

Public Board meeting

30 January 2020

Paper title:	Chief Executive's Report	Agenda item 14
Presented by:	Brent Kilmurray, Chief Executive	
Prepared by:	Brent Kilmurray, Chief Executive	

Purpose of the report		
The purpose of this report is to provide commentary on a number of topical updates including Winter Planning and preparations for Britain leaving the European Union.	For approval	
	For discussion	X
	For information	X

Executive summary		
The report highlights a number of key topical issues and one in relation to the West Yorkshire and Harrogate Health and Care Partnership.		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No' No	If yes please set out what action has been taken to address this in your paper

Recommendation
The Trust Board is asked to: <ul style="list-style-type: none"> Note the content of the paper, and Seek any further clarification as appropriate.

Strategic vision				
Please mark those that apply with an X				
Providing excellent quality services and seamless access	Creating the best place to work	Supporting people to live to their fullest potential	Financial sustainability growth and innovation	Governance and well-led
				X

Care Quality Commission domains

Please mark those that apply with an X

Safe	Effective	Responsive	Caring	Well Led
				X

Relationship to the Board Assurance Framework (BAF)	N/A
Links to the Corporate Risk Register (CRR)	N/A
Compliance and regulatory implications	N/A

Board of Directors Meeting

30 January 2020

Chief Executive's Report

Key Issues

Winter Planning Update:

Planning for the winter of 2019/20 commenced in October 2019 with a system wide planning workshop. Subsequently, weekly conference calls were enacted from the 4 November 2019.

Demand has increased over the winter period with a significant impact within Bradford and Airedale Hospital Trusts. Increased demand has been accompanied by high acuity, leading to elevated levels of bed occupancy, increased length of stay, and breaches in A&E targets. High levels of acuity were experienced within paediatrics impacting on capacity with Bradford Teaching Hospital. This led to cancellations in theatre sessions booked for BDCFT dental surgery, thereby impacting on referral to treatment time performance.

The system has experienced outbreaks of diarrhoea and vomiting, and suspected influenza, including an influenza outbreak within a primary school. Diarrhoea and vomiting temporarily closed BTHFT medical admissions ward and has been reported in several care homes across the district, including a local authority care provision.

BDCFT community services have managed presenting demand over the winter period, although demand has continued to exceed capacity at a service level.

BDCFT Mental Health Services have seen high levels of occupancy within inpatient areas averaging at 96% in general adult and Psychiatric Intensive Care Unit (PICU) at 100%. Out of Area beds have been utilised across both general adults and PICU to support the demands for admission. First Response and Intensive Home Treatment Teams have managed presenting demand with use of bank to increase and flex capacity when required at times of pressure.

BDCFT services have contributed to winter preparedness in line with the Trust and system winter pressures plans.

Flu Vaccination of Healthcare Workers:

The vaccination of healthcare workers against seasonal flu is a key action to help protect patients, staff and their families. In March 2019, the Department of Health and Social Care (DHSC), NHS England and Improvement and Public Health England (PHE) wrote to all trusts setting out the appropriate vaccines for adults up to 64, and for over 65s. NHSE and NHSI asked trusts how they planned to ensure that all of their frontline staff are offered the vaccine and how organisations would achieve the highest possible level of vaccine coverage this winter.

The Trust's flu campaign commenced on the 14 October 2019 which was two weeks later than usual due to vaccine manufacturing delays. There were seven launch events last year which were well received and extremely popular with over 400 staff members being

vaccinated at the events. The flu vaccine team have also been offering drop-in sessions at several sites, health centres and staff members workplaces. There continues to be a challenge for the vaccine team to access staff members as more staff are working agile, and some staff are finding it difficult to take time out of their day to access clinics due to their workloads.

The Trust is currently at 78% which is similar to this time last year. Most areas are now above 50% apart from the below areas:

Complex Care City
Complex Care North
Some CAMHS teams
Some district nursing teams
Homeless & new arrivals team
Thornton Ward
Wakefield School Nursing

NHSE and NHSI are now requesting trusts complete the best practice management checklist for healthcare worker vaccination and publish a self-assessment against these measures which can be found at **Appendix 1**.

Update on preparations for Britain leaving the European Union:

The latest webinar on Brexit issues for the NHS was delivered by Professor Keith Willets, EU Exit Strategic Commander. The main points had been:

- The Brexit 'withdrawal bill' was passed in the Commons last week, and HMG are confident it will be agreed in the European Parliament.
- The UK will definitely leave the EU on 31 January 2020 and until 31 December 2020 an 'implementation period' is in place during which time the UK will continue to follow EU rules and regulations. However, the 'implementation period' is devised to enable the UK and EU to work together on the new arrangements to be put in place. The Prime Minister has indicated that no extension to the 'implementation period' beyond 31 December will be required
- The above arrangements mean that the UK will no longer be leaving the EU in a 'no deal' situation, and therefore the worst-case scenario has been avoided.
- Regional NHS EU Exit teams are to be stood down, with those staff returned to their normal Trust roles. These individuals can be recalled at a later date if required. (No impact for BDCFT on this).
- The 'implementation period' provides additional time for the NHS to refine their planning arrangements for Brexit and working arrangements for beyond then.
- No further Sitreps needed.
- Once a month, NHS England will contact Trusts for assurance that Brexit arrangements are still effective. (For BDCFT, this will be Patrick Scott and Chris Wright).
- Normal routes of escalation for issues Brexit related or otherwise will be used (i.e. CCG and NHS England, as appropriate).

West Yorkshire and Harrogate Mental Health Committees in Common:

The Chair and I attended a Committees in Common meeting on 21 January, the attached summary at **Appendix 2** updates individual Trust boards on the discussions and decisions taken at the meeting.

Primary and Community Collaborative:

Further to the Board's meeting with Dr Richard Haddad and Richard Wall at our December development session further work has been done with stakeholders on the proposal for a Primary Community Care Collaborative. There is wide support for the approach from partners and members of the Bradford Care Alliance. The paper will be discussed at the Bradford Health and Care Partnership Board on Friday 31 January. This will formalise partnership support for the approach.

Clinical teams are already working together to develop approaches to developing Integrated Community Teams and it is intended that we will start with a number of pilots using existing resources (including the additional funding allocated through the Reducing Inequalities in City process) leading to a roll out. As part of the planning and contracting round we will be considering the arguments for investment in community staff, as well as working with BCA on how the investments planned for further staff, there will also be investment through the Primary Care Networks available to BCA that will need to be considered. Detailed cases will be worked up as a result of these pilots. As discussed previously, each of the four components of the proposition will be subject to a business case.

Additional to the four clinical aspects of the collaborative proposal we will be working with colleagues in BCA to consider a joint approach to quality governance, quality improvement (linked to the Care Trust Way), workforce planning, HR support and other ancillary and support services we could possibly offer practices. We are also looking at the possibility of a similar collaborative arrangement with WACA (Wharfedale and Airedale Clinical Alliance) who are involved in one of the proposed pilots.