

Meeting Title	Board of Directors Open Meeting		
Date	8th November 2018	Agenda item	Bo.11.18.21

Winter Operational Readiness Plan 2018-19

Presented by	Sandra Shannon, Chief Operating Officer/Deputy Chief Executive	
Author	Terri Saunderson, Deputy Director of Operations	
Lead Director	Sandra Shannon, Chief Operating Officer/Deputy Chief Executive	
Purpose of the paper	To inform the Board of Directors of the Operational Readiness Plan for Winter 2018/19	
Key control	This paper is a key control for the strategic objective to deliver our financial plan and key performance targets	
Action required	To note	
Previously discussed at/informed by	West Yorkshire Association of Acute Trusts: Strategy and Operations Group, AED Delivery Board, Executive Management Team	
Previously approved at:	Committee/Group	Date
Key Options, Issues and Risks		
<p>The purpose of this paper is to paper provides assurance to the Board of Directors that a robust and deliverable plan exists to ensure the safe provision of patient care over winter and to enable efficient capacity and demand management.</p>		
Analysis		
<p>The system wide winter plan has been developed jointly 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).The plan is therefore owned jointly by all the partners across the system.</p> <p>As part of the system wide plan, the Trust has produced an internal winter operational readiness plan. The plan includes initiatives that increase acute capacity, improve patient flow, reduce length of stay, increase utilisation of ambulatory pathways with a focus on assess to admit and admission avoidance schemes.</p> <p>In addition to the schemes outlined in the Trust Operational Readiness Plan, the Trust has received funding of £638,000 from the West Yorkshire Acceleration Zone (WYAZ) and in conjunction with partner providers within the AED Delivery Board have developed a number of schemes which will enhance implementation of the plan and enable additional schemes to be developed.</p> <p>Each scheme has a clearly identified cost, impact and defined key performance indicators, together with risks and associated mitigation which will be monitored on a monthly basis with progress reports provided to the Executive Management Team and the AED Delivery Board</p>		
Recommendation		
<p>The Board of Directors is asked to note the content of the local and system winter operational readiness plans</p>		

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	x	
Quality implications	x	
Resource implications	x	
Legal/regulatory implications	x	
Diversity and Inclusion implications		x

Regulation, Legislation and Compliance relevance
NHS Improvement: (Risk assessment framework, quality governance framework, code of governance , annual reporting manual)
Care Quality Commission Domain: (Safe, caring, effective, responsive, well led drop down)
Care Quality Commission Fundamental Standard:
Other (please state):

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
	x	x			

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1 PURPOSE/ AIM

The paper provides a summary of the initiatives that will be implemented over the period 1 November 2018 to 26 April 2019, including agreed system working with health and social care partners. The aim is to provide assurance that a robust and deliverable plan exists to ensure the safe provision of patient care over winter and to enable efficient capacity and demand management.

2 BACKGROUND/CONTEXT

The winter plan has been developed jointly by the Bradford and Craven Health and Social Care organisational Winter Leads to ensure that sufficient planning is in place for the winter period. The plan is therefore owned jointly by all the partners across the system. Appendix 1 outlines BTHFT system winter plan on a page.

In addition, The West Yorkshire Acceleration Zone (WYAZ) which was established in December 2016 to improve the performance of the six Trusts within West Yorkshire and Harrogate in relation to the delivery of the Emergency Care Standard has received a further sum of money to implement additional and innovative schemes which would enable the system to deliver required performance.

3 PROPOSAL

Winter Plan 2018/19

As part of the system wide plan, the Trust has produced an internal winter operational readiness plan.(Appendix 2) The plan includes initiatives that increase acute capacity, improve patient flow, reduce length of stay, increase utilisation of ambulatory pathways with a focus on assess to admit and admission avoidance schemes.

In addition to the schemes outlined in the Trust Operational Plan, further monies (£638k) have been received through WYAZ which will enhance implementation of the plan and enable additional schemes to be developed in conjunction with provider partner organisations including the Voluntary sector and the Local Authority. (Appendix 3)

There are 5 key work streams as follows:

- Expansion of the current Emergency department Minors area to create an Urgent Care Unit with GPs and ED practitioners working alongside each other to provide care to patients who attend with minor illness or minor injury.
- Expansion of Same Day Emergency Care and ambulatory care to reduce the need for hospital admission. This includes implementation of an assess to admit model with social care, community nursing and therapy providing enhanced assessment

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and follow up support at home to enable elderly patients without complex medical needs to be discharged home with support and avoid the need for admission.

- Additional Psychiatric Liaison Nurses for patients requiring urgent psychiatric assessment in ED.
- Implementation of Social Prescribing to provide signposting to non-hospital based services to reduce admissions for purely social reasons
- Use of voluntary service peer support within the Emergency Department to provide initial assessment and support to patients attending in Mental Health crisis.
- Implementation of additional volunteer support within the Emergency Department to support frail older patients to return home with adequate support to prevent admission
- Development of GP advice helpline.

The oversight and governance of the work streams will be through the newly established Work as One System Group which will be chaired by the Chief Operating Officer and a Work as One System week is planned for w/c. 7th January 2019 to further optimise the above schemes and increase opportunities for shared learning.

The following details the key expectations of Trusts over winter as outlined in a letter sent to Trusts on 7th September 18 by Pauline Philip, National Director of Urgent and Emergency Care, NHS Improvement.

Supporting the delivery of elective and emergency care

The expectation is that the Trust will deliver the following:

- 90% compliance against the Emergency Care Standard throughout winter with achievement of 95% performance in March 2019
- Ensure that the number of patients on an incomplete elective pathway at March 2019 do not exceed the number as at March 2018.

The detailed winter plans as outlined have been designed to support delivery of the required performance in conjunction with the existing improvement schemes: the Urgent Care and Elective Care Programmes which are part of the Bradford Improvement Programme

Reducing the number of long stay patients in hospital

There is a requirement to reduce the number of stranded patients (greater than 21 day LOS) by 25% by December 2018. The Trust has received individual performance targets for this metric and in response, has established monitoring and escalation systems to drive down length of stay

Triaging patients away from A&E departments and admitted pathways

Trusts have been asked to review existing Emergency Department patient pathways against best practice which includes using primary care streaming for minor illnesses and injuries, treating and discharging 99% of non-admitted patients in less than four hours, managing up

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to 50% of acute medical referrals via non-admitted pathways The 5 key work streams described above have been designed to specifically address these particular points

Healthcare worker flu vaccination

The Trust has a robust flu vaccination campaign endorsed by the Executive Team for all Trust employees, including frontline staff. The Trust has a target of 75% for all frontline staff being vaccinated this year and in addition will be focussing on 100% vaccination for high risk areas. The Occupational Health service will monitor the uptake on a weekly basis.

RISK ASSESSMENT

The implementation of the winter plan will be managed through the Bradford Improvement Programme with updates on progress reported to the AED Delivery Board and Executive Management Team. Robust governance arrangements and key performance indicators are in place for each work stream, together with risks and associated mitigation

5 RECOMMENDATIONS

The Board of Directors is asked to note the content of the local and system winter operational readiness plans

6 Appendices

Appendix 1 – Bradford FT system plan on a page.

Appendix 2 - BTHFT Operational Readiness Plan – winter 2018-19

Appendix 3 - BTHFT West Yorkshire Acceleration Zone 3 schemes