

Bradford District Care NHS Foundation Trust

Winter Plan 2022

1. Purpose

The purpose of the paper is to provide an update on Bradford District Care Foundation Trust's (BDCFT) plans for winter 2022, 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 and 2021.

2. Introduction

The COVID-19 pandemic put a significant strain on national and local health and social care systems, with high service demands, periodic reductions in available staffing plus 'legacy morbidity', and extended waiting lists for treatments. Seasonal pressures over winter are likely to be intensified by the ongoing impact of COVID-19.

National winter plans for 2022 will focus on:

- increasing bed capacity in acute hospitals, improving flow throughout the system.
- primary care capacity – upgrading digital technology & telephony.
- supporting the workforce, and their health and wellbeing.
- ensuring timely discharge across acute, mental health and community setting, working with social care partners.

National challenges as outlined by Professor Sir Stephen Powis, NHS national medical director include:

- influenza and COVID occurring together.
- new COVID variants.
- increased respiratory infections and hospital admissions linked to cost-of-living challenges.

We also are aware of external and system factors that may also present challenges to the health & social care system this winter, adding additional pressure into an already pressurised system; these include:

- Industrial Action
- Severe Weather
- Fuel & Power Loss
- In year system financial pressures

Planning for winter 2022 is therefore critical to ensure that essential presenting needs continue to be met.

3. Bradford district and Craven health and social care winter plan 2022

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 2022 is in draft form and has followed the approach of the West Yorkshire Integrated Care Board (ICB). The plan has been 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 focuses on demand, capacity, and workforce (clinical and non-clinical). The plan includes consideration of national and local factors beyond the immediate healthcare setting, identifying risks from external events.

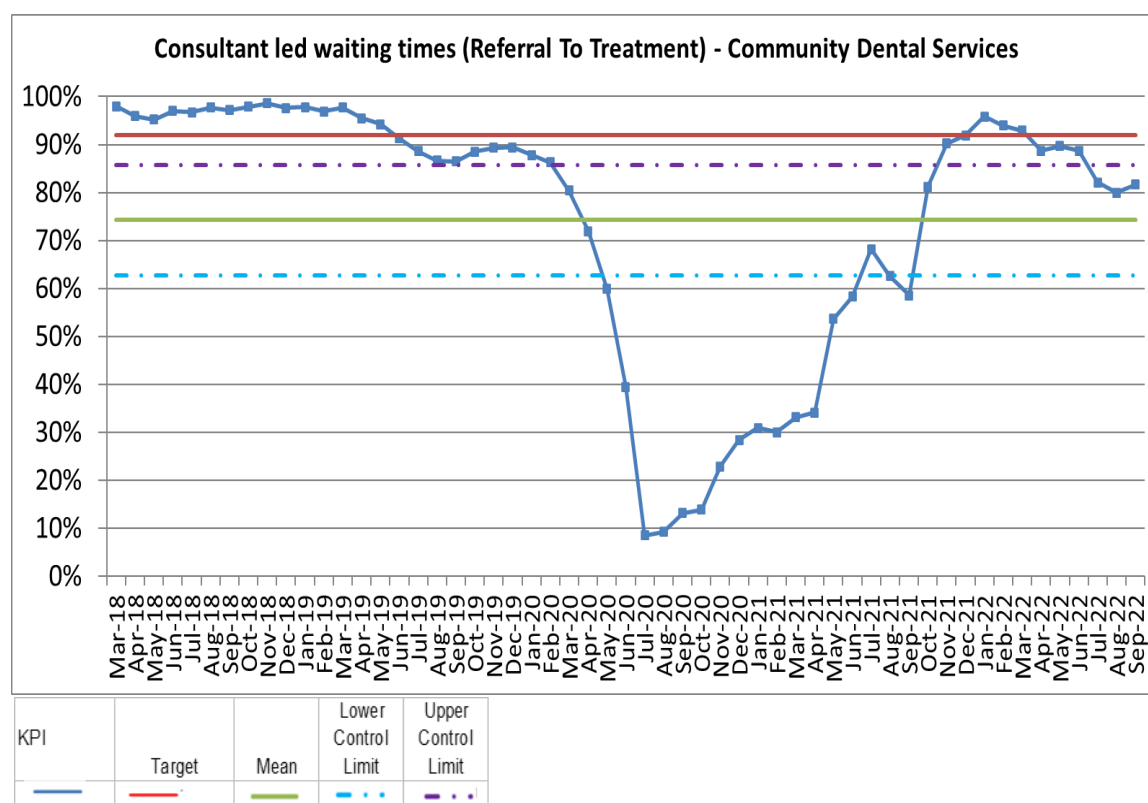
Structures to support system collaboration and thereby respond to presenting operational issues will be enacted during the winter period. These include weekly calls that enable participants to understand current pressures within the system and facilitate a shared approach to offering mutual aid. Senior 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 proved successful in previous winters and through the COVID-19 pandemic. Within mental health, throughout the pandemic, weekly mutual aid calls have taken place between the three mental health trusts and the West Yorkshire and Harrogate ICB programme leads. These calls will continue across winter to further support system wide escalation and response. During August and September, we took part in a collaborative and standardised approach to capacity and demand modelling as part of NHS England mental health winter planning submissions to support planning across the national system ahead of this winter.

On 18th October 2022 additional winter guidance 'Going further on our winter resilience plans' (BW2090) was issued to system leaders which sets out a set of further actions, 34 in total directed how ICBs and systems need to respond and oversee performance across this winter. A key action for ICB's includes ensuring 24/7 System Control Centres (SCCs) are established. These are described as control centres, supported by senior operational and clinical decision-makers to proactively manage clinical risk across the country in a 24/7 format for 365 days per year. The expectation is that systems will develop the operating model for approval via the BAF and that all systems will have an operational SCC by 1 December 2022.

4. Pressures Experienced – Winter 2021

Demand has increased over previous winter periods, but periodically throughout 2021/22 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 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. These issues have occurred periodically throughout the year and are not unique to winter.

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

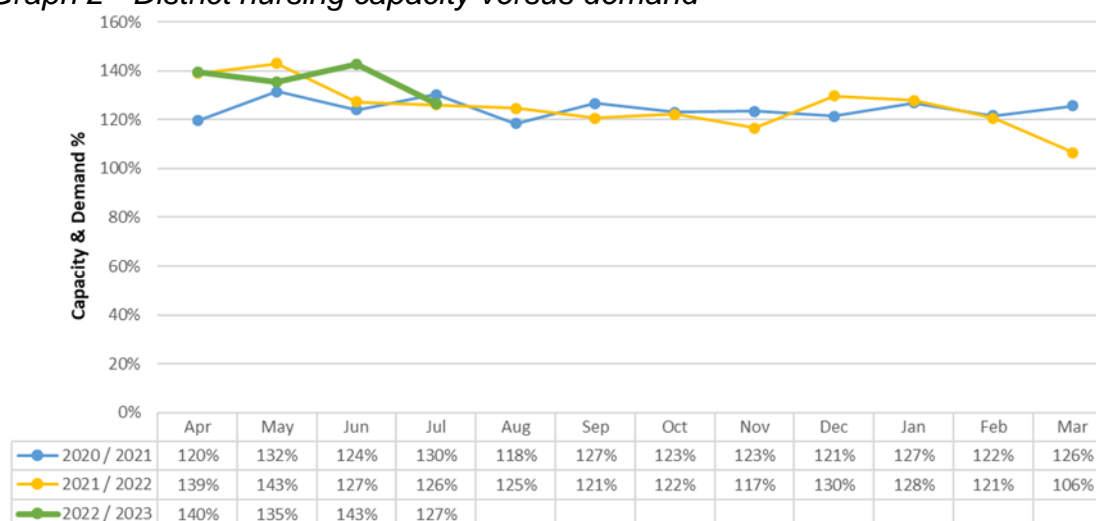


The system historically experiences increased outbreaks of Norovirus (diarrhoea and vomiting) and influenza during the winter period, this can adversely impact on demand and ‘system flow.’

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

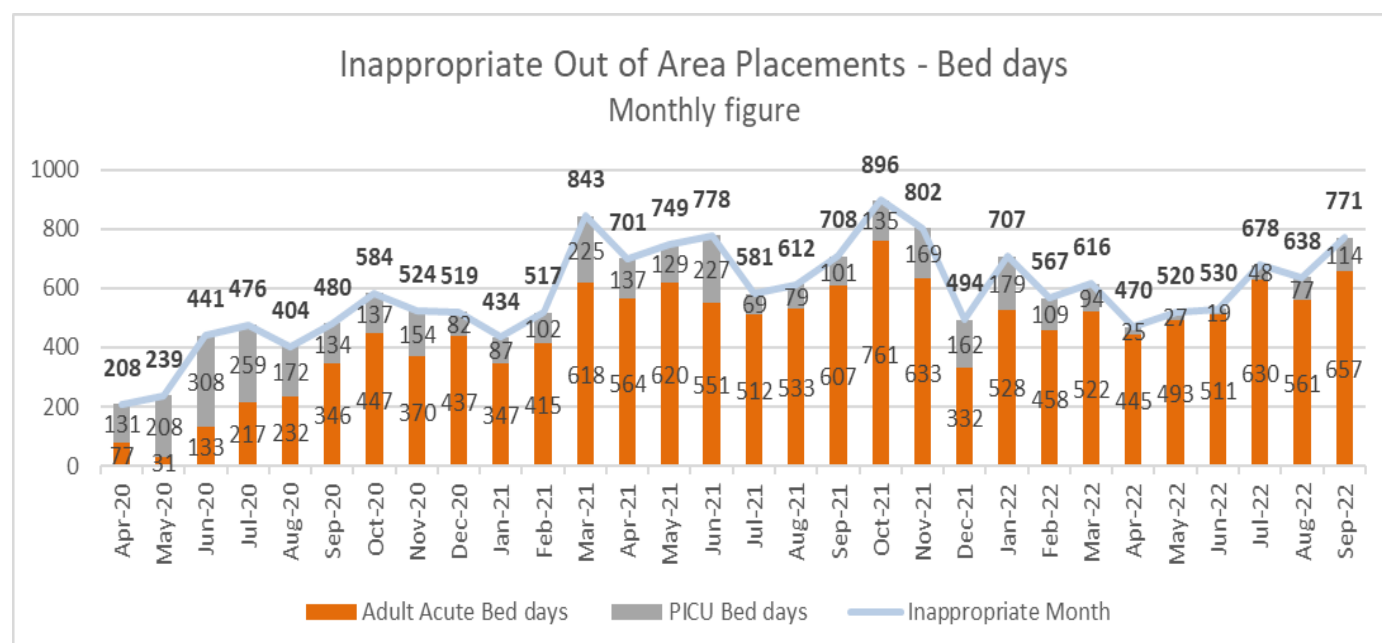
fluctuations in sickness absence. This leaves community services in a potentially vulnerable position over the coming winter period, with limited capacity to respond to surges in demand.

Graph 2 - District nursing capacity versus demand



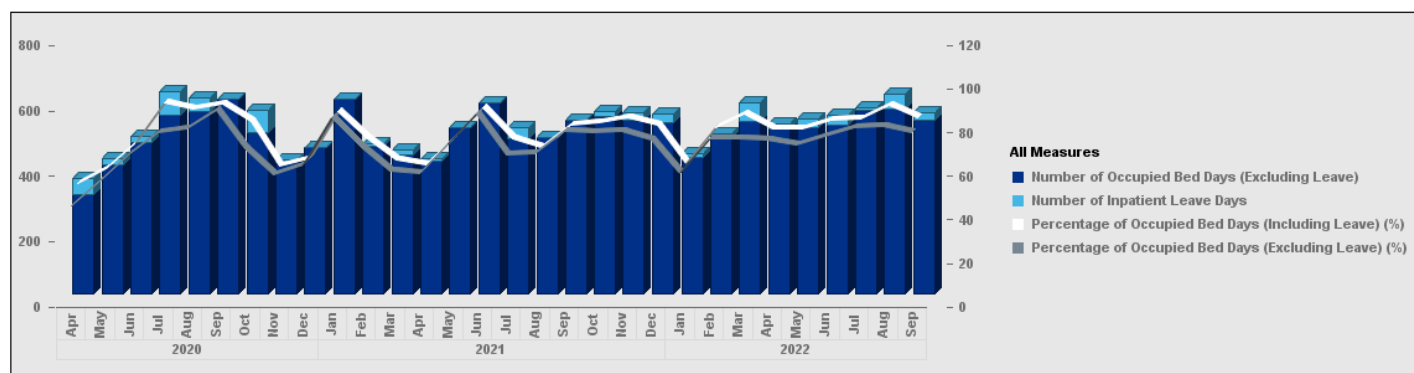
BDCFT mental health services have seen impacts across all pathways, most significantly an increased complexity in the types of presentations coupled with increased demand. Demand within the crisis pathway, and in particular for inpatient admission, continued to grow. Where bed capacity was exceeded, independent sector adult acute and Psychiatric Intensive Care Unit (PICU) beds have been 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 63.0% and 86.0% over the period October 2021 to March 2022.

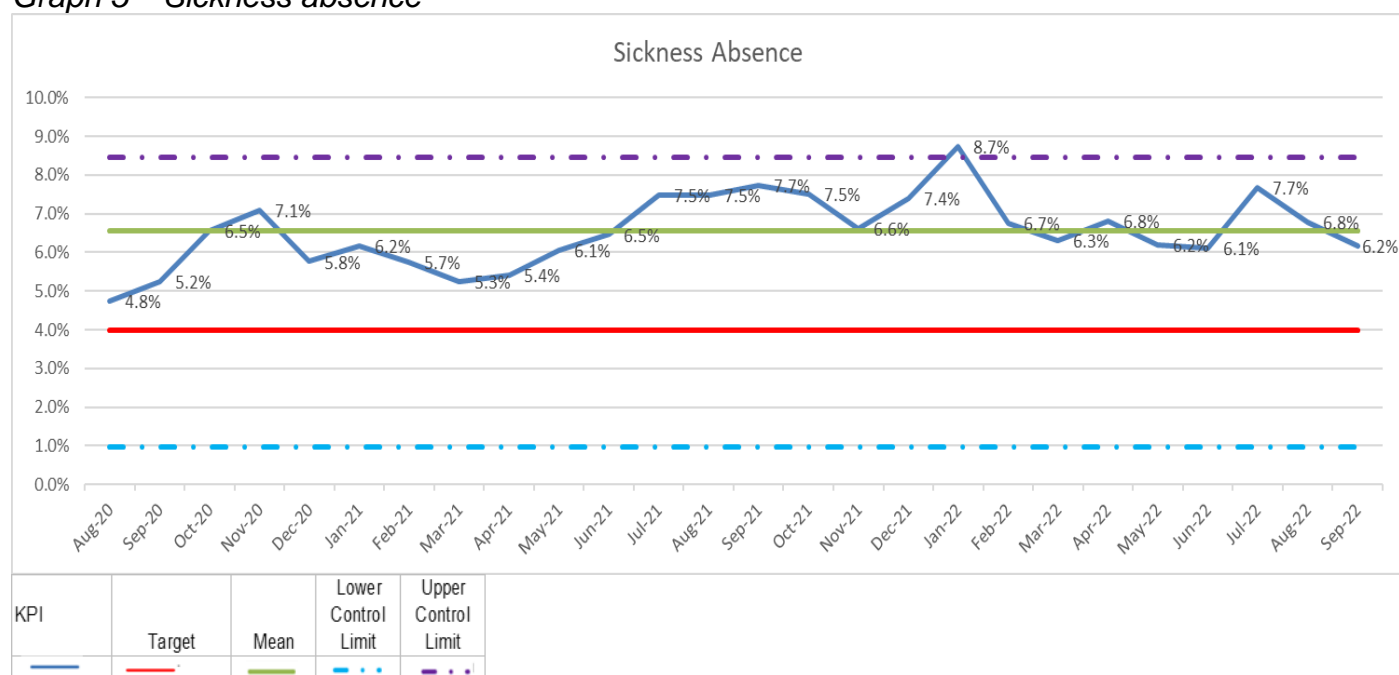
Graph 4 – Older people's inpatient occupancy – Bracken ward



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 2021 (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 2021 were:

- workforce resilience.
- morale of staff going into the winter period – fatigued, exhausted, digitally tired.
- care home issues (outbreaks / COVID deaths / quick discharge to assess processes).
- 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.
- reduced acute mental health bed base due to isolation and cohorting.
- continued lost capacity within pathways as a result of COVID outbreaks (staffing & bed capacity).
- insufficient adult acute mental health out of area and independent sector capacity.

5. BDCFT Assumptions – Winter 2022

Demand and Capacity

There has been sustained pressure on urgent and emergency care services throughout the year because of increasing demand. Seasonal pressures over the second half of the year are likely to be exacerbated by the ongoing impact of seasonal illnesses.

Seasonal influenza and COVID-19 have the potential to add substantially to the winter pressures the NHS usually faces. The timing and magnitude of potential influenza infection waves for winter 2022/23 are currently unknown, but infection patterns seen in Australia, and used as an indicator for Northern Hemisphere countries suggest higher rates reflecting decreased herd immunity as a consequence of COVID-19 measures.

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

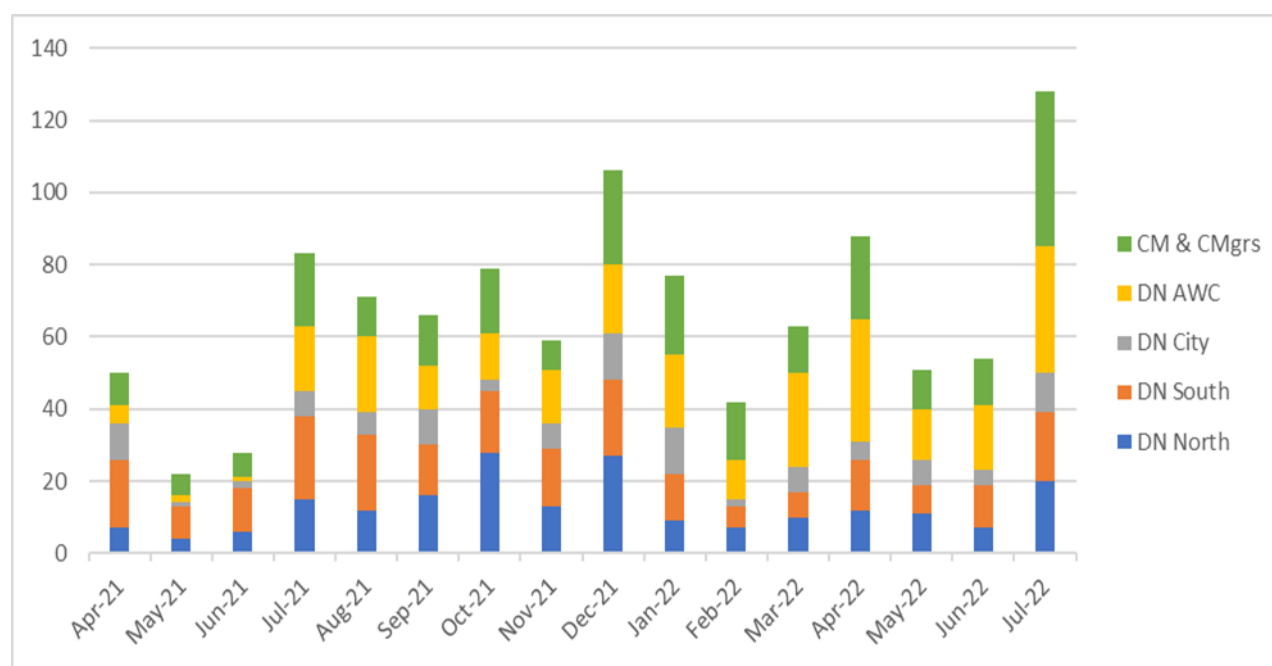
- Demands regarding unplanned acute safeguarding work against the backdrop of the Bradford Children's Families Trust taking delivery of social care for children in our district continues. Our understanding of the Children's Families Trust is limited at this stage, and we are not clear of what impact this will have on our services.
- The increase in the numbers of children who are in care continues to rise, suggesting a high conversion from Child Protection to Looked After. The ongoing challenge to maintain the visibility of the most vulnerable children remains along with the challenge to recruit and retain Specialist Community Public Health Nurses (Health Visitors and School Nurses) within 0-19, assure the right levels of staffing to meet need in the Special Needs School Nursing service and retain staff on fixed term contracts on a permanent basis within the Children in Care team. Whilst the 'Grow our Own' initiative is progressing our highest vacancy rate remains at Band 6 Specialist Community Public Health Nursing (SCPHN) level.
- The written statements of action from the SEND Inspection have highlighted an essential need to review the delivery of services to children with complex health needs and disabilities (SEND) within mainstream schools, to ensure equity with the provision from the School Nursing Special Needs service. Work is progressing regarding this.

Community Health Services

Particular pressures anticipated for winter 2022 are:

- work shunting when other services are under pressure or stepped down. This happened when hospital outpatient services closed early in the pandemic. This has occurred through 2021/22 on occasions when other services experience staff shortages. This may also be reflected in a 'legitimate' left shift, with earlier discharges from hospital, or prevented admissions increasing demand for community services.
- care home demand – e.g., Norovirus/COVID/influenza outbreaks.
- care home and domiciliary care staffing challenges (Skills for Care workforce report shows that during 2020/21, 6.8% of adult social care roles were unfilled, with 28.5% turnover) impacting on care home capacity and availability of home care packages to maintain people in their own homes, including for end-of-life care. Although the revised data for 2021/22 will not be published until October 2022, anecdotal feedback at a place level suggests ongoing staffing challenges within the social care workforce. This may result in people in acute beds waiting for care and increased burden on families and BDCFT services, including community nursing, which may have to deliver care that is outside normal contracted health care. Bradford and North Yorkshire local authorities are providing support to the domiciliary care market to avoid provider failure.
- operating theatre availability for dental procedures under general anaesthetic, with sessions cancelled by acute trusts due to staff shortages and/or increased hospital admissions. Current theatre capacity is 95% of that available pre pandemic.
- Additional demand associated with caring for people with a COVID-19 diagnosis.

Graph 6 - Community Nursing COVID-19 Cases



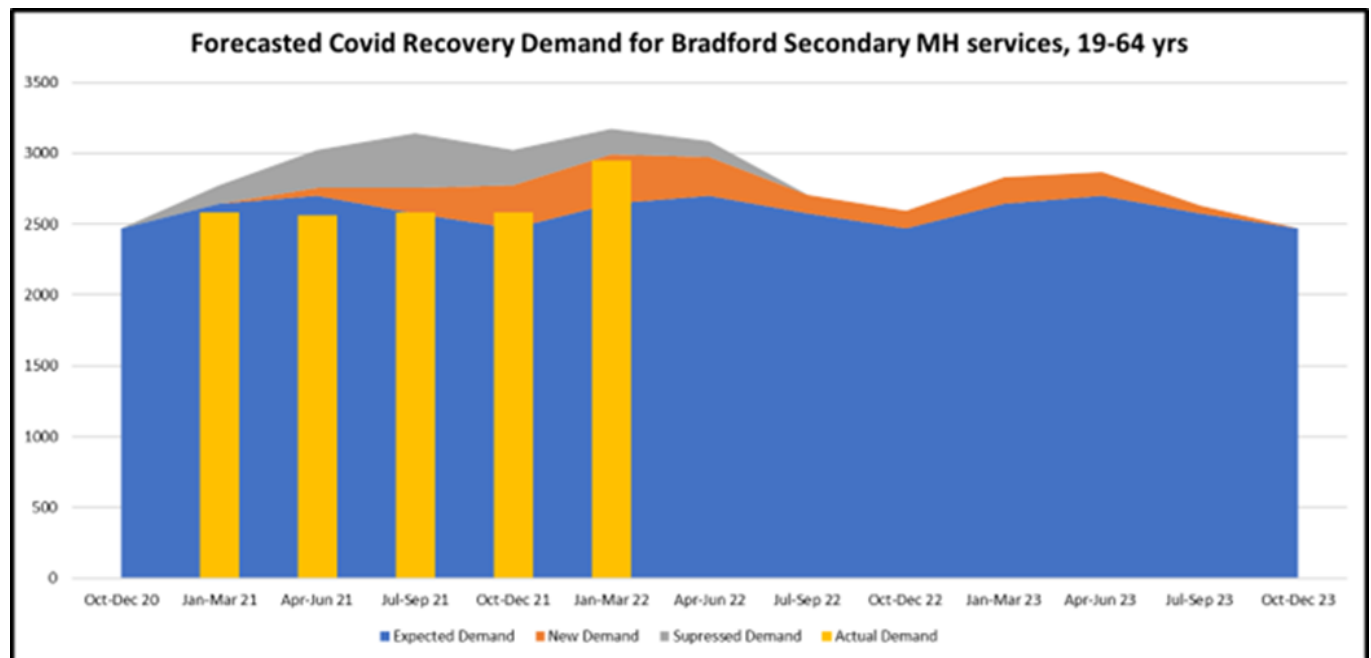
Mental health

In 2021 the Trust undertook mental health surge modelling in partnership with Southwest Yorkshire Partnership Foundation Trust (SWYPFT) and Leeds and York Partnership Foundation Trust, using a model developed by SWYPFT to help quantify the impact of COVID on mental health and the number of people requiring access to mental health services. The base modelling data was revised to reflect the higher levels of deprivation in the Bradford district. The model

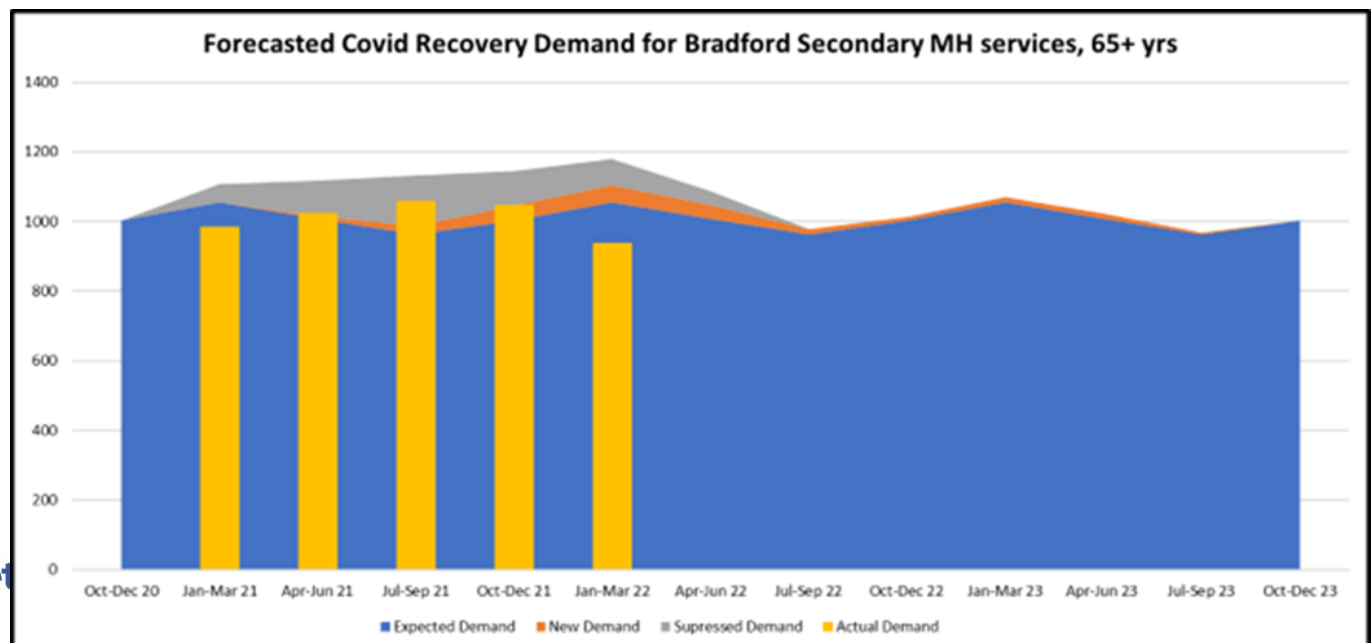
showed expected increases in referrals of 35-45% for the remainder of 2021, with 20% plus increases for the majority of 2022. The largest forecast demand was within Child and Adolescent Mental Health Services (CAMHS) with referrals for the second half of 2021/22 forecast to be 50% higher than in 2019 and demand only falling to nearer 2019 levels from autumn 2022. This 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 7 and 8 show forecast demand versus actual demand using the modelling data developed in 2021. There is forecast to be increased demand for secondary mental health services during the summer of 2022, with a predicted downturn later in the year.

Graph 7 - Bradford Forecast COVID Recovery Demand Age 19 to 64: Secondary Mental Health

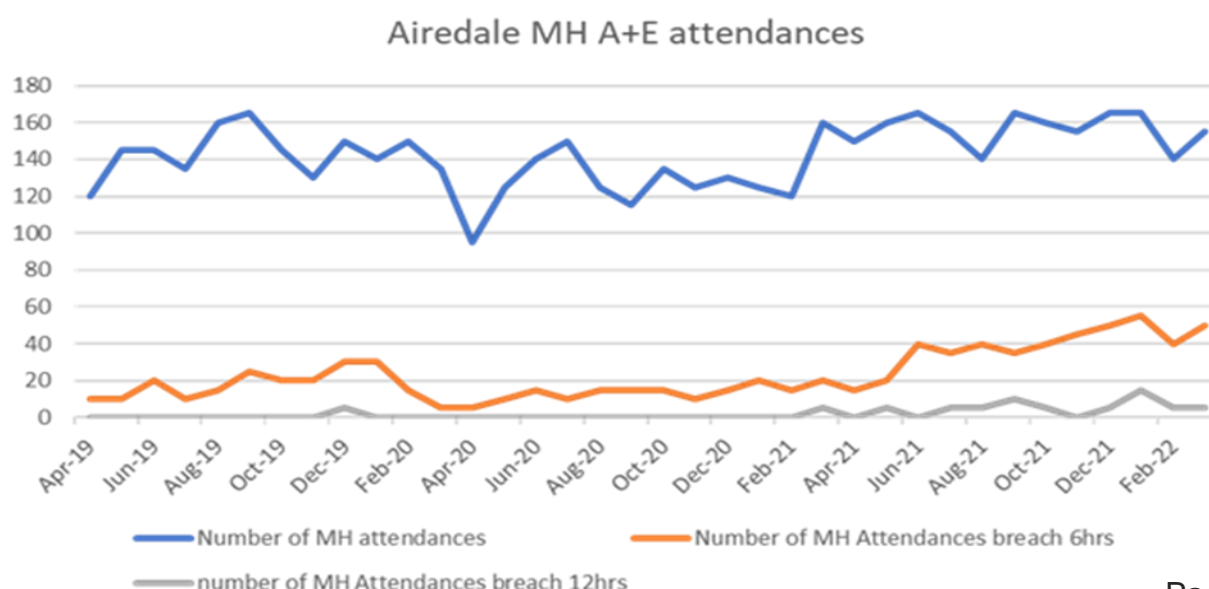
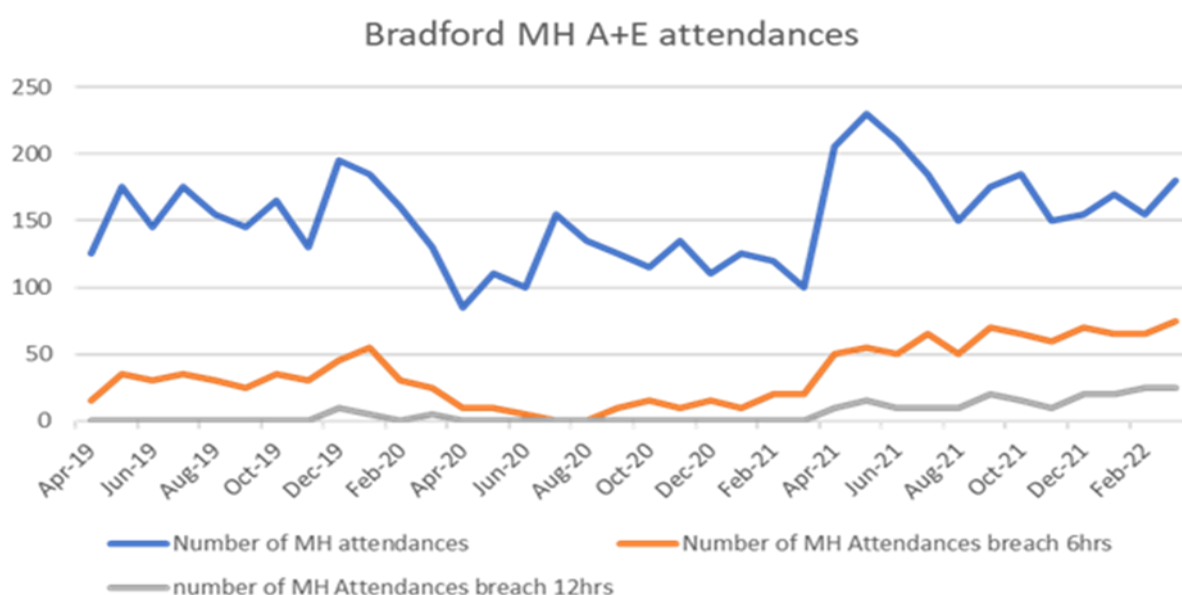


Graph 8 - Bradford District Forecast COVID Recovery Demand Age 65+: Secondary Mental Health



Graphs 9 and 10 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 overall 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 9 & 10 Mental Health (MH) A&E attendances and breaches



Particular pressures anticipated for winter 2022 are:

- socio-economic impacts as a result of cost of living and fuel increases further impacting and compounding people's mental health and wellbeing. This has not been accounted for within the COVID recovery modelling and presents a risk in terms of new demand.
- significant increase in complexity and acuity of presentation across all pathways and age groups – episodes of care doubled in length and number of interventions required.
- referral rates increasing and projected to continue most significantly in children and young people, and neurodiversity.
- admissions into acute mental health beds increasing. Bed capacity has been reduced to support COVID infection prevention and control requirements for isolating and cohorting patients.

As noted in Section 3, West Yorkshire mental health trusts have worked collaboratively with West Yorkshire ICB programme leads to undertake a capacity and demand exercise to support winter resilience planning in line with NHS England winter planning asks.

Headlines resulting from the NHSE exercise around winter demand assumptions:

Continued rise in Children being referred into specialist CAMHS – (73% increase in overall caseload, 6% attributable to Core CAMHS)

OPMH – 5.2 % caseload rise

CMHT – 2.8% caseload rise

FRS Calls – 28087 (*dynamic modelling abandoned calls to anticipate additional capacity required*)

IHTT caseload capacity – average additional 20 cases per month Bfd, 10 Airedale (*ongoing modelling*)

Adult Acute Inpatient beds – August modelling excess bed days required Q3 1648, Q4 1098 (*re modelling based on workforce & demand changes*)

Workforce

The main concerns anticipated ahead of winter 2022 are:

- inability to respond to surges in demand across the system.
- insufficient capacity to deliver our baseline – current shortfalls are being experienced across all services.
- staff morale and wellbeing.
- staff taking roles outside of the NHS.
- greater reliance on temporary staffing.
- availability of staff for recovery and to address backlogs.
- staffing requirements for additional initiatives e.g., COVID booster/influenza vaccine campaigns.
- 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.

6. BDCFT Supportive Actions

BDCFT services will take actions to help address the main pressures and concerns anticipated for winter 2022 and contribute to winter preparedness, including:

- Community services to possibly contribute to influenza vaccinations for housebound patients across Bradford, Airedale and Wharfedale to protect vulnerable service users. Planning is yet to commence.
- 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 'pop up' multidisciplinary team discussions that support care homes with 'outbreaks' as required. These multi-disciplinary teams support people to remain within their place of residence and promote patient safety. Care Home support is coordinated through the Care at Home huddle which has multi-agency membership.
- Community services are working with place partners to implement an additional 80 Virtual Ward beds aimed at Frailty, Respiratory and Multi-Speciality conditions by April 2023. These beds will enable patients to receive 'hospital care' in their own homes, thereby reducing pressure on local hospitals. There is non recurrent money attached to this scheme.
- 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 are currently working with system partners on a 100-day discharge challenge, focussing on the top three challenges aimed at supporting safe and timely discharge. Although this initiative was completed by the end of September 2022, approaches applied will continue throughout the winter. The areas of focus include establishing estimated discharge dates, multi-disciplinary team discharge planning and early identification of complex cases.
- 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 Bradford Metropolitan District Council and ICB on the opening of four crisis beds offering a non-medical approach to supporting a mental health crisis.
- Collaborative work with voluntary, community and social enterprise partners and ICB mobilising the new Safe Spaces model, increasing Safe Space capacity and reach to more people across the age range and reducing inequalities in access to our most vulnerable groups.

- Collaborative work on maximising pathways into Urgent and Emergency Care Delivery Board funded 'Wellbeing Hubs' offering pre crisis support and diversion from ED.
 - Roll out of Core 24 across both acute hospital sites.
 - Mental health services redeployment processes have been developed and tested throughout the COVID-19 pandemic and will be deployed as part of winter resilience and response
 - The children's influenza campaign will be delivered to 211 schools from October to 15 December 2022, 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. Additional band 5 nurses and admin band 2 recruitment is more challenging this year due to the short time for delivery (October to December). A new digital system has been implemented within the team and all staff are trained. There is no confirmation yet regarding the need to deliver the COVID vaccine in schools. This may be requested should we see a surge in the infection rate when pupils return to school.
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- BDCFT and partners have submitted bids for non-recurrent winter funding expected allocated into systems. Proposals have been considered by the Urgent and Emergency Care Strategic Oversight Group and have been supported. BDCFT's proposals include:
 - expansion of Long COVID support for staff, until 31 March 2023.
 - a Digital Care Hub pilot aimed at providing remote services to patients, thereby reducing the requirement for face-to-face visits.
 - enhanced staffing in the first response service and intensive home treatment team to manage demand (agreed within 22/23 contract)
 - enhancing the Community Companions volunteer befriending service by employing a Project Coordinator and Community Link Worker, increasing referral capacity from 25 to 55 people per year.
 - extension of the mental health bed management service to provide cover up to midnight. 7 days per week, currently provided until 5pm (agreed within 22/23 contract)

Workforce

To deliver our plan we recognise we must focus on our people and how we support them through winter as well as look at how we maximise opportunities to recruit and retain. We also know that across winter we will have to consider how we optimise capacity to deliver our front-line services and deploy and the right skills to the right place to sustain our services and teams.

The Trust will repeat the sharp focus around workforce resilience & wellbeing. 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 and these continue to grow.

Additionally, this winter we know that the socio-economic outlook for our people is challenging, work has taken place throughout the year to look at initiatives to support our workforce, to include schemes related to fuel costs and identification of signposting advice to those experiencing financial worries as a result of the cost-of-living crisis.

Below gives an overview of overarching activities in place across winter to support, preserve and optimise our workforce.

- **Supportive deployment:** Teams will consider suspending non-essential activities & meetings or certain activities during peak demand or pre-determined parts of winter to release and deploy capacity to support essential service delivery.
- **Service planning & effective use of headroom:** Planning relating to training to avoid peak period through winter to optimise available clinical capacity. Annual leave over the Christmas and New Year period is planned to ensure adequate cover.
- **Use of bank and agency:** continue to maximise the use of internal bank staff. Work across ICS underway to optimise use of agency (quality & value for money)
- **Incentivised shifts:** Winter incentives associated to additional hours worked in 7-day services and use of overtime where escalated and agreed.
- **Vaccination:** COVID-19 and flu vaccines to reduce the likelihood of staff absence due to outbreaks.
- **Recruitment:** strengthen recruitment and retention – tailored initiatives within services and incentives developed
- **Home/remote working:** home working where possible to reduce outbreaks and the impact of severe weather on travel. As a result of COVID-19 lockdown, organisations have increased their ability for offer telephone or virtual appointments where appropriate.
- **COVID Rehabilitation Pathway:** The COVID-19 Rehabilitation Pathway for staff is a 7-week course offering support to all social, health and care staff in Bradford District and Craven who are experiencing long term symptoms of COVID-19. This was funded through a successful Enhanced Occupational Health bid to NHSE/I as part of our Place based Integrated People Plan.
- **Staff wellbeing:** Staff fatigue and burnout has been flagged as a key area of concern in the winter survey. a range of well-being offers for staff and a portal is being developed at a system level so that there is 'one door' for staff to access all the support available.

Influenza & COVID Vaccination Programmes for Trust Staff

Vaccination programmes for Trust staff will build on the successful approach in 2021/22. Table 1 outlines vaccination uptake for influenza and COVID-19 within BDCFT.

Table 1 – Vaccination Uptake – as of 22nd May 2022

Care Group	Total Staff	Flu Vaccination	Current % Flu Vaccine complete	No.COVID Booster Completed	Current % COVID Booster complete
Community Adult Physical Health Services	660	521	78.94	520	78.79
Community Childrens Services	451	361	80.04	381	84.48
Estates, Facilities and Finance	77	51	66.23	49	63.64
Medical Administration	39	28	71.79	27	69.23
Mental Health Services	1217	874	71.82	887	72.88
Nursing, Quality and Governance	9	5	55.56	4	44.44
Specialist Services and Nursing	8	8	100	8	100
Frontline/ Clinical/ patient facing Total	2461	1848	75.09	1876	76.23
Clinical Admin Hubs	180	120	66.67	120	66.67
Community Adult Physical Health Services	46	34	73.91	39	84.78
Community Childrens Services	41	37	90.24	39	95.12
Estates, Facilities and Finance	156	115	73.72	129	82.69
Human Resources and Payroll	85	66	77.65	69	81.18
IM&T	61	43	70.49	48	78.69
Medical Administration	27	17	62.96	16	59.26
Mental Health Services	86	71	82.56	71	82.56
Nursing, Quality and Governance	26	25	96.15	25	96.15
Operations Management	17	10	58.82	13	76.47
Specialist Services and Nursing	10	10	100	9	90
Trust Executive	18	17	94.44	17	94.44
Trust Management	34	27	79.41	28	82.35
Non-clinical/Corporate Total	787	592	75.22	623	79.16
Substantive Staff TOTAL	3248	2440	75.12	2499	76.94
Staff Bank/ Agency	651	403	61.9	403	61.9
	651	403	61.9	403	61.9
Staff Bank/ Agency	130	77	59.23	78	60
	130	77	59.23	78	60

This year all healthcare workers will be offered their influenza vaccine and a COVID-19 booster. The campaign will commence on 19 September with the aim of vaccinating as many staff members as possible prior to the expected winter pressures from COVID-19 and influenza. Australia saw an increase in influenza cases during their winter 2022, and cases were also seen much early than usual in the season. This picture is expected in the UK this coming winter. It is anticipated that Bradford district will see a spike in COVID and Flu in mid-November.

External & System Factors – response & mitigation

Industrial Action

Our Organisational response to Industrial Action is outlined within the BDCFT Industrial Action Plan. Proactive discussions and engagement with Staff Side leads and representatives are ongoing and the current Industrial Action Plan is being reviewed in light of anticipated ballot results.

Severe Weather

Our Organisational response to Severe Weather is outlined within BDCFT Severe Weather Plan. All services have active Business Continuity and escalations plans to prioritise services and redeploy staff as appropriate.

Bradford Metropolitan District Council's (BMDC) emergency planning team link into the West Yorkshire Resilience Forum (WYRF) which allows access to multi-agency support in situations such as severe weather for such things as emergency transportation of staff.

A Memorandum of Understanding (MOU) for Airedale NHS Foundations Trust (ANHSFT), Bradford District Care Foundation Trust (BDCFT), Bradford Teaching Hospitals Foundation Trust (BTHFT) and the Integrated Care Board (ICB) in Bradford District & Craven to access 4x4 resource has been developed and agreed.

Fuel & Power Loss

All EPRR leads have been directed by NHSE to complete a self-assessment questionnaire relating to Organisational readiness and resilience to respond to fuel disruption and power loss. This has been linked to potential severe weather however also likely in anticipation of planned outage as a result of ongoing fuel and power supply issues. This self-assessment has been completed, prompting activities to review and increase Organisational resilience relating to power outage. All services have active business continuity plans that respond to power loss and fuel disruption.

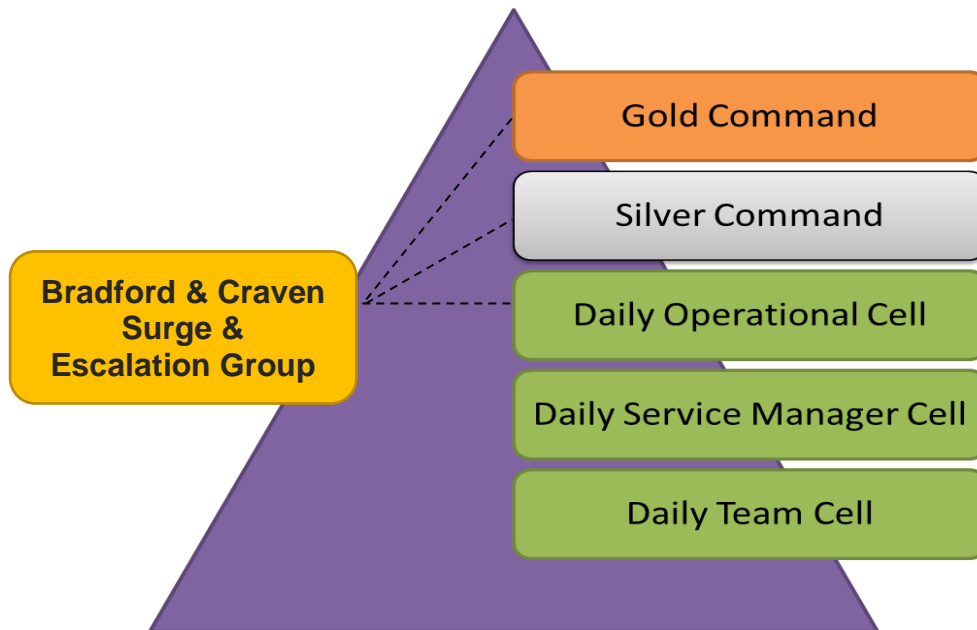
In year system financial pressures

It is acknowledged that at place and as an Integrated Care Board (ICB) there are financial pressures emerging, which presents a system challenge in terms of sustaining services and responding to growing complexity and demand. It is acknowledged that challenging financial decisions cannot be made within singular Organisations, as our pathways are delivered within a system and have co dependencies and impacts that are multi-faceted. The place system and ICB is committed to working through financial pressures and challenges collectively, to understand impacts and outcomes on how services are delivered and configured, with a focus on maintaining and delivering outcomes for our communities in the most effective and financially sustainable way.

Planning structures

To support robust winter planning, the Trust will enact incident command structures in response to winter pressures and escalations.

Robust and responsive daily lean management and incident command arrangements within BDCFT, feeding into the Bradford and Craven surge and escalation group and COVID system command structures, are key to responding successfully to seasonal pressures, particularly as some influencing factors are not within the control of BDCFT or system partners.



Risks

Key risks which may impact the delivery of this plan have been identified as:

- Workforce: Staff wellbeing, recruitment, retention and ensuring the right skill mix and skills
- Significantly increased demand and complexity within our communities, service users and patients
- Inability to flex to respond to surges
- Potential high rates of flu and other respiratory conditions
- Balance between delivering current services and trying to implement new and or transformed services; and
- Balancing 'elective'/ planned care, addressing waits with maintaining critical services
- Impacts upon quality and experience of care
- Impact of external factors such as Industrial action, severe weather and Fuel and Power Disruption

Risks will be dynamically reviewed throughout winter within the Organisational Oversight and Assurance structures to include reports into Quality Safety Committee and Board. System oversight of risks will also be overseen within the Urgent Care Board.

Kelly Barker, Interim Chief Operating Officer

James Cooke, Assistant General Manager

Susan Ince, Deputy Director of Performance and Planning

25th October 2022