Executive Summary:

The purpose of the paper is to provide an update on the System Wide Operational Readiness Plan for Winter 2018/19, the following document outlines Bradford District Care Foundation Trust’s (BDCFT) actions in response to the increasing anticipated demand that severe weather brings, ensuring sufficient planning is in place for the winter period that meets expected demand. It draws on the local review of previous winters undertaken by Public Health in Bradford and builds on existing good practice. This allows for additional commissioning of services to be recognised early and in place for the winter period, including the allocation of West Yorkshire Action Zone monies.

BDCFT plans are based on the principle of the system vision and aim which is to support people to be Happy Healthy and at Home with the focus on unnecessary hospital attendance and appropriate support in returning them home quickly and safely. Each partner organisation within Bradford and Airedale has developed their own Trust plans to address how they individually will manage internal capacity and peaks in demand during the period. The focus is to outline how BDCFT will work together to:

- ensure services and pathways effectively manage demand and keep patients at home; avoiding unnecessary admission to hospital; and
- where admission is necessary, patients are facilitated to return to usual place of residence as quickly as possible.
- ensure that all front facing staff are offered and receive a flu vaccination to prevent the spread of infection and safeguard service users and staff.

The plan is not written in isolation but is an integral part of our overall system surge and escalation plan, which sets out the procedures to manage surges in demand across the Bradford District and Craven health and social care economy all year round, as a result of any kind of adverse event. Although there are specific adverse conditions which are likely to occur during the winter period, and services which become more critical to managing demand during this time, the actions outlined in the winter plan may be implemented at
other times of the year.

**Recommendations:**

That the Board:
- Acknowledges the progress made on the winter preparedness plans for BDCFT and how the system across Bradford and Airedale will work collaboratively to reduce the impact on service users.

**Governance/Audit Trail:**

| Meetings where this item has previously been discussed (please mark with an X): |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Audit Committee | Quality & Safety Committee | Remuneration Committee | Finance, Business & Investment Committee |
| Executive Management Team | x | Directors | Chair of Committee Meetings | Mental Health Legislation Committee |
| Council of Governors | |

**This report supports the achievement of the following strategic aims of the Trust:**
(please mark those that apply with an X):

- **Quality and Workforce:** to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce  
  - X
- **Integration and Partnerships:** to be influential in the development and delivery of new models of care locally and more widely across West Yorkshire and Harrogate STP  
  - X
- **Sustainability and Growth:** to maintain our financial viability whilst actively seeking appropriate new business opportunities  
  - X

**This report supports the achievement of the following Regulatory Requirements:**
(please mark those that apply with an X):

- **Safe:** People who use our services are protected from abuse and avoidable harm  
  - X
- **Caring:** Staff involve people who use our services and treat them with compassion, kindness, dignity and respect  
  - X
- **Responsive:** Services are organised to meet the needs of people who use our services  
  - X
- **Effective:** Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.  
  - X
- **Well Led:** The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.  
  - X

**NHSI Single Oversight Framework**
Equality Impact Assessment:

The development of system wide approaches to the development of a system wide approach to managing winter these relationships will advance the equality of opportunity for those children who experience the poorest of outcomes, this will ensure accessibility of services to the needs of diverse communities.

Through the engagement process it is an opportunity for Bradford District Care Foundation Trust to articulate the risks associated with the procurement of 0-19 health services on the wider health and social care economy.
Winter Preparedness and Flu Vaccination Programme

1. Introduction

Winter is a time when the health and care system typically experience a peak in demand. This is, in part, because levels of illnesses such as norovirus and influenza peak. These conditions frequently affect some of the most vulnerable people in our population and contribute to the increased need for health and care services over the winter. This is combined with several bank holidays over the Christmas and New Year period.

Like most parts of the country, the health and care system in Bradford and Airedale experiences a rise in demand for health and care services in the winter months. In recent years the demand on health and social care system has been described as unprecedented during the winter period. Accordingly, the ability to provide safe, effective, and timely health and care is becoming increasingly difficult, not just in Bradford and Airedale, but across the country. This has mainly been due to the high acuity of patients been admitted to hospital especially within the elderly population coupled with a unprecedented amount of children presenting with acute illness. The diagram below demonstrates some of drivers for low A&E performance and the need to work as a system to ensure patient flow is maintained and individuals are cared for within their own homes wherever possible.
2. Overview

Within Bradford and Airedale a systematic system wide review of winter (2017/18) was conducted. The purpose of this was to better understand how health, care and support services in Bradford and Airedale coped over the winter period identifying the pressures within the system, areas of good practice and opportunities to improve. This involved interviews with key people across the system, and the minutes of the daily winter calls, which built a more complete picture of winter and the pressures that services face. The Key findings from the report which was conducted by Public Health highlighted that:

- There was an increasingly pressure on services, which were reaching their limit in what they could do with available resources. Meaning that even small increases in activity, which are within expected limits of variation, had a disproportionate impact on services, leading to a system under pressure.
- Workforce challenges – capacity issues – were a feature for most organisations during winter.
- Although agency staff were used, across the system we generally relied on asking our usual workforce to do more.
- Community nursing services were sustained throughout winter, despite workforce challenges, and the need to flex services to manage increased demand at weekends.
- More people are being seen in general practice at weekends, however, this appeared to have minimal impact on weekday capacity.
- Awareness of extended access didn’t appear to be as good as it have been, with further action needed this winter to increase awareness as it is rolled out to 100% of the population.
- Although general practice was a key part of the urgent and emergency care system, it did not feature as strongly as it might in winter plans.
- Additional capacity in home support services, and the provision of a four-week retainer while people are in hospital helped avoid admissions and supported timely discharge from hospital, however, capacity issues remained the same within Airedale.
- Home support services are key to flow through the whole system, however, the independent market is recognised as having challenges

The general view was although the previous winter was a tough year in terms of the challenges faced, the long cold winter and the increased demand experienced, in many ways the system coped better than in previous years. Senior leaders including NHS Improvement (NHSI) were consistent in their views that all organisations had worked well together, that the system was in control despite the significant pressures faced. Communication was good which supported problem solving and there was a feeling that all organisations were in it together and understood the pressures that each other were under. This was supportive and respectful rather than blaming. Senior leaders were keen to recognise the commitment of frontline staff with a communication sent to all system leaders thanking them for their contribution during the winter period.
Locally within Bradford District Care Foundation Trust (BDCFT), District Nursing Services experienced an unprecedented amount of contacts, especially within the weekend period when there was a large number of emergency calls, coupled with a high volume of discharges. This was reflected within the body of the report. Table 1 demonstrates an increasing number of contacts during the winter months.

![Graph showing number of community contacts from April 2017 to March 2018.]

This report was subsequently discussed within the A&E Delivery Board, supported by NHSI a robust district wide winter plan has been developed, learning from the lessons of the previous winter (see appendix 1 – Winter Review Annex 2).

As part of the Integrated Care System a West Yorkshire and Harrogate Urgent and Emergency Care Programme Board has been established to co-ordinate the work within West Yorkshire & Harrogate to transform the way in which the NHS, working with key stakeholders, meets the urgent and emergency care needs of our local population across all age ranges and communities. This will not replace the respective A&E delivery boards within place but will focus on focusing on the following priority areas that systems are in place both for mental and physical urgent and emergency health needs.

3. Partnership Working

Following the review of winter 2017/18 the A&E delivery board and all key partners including BDCFT have been planning for winter 2018/19. BDCFT Service Managers and the Deputy Director for Adults and Children’s services have been attending NHSI workshops on A&E in Action, this has involved both Bradford Teaching Hospitals Foundation Trust (BTHFT) and Airedale Hospitals Trust (ANHST) and system wide partners focusing on “front door” services and “Why Not Home” aimed at improving the flow of patients through the emergency department and ambulatory care facilities and
admission avoidance/effective/safe discharge of patients. These are both due to concluded at the end of October whereby the findings across the system within the North of England will be shared.

Within ANHST The MAID team have expanded over the summer months to include the appointment of a BDCFT community nurse, which will be jointly managed by BDCFT/ANHST working within the Airedale Hospital discharge team to support the smooth transition of patients back home and improvement of communication between services. This scheme has proved highly successful within BTHFT where there has been both local and national interest in its development, there is currently three community nurses working within the service supported by robust jointly managed governance structures between BDCFT and BTHFT.

In addition to this BDCFT with other system wide leaders have been involved in two national events showcasing the collaborative approach that Bradford and Airedale have, ensuring that services are improved nationally, and central government understands the pressures services are facing. This has led an improved understanding of community/mental health services and the challenges they face, whilst developing robust relationships as a system.

More recently the system leaders have agreed jointly their approach and plan for the use of West Yorkshire Acceleration Zone2 schemes funding (WYAZ2) across Bradford and Airedale which will be signed off by the A&E delivery board on the 18th October (see appendix 2 – BTHFT WYAZ Schemes with Money).

The newly revised winter plan developed by the Bradford and Craven Health and Social Care organisational Winter Leads to ensure that sufficient planning is in place for the winter period (1st November 2018 until 26th April 2019) that meets expected demand. It is therefore owned jointly by all the partners across the system (see appendix 3a – Bradford District & Craven Winter Plan 2018-19 and appendix 3b – BDCFT Winter Plan 2018).

Following several iterations and feedback from NHS England/Improvement, the final version was tested at a winter workshop on September 27th attended by all the key partner organisations. The following five key themes were identified at the workshop, which require further work before the start of winter 2018/19:

- Further clarity and communication is required regarding pathways for managing demand on A&E;
- A mechanism is needed to make it easy for staff to work in different organisations and to ensure staff are supported to do so;
- It would be beneficial to identify the high risk, most vulnerable patients prior to the start of winter so that these can be proactively managed to stay at home;
- BMDC non-essential services will be closed on both Mondays over the Christmas break. An impact assessment is needed to ensure there will not be a negative affect; and
- The attendees felt that the System Call was positive at times of surge but there is an opportunity to use regular weekly winter calls more effectively as a proactive look
ahead over the coming few days/week. SitRep information would need to be shared prior to meeting so that time is not spent updating on performance.

These areas for improvement will be developed through the urgent care delivery group and outcomes approved at A&E Delivery Board in the coming month.

4. Next Steps

4.1.1 Plans for winter 2018/19 Wide

Plans for flexing services over winter 2018/19 to meet the predicted demand will include:

- **GP Access:** Additional primary care will be provided on all bank holidays and weekends over the festive period. Additional support will also be offered to primary care to increase staffing in the days following the bank holiday.
- **Out of Hours GP Access:** additional capacity on a Saturday at Eccleshill Community Hospital from 1st December to 31st May and during holiday periods will be commissioned by the CCG.
- **Flu Immunisation:** Plans for increasing uptake for pregnant women, over 65s and at risk clinical groups, children aged 2-9, have been implemented with the target for healthcare workers being at 100% which is in line with the Bradford Flu Plan 2018/2019.
- **Community Nursing:** During periods of peak demand and/or adverse conditions, priority will be given to End of Life care and time critical administration of medicines e.g. insulin, pain relief, and urgent interventions such as catheterisation. This also includes those living alone and those with vulnerabilities.
- **Mental Health Liaison and First Response:** additional capacity will be commissioned to cover the winter period.
- **Domiciliary Care:** work is ongoing to stabilise the current baseline position for registered domiciliary care providers, with a review of fees being undertaken. Additional winter capacity will be commissioned, supported via the Integrated Bradford Care Funding. The practice of funding providers for 4 weeks following admission to enable patients to transfer home quickly will remain.
- **City centre welfare:** will be commissioned for Friday 22nd, Monday 24th and 31st of December, which includes paramedics and police working within the city centre to reduce the burden on A&E departments.
- **VCS Partnerships:** ongoing funding of current VCS support at both ANHSFT and BTHFT. This is aimed at improving waiting times for Mental Health patients in Emergency Departments and will build on the work undertaken last year on reducing A&E attendances.
- **ANHSFT Emergency Department:** Advanced Nurse Practitioner (ANP) streaming from ambulance turnaround through to the Ambulatory Care Unit (ACU), Acute Assessment Unit (AAU) or Emergency Department (ED) (minors and majors) and even back to their normal residence, with or without the relevant pathways. Paeds/T&O/Surgical/Medicine/Anaesthetics Doctors can be bleeped to ED to see
relevant patients for review and escalation. The Frail Elderly Patient (FEP) team is available 7 days a week within day working hours to support the needs and timely discharge of Frail Elderly Patients within the Urgent Care area, working with the Intermediate Care Hub and Social Care.

- **GP streaming at A&E departments**: There are GP streaming services at both BTHFT and ANHSFT provided on site. These provisions see lower acuity patients enabling ED staff to focus on higher acuity patients and capacity was increased at peak times last winter.

- **Ambulatory Care Units (ACUs)**: Provided at both acute sites, these provided treatment for ambulatory care conditions that would normally have required a hospital bed, this includes the provision of seven day working.

- **Minor illness and injury services with links to the GP streaming service**: At ANHSFT, minor illness can be seen by the primary care streaming service. Minor injuries are an integrated element of the ED service provision and streamed to an ENP (09.30-22.00) with a 2nd ENP within the nursing numbers to flex the minors stream if the numbers require.

- At BTHFT minor illness can be seen by the co-located GP streaming service. Minor injuries are currently integrated within the ED.

- **Clinical Decision Units**: The unit provides a designated area to manage patients whose clinical symptoms or presentation require more than four hours to determine treatment options or to provide ongoing observation to avoid unnecessary admissions to wards whilst the investigation process is completed.

- **Surgical Assessment Unit (SAU)**: The unit at BTHFT provides facilities to manage direct referrals from primary care services, treat ambulatory surgical care conditions and provide assessment facilities to manage patients presenting at ED with surgical conditions.

- **Airedale/Craven collaborative team**: Care teams provided by ANSHFT are 24/7 services. North Yorkshire County Council (NYCC) is currently exploring the possibility of attaching a social worker from the Independence Team to the Craven Collaborative Care Team.

- **Safe spaces**: These offer calm and supportive places for people experiencing a crisis, but who do not need to be admitted to hospital, to receive support. These services will also help people access wider support they may need to manage their own mental health. Adult services can provide taxis if required and the children’s service has beds for an overnight stay. Both trusts will operate winter rooms as these were thought to have worked well, helping people to understand the current situation and the relevant data.

Both acute trusts will operate winter rooms as these were thought to have worked well, helping people to understand the current situation and the relevant data.
4.1.2 BDCFT Winter Plans

On the 1st November 2018 weekly system calls will commence up the 31\textsuperscript{st} March 2019, including additional calls during the bank holiday periods and at times of system wide surges in activity. This will be coordinated centrally by the CCG with the chair being the on-call director for the day. The Deputy Director for Adults and Children will co-ordinate this for BDCT ensuring that directors on call are informed when their teleconference calls will take place and ensure that key duty managers provide the information regarding acuity and capacity prior to the call taking place. This has previously been found to be valuable and ensure that there was consistency within the system.

It is essential that during the winter period the system will need to flex to ensure that acute A&E and ambulance pressures are supported. This will involve locally the increase in community capacity to enable the volume of urgent calls to be managed, especially following surges in acute care activity to ensure that there is sufficient capacity with the services to support and manage patients within their home environment. This will take the form of additional staff nurse capacity at weekends, with the establishment of resilience nurses to ensure that they are free to deal with all acute calls. Within the MAID team the community nurses will support the A&E department to ensure that patients can be returned home as efficiently as possible.

The A&E liaison service will also be strengthen to ensure that any client presenting with mental health issues will be triaged in a timely way to ensure that additional support by either community services or admission to a mental health ward is undertaken. This was piloted last year and found to be very effective.

Both these schemes have been funded from WYAZ monies and will be monitored through the urgent care steering group.

5. Flu Vaccination Programme

High rates of flu add to demand pressures, worsen patient flow and can spread infection to staff. In winter 2017/18, flu-related non-elective hospital admissions were over three times higher than the three previous winters. This accounted for about a third of the emergency admissions growth between winter 2016/17 and 2017/18. Patient flow is affected because patients with flu generally stay for longer and are isolated to minimise contagion, which reduces the flexibility of beds.

The 2017/18 seasonal flu campaign for the Trust achieved an uptake of 82.93\% of frontline healthcare workers vaccinated. This was an improvement of the previous year which had an uptake of 80.7\%. (See table 2). The Trust also had the highest uptake in England for a Mental Health Trust and won the NHS Employers Halloween Twitter competition with a Halloween themed photo of the team. The infection prevention team also won the NHS Employers Digital and Social Media award for the work undertaking during last year’s influenza campaign.
Table 2

The following link is a case study submitted to NHS Employers by the Infection Control and Prevention team as part of last year’s influenza campaign for the digital and social media award, which they subsequently won.


This year’s campaign has been developed following a review of the previous campaigns. In addition, the team facilitated two focus groups with infection prevention link workers and healthcare workers were invited to complete a questionnaire review of the 2017-18 campaign. This analysis has led to the development of this year’s campaign which includes the below elements:

- Five launch events offering staff the vaccine followed by a piece of homemade cake
- Two Halloween events with staff being offered the vaccine and a Halloween themed cupcake
- Drop in sessions at several sites, health centres and individual’s workplaces
- Staff members offered pre-booked appointments
- Teams being able to book a suitable date and time for the whole team to be vaccinated in the workplace
- Early morning and evening sessions for shift workers
- Sessions at lunchtime
- Attending staff induction to offer the vaccine to all new employees
- Offering the vaccine at staff meetings
- Offering the vaccine at infection prevention training sessions
- The NHS flu video is played at all infection prevention training sessions
- A message on pay slips
- Weekly communications in e-update
• Weekly screen savers with influenza myths and updates on the campaign
• Use of Social media including Facebook and Twitter

The infection prevention team have delivered a variety of different educational messages to support the influenza campaign over the last two years. Despite this work there does remain a percentage of healthcare workers who refuse to have the influenza vaccine for a variety of reasons. The DH are again asking the Trust to collect refusal information and a form was agreed with staff partnership last year which is being used again this year.

Recommendations

The Following recommendations are asked to be considered by the board:

• As a system we are doing many of the right things but sometimes struggle to maintain these at times of pressure – we need to focus on doing them well and consistently to maximise their effect. Some pathways rely on individuals, rather than systematic processes.
• Focus is needed on pathways, services, and ways of working to reduce conveyance and admission to hospital, and to promote a home first mindset; this includes in A&E and optimising opportunities for care coordination to ensure people are directed to the right place first time.
• We need to continue to try to address delayed transfers of care due to family/patient choice.
• Continued efforts to consistently implement SAFER are needed and have the potential to make a real difference.
• Consideration should be given to how extended access to primary care is publicised to ensure that uptake is maximised, alongside more targeted and proactive messages for the public about A&E use.
• Opportunities to flex general practice capacity to manage surges in demand across the system should be part of winter plans.
• Additional/better aligned pathways with YAS are needed to reduce conveyances to hospital.
• A system wide approach is needed to improve flow and continuity of care. Community services are not necessarily aligned in terms of operating times which can affect transfers of care, particularly in terms of dealing with discharges in early evening.
• Winter plans should consider contingency plans if key services close/reach capacity

6. Monitoring and review

The Board is asked to note the content of this paper and the progress that has been made by BDCFT and A&E delivery board in ensuring that services are prepared for winter and that a system wide response has been formulated.

It is also asked to note the plans in place to support the health care worker flu vaccination programme being led by the Infection Prevention and Control Team.
Appendix 1a – Bradford District & Craven Winter Plan 2018-19

Appendix 1b – BDCFT Winter Plan 2018