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Date	07.11.2019	Agenda item	Bo.11.19.7

Report of the Chief Executive – November 2019

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

Key Options, Issues and Risks

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

Analysis

1. External Communications and Publications

- a) NHS Providers 'On the Day' Briefing: Government Spending Plans 2020/21 – 4th September 2019
- b) NHS England (NHSE) and NHS Improvement (NHSI) Recommendations to the Government and Parliament for an NHS Integrated Care Bill – 26th September 2019
- c) West Yorkshire Association of Acute Trusts (WYAAT) Annual Report 2018/19 and Progress and Achievements during 2018/19
- d) NHS Providers Summary of Board Papers – Statutory Bodies – Health Education England Board Meeting – 17th September 2019
- e) NHS Providers Summary of Board Papers – Statutory Bodies – Care Quality Commission (CQC) Board Meeting – 18th September 2019
- f) NHS Providers Summary of Board Papers – Statutory Bodies - NHSE and NHSI Board Meeting – 26th September 2019
- g) NHS Providers 'On the Day' Briefing: The Queen's speech 2019 – 14th October 2019
- h) NHS Providers 'On the Day' Briefing: CQC State of Health Care and Adult Social Care in England 2018/19 Report

2. Research

- a) Opening of the Wolfson Centre for Applied Health Research

3. Workforce

- a) New Consultant Appointments

4. Celebrating Success

- a) Awards for BTHFT Team of the Month, Employee of the Month and Trainee of the Month
- b) Prestigious Research Award for Consultant Respiratory Physician

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5. Brexit

- a) Communication from Department of Health & Social Care (DHSC) – 8th October 2019

Recommendation

The Board of Directors is asked to note the key developments and occurrences from September and October 2019 that 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)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
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"/>

Risk Implications (see section 5 for details)	Yes	No
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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Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant)
<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
Care Quality Commission Domain: Well Led
Care Quality Commission Fundamental Standard: Good Governance
NHS Improvement Effective Use of Resources: Corporate Services, Procurement, Estates & Facilities
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)
<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 September and October 2019 that the 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 September and October 2019 that the Chief Executive Officer wishes to discuss.

7 Appendices

Appendix 1 NHS Providers 'On the Day' Briefing: Government Spending Plans 2020/21

Appendix 2 NHS England (NHSE) and NHS Improvement (NHSI) Recommendations to the Government and Parliament for an NHS Integrated Care Bill

Appendix 3a WYAAT Annual Report 2018/19

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- Appendix 3b WYAAT Progress and Achievements during 2018/19
- Appendix 4 NHS Providers Summary of Board Papers – Statutory Bodies – Health Education England Board Meeting – 17th September 2019
- Appendix 5 NHS Providers Summary of Board Papers – Statutory Bodies – Care Quality Commission Board Meeting – 18th September 2019
- Appendix 6 NHS Providers Summary of Board Papers – Statutory Bodies - NHSE and NHSI Board Meeting – 26th September 2019
- Appendix 7 NHS Providers ‘On the Day’ Briefing: The Queen’s speech 2019
- Appendix 8a NHS Providers ‘On the Day’ Briefing: CQC State of Health Care and Adult Social Care in England 2018/19 Report
- Appendix 8b CQC Report: State of Health Care and Adult Social Care in England 2018/19 Report
- Appendix 9 DHSC Brexit letter

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Report from the Chief Executive Officer – November 2019

1. External Communications and Publications

a) NHS Providers 'On the Day' Briefing: Government Spending Plans 2020/21 – 4th September 2019

On the 4th September 2019, I received an 'On the Day' briefing from NHS Providers, with regard to the Government spending plans for 2020/21. This was a one-year 'fast-tracked' spending round, with a full spending review to be held in 2020, to set multi-year budgets. As departmental capital budgets already exist for 2020/21, this spending round deliberately focused on revenue spending.

Detailed below are the specific areas of interest on Health and Social Care spending.

Department of Health and Social Care spending

- The Department of Health and Social Care's (DHSC) resource budget will rise by 3.1% in real terms between 2019/20 and 2020/21.
- The government has reaffirmed a cash increase for the NHS England budget of £33.9bn by 2023/24 compared to 2018/19.
- The DHSC will receive a new multi-year capital settlement in 2020. The government has suggested this will form part of a full spending review, which will look at the country's health infrastructure, including the construction of new hospitals, and investment in modern diagnostics and technology. The Spending Review will also specifically acknowledge the need to address "current critical safety issues in the NHS estate" as part of this capital settlement.
- As announced last month, £1.1bn has been added to DHSC capital spending in 2019/20 for upgrades and maintenance, bringing the capital budget up to £7bn for the current year. Additional funding of £854m will be invested into upgrading facilities and equipment in 20 hospitals over the next several years.
- The anticipated capital spend for 2020-21 is £7.1bn. This represents a slight increase from the 2018 budget figure of £6.8bn.

NHS England revenue budget		
Year	2019/20	2020/21
NHS England budget (£bn)	123.7	129.9

Department of Health and Social Care budget revenue and capital		
Year	2019/20	2020/21
DHSC revenue budget (£bn)	132.3	138.9
DHSC CDEL (£bn)	7	7.1
Total (£bn)	139.3	146

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Health specific announcements

- The chancellor announced a 3.4% increase to the Health Education England budget, including an additional £150m for Continuing Professional Development, providing a £1,000 central training budget over three years for each nurse, midwife and allied health professional, as well as increased funding for wider education and training budgets.
- The government is making available £250m of investment in artificial intelligence, including £78m in 2020-21. The intention is to improve early cancer detection and to discover new treatments.

Please find attached briefing at **Appendix 1** for your information.

b) NHS England (NHSE) and NHS Improvement (NHSI) Recommendations to the Government and Parliament for an NHS Integrated Care Bill – 26th September 2019

On 26th September 2019, I received an email from NHSE/I informing of their published recommendations to the Government and Parliament for an NHS Integrated Care Bill.

The recommendations, which were also presented at the NHSE and NHSI Board meeting on 26th September 2019, were the result of an extended engagement process, and have been influenced by NHS staff, patients and local leaders.

The proposed changes in legislation are intended to speed up the implementation of the NHS Long Term Plan and remove barriers that make it difficult for NHS organisations to collaborate with each other and their many local leaders.

I have attached a copy of the report at **Appendix 2** for your information.

c) West Yorkshire Association of Acute Trusts (WYAAT) Annual Report 2018/19 and Progress and Achievements during 2018/19

I recently received a copy of the WYAAT annual report (**Appendix 3a**), along with their report detailing progress and achievements made throughout 2018/19 (**Appendix 3b**). Both the reports describe the work of the WYAAT group, and provide an update on the progress and key developments of the several programmes that the collaborative have been working on (Vascular, Orthopaedics, Pharmacy, Pathology, Imaging Collaborative, Scan4Safety and workforce). In addition to summarising each programme, the annual report also describes WYAAT's contribution to the development of the West Yorkshire and Harrogate Health and Care Partnership, and concludes with a summary of governance developments and the financial position for 2018/19.

d) NHS Providers Summary of Board Papers – Statutory Bodies – Health Education England (HEE) Board Meeting – 17th September 2019

On the 26th September 2019, I received a summary from NHS Providers of the HEE Board meeting that took place on 17th September 2019.

Key areas to note were:

CEO Update

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- HEE has been undertaking targeted activity to increase student uptake of Learning Disability Nursing (LDN) apprenticeships and pre-registration allied health professional (AHP) programmes.
- HEE note that a number of AHP programmes are threatened by reductions in application numbers and are working with the Office for Students to support initiatives designed to address this challenge.

Supporting patient safety through Education and Training

- 17th September 2019 saw the first World Health Organisation 'Work Patient Safety' day, HEE has responded to this and launched a report – Supporting Patient Safety Through Education and Training
- HEE plan on creating the first national patient safety syllabus, with associated educational resources and infrastructure by end of March 2020.

EU Exit

- This briefing outlines the key risks identified for HEE, including securing workforce (deemed higher risk) and contracts with EU based suppliers, HEE has not identified issues here which require further action. Funding requirements arising from EU Exit were considered a known challenge. In 2019/20 HEE has secured funding for backfilling any staff seconded to support DHSC emergency planning and response teams.

Talent for care and apprenticeships

- The Talent for Care Strategic Framework was established in 2014 and focusses on developing the healthcare support workforce.
- Responding to the LTP recognition that NHS organisations are community 'anchors', HEE aim to support the NHS to have a workforce which reflects the community it serves. The key areas of activity that HEE are committed to are: • Diversity, Inclusion and Participation
- Preparation for Work (including the Princes Trust)
- Apprenticeships
- Volunteering

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

e) NHS Providers Summary of Board Papers – Statutory Bodies – Care Quality Commission (CQC) Board Meeting – 18th September 2019

On the 26th September 2019, I received a summary from NHS Providers of the CQC Board meeting that took place on 18th September 2019.

Key areas to note were:

Executive team update

- In August, the CQC changed the Adult Social Care (ASC) Provider Information Return (PIR) from a pre-inspection information request to an annual one. CQC has improved the questions on the PIR, based on user research, and will monitor if this improves information collection and the way it is used in CQC regulation.
- Improving regulation in closed environments: Phase 2 of the Restraint, Seclusion and Segregation thematic review is currently underway. The CQC will be focusing on rehabilitation

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and low secure mental health wards, and care services for people with learning disabilities. They will also be looking children's secure and residential services in collaboration with Ofsted.

- Upcoming publication: Urgent and Emergency Care survey. The survey is an independent measure of people's experiences of major A&E, urgent care centres and minor injury units.
- The CQC has commissioned two independent reviews. David Noble is leading a review on the 2015 Whorlton Hall inspection, and the subsequent decision not to publish that inspection.
- Prof Glynis Murphy is chairing the wider independent review of regulation of Whorlton Hall.

Q1 Performance report

- In July, Primary Medical Services and Hospitals continued to achieve over 90% of inspections undertaken in line with CQC commitments.
- Notable improvement in ASC performance. Inadequate and Requires Improvement inspections continue to be delivered within KPIs.

Change portfolio quarterly update

- As set out in their Portfolio Build 2019/20, CQC maintain that they have made good progress in delivering their change and improvement ambitions. These include: Completion of three user-focused digital technology initiatives
- Ongoing delivery of CQC resource strategy based on total portfolio demand and working with internal and external partners to develop an overarching engagement strategy for change and transformation

A copy of the briefing is attached as **Appendix 5** for your information.

f) NHS Providers Summary of Board Papers – Statutory Bodies - NHSE and NHSI Board Meeting – 26th September 2019

On the 26th September 2019, I received a summary from NHS Providers of the NHSE and NHSI Board meeting that took place on 26th September 2019.

Key areas to note were:

Chairs and Chief Executive's report

- Baroness Dido Harding has stated that NHSE/I will be writing to all provider chairs and lead governors of Foundation Trusts and will set out a development framework for NHS provider chairs.
- Simon Stevens laid out plans to better support frontline staff. NHSE/I will be allocated £150 million of professional development funding for nurses and other health professionals.
- NHSE/I is considering a broader service redesign to relieve performance pressures on primary care and is exploring community pharmacy reform.

Digital First Primary Care consultation outcome

- Dr Nikki Kanani and Ed Waller gave a verbal update setting out details surrounding the consultation.
- NHSE/I want to offer Digital First Primary Care by 2020/21, with a focus on using technology to improve an individual's ability to look after themselves.

Clinically-led review of NHS access standards

- There was an update on the clinically led review of NHS Access Standards.

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- In an effort to improve mental health parity, in line with physical care, NHSE/I is testing the approach to urgent community mental health services and access within one hour to liaison psychiatry services.

Operational, quality and financial performance update

- The chief financial officer, Julian Kelly, explained they were more materially worried about the financial position of the commissioner sector rather than providers.
- At the end of month four, NHS commissioners and providers were off plan by £75m. (This figure was not disaggregated).
- Roughly a third of providers are failing to meet their financial plans, while many appear to be exceeding their anticipated trajectories.
- While commenting little on the provider sector, NHSE/I highlighted that it wants to explore how more funding can be released within Trusts to spend on capital backlogs for next year. However, Julian Kelly suggested this will only happen if trajectories are met by Trusts. Julian confirmed the board would receive more information on capital funding at its next meeting.

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

g) NHS Providers 'On the Day' Briefing: The Queen's speech 2019 – 14th October 2019

On the 14th October 2019, I received an 'On the Day' briefing from NHS Providers with regard to the second Queen's speech of the 2017 Parliament. The speech sets the priorities for the new government and the planned legislative agenda for the year ahead.

The briefing from NHS Providers contained an overview of key announcements that are relevant to health and social care, and included amongst many other subjects the NHS Long Term plan, mental health reform, adult social care and the Health Service Safety Investigation Bill and Medicines and Medical Devices Bill.

Key areas to note are:

NHS long term plan

"New laws will be taken forward to help implement the National Health Service's Long Term Plan in England."

The government has committed to implementing NHS England's proposals for legislative change to support the delivery of the long term plan. Specifically, the government plans to:

- Consider NHSE and NHSI's recommendations for legislative changes thoroughly and bring forward detailed proposals shortly.
- In due course, publish draft legislation that will accelerate the long term plan for the NHS, transforming patient care and future-proofing our NHS.

NHS Providers has undertaken significant engagement with NHSE and NHSI on the development of the proposals.

Mental health reform

"My Ministers will continue work to reform the Mental Health Act to improve respect for, and care of, those receiving treatment."

The government will:

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- Publish a White Paper by the end of this year, setting out a response to the independent review of the Mental Health Act (commissioned in 2017). This will pave the way for reform to the Mental Health Act, and tackle issues addressed by the review.
- Ensure that people subject to the Act receive better care and have a much greater say in that care.
- Improve patient choice and autonomy, for example by enabling patients to set out their preferences around care and treatment in advance.
- Reform the process of detention, care and treatment while detained, including by providing patients with the ability to challenge detention.

Adult social care

“My Government will bring forward proposals to reform adult social care in England to ensure dignity in old age.”

The government plans to:

- Consult on a 2% precept that will enable councils to access a further £500m for adult social care. This funding will support local authorities to meet rising demand and will continue to stabilise the social care system.
- Bring forward substantive proposals to fix the crisis in social care to give everyone

Health Service Safety Investigations Bill

“Legislation will be taken forward to establish the Health Service Safety Investigations Body. This will be the world’s first such body, charged with independence and powers to investigate incidents that occur during the provision of NHS services that have, or may have, implications for the safety of patients.”

Provisions of the Bill will include:

- Establishing a Health Service Safety Investigations Body as a new Executive Non-Departmental Public Body, with powers to conduct investigations into incidents that occur during the provision of NHS services and have, or may have, implications for the safety of patients.
- Prohibiting the disclosure of information held by that investigations body, except in limited circumstances. This will allow participants to be candid in the information they provide and ensure thorough investigations.
- Improving the quality and effectiveness of local investigations by developing standards and providing advice, guidance and training to organisations.
- Amending the Coroners and Justice Act 2009, giving English NHS bodies the power to appoint medical examiners and placing a duty on the Secretary of State to ensure that enough medical examiners are appointed in England.

Medicines and Medical Devices Bill

“A Medicines and Medical Devices Bill will capitalise on opportunities to ensure that our NHS and patients can have faster access to innovative medicines, while supporting the growth of our domestic sector.”

Provisions of the Bill will include:

- Replicating powers over medicines and medical devices regulations contained in EU law.
- Making it simpler for NHS hospitals to manufacture and trial the most innovative medicines and diagnostic devices.
- Enabling the UK to be a world leader in the licensing and regulation of innovative medicines and devices, ensuring patients have access to the best possible treatments and supporting our domestic life sciences industry.

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- Ensuring that the government can update legislation relating to medical devices, medicines, veterinary medicines, new innovative practices and clinical trials both in response to patient safety concerns and as it agrees the future global relationship of the UK in these areas.

I have attached a copy of the briefing as **Appendix 7** for your information.

h) NHS Providers 'On the Day' Briefing: CQC State of Health Care and Adult Social Care in England 2018/19 Report

On 15th October 2019, I received an 'On the Day' briefing from NHS Providers (**Appendix 8a**) with a copy of the CQC's report: State of Health Care and Adult Social Care in England 2018/19 Report (**Appendix 8b**).

The briefing details key points of the recently published CQC report, which is an annual assessment of health and social care in England. The report looks into trends in quality, as well as sharing examples of good and outstanding care and highlighting areas where care needs to be improved.

The key points of the report are detailed below:

- The CQC has found that the overall quality of care which people received in England had improved slightly from last year. When people were receiving care, it was mostly of a good quality. However, even where care services were of good quality, the CQC had found many people often struggle gaining access to the care they need, which impacted on their experience of care.
- Access and staffing presented challenges across all care settings, with geographic disparities in provision, which presented particular barriers in some parts of the country.
- The report highlighted pressures in Accident and Emergency (A&E) and across the system. It stated that figures for emergency attendances and admissions had continued to rise year-on-year, and patients struggled to access non-urgent services in their local community. This can then directly impact on secondary care services.
- This year's report focussed on inpatient mental health and learning disability services, as this was an area that the CQC had previously seen a decline in quality. Whilst the overall quality for the Mental Health sector remained stable, and had demonstrated areas of good and outstanding care, the CQC stated this masked deterioration in some specialist inpatient services.
- The CQC had observed many patients using mental health and learning disability services, being looked after by staff who lacked the right skills, training, experience or support from clinical staff, and stated this lack of appropriately skilled staff reflected a national shortage of nurses in these areas of practice.
- In adult social care the CQC stated issues had been identified around workforce and funding, which continued to contribute to the fragility of the sector. 2018/19 saw providers continuing to exit the market, and CQC had highlighted the sustainability of the domiciliary care market is a particular concern.
- The report calls for actions in the following areas: an increase and better services in the community, innovation in technology, workforce and models of care, system-wide action on workforce planning and long-term sustainable funding for adult social care.

2. Research

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a) Opening of the Wolfson Centre for Applied Health Research

On the 10th October 2019, our new multi-million pound Wolfson Centre for Applied Health Research opened its doors. The centre, which will help improve health across generations, from children to the elderly, is a partnership between Bradford Teaching Hospitals NHS Foundation Trust and the Universities of Leeds and Bradford. Funded by a £1m award from the Wolfson Foundation, which provides grants to support and promote excellence in the fields of science, medicine and many other areas, along with £2m funding from both the universities.

Our research is people powered with around 50,000 research patients involved in cohort studies, from babies who are being born in our maternity unit, to patients taking part in our Care 75 project. The new research centre and the collaboration with the Universities of Leeds and Bradford, will enable the Trust to build on that success.

The Wolfson Centre collaborative is a great example of how universities and an NHS Trust can work together to encourage research, which will have a direct benefit to patients in Bradford and across Yorkshire.

3. Workforce

a) New Consultant Appointments

Dr Alastair Hughes joined the Trust as a Consultant Anaesthetist specialising in Obstetrics during September 2019. Dr Hughes has previously been a locum at the Trust, and brings with him formal training in awake fibre optic intubation, and the use of ultrasound for central neuraxial and peripheral nerve blockade.

Dr Emma Farrell joined the Trust as a Consultant in Emergency Medicine during September 2019. Before joining the Trust as a Consultant, Dr Farrell had previously worked as a Specialty Registrar during an Emergency Medicine rotation, and had the opportunity to take a job as a Clinical Fellow with an interest in Musculo-skeletal.

Mr Syed Ahad joined the Trust as a Consultant in Oral Maxillofacial Surgery during September 2019. Mr Ahad has previously worked as an Interface Fellow jointly shared by North Manchester and The Christie Hospital, specialising in Oral and Maxillofacial surgery, Ear, Nose and Throat and Plastic Surgery.

Dr Rebecca Ansell joined the Trust as a Consultant Rheumatologist during September 2019. Before joining the Trust, Dr Ansell was employed as a part-time locum at Airedale NHS Foundation Trust, and has also undertaken a full-time Research Fellow post in axial spondyloarthritis at Chapel Allerton Hospital.

Miss Frances Mosely joined the Trust during September 2019 as a Consultant Surgeon, specialising in General Surgery. Throughout her career Miss Frances has benefitted from training in high volume Laparoscopic units, and two major trauma centres. She has also received exposure to elective Upper GI and Colorectal surgery as well as emergency general surgery and trauma. This has enabled her to become skilled in performing advanced laparoscopic colorectal surgery.

Dr Michaela Blood joined the Trust during October 2019 as a Consultant in Emergency Medicine. Prior to joining the Trust, Dr Blood had received her training within the Yorkshire and Humber region.

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Dr Paul Whitaker joined the Trust during October 2019 as a Consultant in Respiratory Medicine. Dr Whitaker had previously been employed at Leeds Teaching Hospitals and brings with him a specialist interest in bronchiectasis, Cystic Fibrosis (CF), and lung infections.

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:

August 2019 Employee of the Month – Sandra Wood, Lead Radiographer

August 2019 Team of the Month – Ward 4, MAU

August 2019 Trainee of the Month – Laura Walkin, Student Nurse

September 2019 Employee of the Month – Charlene Brown, Plaster Room Technician

September 2019 Team of the Month – Ward 5, Day Case

September 2019 Trainee of the Month - no nominations had been received

b) Prestigious Research Award for Consultant Respiratory Physician

I am delighted to share the news with you that Dinesh Saralaya, Consultant Respiratory Physician is set to receive one of the UK's most prestigious research awards. Dinesh, who has been heavily involved in respiratory research for many years, will be honoured with the Royal College of Physician's (RCP) National Institute of Health Research (NIHR) Clinical Research Network 2019 award in the consultant category for *outstanding research leadership in the NHS*.

Dinesh is hugely deserving of this award, which is recognition for leading the transformation of our Respiratory Clinical Trials Unit into a global centre for severe asthma and Chronic Obstructive Pulmonary Disease (COPD) research, and which carries a cash prize of £6,000, which will be used to grow research further in Bradford.

I am sure the Board of Directors will join me in congratulating Dinesh on this well-deserved award.

5. Brexit

a) Communication from Department of Health & Social Care (DHSC) – 8th October 2019

On 8th October 2019, I received a letter from DHSC via the NHSE/I EU Exit team. The letter from Steve Oldfield, Chief Commercial Officer, provided an update on the Government's contingency planning in preparation for Brexit on 31st October 2019.

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The Trust holds regular update meetings to discuss Brexit preparations, and takes part in weekly calls with the NHS EU Exit team. As Senior Responsible Officer, I am informed of any issues that could impact on the Trust, a regular briefing is also provided at the Senior Leadership Team meetings.

I have attached a copy of the letter as **Appendix 9** for your information.

b) Brexit Update

As the 31st October 2019 deadline for exiting the EU drew closer NHSE/I stepped up their communications, requirements and preparations with provider organisations. The Trust has now tested all the contingency plans that were originally prepared for a potential 'no deal' EU Exit scenario on 29th March 2019 or 12th April 2019. This testing was carried out by members of the EU Exit group. This group has been meeting regularly over the past two months in the build up to 31st October 2019. The Trust has closely followed the national guidance that has been issued and is responding to the national daily situation reports required by NHS England, regarding the Trust's readiness for a 'no deal' EU Exit. These daily reports commenced on 21 October 2019.

RECOMMENDATIONS

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