

Meeting Title	Council of Governors		
Date	6th February 2024	Agenda item	CGo.2.24.8

Report from the Chief Executive

Presented by	Professor Mel Pickup, Chief Executive		
Authors	Katie Shepherd, Corporate Governance Manager		
Lead Director	Professor Mel Pickup, Chief Executive		
Purpose of the paper	The report provides the Board with a summary position with regard to our Patients, People, Place and Partners since the last report to the Board in November 2023.		
Key control	N/A		
Action required	For discussion		
Previously discussed at/informed by	Board of Directors – 18 th January 2024		
Previously approved at:	Committee/Group	Date	

Situation

1. Patients

• Operational Update

Industrial Action

As at the end of December 2023 the Trust has responded to the following periods of Industrial Action (IA):

Union	Dates	Duration
RCN	20 & 21 Dec 2022	24 hours
RCN	6 & 7 Feb 2023	24 hours
BMA JD	13 – 17 March 2023	72 hours
RCN	30 April – 1 May 2023	28 hours
BMA JD	11 – 15 May 2023	96 hours
BMA JD	14 – 17 June 2023	72 hours
BMA JD	13 – 18 July 2023	120 hours
BMA Consultants	20- 22 July 2023	48 hours
BMA JD	11- 15 August 2023	96 hours
BMA Consultants	24-26 August 2023	48 hours
BMA Consultants	19-20 September 2023	48 hours
BMA JD	20-22 September 2023	72 hours
BMA Consultants	2-5 October 2023	72 hours
BMA JD	2-5 October 2023	72 hours
BMA JD	20-23 December 2023	72 hours

Meeting Title	Council of Governors		
Date	6th February 2024	Agenda item	CGo.2.24.8

IA continues to impact on elective activity leading to a required reduction in elective surgery and a reduction in outpatients in order to allow sufficient cover to maintain cover for acute services during the affected days.

The loss of activity associated with the December Junior Doctor (JD) Strike is demonstrated below:

- Outpatients 648 cancelled (20.5%)
- Cancer 39 cancelled (10%)
- Inpatients 49 cancelled (52%)
- Daycases 77 cancelled (54%)

A further period of JD IA is taking place from January 3rd and 9th. Our clinical and operational team have prioritised the clinically urgent patients given the significant non-elective demand expected during this period of the industrial action.

Planning Guidance 2024/25

We are currently awaiting the release of the operational and financial planning priorities from NHS England for 2024/25. We would ordinarily have received the key priorities prior to the Christmas break to meet the tight timescales enabling local delivery plans to be developed agreed and signed off at a Trust, Place and Integrated Care System (ICS) level. An update was provided by NHSE on 22 December; see the letter attached at Appendix 1. Given the impact of the Industrial Action and the ongoing discussions between NHS England and Government the 2024/25 priorities and planning guidance has not yet been released, however is expected imminently. In the absence of this planning guidance we continue to develop our operational, finance and workforce plans based on the information already available to us. We remain committed to further progressing the good work we have undertaken across Urgent & Emergency Care (UEC), Elective (Referral to treatment waiting times and Cancer) and Diagnostic services and plans are being formulated to achieve the key milestones as outlined within previously issued national guidance. We will continue work up our response for the achievement of a balanced financial plan and this work will be refined once the latest national guidance is issued. 2024/25 will be a very difficult year, which will likely impact on the priorities we set ourselves and the decisions we make. Achieving the indicative targets across our balanced scorecard will be a significant ask and will require a stepped change in our coordinated efforts to deliver them and potentially our risk appetite when impact assessing proposals. As the plans evolve we will present updates to future Academy meetings / Board meetings.

In November I referred to a communication received from NHS England asking systems to complete a rapid two-week exercise to agree actions required to deliver the priorities for the remainder of the 23/24 financial year (see Appendix 2). A subsequent letter received from Rob Webster, Chief Executive of West Yorkshire ICB regarding the rapid reset of operational and financial Plans is attached at Appendix 3.

Meeting Title	Council of Governors		
Date	6th February 2024	Agenda item	CGo.2.24.8

• **Performance**

BTHFT continues to benchmark positively against the Emergency Care Standard at a WYAAT, Regional and National level. Considerable progress has been made to expedite care for patients with conditions that do not require admission treated via our Urgent Care Centre and Ambulatory Emergency Care Unit. Unfortunately, some patients do end up having an extended length of stay in the Emergency Department (ED) whilst awaiting a bed.

In terms of demand for beds, average daily attendances to the department are slightly above previous year but in line with growth we anticipated in our modelling however our rates of admission have increased. To improve this situation and explore options to provide the most appropriate care for our patients, ED consultants are now reviewing all potential admissions, medical and surgical consultants are reaching into ED, and we continue to utilise our Virtual and Community Services.

In advance of winter pressure, we have increased overall bed capacity by opening a Stroke Rehabilitation ward but unfortunately the impact of this positive step has been reduced by an increase in patients waiting to be discharged to either a care setting or to their own home with a care package. Our multi-disciplinary approach to discharge is minimising the impact and we are working with social care partners to find a longer-term solution to this issue. Some of this increase we believe is linked to the changes made by the Local Authority to the Intermediate Care Bed (IMC) bed base and the provision of Package of Care (POC) provision. We continue to engage at system level to address this issue.

Having performed strongly with respect to timely ambulance handover and expanded our ambulance assessment in preparation for winter our performance has taken a step back with a change in the YAS ambulance process with the handover clock starting earlier based on GPS and a drift in compliance with the electronic sign out that concludes the process. YAS are supporting recovery with a Hospital Ambulance Liaison Officer (HALO) coordinating YAS crews within the ED.

Work to reduce elective waiting times has continued but industrial action means we are now slightly behind the trajectories set in our annual plan. This is a position shared by all acute Trusts and we continue to benchmark well despite the challenges. We remain hopeful that a position of no patients waiting longer than 65 weeks by the end of March 2024 can still be achieved with robust plans to treat outstanding patients and work with Independent Sector colleagues to transfer some patients to bring their date for surgery forward. However, there is the potential that our progress could falter with continued IA during January. The full impact of this is not know at the time of writing this report.

Suspected cancer referrals remain significantly higher than previous years and increased further over summer, specifically for Skin cancer. Diagnostic turnaround times for imaging and histopathology increased during this same period leading to a deterioration in our cancer performance but we have made inroads that have stabilised and now recovered our position. Demand is starting to reduce and the continued commitment to prioritising outpatient and theatre capacity for cancer pathways will help recover the position. The Trust benchmarks well for cancer performance and is focussed on further pathway improvements, working with system partners on earlier diagnosis and implementing optimal

Meeting Title	Council of Governors		
Date	6th February 2024	Agenda item	CGo.2.24.8

pathways when cancer is suspected. Further funding from the Cancer Alliance will allow us to add weekend theatre capacity to treat additional patients in Q4.

- **St Luke's Day Case Unit (SLH DCU)**

The development of SLH DCU is progressing well, with the target for opening in mid-April 2024. The facility will provide much needed ringfenced capacity for our day case patients.

The Clinical Pathways and Workforce groups are progressing procurement of equipment and recruitment of colleagues for the Go Live.

The programme is being managed through a dedicated Programme Board chaired by Sajid Azeb, Chief Operating Officer & Deputy Chief Executive reporting into the Capital Strategy Group.

- **Endoscopy Unit (BRI)**

The Trust was successful in securing £24.8m capital funding for a new 8 room Endoscopy unit. A Programme Board has been established chaired by Sajid Azeb and responsible for coordinating the work to ensure delivery of the scheme which is due to complete in 2025.

Work to select a principal contractor has progressed and Robertsons have been awarded the contract to help develop the design to the next stage of completeness and establish the site mobilisation plan. Enabling works are progressing at the current time and will involve the relocation of the green portacabins currently occupying part of the area identified for development. This will involve the relocation of a number of staff from this area to another location on the Trust premises.

2. People

- **NHS Staff Survey 2023**

The NHS Staff Survey was undertaken between Wednesday 20th September 2023 and Friday 24th November 2023. The overall response rate for the survey was 43% which is an increase of 6% on the 2022 staff survey. The results will be release in early March with results being embargoed prior to their release. This year we have worked with our survey provider to ensure we can have more detailed breakdown of the results and any team with 10 or more staff will get an individual report for their team. This will allow for teams to look at how staff feel within their service specifically and take learning to improve staff experience that is bespoke for their teams.

- **Industrial Action**

Junior Doctor strike action took place from Wednesday 20 December until Saturday 23 December 2023, this action preceded the weekend before Christmas with the strike action finishing on Saturday before the Christmas bank holiday. This therefore meant the impact of the action spanned a significant period and at a time when staffing levels are reduced due to leave over the festive period. Strike action

Meeting Title	Council of Governors		
Date	6th February 2024	Agenda item	CGo.2.24.8

also took place from Wednesday 3 January 2024 to 9 January 2024, this was the longest single period of action so far. Staff across the organisation have worked hard to ensure patient safety is maintained and we are thankful to our colleagues who have and continue to work relentlessly to ensure we are able to keep our patients safe during periods of industrial action.

- **Acts of Kindness**

The Executive team thanked staff by going out across the organisation and selecting staff at random to thank them for their hard work. Executive colleagues gave out thank you cards and vouchers to staff as recognition for the hard work and effort of colleagues across the organisation.

3. Place

- **New Secretary of State for Health**

The [Rt Hon Victoria Atkins MP](#) was appointed as the Secretary of State for Health following the government reshuffle in November. The reshuffle also includes changes to the wider ministerial team at the Department for Health and Social Care, with Andrew Stephenson and Andrea Leadsom replacing Will Quince and Neil O'Brien. This [briefing from NHS Providers](#) provides more details including biographies for ministers and a wider list of all Cabinet ministers.

- **Closing the Gap: meeting our financial challenge**

Our Bradford District and Craven Health and Care Partnership is committed to working in a collaborative way to respond to the extreme financial challenges that face all of us. To meet these challenges head on, we are in the process of setting up a project group and programme. This programme of work is called Closing the Gap.

As a health and care system with responsibility for making the best use of our collective resource, our integrated care system for West Yorkshire has been advised by NHS England that we must look for all savings to cover the expected financial gap. As a result, our integrated care system has asked that we, in Bradford District and Craven, must find approximately £5-6 million of additional savings across our NHS partners during the remainder of this current financial year – and then we will need to continue to look for very significant savings for April 2024 and beyond.

This is to close the gap we currently have between the budget available and our current expected spending across all sectors. Please [see our full briefing paper](#) that introduces the Closing the Gap programme.

- **Bradford Council's finance position**

On Thursday 21 December, Bradford Council's Executive was informed about the scale of the financial challenges facing the local authority. The Council is requesting Exceptional Financial Support in order to balance the budget and without this support a Section 114 notice will have to be issued. In early

Meeting Title	Council of Governors		
Date	6th February 2024	Agenda item	CGo.2.24.8

January, the council published its financial position ahead of a budget consultation that's taking place until mid-February. **At the time of writing the link to the consultation was not available however we will share this with board members and more widely.** This will help determine the next steps that need to be taken.

As partnership we know that the financial challenge for the council, alongside our wider Closing the Gap work described above, will have an impact on local people and communities as well as our workforce. We recognise that to address these issues we have to work closely together, while accepting that we will be faced with difficult decisions to make to achieve a level of financial balance. We will continue to provide updates to help our communities and our colleagues understand what action is being taken.

- **Connected on Ability - inspire and enable festival**

Our partnership remains committed to learning from the lived experience of communities and colleagues to create inclusive and welcoming workplaces and services. Our second Connected on Ability Festival, co-designed by colleagues from across our partnership with lived experience of disabilities, took place from 4-8 December. This gave people an opportunity to learn more about the challenges, opportunities and new ideas that can help us ensure we can make the changes needed to help current and future colleagues. Recordings from this year's events as well as those from last year can be [accessed from our website](#).

- **Inclusive language guide**

Sticking with the theme of creating an inclusive experience for everyone across our partnership, a small number of colleagues have come together to develop our first inclusive language guide. The guide is for everyone however it is primarily focused at people working within communications and involvement to ensure the language, words and information we produce includes rather than excludes people. The guide will be reviewed twice a year to ensure we continue to develop it to reflect changes in language and terminology as well as introducing new content. Please do [download the guide](#) and share any feedback.

- **Deputy Chief Medical Officer visits Bradford**

Janelle De Gruchy, the Deputy Chief Medical Officer for England, visited Bradford to find out more about Living Well our whole systems approach to tackle obesity and improve wider wellbeing of local people. Janelle visited Jude's Urban Kitchen to learn more about a community-based scheme to tackle food insecurity, before finding out about a scheme at Girlington Primary School and then calling it at Bradford Royal Infirmary to hear more about how some of the Living Well work on healthy lifestyles is supporting patients pre and post treatment.

4. Partners

- **West Yorkshire Integrated Care Board (WY ICB), 21st November 2023 and 16th January 2024**

Meeting Title	Council of Governors		
Date	6th February 2024	Agenda item	CGo.2.24.8

I attended the WY ICB meeting on 21st November 2023, where we ratified the changes made under the urgent decision process to the terms of reference for the WY ICB Finance Investment and Performance Committee, Quality Committee, Transformation Committee and Remuneration and Nomination Committee. There was a focussed discussion on Primary Care, with a further update to be provided at the meeting in March 2024. We received the usual reports, had an update on Winter Planning for 2023/24 and received the annual assurance of EPRR core standards.

The next meeting of the WY ICB is planned for 16th January 2024 which post-dates this report, where we will hear an update from each Place on the progress against their winter plans and receive the integrated performance report, including financial performance.

- **WYAAT Programme Executive, 5th December 2023 and 9th January 2024**

I attended the WYAAT Programme Executive on 5th December 2023 where we agreed the site selection for pharmacy aseptics, discussed the strategy and 2024/25 annual plan, and agreed out future approach to WYAAT SRO roles. We had an update on specialised commissioning, and approved the proposal for Cohort 2 of the Senior Leadership Programme.

At the meeting on 9th January 2024, we had an update on NSO, we discussed the impact of the industrial action and the current position as a result, and we received an update on RAAC. We also received the Five Year Strategy and 2024/25 Annual Delivery Plan, and had an update on neurology and haematology services.

- **West Yorkshire Partnership Board, 5th December 2023**

The West Yorkshire Partnership Board was held on 5th December, including a focus on the ambition to increase the years of life that people live in good health in West Yorkshire (we noted the collective action taken to date to understand and address inequalities as a system; to support the continued focus on health inequalities and to continue to provide leadership to enable an equity-based system focusing on accountability, allocation, and advocacy.), our ambition to reduce suicide by 10% across West Yorkshire, including the consideration of approach for limited but sustainable WY funding where we can do things once as a system, and narrowing inequalities through inclusive recruitment.

- **Mike Farrar session with West Yorkshire Leaders, 13th December 2023**

West Yorkshire Leaders have been discussing the evolution of the ICS operating model in light of their lived experience of the first year of a statutory ICB, and the shifting context of increasing operational and financial pressures that they face, coupled with potential shifts in policy emanating from the next General Election. On 13th December 2023, a workshop was held with Mike Farrar designed to enable West Yorkshire leaders from Places, Collaboratives, and the ICB to consider why change is needed, what changes are proposed and how these might be taken forward in each place and across West Yorkshire. We worked in small groups of 5/6 to discuss the specific implications for places,

Meeting Title	Council of Governors		
Date	6th February 2024	Agenda item	CGo.2.24.8

collaboratives, local authorities and ICBs, what we might need to manage the process of change effectively, and how we are preparing for such changes.

5. National Reports

• **NHSE Statement on Information on Health Inequalities:**

Purpose of the Health Inequalities Statement

To help understand and improve health access, experience and outcomes, NHS England's view is that relevant NHS bodies should collect, analyse and publish information on health inequalities. By reporting on certain indicators this would help understand and improve health access, experience and outcomes. As such, NHS England have published a Health Inequalities Statement which requests each NHS organisation to report on certain indicators concerning health inequalities. The intention is that this information on health inequalities will encourage better quality data, completeness and increased transparency. The data would then be used by relevant NHS bodies to shape and monitor improvement activity to further reduce healthcare inequalities.

Alignment with existing priorities

The indicators for reporting are aligned to the Core20Plus5 (both children and adults) and the five priority areas –

- restoring NHS services inclusively
- mitigating against digital exclusion
- ensuring datasets are complete and timely
- accelerating preventative programmes
- strengthening leadership and accountability.

The Statement has also been developed to align with annual reporting processes (such as the Trust's Annual Report) and the NHS Standard Contract. NHSE anticipate that the Statement will be revised periodically to include further indicators. The current statement is relevant from 1 April 2023 to 31 March 2025.

Impacts on Bradford Teaching Hospitals NHS Foundation Trust (BTHFT)

ICBs NHS trusts/Foundation Trusts have been given separate reporting indicators. However, all NHS organisations are encouraged to utilise joint strategic needs assessments (JSNAs) for local places to identify opportunities for improvement wherever possible.

BTHFT are asked to report on the indicators within the Annual Report or alongside it and summarise the inequalities it reveals and how the information has been used in the relevant period to guide action.

Appendix 1 of the Statement contains all the indicators that NHSE has published. Below are the indicators relevant to BTHFT. It's worth noting that BTHFT would need to cover deprivation, ethnicity, age and gender for the listed indicators –

Meeting Title	Council of Governors		
Date	6 th February 2024	Agenda item	CGo.2.24.8

- Elective Recovery –
 - Elective activity vs pre-pandemic levels for under 18s and over 18s
- Urgent and Emergency Care –
 - Emergency admissions for under 18s
- Mental Health –
 - Rates of total Mental Health Act detentions
 - Rates of restrictive interventions
 - Talking Therapies recovery (formerly IAPT)
 - Children and young people's mental health access
- Smoking Cessation
 - Proportion of adult acute inpatient settings offering smoking cessation services
 - Proportion of maternity inpatient settings offering smoking cessation services
- Oral Health –
 - Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under

Actions in progress at BTHFT

- Understand the Trust position in being able to report on the suggested indicators
- Progress made in relation to such indicators from clinical services
- Work towards Annual Report deadlines for the publication of the data
- Attend NHSE webinar in January to understand requirements in more detail
- Ensure BTHFT's role and approach in tackling health inequalities is aligned to the Statement
- Ensure progress is reported to the Trust's Equality and Diversity Council

See the letter received dated 28 November 2023 at Appendix 4.

The full Statement can be accessed here: <https://www.england.nhs.uk/long-read/nhs-englands-statement-on-information-on-health-inequalities-duty/>

• **2022 learning from lives and deaths reviews for people with learning disability and autistic people (LeDeR) report**

It is a requirement within the NHS standard contract for eligible deaths to be reported to LeDeR. For deaths occurring in 2022, those of people aged 4 and above with a learning disability, and autistic adults aged 18 years and above were in scope of LeDeR. There remain a proportion of deaths of people with a learning disability and autistic people that are not known to services and not notified meaning that the report is not the totality of all eligible deaths.

Whilst there have been some gradual improvements on previous years when compared to the general population care and outcomes continue to fall below the standard expected. See Appendix 5 for a breakdown of the findings.

The report can be accessed here: <https://www.kcl.ac.uk/research/leder>

Meeting Title	Council of Governors		
Date	6 th February 2024	Agenda item	CGo.2.24.8

• **Independent Inquiry into the issues raised by the David Fuller case – Phase 1 report**

The inquiry has been established to investigate how David Fuller was able to carry out inappropriate and unlawful actions in the mortuary of Maidstone and Tunbridge Wells NHS Trust and why they went apparently unnoticed, for so long.

Phase 1 of the Inquiry examines what happened at Maidstone and Tunbridge Wells NHS Trust. The Report covers the findings from this first phase. As the Terms of Reference for Phase 1 was focused on what happened at Maidstone and Tunbridge Wells NHS Trust, no comparison was made with the management and assurance of mortuaries in other NHS trusts. This will be explored in Phase 2.

The report finds that despite the additional assurances in place following the Lampard review (Saville enquiry) re Leeds mortuary Fuller was still able to offend for a period of 15 years and be undetected. At BTHFT we will be reviewing all of the recommendations and providing an update to Quality and Patient Safety Academy in February 2024.

The report can be accessed here: <https://www.gov.uk/government/publications/david-fuller-inquiry-phase-1-report>

Recommendation

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