Bradford Teaching Hospitals
NHS Foundation Trust

Meeting Title	Council of Governors		
Date	17.01.19	Agenda item	CGo.1.19.12

Report from the Chief Executive Officer
January 2019

Presented by	Professor Clive Kay, Chief Executive Officer	
Author	Helen Haslam, Executive Officer – Office of the Chair and Chief Executive	
Lead Director	Professor Clive Kay, Chief Executive Officer	
Purpose of the paper	This report provides the Council of Governors with items of interest and details of recent events, achievements and important external correspondence received throughout the months of September, October, November and December 2018.	
Key control	N/A	
Action required	To note and gain assurance	
Previously discussed at/ informed by	Each item has been previously reported to the Board of Directors on 8th November 2018, and 10th January 2019	
Previously approved at:	**Committee/Group**	**Date**
	N/A	

Key Options, Issues and Risks

Report from the Chief Executive Officer on the Trust's performance of its functions, and the Directors' performance of their duties.

Analysis

1. **Internal Communications**
   a. Farewell to Professor Bill McCarthy, Chairman
   b. Update on Waste Disposal Issues

2. **Quality, Investment and Development**
   a. GE Command Centre
   b. Sepsis Awareness Week (10th – 14th September 2018)
   c. 'Vague Symptoms' Pilot Project

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) – 2nd October 2018
   b. NHS Improvement (NHSI) and NHS England (NHSE) Long Term Engagement Event – 29th October 2018
   c. Visit from Ian Dalton, Chief Executive Officer of NHS Improvement (NHSI) – 19th December 2018

4. **Workforce**
   a. New Consultant Appointments

5. **Celebrating Success**
   a. Awards for Team of the Month and Employee of the Month
   b. Brilliant Bradford Annual Awards Ceremony – 6th December 2018

6. **External Communications and Publications**
   a. Christmas message from Ian Dalton, Chief Executive Officer of NHS Improvement (NHSI)
   b. NHS Providers 'On the Day' Briefing: *Quality Improvement (QI) in Hospital Trusts* - shared learning - 18th September 2018
   c. The King's Fund Report: *Approaches to Better Value in the NHS Improving Quality and Cost* – 4th October 2018

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d. The Nuffield Trust Report: *Rethinking Acute Medical Care in Smaller Hospitals* – 4th October 2018
e. NHS Providers 'On the Day' Briefing: CQC Publication: *State of Health Care and Adult Social Care in England 2017/18* – 11th October 2018
f. Freedom to Speak Up Guardian Survey 2018 Results – 1st November 2018
g. NHS Providers 'On the Day' Briefing: Healthcare Safety Investigations Branch's (HSIB) report: *Provision of Mental Health Care to Patients Presenting at the Emergency Department* – 23rd November 2018
h. NHS Providers 'On the Day' Briefing: Regulatory approach to Wholly Owned Subsidiaries – 26th November 2018
i. Communication from Ian Dalton, Chief Executive of NHSI on winter preparation, safety and learning – 5th December 2018
j. NHS Providers 'On the Day' Briefing: Care Quality Commission (CQC) Report: *Opening the Door to Change: NHS Safety Culture and the need for transformation* – 19th December 2018
k. Operational Planning Guidance 2019/20 – 21st December 2018
l. NHS Providers Summary – 2019/20 Preparatory Planning Guidance – 24th December 2018

7. Brexit and EU Exit

a. NHS Providers 'On the Day' Briefing: The immigration white paper, and UK and EU no deal preparations - 19th December 2018
b. Department of Health and Social Care (DHSC) EU Exit Operational Readiness Guidance – 24th December 2018

Recommendation

The Council of Governors is asked to note the key developments and occurrences from September, October, November and December 2018, which the Chief Executive Officer 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		▪

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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 Officer
January 2019

1. Internal Communications

a) Farewell to Professor Bill McCarthy, Chairman

Regrettably, I have to announce that the Chair of our Foundation Trust, Professor Bill McCarthy, will be leaving us for pastures new.

I would like to take this opportunity to wish Bill all the very best in his new role as Regional Director for the North West of England as part of the new NHS England (NHSE) and NHS Improvement (NHSI) joint leadership structure.

Bill, who joined us in 2015 as a non-executive director, and became Chair in 2016, said: "*I leave with a heavy heart. From the wards to the Board and Governors, I have nothing but admiration for the teams who put such commitment and energy into serving our patients and communities. It has been a privilege to serve as Chair for the last two years, and I look forward to seeing many of you to thank you in person before I leave*."

On behalf of the Board of Directors and Council of Governors, I would like to wish him all the very best in his future role. I am sure he will be a great asset to NHSE and NHSI.

It has been a pleasure working alongside Bill, whose insight into the NHS, wedded to his experience of working in the heart of the Bradford community, has been a major asset to the Trust.

Through his career spanning the highest levels of the NHS, he has brought a rare calibre of expertise to the role of Chair.

I would personally like to thank him for his enormous commitment, enthusiasm and the support he has brought to me personally and to the Trust over the past two years, and the legacy he will be leaving behind as the outgoing Chair.

Bill will continue to support the Trust as Chair until the end of January 2019, at which point our deputy Chair, Trevor Higgins, will become the acting Chair of the Trust. The Trust will be working over the coming months to appoint a permanent successor, and I will update the Council of Governors on our appointment in due course.

b) Update on 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 assured the Board of Directors 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.

I will update the Council of Governors periodically on any further developments, as necessary.

2. 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.

c) 'Vague Symptoms' Pilot Project
At present 'Vague Symptoms' pilot projects are being developed around the country, and I am pleased to inform you that Bradford Teaching Hospitals NHS Foundation Trust now offers this specialist service. Our new care pathway is for patients with vague but concerning symptoms where cancer is suspected, however, the patient does not meet referral criteria for other pathways.

When patients present with vague symptoms it can be difficult to know which test to send them for. This can result in patients being referred to different speciality teams, and appointments between the hospital and GP, ultimately delaying diagnosis.

The service is being adapted based on research first developed in Demark to ensure patients get the most appropriate tests quickly, whilst helping to make them feel more supported during this process. Our new vague symptoms multi-disciplinary team led by Sally Simister, Lead Acute Oncology Nurse, have now started to accept referrals from GPs as well as internal referrals throughout BRI. The goal is to achieve earlier diagnosis, and significantly improve the experience for our patients.

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.

At the Bradford Institute for Health Research (BIHR) we were joined by Professor John Wright, Director of BIHR, Cindy Fedell, Chief Digital and 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 and 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 and 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) 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 is due to be published in January 2019.

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 on 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.

c) Visit to the Trust from Ian Dalton, Chief Executive of NHS Improvement (NHSI) – 19th December 2018
On 19th December 2018, I hosted a visit to the Trust by Ian Dalton, Chief Executive of NHS Improvement. He had come at my invitation to see for himself some of the work we are doing to provide acute services "virtually", and also to understand more about the Command Centre which will be the first in Europe, and which builds on our successful adoption of a comprehensive Electronic Patient Records (EPR) system.

The visit began with a presentation and discussion led by John Holden, Director of Strategy and Integration/Deputy Chief Executive, and Professor Alex Brown, Deputy Chief Medical Officer, explaining how we have won national awards for our pioneering work to provide acute care in the patient's home, or normal place of residence (care of the elderly "*Virtual Ward*" and paediatrics "*Ambulatory Care Experience*"). Alex also explained the diagnostic virtual ward, which is attracting a lot of attention. Chief Clinical Informatics and Technology Officer Dr Paul Southern then joined us to see EPR being used in the paediatrics ward of the new wing, and finally we visited the information hub (near to BRI main entrance) which is currently being used to display information about the forthcoming Command Centre. Mr Dalton expressed his admiration for the Command Centre work, and his belief that this sort of approach would very quickly become seen as essential for the safe and effective management of NHS hospitals in future.

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, Dr Ahmed has 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. Dr Chisholm brings to the Trust her experience in Musculoskeletal Radiology, and has previously been a Radiology Clinical Fellow at Sheffield Teaching Hospitals. Dr Chisholm 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 Dr Thomas has been a Specialty Registrar at Leeds Teaching Hospitals. Dr Thomas has experience in teaching, and has taught a wide range of health care professionals in a variety of teaching environments. Dr Thomas 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 since October 2011, Miss Maude is the Training Programme Director for Yorkshire and Humber core surgical trainees. During her time at York Teaching Hospitals, she designed a two year regional Core Surgical Training (CST) teaching programme. This was delivered monthly in three locations across the Deanery. Miss Maude is also an examiner for Membership of the Royal College of Surgeons.

Dr Catriona Firth joined the Trust as a Consultant in Neonatology in October 2018, having previously worked at the Trust as a Locum Consultant. Prior to her locum work, Dr Firth completed a six-month fellowship in Sydney, Australia.

Dr Mansoor Ali joined the Trust as a Consultant in Nephrology and General Medicine in November 2018. Prior to his appointment with the Trust, Dr Ali had been working as a Renal Consultant at Calderdale and Huddersfield NHS Foundation Trust, where he was also the clinical lead for the Nephrology department. Dr Ali has also been an Associate Royal College of Physicians tutor, and he has previously worked at Bradford Teaching Hospitals NHS Foundation Trust as a Specialist Trainee in Renal and General Internal Medicine.

Mr Jas Tan joined the Trust as a Consultant in Plastic Surgery, with an interest in Dermatology, during November 2018, having previously worked at the Trust as a Locum Consultant. Mr Tan attended a fellowship in Singapore from 2014 to 2015, where he acquired skills in wrist and carpal fractures, lower limb reconstruction and musculoskeletal oncology. He is proficient in the management of general plastic surgery cases, and elective hand surgery.

Miss Divya Keshani became Consultant in Oral Surgery in November 2018. Miss Keshani has worked at the Trust as an Associate Specialist for over 25 years, and is also the Dental Core Training Programme Director. Miss Keshani has a wealth of experience in orthognathic, oncological, temporomandibular, and secondary alveolar cleft surgery.

Mr Sandeep Mistry joined the Trust in November 2018, as a Consultant in Ear, Nose and Throat (ENT) with an interest in Rhinology. Mr Mistry has previously worked as a Specialty Registrar at Leeds Teaching Hospitals NHS Trust, and brings with him a considerable experience in elective and emergency cases. He is confident in performing primary and revision endoscopic sinus surgery independently in addition to rhinoplasty.

5. Celebrating Success

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

The Council of Governors 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 Council of Governors 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

October 2018 Team of the Month – The Stroke Multi-Disciplinary Team
October 2018 Employee of the Month – Joanna Dunn, Dietetic Assistant Practitioner

November 2018 Team of the Month – The Children's Ambulatory Care Experience Team
November 2018 Employee of the Month – Shabana Yasin, Ward Clerk, Wards 30 and 32

All winners are publicised through Let's Talk staff magazine, on our video wall at BRI.

b) Brilliant Bradford Annual Awards Ceremony – 6th December 2018

On Thursday 6th December 2018, the Foundation Trust held its annual Brilliant Bradford staff awards ceremony.

The Brilliant Bradford staff awards are an excellent opportunity for the Foundation Trust to thank our staff for their continued dedication and support to all our patients.

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All of the Executive Team were delighted by the response to our staff awards; the quality and quantity of entries submitted by staff was exceptional. The judging panels then had the difficult task of deciding the winners due to the high standards of people shortlisted.

This year, there were 12 separate award categories, alongside the '*Team of the Year'* and '*Employee of the Year'* awards. Awards were also handed out to two of our "*unsung heroes*" as well as a richly deserved Lifetime Achievement honour.

The list of winners is detailed below:

Team of the Year Award – ICU in-situ Simulation Team
Employee of the Year Award – Patricia Kay, Housekeeper, Ward 6
Finance and Performance Excellence Award – Jo Kennedy, Assistant Director Contracting
Excellence in Collaboration Award – Kirsten Foster, Principal Dietitian, Paediatrics and Public Health
Trainees of the Year Award – Saurav Kataria and Richard Libertine
Learning Excellence Award – Ruth Boocock, Highly Specialist Dietitian/Team Leader, Diabetes
Excellence in Care Award – Caroline Alt, Lead Head and Neck Cancer Clinical Nurse Specialist
Chairman's Award Unsung Hero Award – Munir Yousef, Business Intelligence Analyst
Valuing People Award – Gez Barrett, Matron for Critical Care, Pain Management and the Diagnostic and Treatment Centre
Chief Executive's Unsung Hero Award – Leon Watmuff, Porter
Personal Impact Award – Sonia Nosheen, Transformation Manager

Lifetime Achievement Award – Barbara Brown, Sister, Outpatient at St Luke's Hospital

I would like to congratulate all the winners and the nominees.

I am sure my fellow colleagues will join me in expressing our sincere gratitude to all the staff at the Foundation Trust for all their hard work and provision of outstanding patient care throughout 2018, and wish them all the very best for 2019.

6. External Communications and Publications

a) Christmas message from Ian Dalton, Chief Executive Officer of NHS Improvement (NHSI)
I recently I received an email from Ian Dalton, Chief Executive Officer at NHSI, with a Christmas message that he wished me to pass onto the staff. The message read:-

"Dear Clive,

I would like to wish you and all your staff the very best for the festive season, and to say a huge thank you for all you have delivered and continue to deliver for patients this year.

There is never a quiet day in the NHS, and 2018 has been no exception – helping to care for over 1.4 million patients a day, 24 hours a day, 365 days a year. This year we celebrated the 70th birthday, which saw our nation come together to thank the NHS for everything it does. The government has made available an additional £20.5 billion funding for the next five years, and we are soon to launch the NHS Long Term Plan.

I am very proud to be working with you, and I hope you and your staff have a lovely Christmas with family and friends.

I look forward to seeing, and working with you in the new year to implement the vision of the Long Term Plan.

Best wishes,

Ian Dalton, Chief Executive"

Ian's message was cascaded to all staff, in the usual way.

b) 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 1a).***

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 1b).***

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 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 Trist 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.

c) 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.

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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 2*** for your information.

d) 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 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 3*** for your information.

e) 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 4a)*** summarising the publication of the CQC's report *entitled 'State of Health Care and Adult Social Care in England 2017/18'* ***(Appendix 4b).*** The report, which is an annual assessment of quality performance, trends, and themes from the years 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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f) Freedom to Speak Up Guardian Survey 2018 Results – 1st November 2018
On the 1st November 2018, I received the report from the 2018 Freedom to Speak Up Guardian survey.

Every Trust in England has a Freedom to Speak Up Guardian, and at Bradford Teaching Hospitals NHS Foundation Trust, this role is undertaken by Karen Dawber, Chief Nurse. These guardians are there to enable NHS workers to speak up on issues that concern them, and last year the guardians collectively handled over 7,000 cases.

The Freedom to Speak Up Guardians are supported by the National Guardian's Office, an independent, non-statutory body with the remit to lead culture change in the NHS, in an attempt to make 'speaking up' business as usual. The Freedom to Speak Up annual survey asked guardians, and those supporting them, for their views on how the role is being implemented, and more generally about the culture of speaking up.

The survey showed that the highest performing organisations, as indicated by their Care Quality Commission (CQC) rating, are fostering open and transparent cultures, where workers can speak up without fear of retribution.

This year, the survey included responses from guardians appointed by arm's-length bodies, including health regulators.

The report suggested that NHS leaders must do more to support their guardians and all those who are working in the NHS. National Guardian for the NHS in England, Dr Henrietta Hughes stated that the tone for openness and transparency needed to be set from the top, and their survey indicated that the culture in some of the arm's-length bodies, including regulators, may fall considerably short of many of the organisations that look to them for leadership, guidance and support.

One of the other key findings from the survey was a reflection from those that responded that improvements have been made, and 83 per cent of respondents stated that the speaking up culture in the NHS had improved over the last 12 months.

However, support for guardians is inconsistent, and many (42 per cent of guardians responding to the survey) are left without any ring-fenced time to do their job.

The Foundation Trust has reviewed the survey in depth, along with the current culture and practices in the hospital, and will be taking necessary steps to make any improvements that have been identified.

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

g) NHS Providers 'On the Day' Briefing: Healthcare Safety Investigations Branch's (HSIB) report - Provision of Mental Health Care to Patients Presenting at the Emergency Department – 23rd November 2018
On the 23rd November 2018, I received an NHS Providers 'On the Day' briefing ***(Appendix 6a)*** summarising the HSIB's latest report ***(Appendix 6b).*** The report presented the findings of an independent investigation into liaison mental healthcare services in the emergency department (ED). The suicide of a patient named Diane following her absconding from an ED provides the reference incident for HSIB's examination of the pathways of care and communication between acute hospital services, GP services, liaison psychiatry and community mental health teams in the safety of care for people with mental health problems who present at hospital EDs.

HSIB's recommendations are focused on structural and systemic changes to improve the provision and quality of liaison psychiatric services in EDs, to which the Government must respond within three months. The briefing also summarised the key findings and recommendations from the report.

Key Findings
- The provision of liaison mental health services in EDs is variable, with no consensus on commissioning models.
- Liaison mental health services has a positive influence on managing the care of patients in the ED, and were most effective when services had a permanent integrated presence in the ED.

- The benefits of liaison mental health services were difficult to quantify in financial terms for commissioners. However, they were broad and stemmed from the integration of mental health professionals in the general hospital and the consequent shift in attitudes towards understanding the complexities of mental health.
- The process for triage and initial assessment completed by emergency department nurses was affective at identifying physical health problems, but lacked structure when assessing mental state.
- There is potential for misunderstanding in the National Institute for Health and Care Excellence (NICE) guidance around interpretation and use of the Australian mental health triage tool.
- The national guidance for ED staff for the initial assessment of people who have self-harmed lack coherence between documents, and did not consistently describe a detailed process.
- In the absence of clear national guidance on the conduct of initial assessments, EDs continue to use locally developed, unvalidated tools of varying standards.

Recommendations

1. NHS England ensures there is a sustainable funding model to support 24/7 urgent and emergency mental health liaison services in acute general hospitals with emergency departments.
2. The National Institute for Health and Care Excellence review and amend guidance for the management of self-harm in the emergency department
3. The Royal College of Emergency Medicine, in conjunction with the Royal College of Psychiatrists, develops and disseminates national guidance for emergency department practitioners to standardise the initial assessment of a person presenting following a mental health emergency.
4. The Care Quality commission reviews and updates its inspections criteria for emergency departments to ensure equal weight is given to the quality of care provided to people with urgent mental health problems as they do to people with urgent physical health. This would be consistent with its commitment to parity of esteem for mental health.

The Foundation Trust has reviewed the report and taken any necessary actions and recommendations, and these will feed into the Urgent Care improvement programme.

h) NHS Providers 'On the Day' briefing: Regulatory approach to Wholly Owned Subsidiaries – 26th November 2018

On the 26th November 2018, I received a briefing from NHS Providers ***(Appendix 7a)*** on the Regulatory approach to Wholly Owned Subsidiaries.

The briefing summarises NHS Improvement's (NHSI's) recently-published addendum to its transactions guidance ***(Appendix 7b)***, detailing its regulatory approach to Wholly Owned Subsidiaries. The process, which follows a consultation carried out by the regulator last month, applies to both Foundation Trusts and Trusts looking to establish a Wholly Owned Subsidiary, or those looking to changing an existing subsidiary company. The new rules come into effect immediately. NHSI have stated that the regulatory approach will be reviewed within a year.

Key changes to the process

- The creation of all Wholly Owned Subsidiaries (WOS), and 'material changes' to existing WOS, are now reportable to NHSI.
- Trusts will be required to submit board-approved business cases detailing the proposals, the underlying financial projections and inherent risks to the regulator.
- An NHSI panel review will deem whether a planned WOS is 'significant' or 'material' based on the inherent risks of the proposal. The outcome of this review will determine what level of oversight and review NHSI will next seek from a Trust.
- NHS Trusts will also need to demonstrate that its WOS proposal will generate additional income. This will involve a further submission to the Department of Health and Social Care (DHSC).
- A WOS proposal deemed as 'material' will require a board certification alongside a more detailed review covering four key domains: strategy, transaction execution, quality and finance.
- Once the detailed review of a 'significant' WOS proposal is complete, NHSI will assign a risk rating, which will determine how much NHSI oversight it will be subject to as it proceeds.
- If a proposal is rated as 'red', the Trust will be required to restructure the proposal to address the risks concerned. NHSI will look to use its regulatory powers to stop a transaction if required.

- NHSI has committed to reviewing the approach within a year, and intends to align with the existing transactions guidance once there is a better understanding of the inherent risks of subsidiary proposals.

The Trust has reviewed the guidance and discussed at length the next steps. A separate paper on the Foundation Trust's Wholly Owned Subsidiary has been presented to the Board of Directors.

i) Communication from Ian Dalton, Chief Executive of NHSI on winter preparation, safety and learning – 5th December 2018

On the 5th December 2018, I received a communication from Ian Dalton, Chief Executive of NHSI on winter planning preparation, safety and learning. The letter offers advice and provides guidance on a number of issues such as clinical decision-making, capacity, ownership of emergency flow and safety and learning. The letter also recognises the challenging winter period ahead of us and thanks staff for all their continued hard work.

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

j) NHS Providers 'On the Day' Briefing: Care Quality Commission (CQC) Report: *Opening the Door to Change: NHS Safety Culture and the need for transformation* – 19th December 2018

On 19th December 2018, I received a briefing from NHS Providers ***(Appendix 9a)*** on the recently-published CQC report ***(Appendix 9b)*** entitled *Opening the Door to Change: NHS Safety Culture and the need for transformation*.

This briefing summarised the report, which shares the findings of a review examining the issues that contribute to the occurrence of Never Events and wider patient safety incidents in NHS Trusts in England. The briefing also summarised the key messages followed by sections of the report and the report's recommendations. The key recommendations in this report align with proposals raised in NHS Improvement's current consultation on a new National Patient Safety Strategy, which commenced on 4th December 2018, and will close on 15th February 2019, to sit alongside the NHS long-term plan.

Key messages

- There is a strong commitment from NHS Staff to make the care of patients as safe as possible. However, this is impeded by the current patient safety system, which is complex
- Trusts receive safety guidance from different bodies, creating confusion about which organisations can best provide information and support. The added impact of increasing patient demand and staff shortages means Trusts have insufficient time and support to implement safety guidance effectively
- Although healthcare is by its nature high risk, the increasing pressures within the NHS mean that this reality is not consistently reflected in culture and practice. This contrasts with other safety critical industries, which recognise their high risk and ensure this approach informs everything that the do
- While recognising that healthcare is different, there is much the NHS can learn from these high risk industries to ensure risks are identified and managed proactively, with a greater understanding of team dynamics, situational awareness and human factors, and with safety protocols followed consistently
- CQC's analysis found that only 4% of never events are amenable to quick fixes and technical solutions. The overwhelming majority of never events require human factors-based solutions, which will require widespread education and training to equip NHS staff with knowledge and skills to implement
- There are seven recommendations including those for a common curriculum for patient safety education, training and on-going professional development; a national patient safety strategy; a new leadership role for patients safety culture in all Trusts; standardisation of healthcare processes where appropriate; a new national approach to patient safety alerts; revision of the Never Events Framework; and improved CQC expertise in inspecting and regulating for safety

Report Recommendations

1. NHS Improvement and Health Education England to develop a common curriculum for patient safety, training and on-going professional development, that includes the role of systems, design, effective communication, risk, just culture, human factors and ergonomics for all in frontline care.

    - NHS Trusts must offer on-going training, continuing professional development and development.

- Leaders should release staff to carry out this development, as a vital part of every employee's role.
- A new education, training and CPD plan with milestones towards a specialism in patient safety.

2. A National Patient Safety Strategy, as recently announced by NHS Improvement, developed in partnership with professional regulators, Royal Colleges, frontline staff and patient representatives, with progress overseen by the National Director of Patient Safety at NHSI on accountability for delivery.

3. Leaders with a responsibility for safety within each Trust to make sure that the Trust reviews its safety culture on an on-going basis, and is centred on learning and improvement. They should report back to NHSI to support learning. NHSI should specify the responsibilities, skills and experience required for these leaders, as part of its work to devise a curriculum for patient safety.

4. A standardisation framework for identifying clinical processes, equipment and government processes that could benefit from standardisation, how this will happen, where the standardisation should apply, and how the framework will lead to tangible action and delivery.

5. The National Patient Safety Alert Committee (NaPSAC), should oversee a new patient safety alert system that aligns the processes and outputs of all bodies and teams that issue alerts, make sure that they set out clear and specific actions that providers must take on safety-critical issues, and should include guidance on the tools that might be needed by providers, and the role of patient insight.

6. NHS Improvement should review the Never Events Framework with a focus on the leadership and culture needed to underpin safety, taking into account the different settings, in which Never Events occur, including acute, mental health and community settings, and fair assessment of compliance.

7. CQC will improve its own safety expertise to ensure that regulation does not stifle new systems thinking and innovation, and supports the report's recommendations.

The Trust has reviewed the report and noted the recommendations, and the Trust will implement where required, and work with the CQC and other external agencies to assist in implementation of their actions to improve patient safety.

k) Operational Planning Guidance 2019/20 – 21st December 2018

On the 21st December 2018, I received a copy of the publication from NHS England (NHSE) and NHS Improvement (NHSI) entitled *Preparing for 2019/20 Operation Planning and Contracting*. The Full guidance, which will be published in January 2019, will set out the full Trust financial regime for 2019/20, alongside control totals and indicative Clinical Commissioning Group (CCG) allocations. This recently published abridged version provides an overview of system planning, the financial settlement and operational plan requirements. The guidance also includes a timetable with relevant submission milestones.

The guidance also includes a timetable with relevant submission milestones including:

- 14 January 2019 - initial plan submission (activity focused)
- 12 February 2019 – draft 2019/20 organization operational plans
- 19 February 2019 – draft aggregate system 2019/20 operation plan submission, system operating plan overview and STP led contract/plan alignment submission
- 21 March 2019 – deadline for 2019/20 contract signature
- 29 March 2019 – organization board approval of 2019/20 budgets
- 4 April 2019 – final 2019/20 organization operational plan submission
- 11 April 2019 – final aggregate system 2019/20 operation plan submission, system operating plan overview and STP led contract/plan alignment submission
- Autumn 2019 – 5-year system plans to be signed off by all organisations

The Trust has reviewed this guidance and is using the information to readily prepare for Operational Planning and Contracting implementation, and changes that may come from the consultation.

A copy of the guidance is attached at ***Appendix 10*** for your information.

l) NHS Providers Summary- 2019/20 Preparatory Planning Guidance
On 24th December 2018 I received a briefing from NHS Providers on the 2019/20 Operational Planning guidance. NHS England (NHSE) and NHS Improvement (NHSI) published the first part of the 2019/20 operational planning guidance on Friday 21st December 2018. This 'preparatory guidance' provides an overview of system planning, the financial settlement and operational planning requirements. The guidance is unusually late this year, and does not include the full Trust financial regime for next year, performance recovery trajectories, control totals, indicative CCG allocations, or any other deliverables for 2019/20. Full planning guidance is expected in January 2019, along with the long awaited NHS long-term plan.

A copy of the summary is attached at ***Appendix 11*** for your information.

7. Brexit and EU Exit

a) NHS Providers 'On the Day' Briefing: The immigration white paper, and UK and EU no deal preparations
On 19th December 2018, I received a briefing from NHS Providers on The Immigration White Paper and the UK and EU no deal preparations. The government recently published its white paper setting out proposals for immigration policy post-Brexit. This briefing summarised those proposals, which will create a single immigration system for EU and non-EU migrants, to be implemented after 31st December 2020. In addition, both the UK and EU have increased their work to prepare for a no deal Brexit scenario, these respective announcements are also summarised in the briefing.

Immigration white paper
The paper is focused on ending free movement, and sets out how the UK government will "take full control of migration". The core objectives of the UK's future border and immigration system are said to be the same: creating strong borders and reducing annual net migration, alongside supporting an open, global economy with a highly skilled and productive workforce. The key difference in approach will be to have a single immigration system for EU and non-EU citizens, with migrants treated differently only as a result of their skills, the risk presented or international/bilateral agreements.

Significant emphasis is also placed on skill levels in determining immigration status. The paper sets out that the UK will have two new work routes:

- "one for skilled workers entitled to stay longer periods, to bring dependants and in some cases to settle permanently, who will mainly be sponsored by an employer – this will be open to migrants from all countries; and
- another for temporary short-term workers at all skills levels, not sponsored, but subject to tightly defined conditions. This will be a transitional route and will only be open to migrants from specified low-risk countries"

The paper works on the basis that the Withdrawal Agreement will be ratified, and there will be an implementation period. Under those circumstances, the new system would start from the end of the implementation period (i.e, after 31st December 2020). In the meantime, the UK will implement the EU settlement scheme (which establishes the principle that EU citizens must obtain a specific, individual permission to stay on in the UK). Irish citizens will not need to apply. The Common Travel Area will continue to function as now.

UK planning for a no deal scenario
The Cabinet recently agreed to increase its contingency planning for a no deal exit, and plans will start to be implemented in full. NHS Providers understand that:

- £2bn contingency planning funding has been approved to go to government departments for 2019/20, with the priority areas being borders, security and international trade
- There are 320 no deal work streams across Whitehall, with multiple plans likely to sit within each

- Letters will be sent to 140,000 firms updating them on no deal planning, and around 80,000 emails will be sent to key business stakeholders setting out what no deal means for them – a 100 page 'Partnership Pack' will support this communication
- Public service announcements to inform individuals of how to prepare for no deal are to be made in the coming weeks – for example, in relation to booking flights and using credit cards. These announcements will encourage people to prepare in line with the no deal technical notices and further, more detailed advice to be issued shortly
- 3,500 armed service personnel are being held in readiness "in order to support any government department on any contingencies they may need"

EU planning for a no deal scenario
The European Commission has published its plan for a no deal Brexit.

A number of steps will be taken by the EU regardless of the nature of the UK's exit, for example, legislation relating to UK travel and transport in the EU, the re-emergence of a maritime border in the North Sea and in the North Atlantic, disconnection of the UK from EU databases and IT systems, and the relocation of and other preparedness measures by the European Medicines Agency (EMA).

The Commission also asks that EU member states refrain from bilateral discussions and agreements with the United Kingdom to avoid undermining EU unity.

However, in the event of a no deal Brexit, the Commission envisages that the UK abruptly become a third country which would mean that certain steps would need to be implemented quickly, along with some specific measures being required and involving implementation in advance. The Commission states that "the overall approach to contingency should reflect the fact that in a no-deal scenario the United Kingdom as from 30th March 2019, would not be bound by any EU rules and could rapidly start diverging from them", and in its view, contingency measures adopted at all levels should comply with the following general principles:

- "Contingency measures should not replicate the benefits of membership of the Union, nor the terms of any transition period, as provided for in the draft Withdrawal Agreement;
- Contingency measures will in general be temporary in nature, and should in principle not go beyond the end of 2019;
- Contingency measures will be adopted unilaterally by the European Union in pursuit of its interests and can therefore, in principle, be revoked by the European Union at any time;
- Contingency measures must be adopted respecting the division of competences provided for by the Treaties as well as the principle of subsidiarity within the European Union;
- National contingency measures must be compatible with EU law, including the international obligations of the Union; and
- Contingency measures will not remedy delays that could have been avoided by preparedness measures and timely action by the relevant stakeholders."

Specific arrangements described for a no deal scenario include:

- **Citizens**: periods of legal residence of UK citizens in an EU27 Member State before the withdrawal date should be considered as periods of legal residence. This will help them to obtain long-term resident status in due course, as well as to have the same treatment as nationals around access to employment, education, and core social benefits, as well as family reunion rights and potentially the right to reside in another member state. The Commission also notes Theresa May's reassurance that the rights of EU citizens in the UK will be protected and "now expects this assurance to be formalised soon so that it can be relied upon by the citizens". The Commission will amend visa regulations, if the UK does similarly, to exempt UK nationals from visa requirements for short stays in the EU
- **Air transport**: as long as the UK applies equivalent steps, measures will be proposed to ensure that UK air carriers can fly over the EU, make technical stops, land in the EU, and fly back to the UK, and similarly proposals will be made to ensure continued validity of safety certificates for a limited period while new approvals are sought

- **Road transport**: UK hauliers would have limited market access rights, as current EU law does not allow for extending these rights.
- **Customs**: goods moving between the UK and EU will be treated as imports and exports, such that all relevant EU legislation will apply, including "the levy of certain duties and taxes (such as customs duties, value added tax and excise on importation), in accordance with the commitments of the European Union under the rules of the World Trade Organisation". In addition, "The need for customs declarations to be presented to customs authorities, and the possibility to control shipments will also apply". The Commission acknowledges that "Ensuring a level-playing field and smooth trade flows will be particularly challenging in the areas with the densest goods traffic with the United Kingdom"

Also covered are arrangements for financial services, sanitary requirements, personal data and EU climate policy.

To ensure timely adoption of the necessary legislative measures, the Commission intends to propose all necessary legislative measures and adopt all delegated acts before 31st December 2018. This will allow the European Parliament and Council to complete their procedures and control functions before March 2019.

The Commission will also submit draft implementation acts by 15th February 2019.

A copy of the briefing is attached as ***Appendix 12*** for your information.

b) Department of Health and Social Care (DHSC) EU Exit Operational Readiness Guidance – 24th December 2018

On the 24th December 2018, I received a letter from the DHSC on the EU Exit Operational Readiness ***(Appendix 13a)*** with a copy of the EU Exit Operational Readiness Guidance ***(Appendix 13b).***

The Government and the EU have now agreed the basis upon which the UK will leave the EU in March 2019. 'No deal' exit is not the Government's policy, but it is our duty to prepare for all scenarios. Following the Secretary of State's letter in August 2018, and with the assistance of arm's-length bodies and industry, the Department for Health and Social Care has strengthened its national contingency plans for 'no deal'. With just over three months remaining until exit day, the DHSC have now reached the point where they need to ramp up 'no deal' preparations. This means the Department, alongside all other Government departments, will now enact the remaining elements of their 'no deal' plans.

Delivering the deal remains the Government's top priority and is the best 'no deal' mitigation. However, in line with the Government's principal operational focus on national 'no deal' planning, actions must now be taken locally to manage the risks of a 'no deal' exit.

To inform preparations, the DHSC have provided the EU Exit Operational Readiness Guidance alongside their letter, which has been developed and agreed with NHS England and NHS Improvement. This guidance sets out the local actions that providers and commissioners of health and adult social care services in England should take to prepare for EU Exit. The guidance will also be shared with colleagues in the devolved administrations to assist them with their preparations as part of UK-wide contingency plans.

The Foundation Trust has disseminated this guidance to all relevant individuals for them to take the necessary actions, and informed the EU Exit Team of the name of our Senior Responsible Officer, which for the Trust is John Holden, Director of Strategy and Integration/Deputy Chief Executive.

RECOMMENDATIONS

The Council of Governors is asked to receive and note this report.

Meeting Title	Council of Governors		
Date	17.01.19	Agenda item	CGo.1.19.12

Appendices

Appendix 1a – NHS Providers Briefing: CQC Report on Quality Improvement in Hospitals

Appendix 1b - CQC Report on Quality Improvement in Hospitals

Appendix 2 – The King's Fund Report: Approaches to Better Value in the NHS

Appendix 3 – Nuffield Trust: Rethinking Acute Medical Care in smaller hospitals

Appendix 4a – NHS Providers: The State of Health Care and Adult Social Care England 2017/18

Appendix 4b – CQC Report: The Social of Health Care and Adult Social Care in England 2017/18

Appendix 5 – National Freedom to Speak Up Survey

Appendix 6a – NHS Providers Briefing: HSIB Investigation into the Provision of Mental Health Patients

Appendix 6b – HSIB Investigation into the Provision of Mental Health Patients

Appendix 7a - NHS Providers Briefing: NHSI Wholly Owned Subsidiaries guidance

Appendix 7b – Addendum to transactions guidance on Wholly Owned Subsidiaries

Appendix 8 – Letter from Ian Dalton on Winter Preparation

Appendix 9a – NHS Providers Briefing: CQC Opening the Door to Change report

Appendix 9b - CQC Report: Opening the Door to Change

Appendix 10 – Operational Planning and Contracting Guidance

Appendix 11 - NHS Providers Briefing on Operational Planning and Contracting Guidance

Appendix 12 – NHS Providers Briefing on Immigration White Paper

Appendix 13a – Department of Health & Social Care – EU Exit Operational Readiness Letter

Appendix 13b - Department of Health & Social Care – EU Exit Operational Readiness Guidance