that affects competition in the EU) will continue to be subject to EU competition law. EU firms that conduct business in the UK will continue to be subject to UK competition law.

Exhaustion of intellectual property rights if there is no Brexit deal

The exhaustion of intellectual property (IP) rights refers to the loss of the right to control distribution and resale of that product after it has been placed on the market within a specified territory by, or with the permission of, the right holder. In the event of a no deal situation, the UK will continue to recognise the EEA regional exhaustion regime from exit day to provide continuity in the immediate term for businesses and consumers. The government is currently considering all options for how the exhaustion regime should operate after this temporary period.

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Patents if there is no Brexit deal

Any existing rights and licences in force in the UK will remain in force after March 2019. For UK, EU and third country businesses there will be no significant change to the legal requirements or the application processes. The supplementary protection certificate regime in the UK will continue to operate as before for UK, EU and third country businesses. The conditions for patenting biotechnological inventions will remain in place. For compulsory licensing, UK, EU or third country businesses as holders of patents or plant variety rights which are valid in the UK will continue to be able to apply for a compulsory licence, where there is an overlap between the rights. UK, EU and third country businesses will continue to be able to obtain a compulsory licence for manufacturing a patented medicine to meet a specific health need in a developing country. For pharmaceutical product testing, UK, EU or third country businesses can continue to rely on the exceptions from patent infringement provided for various studies, trials and tests carried out on a pharmaceutical product.

Aviation security if there is no Brexit deal

The EU has an inbound cargo regime called ACC3 (Air Cargo or Mail Carrier operating into the Union from a Third Country Airport), which requires carriers to hold a designation granted by an EU Member State (an “ACC3 designation”), in order to fly cargo into the EU:

- Cargo from the EU to the UK: The UK intends to recognise EU cargo security from the outset, and will not require new cargo security designations for carriers from EU airports. The UK would do this to prevent any disruption to the European and global cargo networks, and in recognition that security standards are already aligned and equivalent. However, the UK would expect this recognition to be reciprocated.
- Cargo from the UK to the EU: The EU has the ability to recognise the UK security regime as equivalent and allow cargo to continue to fly freely and avoid the need for unnecessary security designations. However, the European Commission has set out that, in the absence of any agreement, the default regulatory position will require carriers to hold ACC3 designations from an EU Member State in order to transport cargo from the UK into the EU. The EU has not yet provided details of how carriers should apply for an ACC3 designation.

Flights to and from the UK if there is no Brexit deal

If there is ‘no deal’ with the EU, airlines wishing to operate flights between the UK and the EU would have to seek individual permissions to operate from the respective states (be that the UK or an EU country). In this scenario the UK would envisage granting permission to EU airlines to continue to operate, and would expect

EU countries to reciprocate in turn. If such permissions are not granted, there could be disruption to some flights.

In order to ensure permissions were granted and flights continued, the UK’s preference would be to agree a basic arrangement or understanding on a multilateral basis between the UK and the EU. Alternatively, bilateral arrangements between the UK and an individual EU country could be put in place, specifying the conditions under which air services would be permitted. Airlines would then need to apply for appropriate permissions.

A copy of the briefing from NHS Providers is attached at **Appendix 5** for your information. A full list of the latest papers and links to the technical notices is appended within the briefing.

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e) NHS Providers Summary of Board Papers – Statutory Bodies - Care Quality Commission (CQC) Board meeting – 19th September 2018

On 28th September 2018, I received a summary from NHS Providers of the CQC Board meeting that took place on 19th September 2018. The briefing contained details of the Chief Executive's report, Chief Inspector of Hospital's report, Chief Inspector of Primary Medical Services' report team updates, Change portfolio report and an update from Healthwatch England.

A copy of the briefing is attached at **Appendix 6** for your information.

f) NHS Providers Summary of Board Papers – Statutory Bodies - NHS England Board Meeting – 26th September 2018

On 28th September 2018, I received a summary from NHS Providers of the NHS England Board meeting that took place on 26th September 2018. The briefing contained details of the Cancer Programme Update, Commissioning Committee Board Report and the Specialised Services Commissioning Committee Report.

A copy of the briefing is attached at **Appendix 7** for your information.

g) NHS Providers Summary of Board Papers – Statutory Bodies - NHS Improvement Board Meeting – 27th September 2018

On 28th September 2018, I received a summary from NHS Providers of the NHS Improvement Board meeting that took place on 27th September 2018. The briefing contained details of the Chief Executive's report, Update on actions taken in response to Independent review into Liverpool Community Health NHS Trust, the improvement report and the quality dashboard.

A copy of the briefing is attached at **Appendix 8** for your information.

h) NHS Providers Summary of Board Papers – Statutory Bodies – Joint NHS Improvement and NHS England Board Meeting – 27th September 2018

On 28th September 2018, I received a summary from NHS Providers of the NHS Improvement Board meeting that took place on 27th September 2018. The briefing contained details of the Winter 2018/19 planning update, the Financial and Operational Performance report, the Development of the Long Term Plan for the NHS, the Integrated Care Systems programme update, the Next steps on delivering a single operating model and shared culture and the Governance model for joint working between NHSE & NHSI.

A copy of the briefing is attached at **Appendix 9** for your information.

i) NHS Providers briefing: NHSI Operational Productivity: Unwarranted Variations in Ambulance Trusts – 27th September 2018 (Appendix 10a)

On the 27th September 2018, NHS Improvement published its review entitled '*Operational Productivity and Performance in English Ambulance Trusts: Unwarranted Variations*' (**Appendix 10b**). The NHS Providers briefing, which I received on the same day, outlined the report's key headlines and recommendations. The review team, led by Lord Carter, engaged with all 10 Ambulance Trusts in England to produce the report, and the briefing contains the key points to note.

Key points:

- The focus of the report was on reducing the numbers of patients being taken by ambulance to Accident and Emergency (A&E) departments. The Carter team found variations in the rates of conveyance between Trusts, which it describes as unwarranted.

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- Reducing avoidable conveyances to hospital could release capacity worth £300m in the acute sector, the report states. However, it also acknowledged that in order to make those savings, alternative services that better meet patients' needs will need to be put in place. It does not calculate the cost of establishing these additional services.
- There are three structural problems with tacking to reduce conveyance rates and improve patient experience: access to GP and community services; establishing urgent treatment centres in all sustainability and transformation partnership (STP) areas; and reducing ambulance handover delays.
- The report stated that demand for ambulance services has risen in the past five years, and that the service's overall productivity has increased in response. However, Trusts have improved at different rates, and there are significant differences in productivity between providers. Eliminating these could yield £200m in savings, it estimates.
- Productivity opportunities exist in three main areas: staffing, particularly improving engagement and reducing sickness rates; better use of technology; improved fleet management, including nationally-coordinated procurement for vehicles and equipment.
- Although questions were raised over whether ten Ambulance Trusts is the right configuration, there view concludes "now is not the time" to attempt to address this issue. Trusts should instead focus on moving towards a common infrastructure and operating model.

j) The King's Fund Report: Approaches to Better Value in the NHS Improving Quality and Cost

On the 4th October 2018, The King's Fund published a report entitled '*Approaches to better value in the NHS: Improving quality and cost*'. The report was produced following research based on telephone interviews with staff from three NHS acute hospital Trusts, including Bradford Teaching Hospitals NHS Foundation Trust. Each of the three Trusts is a case study within the report. The interviews took place between December 2017 and April 2018 with board members, senior clinical and managerial leaders. The hospitals were chosen after a review of their performance against quality and financial performance measures, and personal knowledge of the hospitals' value improvement work.

The report's overview notes how the NHS is increasingly focusing on how it can improve the value of its services, to deliver the highest quality health outcomes for patients at the lowest possible cost, and the report itself shares learning and insight from the three NHS hospital Trusts which took part, and their strategies for value improvement.

The King's Fund were particularly interested in the Trust's '*virtual ward*' and the report mentions the codifying and systematising of a '*virtual ward*' approach to cover as wide a range of hospital services as possible. The report highlights how the Trust has brought together separate '*virtual ward*' approaches (which allow patients to receive consultant-led care in their own homes) and how our Trust has developed these into a value improvement strategy.

A copy of The King's Fund report is attached at **Appendix 11** for your information.

k) The Nuffield Trust Report: Rethinking Acute Medical Care in Smaller Hospitals

On the 4th October 2018, The Nuffield Trust produced its report: Rethinking Acute Medical Care in Smaller Hospitals. The report is intended to be a stimulus for local innovation, and to dispel the idea that reconfiguration of services is the only solution to staffing, and other challenges posed by running smaller hospitals in an increasingly complex health care landscape.

The report comments that too often the solution to creating sustainable models for acute medicine has been to look to close or downgrade services, rather than develop solutions that better suit the population. The report

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describes a number of practical solutions to improving existing acute medical services, and offers a number of national recommendations.

A copy of the report is attached at **Appendix 12** for your information.

l) NHS Providers ‘On the Day’ Briefing: National Tariff Proposals 2019-2020 – 9th October 2018

On 9th October 2018, I received the NHS Providers ‘On the Day’ briefing on the National Tariff Proposals for 2019-20.

NHS Improvement (NHSI) and NHS England (NHSE) have published a summary of policies and pricing proposals for the national tariff patient system (NTPS) 2019-20. The tariff proposal paper, detailing these proposals, has been published alongside a draft price relatives workbook, and a review paper on market forces factor. The NHS Provider briefing draws together a summary of all the key announcements.

NHS Providers will be seeking views from members on the proposals, and will formally respond to NHSI and NHSE.

The Foundation Trust will contribute to the consultation process.

A copy of the briefing is attached at **Appendix 13** for your information.

m) NHS Providers ‘On the Day’ Briefing: CQC Publication *State of Health Care and Adult Social Care in England 2017/18* – 11th October 2018

On 11th October 2018, I received the NHS Providers ‘On the day’ briefing (**Appendix 14a**) summarising the publication of the CQC’s report entitled ‘*State of Health Care and Adult Social Care in England 2017/18*’ (**Appendix 14b**). The report, which is an annual assessment of quality performance, trends, and themes from the year’s regulatory activity in social care; acute hospitals, community health and ambulance services; mental health and primary medical services.

Part one of the document presents the state of care in England, and part two offers sector-specific reviews, as well as, reviews of equalities outcomes and use of the Deprivation of Liberty Safeguards (DOLs). The briefing summarised the main points, but encouraged reading of the full report for a thorough overview. Unless specified the term ‘providers’ encompasses all sectors.

Summary

Overall, the quality of health and social care has been maintained or improved. In the report the CQC emphasised the fact that NHS staff, carers and leaders should be commended for achieving this despite the

continuing pressures around demand, funding and workforce vacancies. However, variation in quality and access persists, and this is increasingly determined by how well different parts of local health and care systems are working together. Ineffective collaboration is undermining early intervention and care provision in the community, with struggling local hospitals and the inaccessibility of mental health services, the symptoms of a struggling local system. The CQC has identified five factors that affect the sustainability of good care for people; access to care and support; the quality of care services; the workforce available to deliver that care; the capacity of providers to meet demand; and the funding and commissioning of services. The CQC recommend that government reforms funding to incentivise stronger local collaboration and partnership.

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n) Letter from Matt Hancock, Secretary of State for Health and Social Care, on EU Exit NHS Trust Contract Review – 12th October 2018

On the 12th October 2018, I received a letter from Matt Hancock, Secretary of State for Health and Social Care with regards to the event of a ‘no deal’ exit from the EU.

In the letter, Matt advises of a forthcoming communication to the Trust’s Head of Procurement, which will consist of a pack of materials, setting out what the Trust needs to do to step up preparations to ensure continuity of supply of goods and services in the event of a ‘no deal’ exit from the EU.

A scenario in which the UK leaves the EU without agreement (a ‘no deal’ scenario) remains unlikely given the mutual interests of the UK and the EU in securing a negotiated outcome. Following the publication of the UK government’s white paper for the future relationship on 12th July 2018, The Department of Health and Social Care (DHSC) are working with the EU’s negotiating team at pace to agree the terms of the future relationship, alongside the Withdrawal Agreement later this year. However, it is their duty as a responsible government to prepare for all eventualities, including ‘no deal’, until we can be certain of the outcome of those negotiations. The Secretary of State has asked his Department to put plans in place to ensure the continuity of supplies to the NHS.

DHSC has been working closely with the Cabinet Office to implement a cross-Government approach to identifying contracts that may be impacted by potential changes to trading relations with the EU, and developing mitigating actions to help ensure that there are suitable arrangements in place at the point of exit.

As part of this activity, DHSC has developed a self-assessment methodology for NHS Trusts to use to identify contracts that may be impacted by EU exit. This methodology has been tested with four Trusts, covering

Acute, Mental Health and Ambulance, and was presented and discussed at the recent DHSC Commercial Conferences.

DHSC shared the details of this methodology with Trust Heads of Procurement on 12th October 2018, asking for prompt completion of this methodology. The letter asked for appointment of a Senior Responsible Officer (SRO) with a direct link to the executive board to oversee this, and asked for staff to prioritise this activity appropriately, and that updates on progress are incorporated into the existing governance arrangements.

The Trust is asked to provide DHSC with a summary of those contracts deemed highly impacted, along with the Trust’s planned mitigating activities, by 30th November 2018. The specific requirements for self-assessment were set out in the letter to the Trust’s Head of Procurement.

It is acknowledged that a number of categories/suppliers are best engaged with at a national level. DHSC communication included a list of categories/suppliers that are being managed by DHSC, such as the supply of medicines, with the hope that this should reduce the scope of work for the Trust, and therefore the resource requirements within the organisation to complete the exercise.

The Trust has appointed an SRO to undertake this work, and will be taking the required action by the deadline.

A copy of the letter is attached at **Appendix 15** for your information.

o) NHS Providers Briefing on the 2018 Party Conferences – 24th October 2018

On 24th October 2018 I received a briefing from NHS Provider following the 2018 Party Conferences.

A copy of the briefing is attached at **Appendix 16** for your information.

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RECOMMENDATIONS

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

Appendices

Appendix 1a – NHSI Provider Bulletin on Wholly Owned Subsidiary Companies

Appendix 1b – DHSC Accounting System Statement July 2018

Appendix 2a - NHS Providers 'On the Day' Briefing – Winter Planning

Appendix 2b – NHS Improvement's '*Review of Winter 2017/18*'

Appendix 3 – NHS Providers Briefing: 2018/19 Quarter1 Finance and Performance Report

Appendix 4a – NHS Providers 'On the Day' Briefing – Quality Improvement in Hospital Trusts – Shared Learning

Appendix 4b – CQC Report: Quality Improvement in Hospital Trusts – Shared Learning from Trust on a Journey of QI

Appendix 5 – NHS Providers Briefing UK Government's preparations for 'no deal' scenario

Appendix 6 – NHS Provider Briefing – Statutory Board Papers CQC

Appendix 7 - NHS Provider Briefing – Statutory Board Papers NHSE

Appendix 8 - NHS Provider Briefing – Statutory Board Papers NHSI

Appendix 9 - NHS Provider Briefing – Statutory Board Papers Joint NHSE & NHSI

Appendix 10a – NHS Providers Briefing – NHSI Operational Productivity: Unwarranted Variations in Ambulance Trusts

Appendix 10b – NHSI Operational Productivity: Unwarranted Variations in Ambulance Trusts Report

Appendix 11 – King's Fund Report: Approaches to Better Value in the NHS Improving Quality & Cost

Appendix 12 – Nuffield Report: Rethinking Acute Medical Care in Smaller Hospitals

Appendix 13 – NHS Providers Briefing National Tariff Proposals 2019

Appendix 14a – NHS Providers Briefing on CQC report The State of Health & Adult Social Care in England

Appendix 14b - CQC Report The State of Health and Adult Social Care in England

Appendix 15 – Letter from Secretary of State for Health and Social Care

Appendix 16 – NHS Providers Briefings – 2018 Party Conferences