Bradford District Care
NHS Foundation Trust

Winter Plan
October 2020

Phillipa Hubbard –Director of Nursing, Professions & Care Standards

Clear Milestones

Bradford District Care
NHS Foundation Trust

- Development of Digital technology
- Approach to End of Life care
- Flu vaccination programme
- Review of business continuity plans
- Mental Health winter plans and confirmed schemes
- Investment in Voluntary and Community Sector services to support winter planning
- Attendance a winter planning workshop

System wide approach

Bradford District Care
NHS Foundation Trust

- Integrated Care System approach to the use of mental health beds including Psychiatric Intensive Care Unit
- Working at place to support discharge planning
- System wide approach to workforce
- Secondary care pathway developments
- Use of Nightingale hospitals
- Multi agency discharge teams

Place Based Approach

Bradford District Care
NHS Foundation Trust

- Communication approach - launch of winter campaign
- Wellbeing offers for staff – including team time
- Flu vaccination programme
- Preparation COVID 19 vaccination programme
- Strategic Discharge Planning

System Patient Flow Governance

Health & Care Gold Meeting
Wednesdays at 1pm
(System CEOs – Chaired by Helen Hirst)

- CEO awareness of system performance
- Escalation issues to / from H&C Silver
- Discussion of national / ICS requirements
- Commissions strategic system work to rectify issues / ensure capacity
- Agree allocation of system resources

Strategic Hospital Discharge Group
As and When / Task & Finish
(System Leaders – Chaired by TBC)

- Agree system capacity planning for winter
- Ensure reporting systems are adequate between partners
- Design of different system pathways to meet demand
- Propose allocation of resources for system agreement

Health & Care Silver Meeting
Thursdays at 12.30pm
(System COOs – Co-Chairs Nancy O'Neil / Iain MacBeath)

- Wide system awareness of any issues
- Escalation issues from organisations / Gold
- Commissions strategic system work to rectify issues

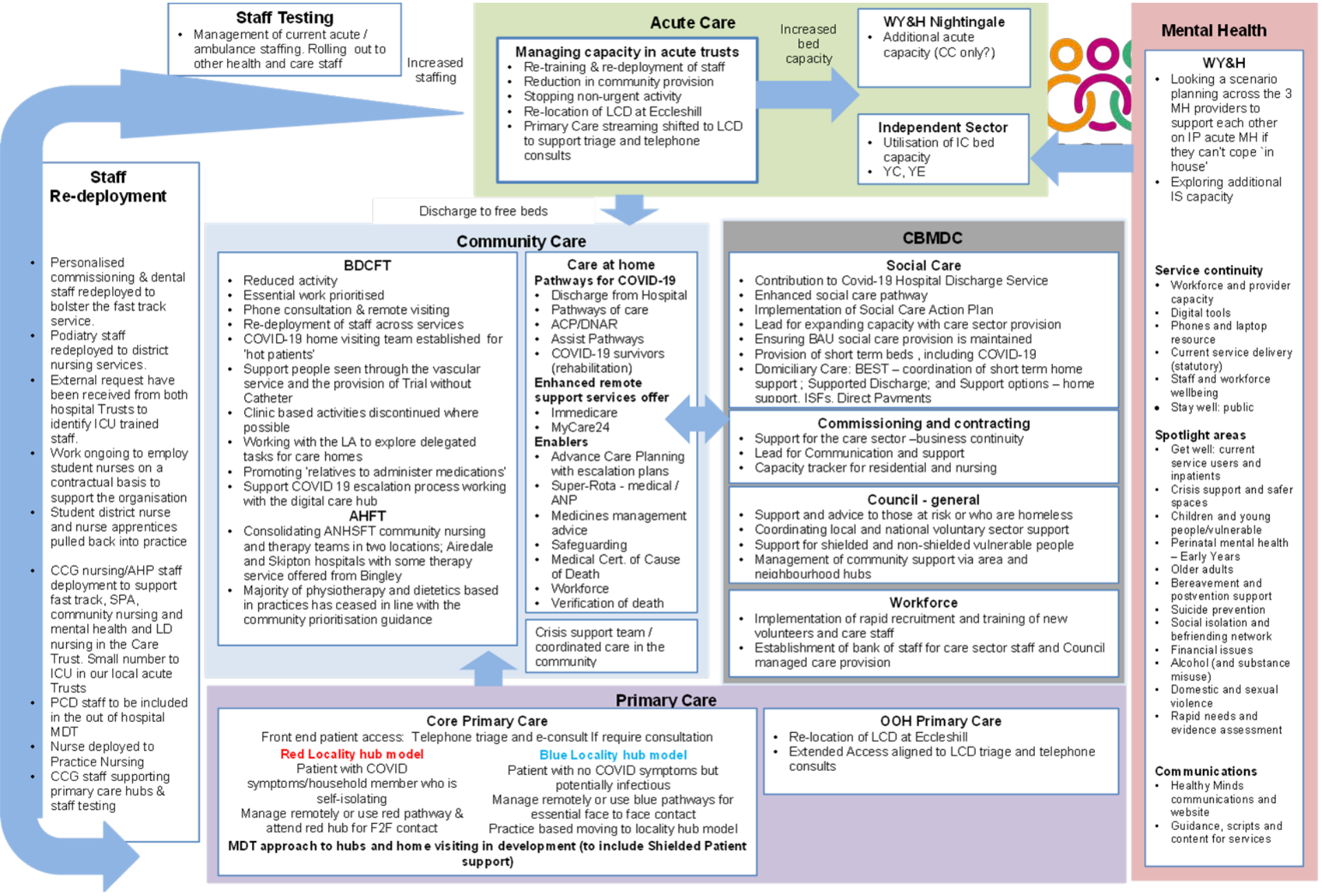
System Winter Plan with Escalation Process

System Ops Meetings
Twice Weekly (System Ops Managers)

- CEO awareness of system performance
- Escalation issues from H&C Silver
- Detailed

For discussion at Gold:

1. Agreement that Winter Plan is the right document to contain our escalation processes
2. Formally commission work on live high level data reporting on system performance / adherence to national discharge policy pathways %s.
3. Agree to restart the Strategic Hospital Discharge Group on an ad-hoc basis – with terms of reference as above – and agree a Chair.
4. Acknowledge system discussion about different preventative and discharge pathways for use during periods of winter plan escalation.


Staff Testing
Management of current acute / ambulance staffing. Rolling out to other health and care staff
Increased staffing
Acute Care
Managing capacity in acute trusts
Re-training & re-deployment of staff
Reduction in community provision
Stopping non-urgent activity
Re-location of LCD at Eccleshill
Primary Care streaming shifted to LCD to support triage and telephone consults
Increased bed capacity
WY&H Nightingale
Additional acute capacity (CC only?)
Independent Sector
Utilisation of IC bed capacity
YC, YE
Mental Health
WY&H
Looking a scenario planning across the 3 MH providers to support each other on IP acute MH if they can't cope `in house'
Exploring additional IS capacity
Staff Re-deployment
Personalised commissioning & dental staff redeployed to bolster the fast track service.
Podiatry staff redeployed to district nursing services.
External request have been received from both hospital Trusts to identify ICU trained staff.
Work ongoing to employ student nurses on a contractual basis to support the organisation
Student district nurse and nurse apprentices pulled back into practice
CCG nursing/AHP staff deployment to support fast track, SPA, community nursing and mental health and LD nursing in the Care Trust. Small number to ICU in our local acute Trusts
PCD staff to be included in the out of hospital MDT
Nurse deployed to Practice Nursing
CCG staff supporting primary care hubs & staff testing
Discharge to free beds
Community Care
BDCFT
Reduced activity
Essential work prioritised
Phone consultation & remote visiting
Re-deployment of staff across services
COVID-19 home visiting team established for 'hot patients'
Support people seen through the vascular service and the provision of Trial without Catheter
Clinic based activities discontinued where possible
Working with the LA to explore delegated tasks for care homes
Promoting 'relatives to administer medications'
Support COVID 19 escalation process working with the digital care hub
AHFT
Consolidating ANHSFT community nursing and therapy teams in two locations; Airedale and Skipton hospitals with some therapy service offered from Bingley
Majority of physiotherapy and dietetics based in practices has ceased in line with the community prioritisation guidance
Care at home
Pathways for COVID-19
Discharge from Hospital
Pathways of care
ACP/DNAR
Assist Pathways
COVID-19 survivors (rehabilitation)
Enhanced remote support services offer
Immedicare
MyCare24
Enablers
Advance Care Planning with escalation plans
Super-Rota - medical / ANP
Medicines management advice
Safeguarding
Medical Cert. of Cause of Death
Workforce
Verification of death
Crisis support team / coordinated care in the community
CBMDC
Social Care
Contribution to Covid-19 Hospital Discharge Service
Enhanced social care pathway
Implementation of Social Care Action Plan
Lead for expanding capacity with care sector provision
Ensuring BAU social care provision is maintained
Provision of short term beds , including COVID-19
Domiciliary Care: BEST – coordination of short term home support ; Supported Discharge; and Support options – home support. ISFs. Direct Payments
Commissioning and contracting
Support for the care sector –business continuity
Lead for Communication and support
Capacity tracker for residential and nursing
Council - general
Support and advice to those at risk or who are homeless
Coordinating local and national voluntary sector support
Support for shielded and non-shielded vulnerable people
Management of community support via area and neighbourhood hubs
Workforce
Implementation of rapid recruitment and training of new volunteers and care staff
Establishment of bank of staff for care sector staff and Council managed care provision
Primary Care
Core Primary Care
Front end patient access: Telephone triage and e-consult If require consultation
Red Locality hub model
Patient with COVID symptoms/household member who is self-isolating
Manage remotely or use red pathway & attend red hub for F2F contact
Blue Locality hub model
Patient with no COVID symptoms but potentially infectious
Manage remotely or use blue pathways for essential face to face contact
Practice based moving to locality hub model
MDT approach to hubs and home visiting in development (to include Shielded Patient support)
OOH Primary Care
Re-location of LCD at Eccleshill
Extended Access aligned to LCD triage and telephone consults
Service continuity
Workforce and provider capacity
Digital tools
Phones and laptop resource
Current service delivery (statutory)
Staff and workforce wellbeing
Stay well: public
Spotlight areas
Get well: current service users and inpatients
Crisis support and safer spaces
Children and young people/vulnerable
Perinatal mental health – Early Years
Older adults
Bereavement and postvention support
Suicide prevention
Social isolation and befriending network
Financial issues
Alcohol (and substance misuse)
Domestic and sexual violence
Rapid needs and evidence assessment
Communications
Healthy Minds communications and website
Guidance, scripts and content for services

Conclusions

Bradford District Care
NHS Foundation Trust

- Important to balance staff welfare, demand management alongside COVID19
- System approach to management of services – including Wakefield
- Visibility within ICS and place