

<b>Meeting Title</b>	Board of Directors		
<b>Date</b>	12.09.2019	<b>Agenda item</b>	Bo.9.19.7

## Report of the Chief Executive – September 2019

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

### Key Options, Issues and Risks

This paper provides an opportunity for the Acting Chief Executive Officer to bring to the attention of the Board of Directors the key developments and occurrences from July and August 2019

### Analysis

#### 1. External Communications and Publications

- NHS Providers 'On the Day' Briefing: Prevention Green Paper – 23<sup>rd</sup> July 2019
- NHS Oversight Framework for 2019/20 – 27<sup>th</sup> August 2019
- Launch of the NHS England and NHS Improvement West Yorkshire Vascular Services Consultation – 28<sup>th</sup> August 2019
- West Yorkshire and Harrogate Health and Care Partnership Board – Developing our Five-Year Strategy – 3<sup>rd</sup> September 2019

#### 2. Quality, Investment and Development

- Innovative Palliative Care Project
- Cardiology Perform our First Lithotripsy Procedure
- Another Digital Milestone Passed
- Children's Diabetes Team Quality Improvement Success

#### 3. Workforce

- New Consultant Appointments
- Update on Wholly Owned Subsidiary (WoS)

#### 4. Celebrating Success

- Awards for BTHFT Team of the Month, Employee of the Month and Trainee of the Month
- Success at Health Service Journal Awards
- Success for Informatics Team

#### 5. Research

- Pioneering Patient Safety Project

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## 6. Brexit

### a) Update on Brexit Preparations

#### Recommendation

The Board of Directors is asked to note the key developments and occurrences from July and August 2019 that the Acting 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)						

<b>Benchmarking implications (see section 4 for details)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Risk Implications (see section 5 for details)</b>	<b>Yes</b>	<b>No</b>
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement: (please tick those that are relevant)</b>
<input checked="" type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework <input checked="" type="checkbox"/> Code of Governance <input checked="" type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain: Well Led</b>
<b>Care Quality Commission Fundamental Standard: Good Governance</b>
<b>NHS Improvement Effective Use of Resources: Corporate Services, Procurement, Estates &amp; Facilities</b>
<b>Other (please state):</b>

Relevance to other Board of Director's Committee: (please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 1 PURPOSE/ AIM

This paper outlines the key developments and occurrences from July and August 2019 that the Acting Chief Executive wishes to discuss with the Board of Directors.

## 2 BACKGROUND/CONTEXT

The paper provides the Board of Directors with an outline of key events, which have taken place at the Trust, and details of key communications from external stakeholders. The report also provides information on staff events and key appointments.

## 3 PROPOSAL

N/A

## 4 BENCHMARKING IMPLICATIONS

N/A

## 5 RISK ASSESSMENT

N/A

## 6 RECOMMENDATIONS

The Board of Directors is asked to note the key developments and occurrences from July and August 2019 that the Acting Chief Executive Officer wishes to discuss.

## 7 Appendices

Appendix 1 – NHS Providers ‘On the Day’ Briefing – Prevention Green Paper

Appendix 2a – NHS Providers ‘On the Day’ briefing – NHS Oversight Framework 2019/20

Appendix 2b – NHS Oversight Framework 2019/20

Appendix 2c – NHS Oversight Framework 2019/20 – Provider Oversight Approach

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Appendix 2d – NHS Oversight Framework 2019/20 – Provider Oversight Metrics

Appendix 3a – West Yorkshire Vascular Consultation – Stakeholder letter

Appendix 3b – West Yorkshire Vascular Consultation document

Appendix 4 – West Yorkshire and Harrogate Health and Care Partnership board – Developing our Five-Year Strategy

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## Report from the Chief Executive Officer – September 2019

### 1. External Communications and Publications

#### a) NHS Providers 'On the Day' Briefing: Prevention Green Paper – 23<sup>rd</sup> July 2019

On the 23<sup>rd</sup> July 2019, I received an 'On the Day' briefing from NHS Providers with regard to the Department of Health and Social Care and Cabinet Office consultation document *Advancing our health: prevention in the 2020s*.

The green paper sets out the case for change in the way prevention is approached, identifying key drivers of ill health including deprivation, inequalities, health-related behaviours such as smoking and physical inactivity, and mental health difficulties. Health is shaped by the services received, the choices people make, the conditions in which people live and genetics.

The green paper commits to an approach, which takes health as an asset, and as a foundation of thriving communities and a strong economy. It commits to moving away from a culture in which good health is taken for granted, and only paying attention when health problems are experienced. The green paper is accompanied by a consultation inviting views on the proposals and further measures to support prevention, and will be open for submissions until 14<sup>th</sup> October 2019.

#### Summary of key points

- The green paper sets out a vision for prevention in which health is treated as an asset, and the population empowered to 'co-create' their own health. Many of the measures announced focus on personalisation, and addressing inequalities between the most and least deprived members of the population.
- The Department of Health and Social Care (DHSC) will support prevention by embedding genomics in healthcare, expanding and modernising screening programmes, and taking a predictive approach to prevention to identify risks before they manifest in a personalised way.
- The NHS Long Term Plan has a key role to play in the wider approach to prevention, with measures such as expanding the diabetes prevention programme, introducing social prescribing and establishing alcohol care teams and support to stop smoking. There will be further support and advice for people to stay active including into old age.
- The green paper sets out ambitions to address the causes of ill health, and announces a 2030 smoke-free goal, action on childhood obesity, measures to improve food labelling, encouraging industry to reformulate foods and exploration of further levies on high sugar foods.
- The green paper addresses mental health as a key pillar of good health, and introduces a range of measures to support mental health in health services and schools, including a duty for schools to teach about mental health and campaigns to increase awareness of mental health.
- The government will explore ways of supporting the wider determinants of health, including supporting local authorities to incorporate health into planning of places and services, and improve access to green spaces.

#### Prevention in the NHS

Building on the commitments in the long term plan to double funding for the diabetes prevention programme, to offer NHS funded tobacco treatment and alcohol care teams in inpatient settings, and to set out goals for narrowing health inequalities, the green paper commits to actions which make the NHS a 'national wellness service', including:

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- Allowing people to connect their own data into their health record if they choose
- Providing people with personalised advice based on aggregated data
- Giving people the tools and motivation to make informed choices
- Establish a Social Prescribing Academy to champion social prescribing and support national plans to make it available throughout England via 1,000 trained social prescribing link workers by 2020, and brokering relationships across health, local government, justice, arts, culture, sport, the outdoors and other sectors.
- Exploring further options to expand the role of community pharmacists through a Community Pharmacy contractual framework to redefine the integral role of community pharmacies in identifying and referring patients with health conditions, offer a wider range of advice and support.
- While local authorities will continue to commission public health services, the NHS and local authorities will be expected to work more closely together and embed prevention into the full range of health and other services. The green paper sets out an aim for collaborative commissioning to become the norm, requiring local authorities and the NHS to work closely together.
- Through Integrated Care Systems, public health services may be commissioned via a lead commissioner or pooled budgets. The green paper acknowledges that local areas need to decide what works best however, they are encouraged to use the levers available to them to develop joint approaches and make best use of health and wellbeing boards.

A copy of the full briefing is attached at **(Appendix 1)** for your information. For access to the online consultation document, please visit <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>.

#### **b) NHS Oversight Framework for 2019/20 – 27<sup>th</sup> August 2019.**

On 27<sup>th</sup> August 2019, I received a briefing from NHS Providers **(Appendix 2a)** on the recently published NHS Oversight Framework for 2019/20 **(Appendix 2b)**. The framework outlines the joint approach from NHSE/I to oversee organisational performance and identify where providers and commissioners may need support. The NHS Oversight Framework replaces the NHS Single Oversight Framework (SOF) for providers, and the Improvement and Assessment Framework (IAF) for Clinical Commissioning Groups (CCGs).

Alongside the NHS Oversight Framework, NHSE/I have published a document outlining the provider oversight approach **(Appendix 2c)**, which provides more detail, and a document setting out the metrics **(Appendix 2d)**, which will be used to monitor and assess provider performance. Key points to note from the documents are:-

#### **Key Points**

- NHSE/I are aligning their operating models to support system working. 2019/20 will be a transitional year, with NHSE/I regional teams coming together to support local systems. The existing statutory roles and responsibilities will be carried out by working with and through system leaders where possible.
- Four metrics have been added to the set used to identify issues at providers. These are based on the annual NHS Staff Survey, and cover bullying and harassment, teamwork and inclusivity. This aspect will be developed over the course of 2019/20, and will include exploring metrics beyond the staff survey. Those organisation that most need it will begin to receive support via NHSE/I's culture and leadership programme.
- Regional Directors and their teams will lead on system oversight, working closely with organisations and systems, and drawing on the expertise and advice of national colleagues.
- In line with the move to greater autonomy for better performing local systems, oversight arrangements will reflect both the performance and relative maturity of ICSs. In 2019/20, it will be for regional teams to determine the level of oversight that best meets their assurance needs.

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- The specific dataset for 2019/20 set out in the Oversight Framework, broadly reflects existing provider and commissioner oversight and assessment priorities. They are split by their alignment to priority areas in the NHS Long Term Plan. Where appropriate these will be aggregated across system level and are likely to be complemented by purpose built system metrics.
- Regional teams will use data from these metrics as well as local information and insight to identify where commissioners and providers may need support. The regional team will involve system leads in the process of considering why the trigger has arisen and whether a support need exists. Regional teams will allocate providers/CCGs to support 'segment' or category. For ICSs, support decisions will be taken having regard to the views of system leadership governance.
- From 2019/20, ICSs and emerging ICSs will be increasingly involved in the oversight process and support of organisations in their system.

**c) Launch of the NHS England and NHS Improvement West Yorkshire Vascular Services Consultation – 28<sup>th</sup> August 2019**

On the 28<sup>th</sup> August 2019, I received a letter from NHS East and Yorkshire Region Specialised Commissioning Team (**Appendix 3a**) announcing that NHS England Yorkshire and Humber region had launched its three-month public consultation setting out proposals for the future of specialised vascular services in West Yorkshire.

Vascular services reconstruct, unblock or bypass arteries and are often one-off specialist procedures to reduce the risk of sudden death or amputation and prevent stroke.

Currently specialised vascular services in West Yorkshire are delivered from three centres – Leeds General Infirmary, Bradford Royal Infirmary and Huddersfield Royal Infirmary. Based on a need to reduce the number of specialised vascular centres from three to two as identified by Yorkshire and The Humber Clinical Senate, the proposed recommendation being consulted on is that those centres should be at Leeds General Infirmary, due to its status as a major trauma centre, and Bradford Royal Infirmary due to its co-location with renal care. The proposals could result in all specialised vascular surgery that requires an overnight hospital stay being transferred from Huddersfield Royal Infirmary to Bradford Royal Infirmary, which would potentially affect up to 800 patients a year.

The reasons for the recommended change to services are set out in the consultation documentation (**Appendix 3b**). Events are taking place in the local community for members of the public and patients to attend, and these are detailed in the letter.

For further information about the consultation on the future of specialised vascular services in West Yorkshire, and access to the online survey, please visit [www.engage.england.nhs.uk](http://www.engage.england.nhs.uk) or <https://www.england.nhs.uk/north-east-yorkshire/wyv>

**d) West Yorkshire and Harrogate Health and Care Partnership Board – Developing our Five-Year Strategy – 3<sup>rd</sup> September 2019**

I attended the West Yorkshire and Harrogate Health and Care Partnership Board on 3<sup>rd</sup> September 2019, where we discussed a paper titled *Developing our Five-Year Strategy* (**Appendix 4**).

The West Yorkshire and Harrogate Health and Care Partnership Board began their process to develop a five-year strategy in the early spring, ensuring that the strategy is a clear representation of the Board's priorities and way of working. Alongside this, the programmes have been spending time working to refresh their objectives.

At the Partnership Board meeting on 4<sup>th</sup> June 2019 a discussion took place on the high level approach the Board were taking to develop the strategy, and it was agreed to establish a new West Yorkshire



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and Harrogate (WY&H) priority on children, young people and families, and an expansion of the existing prevention programme into a new improving population health programme.

The Board have now shared their first draft of the strategic narrative document (Annex B of the appended paper), and set out a process for how they will work with partners to further develop and refine the strategy ahead of finalisation in late November or early December 2019.

The paper also shares the Healthwatch engagement report (Annex C of the appended paper), which builds on the range of engagement work that has already taken place across the partnership, and which is reflected in the strategic narrative.

On 4<sup>th</sup> September 2019, I shared the draft Five-Year Strategy narrative with Board members and the Council of Governors, to review and provide any feedback by close of play on 12<sup>th</sup> September 2019, I will then feedback comments on behalf of the Trust to the Partnership Board.

## **2. Quality, Investment and Development**

### **a) Innovative Palliative Care Project**

I have been interested to hear about how our Hospital Palliative Care team and Marie Curie Hospice have been working together on a new and innovative project. Staff Nurse Katie Northin is employed by Marie Curie, however, she has been spending the last eight weeks working at Bradford Royal Infirmary to gain more insight into an acute setting. The main aims of the project were to help Katie understand the challenges and benefits of working within a multi-professional team in an acute setting, for staff in the acute setting to have a greater understanding of the role of the hospice, and to promote succession planning within Specialist Palliative Care.

The project has been a big success and Katie has commented that the placement has given her insight into both palliative and acute care in the hospital setting, and helped her get a better understanding into a patient's journey.

### **b) Cardiology Perform our First Lithotripsy Procedure**

I am delighted to share with you the news that our cardiology colleagues have recently performed their first lithotripsy procedure. Two patients with coronary heart disease underwent a relatively new technique, Intra-vascular lithotripsy, where resistant stenoses in coronary arteries, or narrowings which cannot be dilated with conventional techniques, are subjected to pulses of ultrasound energy. This effectively 'cracks' the calcified plaques in the vessel wall, once the calcified plaques have cracked, it is then possible to dilate the vessel with conventional balloons and place stents. The technique has been in use for about two years, and is available in a number of the larger UK centres, including Leeds, but I believe we are the first non-surgical centre locally to use it.

Our new lithotripsy machine is a much quicker, safer and more likely to be successful first time round. It also reduces radiation to our patients as less dye is used, which means the patient is less likely to experience kidney failure, which can be a side effect following other forms of treatment.

The introduction of lithotripsy also carries great benefits for the Trust, including reduced costs overall, patients are more likely to have one procedure rather than two, and the Trust can treat a greater volume of patients, which in turn, reduces waiting times.

### **c) Another Digital Milestone Passed**

I was delighted to hear that our hospitals have passed another milestone in the journey to make patient care better and safer through digital technology. A new study has identified our Trust as one of the most-improved digital pioneers in the NHS. We are at present one of only two Trusts across England



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to feature in the top 10, without being part of the NHS's Global Digital Exemplar (GDE) programme – which awards hundreds of millions of pounds' additional funding.

Our improved performance was endorsed as part of a study, co-ordinated by NHS England, in which the “digital maturity” of hospitals was measured against three key themes, Readiness: the ability to plan and deploy digital services, Capabilities: the use of digital technology to support the delivery of care, and Infrastructure: the having in place the underlying platform to support these capabilities. It is also designed to help individual organisations identify key strengths and gaps in provision of digital services.

This independent recognition of our progress is very welcome but not at all surprising. I would like to thank all those involved in making the most of the potential of digital innovation in the Trust.

#### **d) Children's Diabetes Team Quality Improvement Success**

I am delighted to share the recent quality improvement success from our Children's Diabetes team. The team was one of eight national teams who completed a year-long initiative with the Royal College of Paediatric and Child Health (RCPCH) to enhance care in a key area of our service.

The team had been selected to take part in the RCPCH's Quality Improvement Collaborative Programme after being identified as an outlier for the adjusted mean HbA1c, and for their health check completion rate in a National Paediatric Diabetes Audit.

Since starting their journey, the team has worked together to implement new ways of working, and using quality improvement methodology, and have identified a need to make our multi-disciplinary team clinics more child and family friendly. The programme has resulted in new initiatives to enhance patient care and experience.

### **3. Workforce**

#### **a) New Consultant Appointments**

**Miss Fiona Langlands** joined the Trust as a Consultant Oncoplastic Breast Surgeon in July 2019. Prior to her appointment Miss Langlands has been working at St Luke's hospital as a Locum Consultant in Breast Surgery, and has extensive experience in complex Breast Surgery cases.

**Mr Ibraiz Siddique** joined the Trust as a Consultant in Oral and Maxillofacial Surgery in July 2019. Mr Siddique completed his training at Royal Hallamshire Hospital, before securing his post here at the Trust. He has a strong interest to pursue a speciality focused on deformity and trauma, and has gained a broad depth of experience in all aspects of facial deformity, including orthognathic surgery, cleft surgery, temporomandibular joint surgery and facial asymmetry.

**Dr Amy Illsley** joined the Trust as a Consultant Geriatrician in July 2019. Dr Illsley completed her final placement within Leeds Teaching Hospitals NHS Trust, before commencing with the Trust, and has gained extensive experience in intermediate care services, community rehabilitation teams, community MDT's, as well as being involved in ongoing community quality improvement work.

**Mr Gary Hannant** joined the Trust as a Consultant Orthopaedic Surgeon in August 2019. Previously Mr Hannant has worked as a Fellow specialising in Foot and Ankle surgery at Mid Cheshire Hospital.

**Dr Ragu Vinayagam** joined the Trust in August 2019 as a Consultant in GI Radiology. Dr Vinayagam has over 10 years' experience as a Consultant. He has specific expertise in abdominal imaging such as liver elastography and endoluminal ultrasound.

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#### **b) Update on Wholly Owned Subsidiary (WOS)**

Following constructive talks on 21<sup>st</sup> August 2019, which were facilitated by the Advisory, Conciliation and Arbitration Service (ACAS), Bradford Teaching Hospitals NHS Foundation Trust and UNISON agreed to suspend the indefinite industrial action that was due to commence on 26<sup>th</sup> August 2019, subject to specific legal agreement on this point.

The Trust has agreed not to proceed with a 1<sup>st</sup> October 2019 transfer date of the Wholly Owned Subsidiary. As the Board of Directors are aware, UNISON has been offered the opportunity to make a presentation to the Board of Directors at today's closed session, to allow the Board to further reflect on the position. The outcome of this further consideration will be notified to UNISON by the end of September 2019.

Should the Board continue with its plans to form Bradford Healthcare Facilities Management Ltd (BHFML), the Trust has agreed that the earliest transfer date will be 15<sup>th</sup> February 2020.

### **4. Celebrating Success**

#### **a) Awards for BTHFT Team of the Month, Employee of the Month and Trainee 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 panels with staff and governor representation. Both awards have attracted a large number of nominations, and the monthly winners will be shortlisted for the prestigious '*Team of the Year*' and '*Employee of the Year*' at our annual Brilliant Bradford awards ceremony. In addition to these monthly awards, we have now started to recognise our trainees, with our new *Trainee of the Month* award – the first award was presented in June 2019.

Each month's winners receive their certificate in person – usually with a visit from the Chair and myself, or an executive colleague.

Since the Board last met we have announced the following winners:

May 2019 Employee of the Month – Paula Farrell, Sister, Radiology

May 2019 Team of the Month – Maternity Communication Group

June 2019 Employee of the Month – Liz Sunderland, Patient Admin Clerk, Diabetes and Endocrinology

June 2019 Team of the Month – Ward 14, Urology

June 2019 Trainee of the Month – Kerry Smith, Children's Student Nurse

July 2019 Employee of the Month – Lisa Smith, Play Specialist

July 2019 Team of the Month – Dermatology Team

July 2019 Trainee of the Month – Bradie Cunningham, Clinical Engineering

#### **b) Success at Health Service Journal Awards**

I was delighted to hear about the well-deserved success of the Quality Improvement team at the recent HSJ Awards, in particular highlighting the contribution of Sonia Nosheen. Sonia, who until recently worked at the Trust as Transformation Manager, picked up the prestigious *HSJ Patient Safety Innovation of the Year* award, for her pioneering use of colourful sketch notes across the hospitals.

Sonia's pictorials are a way of using simple, impactful communication methods, to make a real difference for example to patient safety, and can be seen in use on the Children's Wards, Neonatal Unit and Radiology amongst other areas. Feedback from patients has shown that some patients prefer to

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look at pictures to help them understand key information, such as falls prevention, instead of a long document of words.

I am sure the Board of Directors will join me in congratulating the team on their very well-deserved success.

### c) Success for Informatics Team

I was thrilled to hear that our dedicated Informatics Team were named Team of the Year at the recent Digital Health Awards. These awards celebrate the achievements of healthcare IT leaders throughout the UK, and are the most prestigious peer-voted awards in the digital health sector.

Votes are cast from over 3,500 NHS chief information officers, chief clinical information officers and other digital health leaders to decide the winners, and Will Smart, Chief Information Officer at Health and Care at NHS England stated that the standard of entries were fantastic, and it was really difficult for the judges to decide who to shortlist as finalists.

Our Informatics Team have played a key role in delivering several major projects throughout our Trust recently, including the implementation of Electronic Patient Records, and our new Command Centre.

I am sure the Board of Directors will agree that this achievement is well-deserved.

## 5. Research

### a) Pioneering Patient Safety Project

I was delighted to hear that an important new national research project has just been awarded to researchers from the Yorkshire Quality and Safety Research Group, based here at our Trust, and at the Universities of Leeds, Nottingham and Birmingham.

This research, funded by the National Institute for Health Research (NIHR), will develop better ways to support patients and families who are harmed during their care. Despite the huge drive to improve NHS safety over recent years, there is still a significant level of harm to patients, with long-term costs estimated to be £65 million in the UK alone. The research will help to improve how we learn from past care failures, and improve care for patients. The research group, including Bradford Institute for Health Research, plan to work with patients, families and healthcare staff to design guidance for NHS Trusts, and the national independent investigations agency for healthcare. It is hoped the guidance will help healthcare services to work sensitively and transparently with patients and families after serious safety events, to learn together about what has gone wrong, and what might help prevent future recurrences. The project will run for just over three years, starting this autumn.

## 6. Brexit

As the 31 October deadline for exiting the EU ("Brexit") draws close NHSE/I are stepping up their communications, requirements and preparations with provider organisations. Trusts have been asked to reinstate "no-deal" Brexit arrangements by the end of August 2019, and to ensure that all contingency plans have been tested. To align with this, we have remobilised our Brexit preparation team, and our team is involved in all the National EU Exit Regional Calls to ensure we are updated on local news and actions.

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

## RECOMMENDATIONS

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