

Bradford District Care NHS Foundation Trust

Winter Plan 2023

1. Purpose

The purpose of the paper is to provide an update on Bradford District Care Foundation Trust's (BDCFT) plans for winter 2023, which form part of the Bradford District and Craven Health and Social Care winter plan. The paper outlines how plans build on experiences and learning from previous winter periods, particularly the combination of COVID-19 and seasonal demands during the winters of 2020 to 2022.

2. Introduction

Increased seasonal demand associated with winter is likely to put a significant strain on national and local health and social care systems, with periodic reductions in available staffing and extended waiting lists for treatments.

National NHS England winter plans for 2023 will focus on:

- High-impact priority interventions drawn from the Urgent and Emergency Care (UEC) recovery plan that include: Virtual wards; Urgent Community Response; Inpatient Flow, length of stay and a single point of access.
- Clear roles and responsibilities for each part of the system so that both shared and individual organisational accountability is clear.
- Returns from systems on system-level resilience and surge planning, to avoid systems becoming overwhelmed at times of peak demand.

3. Bradford district and Craven health and social care winter plan 2023

BDCFT's winter plans are made in the context of the Bradford District and Craven health and care winter plan. The Bradford District and Craven health and Care winter plan 2023 has yet to be developed but will follow the approach of the West Yorkshire Integrated Care Board (ICB). The plan is generally guided by the overall Bradford and Craven system vision which aims to support people to be 'Happy, Healthy and at Home' with the focus on preventing unnecessary hospital attendance and appropriate support in returning them home quickly and safely. The plan usually focuses on demand, capacity and workforce. The plan will also include consideration of national and local factors beyond the immediate healthcare setting, identifying risks from external events.

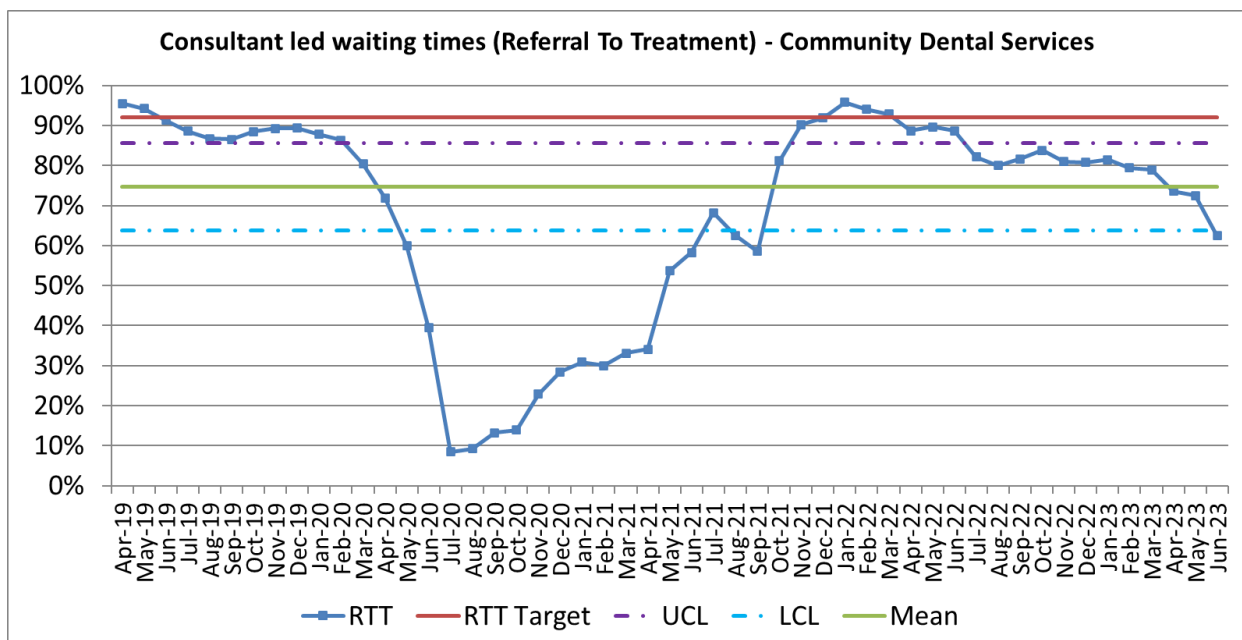
Structures to support system collaboration and thereby respond to presenting operational issues will be enacted during the winter period. These include weekly calls with representation from Health, Local Authority, Independent and Third sector Organisations that enable participants to understand current pressures within the system and facilitate a shared approach to offering mutual aid. Senior operational managers representing both care groups participate in the calls on behalf of BDCFT. Additional calls have been arranged at times of increased pressures. This approach has provided successful in previous winters and through the COVID-19 pandemic.

Within mental health, we recognise that seasonal demand variations occur throughout the year and steps have been taken to support this through Acute Community Services. As in previous years we will draw upon the weekly mutual aid calls between the three mental health trusts and the West Yorkshire and Harrogate ICB programme leads to further support system wide escalation and response.

4. Pressures Experienced – Winter 2022

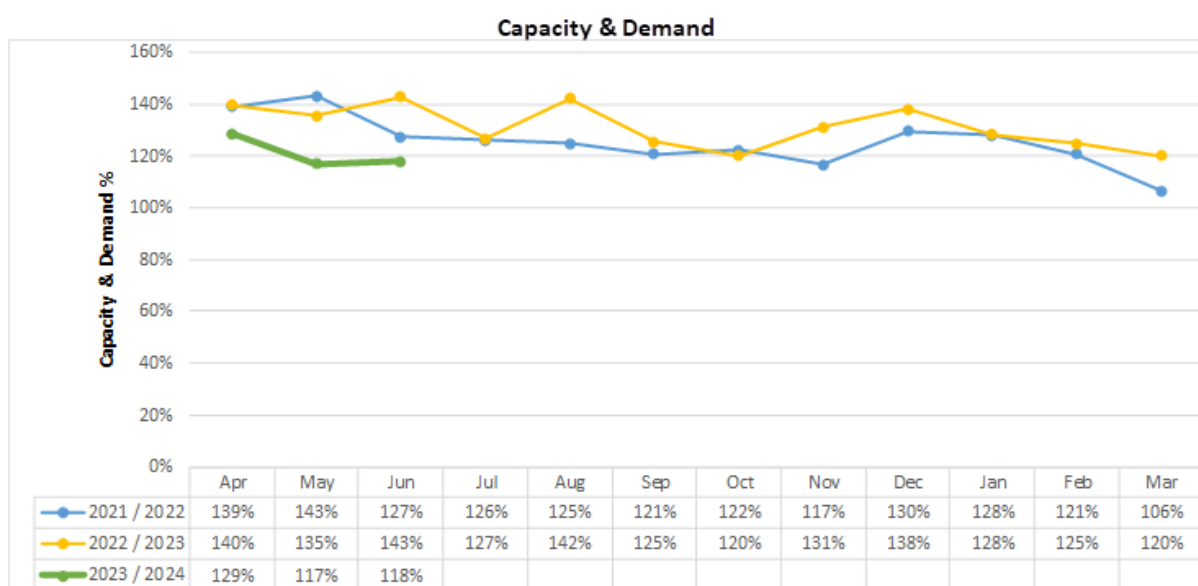
Demand has increased over previous winter periods, but periodically throughout 2022/23 with a significant impact within Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust, both of which have declared Operational Pressures Escalation Levels (OPEL) level four status (the highest level) over short periods of time in relation to high demand. 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. With an overlay of COVID-19 and winter illness that also impacted on reduced staffing levels, local acute hospitals have had to cease non-essential functions. This has had a knock-on effect on other BDCFT services such as dental where theatre sessions have been cancelled, impacting on referral to treatment time performance.

Graph 1 – Proportion of patients waiting less than 18 weeks to commence treatment – patients who require dental treatment under general anaesthetic



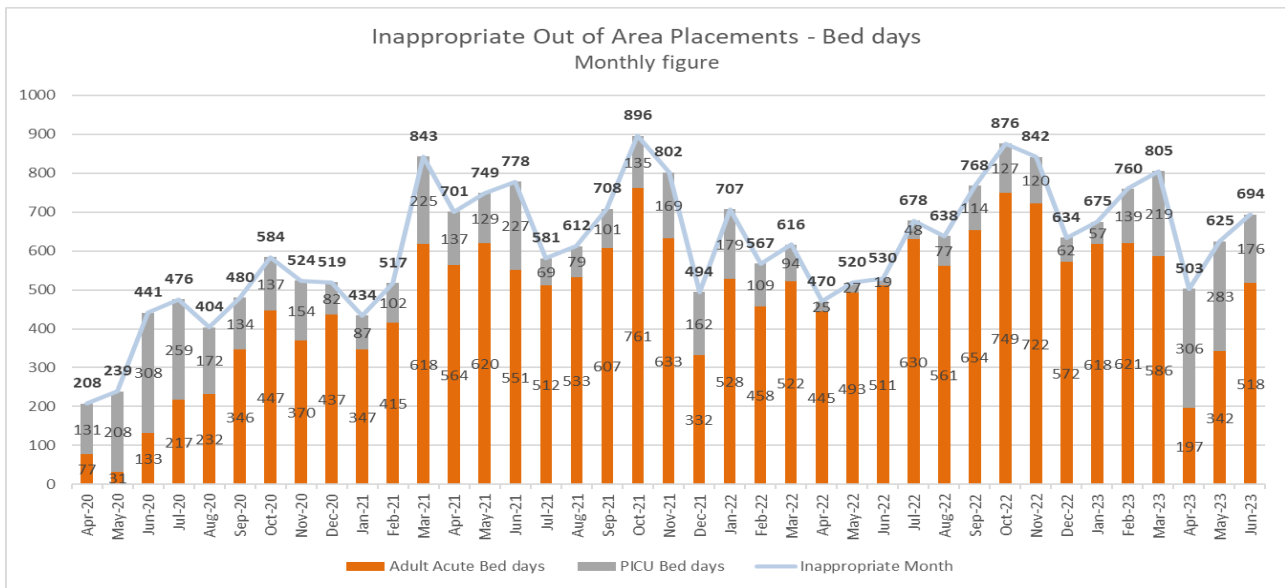
BDCFT community services have managed presenting demand over the previous winter periods, although demand has continued to exceed capacity at a service level, leaving services periodically enacting business continuity arrangements. Community nursing remains overstretched with demand exceeding capacity, demonstrated in graph 2. Although this is a chronic position, it has been exacerbated over the last three years with increasing vacancies and fluctuations in sickness absence. This leaves community services in a potentially vulnerable position over the coming winter period, with limited capacity to respond to surges in demand. Community service alongside primary care provide the majority of health care within the system and maintain people in their home environment.

Graph 2 - District nursing capacity versus demand



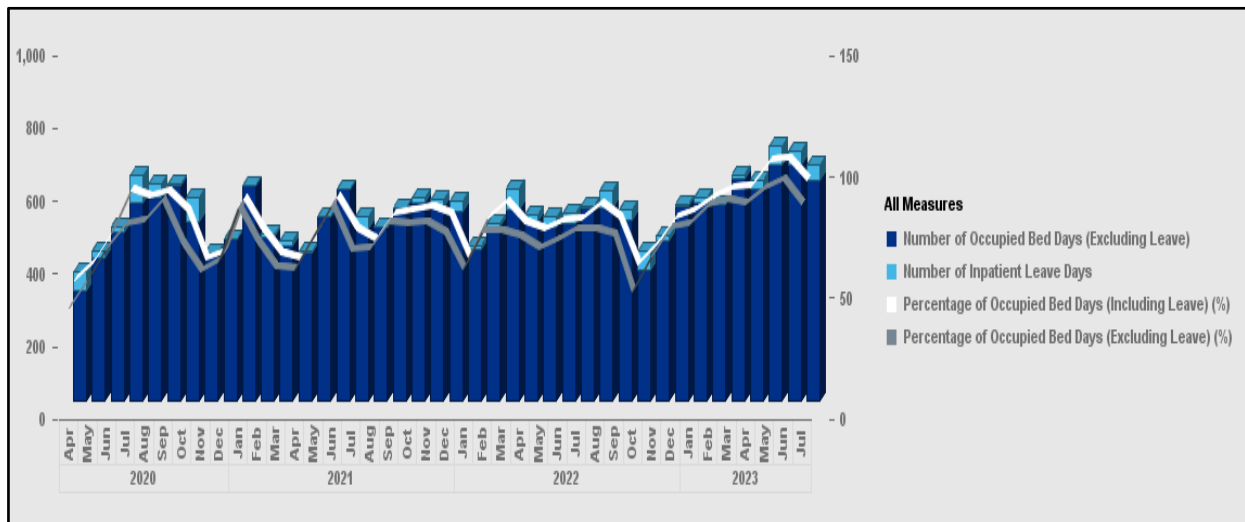
BDCFT mental health services continued to see high levels of demand and acuity across all pathways. Demand within the crisis pathway, and in particular for inpatient admissions, continued at previously unprecedented levels, maintaining a need for independent sector adult acute and Psychiatric Intensive Care Unit (PICU) beds to be utilised.

Graph 3 – Inappropriate out of area bed days



Capacity within older people’s mental health, both functional and dementia assessment, was managed within BDCFT commissioned capacity. For older people’s functional inpatient mental health (Bracken ward), monthly occupancy including leave was between 60.4% and 91.6% over the period October 2022 to March 2023.

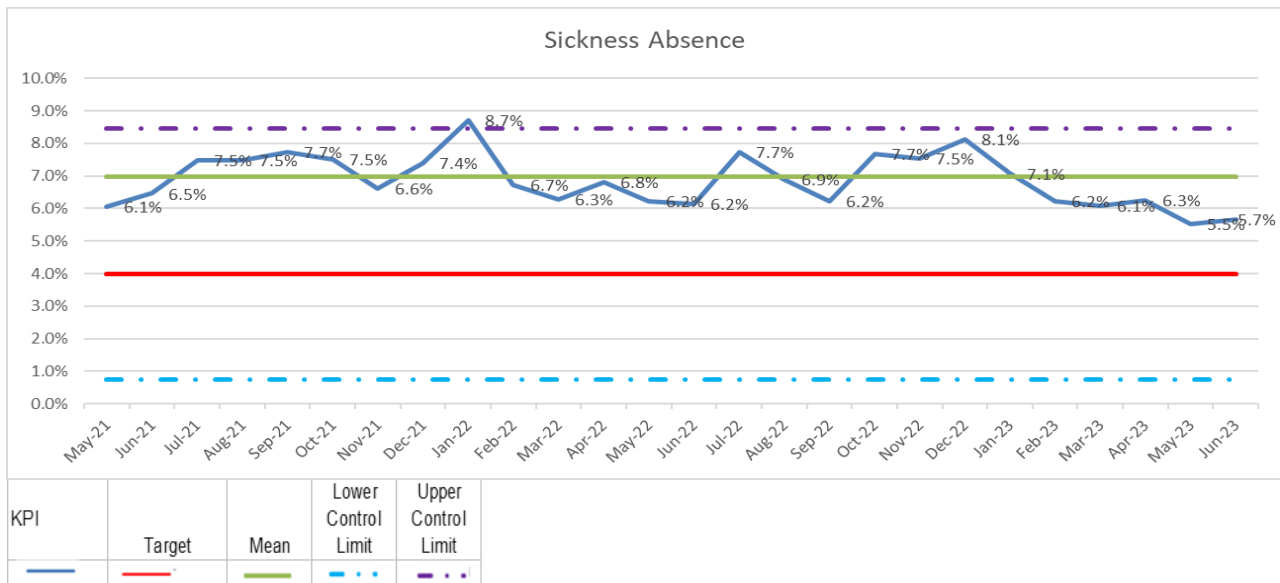
Graph 4 – Older people’s inpatient occupancy – Bracken ward



First Response and Intensive Home Treatment Teams managed presenting demand with use of bank to increase and flex capacity when required at times of pressure and through this pathway we continue to operate our Mental Health 1 Car, a response vehicle operated in partnership with BMDC and West Yorkshire Police, offering at scene response to calls coming into the police with a mental health related ‘context’.

During winter 2022 (and throughout the subsequent period), COVID-19 impacted on staff absence, including sickness absence due to COVID-19; long term sickness recorded as anxiety, stress and depression; other COVID related absences, for example staff needing to self-isolate.

Graph 5 – Sickness absence



In summary, the biggest issues experienced in winter 2022 were:

- workforce resilience;
- care home issues (outbreaks);
- periodic lack of domiciliary care;
- increasing demand into children & young people’s mental health services and a lack of provision for children who present with complex, multiple needs to include safeguarding and children’s social care;
- high acuity, and high inpatient bed demand causing pressure on mental health inpatient services and increased requirements for out of area placements;
- continued lost capacity within pathways as a result of COVID outbreaks (staffing & bed capacity);

5. BDCFT Assumptions – Winter 2023

Demand and Capacity

There has been sustained pressure on urgent and emergency care services throughout winter 22/23 because of increased demand. Seasonal pressures over this winter are likely to be exacerbated by the impact of seasonal illnesses. The system historically experiences increased

outbreaks of Norovirus (diarrhoea and vomiting) and influenza during the winter period, this can adversely impact on demand and 'system flow'.

Public health forecasting is provided at the weekly West Yorkshire and Harrogate Strategic Health Coordination Group. Forecasting is shared across the system through the weekly surge and escalation call. BDCFT service plans are updated in response.

Where capacity does not meet the level of demand, thresholds, actions/mitigations and escalation procedures are well developed through service business continuity plans and daily lean management.

Children's Services

In Public Health Nursing teams (Health Visiting, School Nursing and Operations Safeguarding and Vulnerability), we are experiencing increased demand to service partnership meetings following an increase in unplanned acute safeguarding work. This is following a combination of increase in the number of children with child protection and child in need plans. The move from virtual to expected face to face child protection meeting attendance will also further impact on available capacity due to added travelling to and from meetings.

Our Children Looked After team is experiencing an increase in the number of children coming into care. Nursing caseloads remain higher than the recommended ratio. Caseload sizes are almost 1:170 compared to the 1:100 recommended in the Intercollegiate guidelines. This is impacting not just on undertaking of timely review health assessments but on the deployment of packages of care as well. The high caseloads compromise the meeting of statutory targets and key performance indicators.

We have also seen an increase in the number of children on roll in our Special Needs School Nursing teams. The increase is not just numerically but in complexity as well. Caseload sizes at 1:119 are almost twice the recommended ratio of 1:71. This is impacting on available capacity to deliver a responsive service.

We are also experiencing higher than average sickness rates especially in our Health Visiting service with most cases due to long term sickness. We are working with both Occupational Health and Human Resources colleagues to ensure that our staff are supported back to work.

It is against this backdrop that the services are working hard to deliver expectations set in both the CQC action plan and the written statements of action from the SEND Inspection. Due to reduced capacity, we are still experiencing some challenges in our ability to address inequitable provision of service to children with complex health needs and disabilities (SEND) within mainstream schools to ensure equity with their counterparts from the Special Schools.

Community Health Services

Particular pressures anticipated for winter 2023 are:

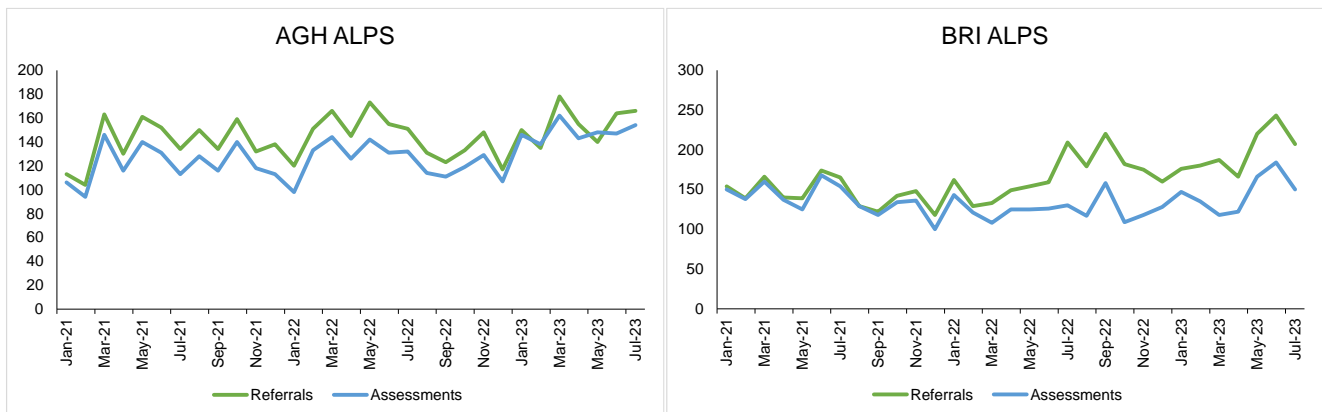
- work shunting when other services are under pressure or stepped down. This has happened during previous winters. This may also be reflected in a 'legitimate' left shift, with earlier discharges from hospital, or prevented admissions increasing demand for community services. This reflects the work of virtual wards.
- care home demand – e.g. Norovirus/COVID/influenza outbreaks;
- care home and domiciliary care staffing challenges This may result in people in acute beds waiting for care and increased burden on families and BDCFT services, including community nursing, that may have to deliver care that is outside normal contracted health care.
- operating theatre availability for dental procedures under general anaesthetic, with sessions cancelled by acute trusts due to staff shortages; strikes and/or increased hospital admissions.

Mental health

Inline with the mental health surge modelling undertaken in 2021, there has been a sustained increase in the demand for mental health services throughout 2023. This has been most within Child and Adolescent Mental Health Services (CAMHS) with referrals continuing to be 50% higher than in 2019. A tapering of referrals is yet to be noted and referral rates continue to be closely monitored across the system. The model expected anxiety-based referrals to increase immediately, depression based more medium term and behavioural potentially over several years. Many of the suppressed referrals now coming in were predicted to require a more complex level of support as they will not have received care at an earlier stage, and this is evident in the referrals we are seeing coming through, and most apparent within CAMHS.

Graphs 6 and 7 show the current trends for mental health related attendances at local emergency departments (ED). The data however does not indicate the primary reason a person has attended ED. So the primary reason may be a physical health condition requiring ED intervention with a co-existing mental health need. We do know that our MH Liaison activity has on the whole remained stable, indicating that pathways and access has not been interrupted and any surge in demand has been managed and/or diverted. We do know however that people attending ED are again requiring longer in department as a result of their complexity to include their physical health conditions and treatments required.

Graphs 6 & 7 Mental Health (MH) A&E attendances and breaches



Particular pressures anticipated for winter 2023 are:

- socio-economic impacts as a result of cost of living and fuel increases further impacting and compounding people’s physical & mental health and wellbeing.
- increase in complexity and acuity of presentation across all pathways and age groups – episodes of care lengthened with multiple interventions;
- referral rates projected to continue at a high level most significantly in children and young people, and neurodiversity;
- admissions into acute mental health beds continue at a sustained high level. Block contract arrangements have been extended and increased to mitigate this risk.

Workforce

The main concerns anticipated ahead of winter 2023 are:

- inability to respond to surges in demand across the system;
- insufficient capacity to deliver our baseline – current shortfalls are being experienced across services;
- greater reliance on temporary staffing;
- availability of staff for recovery and to address backlogs;
- services needing to respond to transformation agendas whilst responding to winter pressures;
- complexity of illness presentation – increased acuity in both physical and mental health presentations leading to increased staffing requirements and longer lengths of time in care pathways;
- Additional costs of bank and agency staff;
- Increased staff absence;
- Reduced vaccine uptake.

6. BDCFT Supportive Actions

BDCFT services will take actions to help address the main pressures and concerns anticipated for winter 2023 and contribute to winter preparedness, and the delivery of the high impact interventions, including:

- Community services will continue to support Local Authority residential units to enable people to 'step up', or 'step down' from hospital. Nursing input into these facilities enables people with more complex needs to be supported outside of a hospital setting.
- Community services will continue to work with Yorkshire Ambulance Service (YAS) aside of agreed clinical pathways that support 'suitable' patients identified by YAS to be attended by community nursing services, thereby reducing the likelihood of unnecessary conveyance to hospital. A 'standardised' directory of services (DOS) has just been adopted across West Yorkshire community providers.
- Community services will contribute to the provision of new Virtual Ward beds aimed supporting multiple pathways. These beds will enable patients to receive 'hospital care' in their own homes, thereby reducing pressure on local hospitals.
- Community services continue to work alongside the Urgent Community response standard, attending to conditions likely to be escalated within the two-hour time frame. These pertain to end of life care and catheter 'crisis'.
- Community services will continue to support timely discharge from acute hospitals thereby supporting flow.
- BDCFT and partners are preparing bids for non-recurrent winter funding expected to be allocated into systems.
- Mental health 1 Car in partnership with Local Authority and West Yorkshire Police. Offering street triage and diversion of Section 136 detention.
- Daily children and young people mental health huddles within acute hospitals to support multi agency decision making and support for children in crisis presenting to acute hospital.
- Care home liaison and outreach to prevent hospital admissions.
- Ongoing contract with the independent sector to mitigate inpatient bed reductions and resulting pressures.
- Collaborative work with Creatine Support to provide crisis beds offering a non-medical approach to supporting a mental health crisis.
- Collaborative work on maximising pathways into Urgent and Emergency Care Delivery Board funded 'Wellbeing Hubs' offering pre crisis support and diversion from ED.
- Ongoing provision of Core 24 across both acute hospital sites.
- Provision of vaccination clinics through the Learning Disability Community Teams as well as targeted activity to vaccinate all eligible inpatients.
- The children's influenza campaign will be delivered to 211 schools from October to 15 December 2023, for a total of 106,000 children. Inactivated vaccine (injection which is gelatine free) will be offered at the same time as the nasal spray. Additional community clinics will be needed.

Workforce resilience

To address the main workforce challenges anticipated this winter, the Trust will repeat the sharp focus around workforce resilience. The health and wellbeing offer for staff was extended significantly in response to COVID-19 to include access to several national health and wellbeing support initiatives. The COVID Rehab Pathway for staff offering support to all social, health and

care staff in Bradford District and Craven who are experiencing long term symptoms of COVID-19 continues.

Tailored support is also being provided to address specific challenges in services, including:

- Adult physical health services have used in-year underspend to invest in additional non-recurrent HR support to improve sickness absence management and reduce levels of absence.

Planning structures

Daily lean management structures are embedded across services enable operational challenges to be addressed in a timely manner and escalated as required. To support robust winter planning, the Trust will:

- work together within the organisation and across the system with regards to the deployment of staff and resource, support for redeployment and stepping down non-essential services if required;
- Participate in the Bradford and Craven surge and escalation group to respond successfully to seasonal pressures, particularly as some influencing factors are not within the control of BDCFT or system partners.

7. Influenza & COVID Vaccination Programmes for Trust Staff

Vaccination programmes for Trust staff have been reviewed and additional education is being provided prior to the 2023/24 campaign commencing to look at improving vaccination uptake. Table 1 outlines vaccination uptake for influenza and COVID-19 within BDCFT.

Occupation	No of HCWs	No vaccinated for influenza	Influenza % uptake	No vaccinated with COVID-19 since 1 st Sept 2022	COVID-19 % uptake
All doctors	102	77	75.5%	78	76.5%
Qualified nurses	964	628	65.1%	517	53.6%
All other professionally qualified staff	506	323	63.8%	283	55.9%
Support to clinical services	875	419	47.9%	321	36.7%
Total	2447	1447	59.1%	1199	49.0%

Vaccinations are an effective defence against infection and this year all healthcare workers will be offered their influenza vaccine and a COVID-19 booster. The campaign will commence on 25th September (provisional date) with the aim of vaccinating as many staff members as possible prior to the expected winter pressures from COVID-19 and influenza.

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August 2023