Bradford Teaching Hospitals
NHS Foundation Trust

Meeting Title	Council of Governors		
Date	18.04.2019	Agenda item	CGo.4.19.10

Report of the Chief Executive Officer
April 2019

Presented by	John Holden, Acting Chief Executive Officer	
Author	Helen Haslam, Executive Officer – Office of the Chair and Chief Executive Officer	
Lead Director	John Holden, Acting Chief Executive Officer	
Purpose of the paper	This paper outlines the key developments and occurrences from January and February 2019 that the Chief Executive Officer wishes to discuss with the Council of Governors	
Key control	N/A	
Action required	To note	
Previously discussed at/ informed by	N/A	
Previously approved at:	**Committee/Group**	**Date**
	Board of Directors	March 2019

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 from Clive Kay, Chief Executive Officer

2. **External Communications and Publications**
   a) NHS Providers 'On the Day' Briefing: *Operational Planning and contracting Guidance 2019/20* – January 2019
   b) NHS Providers Summary of Board Papers: NHS Improvement (NHSI) Board Meeting - January 2019
   c) NHS Providers Briefing: Developments in Specialised Commissioning – January 2019
   d) NHS Providers Summary of Board Papers: NHS England (NHSE) Board Meeting - January 2019
   e) NHS Providers 'On the Day' Briefing: *A Five Year Framework for GP Contract Reform to Implement the NHS Long Term Plan* – February 2019
   f) NHS Providers 'On the Day' Briefing: *The Kark Review of the Fit and Proper Person Test* – February 2019
   g) The Topol Review – *Preparing the Healthcare Workforce to Deliver the Digital Future* – February 2019

3. **Brexit and EU Exit**
   a) Letter from Professor Keith Willet, EU Exit Strategic Commander on EU Exit Operational Response – February 2019

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4. Quality, Investment and Development
a) Minor Injuries and Minor Illnesses Unit
b) New Smoke-free measures

5. Workforce
a) New Consultant Appointments
b) Staff Survey Results 2018

6. Celebrating Success
a) Awards for BTHFT Team of the Month and Employee of the Month
b) *Best Care Award* for Consultant Ophthalmologist

Recommendation

The Council of Governors is asked to note the contents of the report.

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 (see section 4 for details)	**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: (please select those that are relevant) ☒Risk Assessment Framework ☒Quality Governance Framework ☒Code of Governance ☒Annual Reporting Manual
Care Quality Commission Domain: Well Led
Care Quality Commission Fundamental Standard: Good Governance
Other (please state):

Relevance to other Board of Director's Committee: (please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
☐	☐	☐	☐	☐	☐

Appendix 1a - NHS Providers 'On the Day' Briefing: Operational Planning and Contracting Guidance 2019/20

Appendix 1b - NHS Operational Planning and Contracting Guidance

Appendix 2 – NHS Providers Briefing: Summary of Board Papers – Statutory Bodies, NHSI

Appendix 3a - NHS Providers Briefing: Specialised Commissioning

Appendix 3b – Specialised Commissioning Policy

Appendix 4 – NHS Providers Briefing: Summary of Board Papers – Statutory Bodies, NHSE

Appendix 5a – NHS Providers Briefing: Five Year Framework for GP Contract Reform to implement NHS Long Term Plan

Appendix 5b – GP Contract Reform 2019

Appendix 6a – NHS Providers Briefing: The Kark Review Fit and Proper Person Test

Appendix 6b – The Kark Review Fit and Proper Person Test

Appendix 7 – NHS Providers Briefing: The Topol Review

Appendix 8 – Letter from Professor Keith Willett on EU Exit

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Report from the Chief Executive Officer – April 2019

1. Internal Communications

a) Farewell from Clive Kay, Chief Executive Officer

It is with regret that Clive announced his departure from Bradford Teaching Hospitals NHS Foundation Trust.

After careful consideration, Clive decided to accept an offer to become the new Chief Executive of King's College Hospital NHS Foundation Trust in London, and left his post in Bradford on 31st March 2019.

Clive's decision to accept this new challenge had not been taken lightly, and he said, "*I am extremely proud to have been part of Bradford Teaching Hospitals NHS Foundation Trust for over 20 years, and to have worked with so many talented and committed colleagues, not only within the Trust, but also across the Yorkshire and Humber Region. I feel immensely fortunate to have had the opportunity of being a Consultant Radiologist, Clinical Director, Medical Director, and most recently, Chief Executive Officer. However, the opportunity to support King's in its onward journey by drawing on the wealth of experience I have gained from my time in Bradford, is one that I feel is right to take".*

I have now taken up position as Acting Chief Executive Officer from 1st April 2019, and will remain in post until a permanent Chief Executive Officer is appointed. I will endeavour to keep you updated periodically with the ongoing developments.

2. External Communications and Publications

a) NHS Providers 'On the Day' Briefing: *Operational Planning and Contracting Guidance 2019/20* – January 2019

I recently received an 'On the Day' briefing from NHS Providers ***(Appendix 1a)*** in relation to the newly published *Operational Planning and Contracting Guidance 2019/20* ***(Appendix 1b)***. The briefing details key points from the document, and the view from NHS Providers.

NHS England and NHS Improvement published the second part of the *2019/20 Operational Planning and Contracting Guidance* on Thursday 10th January 2019. This principal guidance covers the new financial framework (including the new Financial Recovery Fund), new operational planning requirements, and further details on system planning and national tariff proposals.

Key Points

- A new financial framework has been introduced to the provider sector, with the aim of eliminating all Trust deficits by 2023/24. Fundamental to this is a new financial recovery fund (FRF) that will be targeted at Trusts who agree control totals and deliver efficiencies , but still record a deficit. The new financial regime will phase out the control total and the provider sustainability fund (PSF) regime, which will be brought to an end in 2020/21.

- Trusts and systems will be expected to produce recovery plans during 2019/20 and beyond. Further guidance is expected. It is likely that capital plans drawn up by Sustainability and Transformation Partnerships (STP) and Integrated Care Systems (ICS) will play an importance role in these.
- NHSI and the Department of Health and Social Care (DHSC) are reviewing the cash and capital regimes for providers. Further details are expected in the comprehensive spending review, which is due in autumn 2019
- Further detail is provided within the guidance on system planning. STPs and ICSs are expected to provide an overview of how system resources will be utilised, in addition to submitting aggregated data sets based on each member's plans
- There are a number of new commitments around mental health spending. In addition to meeting the mental health investment standard (MHIS) requirements, commissioners will be expected to increase the share of their total spend on mental health services, the guidance does not include performance recovery trajectories, however, it does make it clear that the existing NHS Constitution standards remain in force.

The guidance has been reviewed by the executive team and will be discussed within the relevant forums.

b) NHS Providers Summary of Board Papers: NHS Improvement (NHSI) Board Meeting January 2019.
I recently received a summary from NHS Providers of NHS Improvement's January Board meeting. The briefing contained details of the Chair's report, Chief Executive report, and an update on winter activities

A copy of the briefing is attached as ***Appendix 2*** for your information.

c) NHS Providers Briefing: Developments in Specialised Commissioning – January 2019
On the 25th January 2019, I received a briefing from NHS Providers ***(Appendix 3a)*** with regard to the *Specialised Commissioning policy* ***(Appendix 3b).***

The NHS England *Specialised Commissioning policy* has been developing, with implications at both system and provider level. As part of the 2019/20 planning guidance, NHS England announced plans for the integration of specialised services within local health and care systems. The move will see local systems and national commissioners working together to plan services and develop place-based commissioning. The attached NHS Providers briefing outlines the background and the direction of travel for developments in specialised commissioning.

d) NHS Providers Summary of Board Papers: NHS England (NHSE) Board Meeting January 2019.
I recently received a summary from NHS Providers of the NHS England Board's January meeting. The briefing contained details of the Chief Executive report, GP contract reform, personalised care, NHS performance and finance update and allocation of resources.

A copy of the briefing is attached as ***Appendix 4*** for your information.

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e) NHS Providers 'On the Day' Briefing: *A Five-Year Framework for GP Contract Reform to Implement the NHS Long Term Plan* – February 2019

On the 6th February 2019, I received an NHS Providers 'On the Day' briefing ***(Appendix 5a)*** regarding the publication, *Investment and evolution*: *A five-year framework for GP contract reform to implement the NHS Long Term Plan* ***(Appendix 5b)***.

The briefing describes the summary of changes to the current contract, considerations for the provider sector and key elements of the contract in detail.

NHS England and the British Medical Association's GP committee have reached an agreement for a general practice contract reform for the next five years, with the aim of supporting the delivery of the NHS Long Term Plan. They have jointly published a new framework for general practice over the next five years to 2023/24: *Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan*.

The NHS Providers briefing summarises the changes set out in the contract, and explores the potential implications for Trusts and their local partnerships with primary care.

The contract introduces a range of changes aimed at addressing workforce pressures, supporting integration and joined up care, and facilitating efficient use of resources in general practice, as well as changes to the Quality Outcomes Framework (QOF) and the introduction of a new state-backed indemnity scheme. The changes are supported by a guarantee of investment of £4.5bn a year for

community services and primary care, to implement the 'triple integration' of primary and specialist care, physical and mental health services, and health and social care.

Summary of changes to the contract

- Primary care networks (PCNs) formed of practices covering populations of 20,000-50,000 patients will cover the whole of England and work closely with integrated care systems (ICS) as a formal basis for collaborating with other system partners, including community services.
- Initiatives such as the enhanced health in care homes scheme, rapid-response community re-ablement services, and anticipatory care services, supported by the introduction of an Investment and Impact Fund (IIF), will be implemented by local systems led by PCNs in collaboration with community providers.
- In response to workforce pressures in primary care, PCNs will form multidisciplinary teams comprising of clinical pharmacists, physician associates, first contact physiotherapists, social prescribing link workers and first contact community paramedics. These roles will support GPs and nurses in general practice, and play a key role in providing joined up care, working in ICSs to streamline care pathways.
- There is flexibility for networks to decide who employs the staff associated with the new network contract, including Trusts, GP federations or a single lead provider.
- A new state-backed indemnity scheme will introduce a number of measures to relieve the impact of spiralling cost of indemnity cover on out-of-hours staffing and GP recruitment and retention
- A refresh to the Quality Outcomes Framework (QOF) will retire 'low-value' indicators in favour of new indicators which reflect the changing evidence-base and up-to-date clinical practice.

- A raft of changes to the use of technology in general practice, including IT infrastructure reform, the introduction of patients' right to access records, and correspondence online as well as access GP appointments via video link, and an increased focus on anticipatory care and analytics supported by technology.

Considerations for the provider sector

- Proposed additional roles in primary care, including social prescribing link workers, physician associates, physiotherapists, paramedics and clinical pharmacists will all play an important role in joining up care pathways between services. There may be a need for local systems to ensure that the recruitment of staff into general practice, in particular paramedics and physiotherapists, does not have an adverse effect on the ability of Trusts to recruit and retain staff in these roles.
- PCN network boundaries will be expected to align sensibly with constituent GP practices, local populations, and community based providers. Network agreements will determine how the PCNs work with other organisations in the system, and ICS oversight will ensure PCNs work in an integrated way with other community services. However, community providers will subsequently be
  asked to configure their teams according to these boundaries, which may bring about changes to care pathways, frontline staff team configurations and system relationships.
- An increased role for PCNs in delivering urgent care will hold implications for Trusts involved in delivering urgent care and out-of-hours services, including Acute Trusts with urgent treatment centres, and Ambulance Trusts holding NHS 111 contracts. Further clarity on how networks will work alongside existing services will be welcome.
- Initiatives forming part of the increased investment in primary and community services and increasing integration between the two, including rapid community response and enhanced health in care homes will have implications for the way community and Mental Health Trusts resource services, plan care, and work with local partners.

f) NHS Providers 'On the Day' Briefing: *The Kark Review of the Fit and Proper Person Test* – February 2019

I recently received an 'On the Day' briefing from NHS Providers ***(Appendix 6a)*** with details of the recently published *Kark Review of the Fit and Proper Person Test* ***(Appendix 6b)***.

The review, undertaken by Tom Kark QC in July 2018, has identified a range of issues with the Fit and Proper Person Test (FPPT), and the way it is currently interpreted and applied. It concludes that the FPPT does not ensure directors are fit and proper for the post they hold, nor does it stop people who are unfit from moving around the system.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all Trusts to ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the Fit and Proper Person Regulations (FPPR). The definition of directors includes those in permanent, interim or associate roles, irrespective of their voting rights at Board meetings. These regulations were introduced in November 2014 and the fundamental standards came into force in April 2015.

The review makes several significant and potentially far-reaching recommendations, which members will want to familiarise themselves with. The Secretary of State for Health has already confirmed that the government will accept two of the recommendations: that all directors should

meet specified standards of competence to sit on the Board of any health providing organisation, and the creation of a central database holding relevant information about qualifications and history about each director, including non-executive directors (NEDs). Baroness Dido Haring (Chair, NHS Improvement) has been asked by the Health Secretary to consider the remaining recommendations, and how they can be implemented.

Recommendations

1. All directors should meet specified standards of competence to sit on the Board of any health providing organisation.
2. A central database should be created, holding relevant information about qualifications and history about each director (including NEDs).
3. Full, honest and accurate mandatory employment references should be required from any relevant employer where an employee is moving from a post covered by Regulation 5 (the duty of Trusts to ensure that their directors, are compliant with FPPR) to a post covered by Regulation 5.
4. The FPPT should be extended to all commissioners and other appropriate arm's length bodies (ALBs), including NHSI and NHSE.
5. An organisation should be set up with the power to suspend and to disbar directors who are found to have committed serious misconduct.
6. In relation to the FPPR, the words '*been privy to' are removed.*
7. Further work is done to examine how the test works in the context of the provision of social care. The review team concluded that the question of how the FPPT works in social care was too complex to be dealt with in this short review.

g) The Topol Review – *Preparing the Healthcare Workforce to Deliver the Digital Future* – February 2019

I recently received a briefing from NHS Providers ***(Appendix 7)*** on the recently published Topol Review: *Preparing the Healthcare workforce to deliver the Digital Future.*

The final report of the review into the future of technology in the NHS, commissioned by the Secretary of State for Health and Social Care, and led by Dr Eric Topol, explores the implications of digital developments in the NHS. The report includes how to prepare and train the healthcare workforce to transform the way they care for patients, diagnose and treat diseases, and prevent illness from developing.

Summary of key recommendations

The *NHS Long Term Plan* identified a need for the NHS to adopt a responsive and innovative approach to using technology in the workplace to reduce workload, improve and personalise patient care, and make the best of digital developments into the future. The review makes recommendations to the NHS about how to enable staff to make the best use of technologies such as genomics, digital medicine, artificial intelligence and robotics to improve services, supporting the *NHS Long Term Plan*, and the upcoming workforce implementation plan.

- The NHS must focus on building a digitally ready workforce that is fully engaged and has the skills and confidence to adopt new technologies and deploy them in the delivery of day care across the health system. This will be achieved through training programmes, continued

professional development (CPD), sabbaticals and secondments, as well as top-down cultural change to create a culture of learning and development.

- Digital medicine will require leadership to direct the agenda, including Board level roles and senior roles to advise Boards on digital technology. Board-level skills in data provenance, curation and governance will be necessary to support organisations to safely and effectively build digital capability, and make informed investment decisions.
- The NHS will need to build specialist capacity to commission and evaluate health technologies and make informed investment decisions. It should collaborate with academia and industry to create a pipeline of specialist staff including robotics engineers, data scientists and artificial intelligence (AI) specialists moving into the NHS.
- Regulators, academic institutions and professional bodies will be encouraged to identify the skills, behaviours and values required to build a digitally enabled workforce, and to develop curricula and training programmes accordingly.

In line with the launch of the report, I was also invited to attend a launch event on 11th February 2019, held at the Royal Society of Medicine. The event, which was chaired by Sir David Behan, Chair of Health Education England, involved an opening address from The Rt Hon Matt Hancock, Secretary of State for Health and Social Care, and presentations from a number of professionals around the impact on the workforce from the areas such as digital medicine, genomics and artificial intelligence and robotics.

The Trust is in a positive position with respect to the recommendations as a result of several years of work. This work has included implementing a broad and well-adopted Electronic Patient Records system, with inherent decision support tools, and progress on maturing Business and Artificial Intelligence through work like the Command Centre. The Review notes the importance of both digitisation and integration of health and care records.

For the Bradford District & Craven Health and Social Care Place, the patient records are already 'shared' electronically between the two acute Trusts (BTHFT & Airedale Hospital Foundation Trust), and primary care, along with our leading shared record with Calderdale & Huddersfield Foundation Trust. These advances demonstrate a high degree of digitisation and digitally literate workforce. In addition, the Review supports the Trust's recently approved Digital Strategy (From Going Digital to Going Virtual, September 2018), that aims to see our technology and information used intelligently, and along with our partners, to keep our communities well and out of hospital by, for example:

- analysing community-based data from all the providers in near real-time we can coordinate care better and target interventions;
- using artificial intelligence to analyse our data we can assist in determining when patients would do better with other interventions, rather than coming into the hospital;
- using tele-medicine and technology to 'see' patients where they are, and help them manage their conditions better outside of hospital with and without our virtual help;
- using home monitoring instead of in-hospital monitoring to keep people at home.

The Review also recognises, as does the Trust's Digital Strategy, the importance of data quality and cyber security.

A copy of the Topol Review: *Preparing the Healthcare workforce to deliver the Digital Future* is available to download at https://topol.hee.nhs.uk.

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3. Brexit and EU Exit

a) Letter from Professor Keith Willet, EU Exit Strategic Commander on EU Exit Operational Response – February 2019

I recently received a communication from Professor Keith Willett, EU Exit Strategic Commander. The letter outlines the operational response that NHS England and NHS Improvement are undertaking at national and regional level in preparation for the EU exit.

The letter also includes contact information for NHS Organisations to use, and reference to events being held throughout the UK,

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

4. Quality, Investment and Development

a) Minor Injuries and Minor Illnesses Unit

Changes within the Emergency Department (ED) were introduced in January 2019, with the opening of the new Green Zone. The Green Zone area will treat patients with minor injuries and illnesses within our Emergency Department. The refurbished unit began treating patients in mid-January.

The new unit will ensure that patients who attend ED with minor injuries or primary care-based issues can be treated promptly within ED. The Unit also brings together the minor injuries service and emergency GP team. Local Care Direct's out-of-hours GP service will also move to this area in the coming weeks, creating a single location. The Green Zone houses 10 newly-refurbished clinical examination rooms and renovated patient waiting areas, as well as a designated reception to support the primary care stream.

The ED minor injuries team and onsite primary care colleagues currently see around 110 patients a day who present at the BRI with minor injuries and ailments. Following on from the Green Zone there will be
further different-coloured sections in ED to reflect the severity of the patient's presenting condition or injury. Majors will be coloured as Amber, and resuscitation and high dependency will be a Red Zone. It is hoped the introduction of the new zones will help patients to better navigate their way around the department and visually understand the significance of the care that is being undertaken.

b) New Smoke-free measures

All our premises and sites are now completely smoke-free, in line with The Health Act (2006) and the National Institute for Health and Care Excellence, which sets guidance for clinical practice. In line with the new guidance patients, visitors and staff are not permitted to smoke in any of our hospitals or Trust buildings, as well as in our grounds, gardens and vehicles. The use of e-cigarettes or "vaping" is also not permitted.

From 18th February 2019, the smoking shelters for patients and visitors will be removed at Bradford Royal Infirmary and St Luke's Hospital. New smoke-free signage will also be installed around the estate. We will be advising all inpatients who smoke, that we are a smoke-free Trust, and ensure that they are offered smoking cessation advice and treatment whilst in our care.

The Trust will help and support staff who wish to stop smoking, or to abstain while at work. A smoking cessation advisor from Bradford Council attends BRI to run weekly clinics at the Health and Wellbeing Centre.

5. Workforce

a) New Consultant Appointments

Dr Amy Hufton joined the Trust as a Consultant Obstetrician in February 2019, having previously worked at Sheffield Teaching Hospitals NHS Foundation Trust. Dr Hufton has specialist skills in joint obstetric and medical clinics including, rheumatology, cardiac, diabetes, endocrine and haematology.

Mr Christos Gkikas joined the Trust as a Consultant Urologist in February 2019, having previously worked at the Trust as a Uro-Oncology Robotic Fellow**.** Mr Gkikas has specialist skills in acute stone management and scrotal surgery including bladder and ureteric reconstruction.

b) Staff Survey Results 2018

Over 2,000 staff took part in the 2018 NHS Staff Survey, giving the Trust a response rate of 35%, against the average of 44%. Overall, the results of the survey are positive and show that we are listening to our staff, working with them to make improvements and making a difference to their experience, and how they feel about working here.

Staff engagement, our priority in 2018, significantly increased again, showing an upwards trend over the last three years from 6.9 in 2016 to **7.2** in 2018. Staff motivation and recommending us as a place to work and receive treatment both show a significant increase in scores.

Our scores are above average in nine of the new themed areas (*Equality, Diversity and Inclusion; Health and Wellbeing; Immediate managers; Morale; Quality of Appraisals; Quality of Care; Safe Environment – bullying and harassment; Safe Environment – violence; Safety Culture; Staff*

Engagement); our score for '*Safe environment – Violence*' matches the benchmarking 'best' score of 9.6. We are below average for *Equality, Diversity and Inclusion*. Although we have made significant improvements in many of the themed areas compared to last year, there is more work to do to improve *Equality, Diversity and Inclusion, Quality of care, Quality of Appraisals, Health and Wellbeing, and Safety culture,* to match the best benchmark scores.

We have made significant improvements in five of the eight priorities in our Staff Survey action plan, for example positive shifts in the scores for communications between senior management and staff, are up from 37.8% to 42.1%; reporting of errors and incidents from 92.9% 96.0%, and a decrease in the percentage of staff experiencing physical violence from staff in the last 12 months from 3% to 2%. A more detailed report including areas identified for our Staff Survey Action plan 2018 will be presented to the Executive Management Team later this month.

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6. Celebrating Success

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

Board members are already aware of our increased our efforts to recognise the achievements of our staff and celebrate their successes, through our '*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 following winners:

December 2018 Team of the Month – The Occupational Health Team
December 2018 Employee of the Month – Shah Muhammad, Data Warehouse Support Manager

January 2019 Team of the Month – Diabetic Dietitians
January 2019 Employee of the Month – Sabina Akhtar, Lead Sister on the Hyper-Acute Stroke Unit

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

b) *Best Care Award* for Consultant Ophthalmologist

I am delighted to announce that Miss Helen Devonport, Consultant Ophthalmologist, has recently been recognised by the National Ankylosing Spondylitis Society (NASS), and was presented with their prestigious *Best Care by a Supporting Profession* award.

NASS is the only charity in the UK dedicated to transforming care of ankylosing spondylitis(AS) an inflammatory arthritis where the main symptom is back pain. However, it can trigger other conditions in patients including uveitis – inflammation of the uvea or the middle layer of the eye.

Miss Devonport was among 200 guests, including 11 MPs, invited to a reception at the Houses of Parliament, as the charity unveiled its *"Every Patient Every Time"* campaign. On average it takes around eight years for a diagnosis of AS to be made, so it's important that clinicians in supporting professions do all they can to spread awareness across all specialities. For example, when a patient presents with an eye condition, we investigate for underlying causes, and in some cases this could possibly result in a referral to rheumatology.

I am sure the Council of Governors will join me in congratulating Helen on this major achievement.

RECOMMENDATIONS

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