Bradford Teaching Hospitals
NHS Foundation Trust

Appendix 2

OPERATIONAL READINESS PLAN

WINTER 2018/19

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Version 5

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1. INTRODUCTION

The Operational Readiness Plan for Winter 2018/19 outlines the specific actions that Bradford Teaching Hospitals NHS Foundation Trust will undertake in response to the increase in demand that the winter period brings. During the winter period there is a significant increase in attendances to Accident and Emergency (AED) with a corresponding increase in non-elective admissions and increased length of stay, due to higher acuity. This results in significant pressure in the health economy.

A whole system response is required to mitigate these pressures and this Plan should be read in conjunction with the wider Bradford and Airedale Plan, as agreed by the Local A&E Delivery Board. The plan has been devised taking into account lessons learnt from the local review of Winter 2017/18 undertaken by Public Health England. The Plan will also incorporate any requirements specified by NHS England and NHS Improvement.

2. OPERATIONAL READINESS

The day to day operational delivery of services will be managed in line with current patient flow management arrangements and the Operational Pressure Escalation Levels Policy (OPEL). The OPEL Policy details the arrangements in place for managing escalation which will be maintained and enhanced over the winter period. from November 1st 2018 until 26th April 2019. During this period, the daily site meeting will take place at 9am, 1.15pm, 4.00pm and 6pm. The meeting reviews current activity, demand for admissions, bed availability, staffing issues and any further actions required to meet demand. Actions and decisions made at this meeting are communicated to the wider organisation through a 'Situation Report'. The Trust will respond to escalations in emergency demand both in and out of hours, this may include the establishment of a Silver Command function, in accordance with the OPEL Policy. The Trust will ensure senior representation in the local cross system winter operations team to deliver appropriate partnership communication, escalation and response.

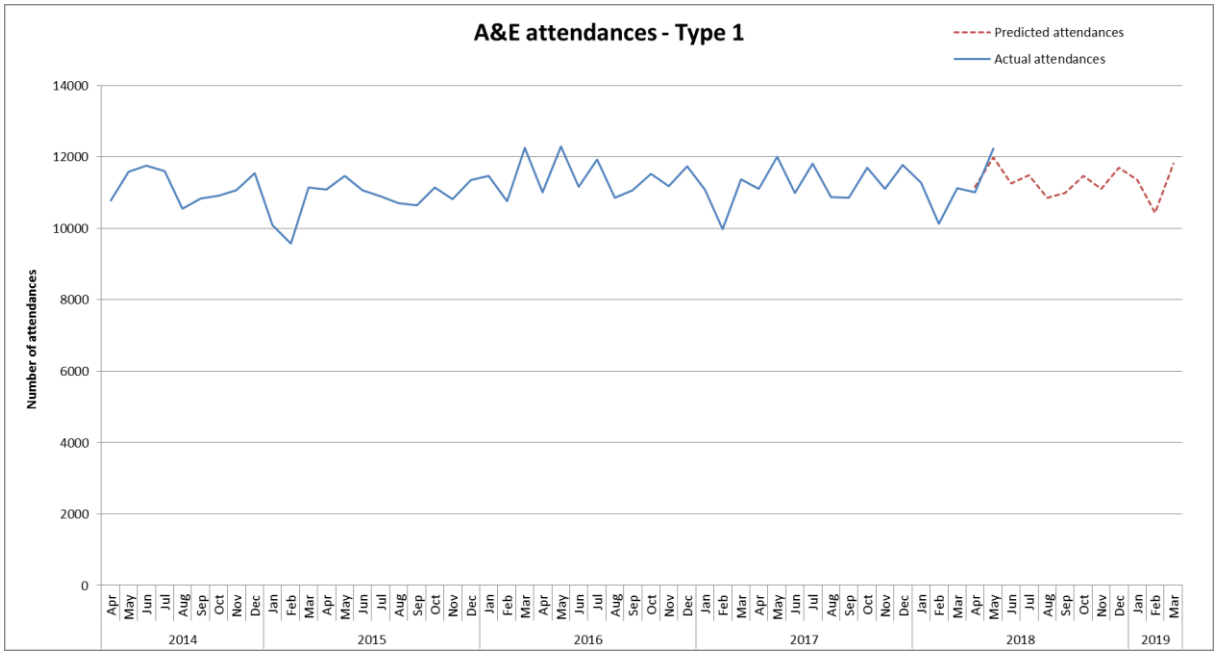
In addition to standard escalation processes a number of additional actions and initiatives will be implemented as part of the Trust's wider 'Urgent and Emergency Care Improvement Plan' in response to the ongoing pressures across the health system. These include both local and national initiatives:

- Maximising flow in and out of the Intermediate Care Hub and virtual ward in partnership with Primary Care to ensure capacity meets demand
- Full utilisation of the Integrated Discharge Hub to prioritise complex discharge planning
- Daily multi-agency review of all inpatients with a length of stay over 7 days

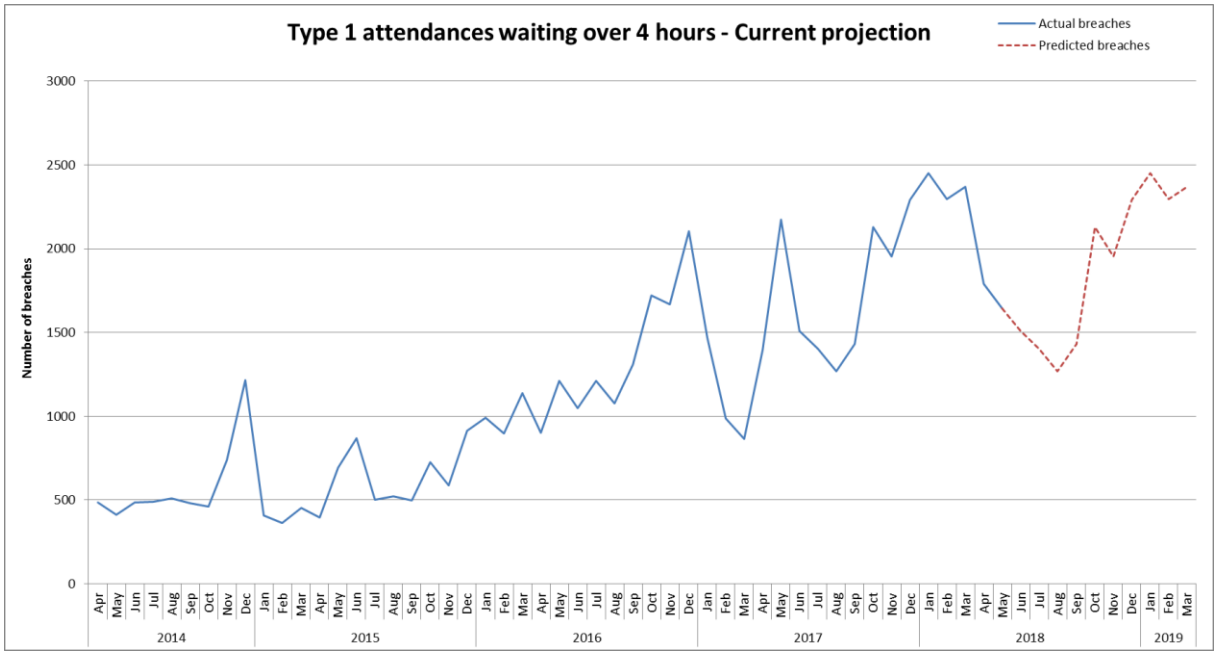
- Continued collaborative working with social services to embed the discharge to assess model, reduce delayed transfers of care and deliver the national target for Continuing Health Care (CHC) assessment
- Work in partnership with other provider organisations to implement the Community bed strategy and introduce a frailty assessment unit
- Senior Assessment and streaming at front door of Accident and Emergency Department (AED)
- Implementation of increased out of hours Consultant ward rounds within the Acute Medicine Unit (AMU)
- Further enhancement of the Urgent Care GP Streaming Service co-located with AED to include GP minor injuries unit
- Continued collaborative working with Yorkshire Ambulance Service to minimise delays in ambulance transfers at times of peak demand.
- Implementation of 7 day cover within Adult Ambulatory Care Unit (ACU) which will operate an assess to admit model of care in addition to a focus on the utilisation of ambulatory care pathways
- Maximise utilisation of the of Clinical Decisions Unit
- Maximise utilisation of surgical assessment capacity
- Expanded implementation of Children and Young Adult Ambulatory Service
- Further development of the Diagnostic Virtual Ward Service with possible increase in provision of range of tests
- Consistent utilisation of the 'SAFER' bundle across all inpatient wards
- Continued focus on appropriate placement of admitted patients and utilisation of short stay ward
- Proactive and daily review of elective capacity
- Implementation of criteria led discharge processes
- Proactive management of patients requiring repatriation both in and out of the Trust
- Consideration of implementation of medical day case unit to increase capacity within the Ambulatory Care Unit
- Utilisation of admission avoidance/alternate pathways of care including care coordination to promote home first
- Working with external partner organisations including the voluntary sector to establish further opportunities to implement alternate treatment pathways
- Utilisation of Electronic Patient Record to enhance patient flow
- Enhanced Senior management presence out of hours

The primary purpose of the ongoing work programme is to ensure improved patient flow across the Trust over seven days.

It is recognised that the winter period will bring additional pressure to the system. The following graph outlines the current and projected trend in AED attendances and highlights the anticipated demand in the winter months of 2018/19:

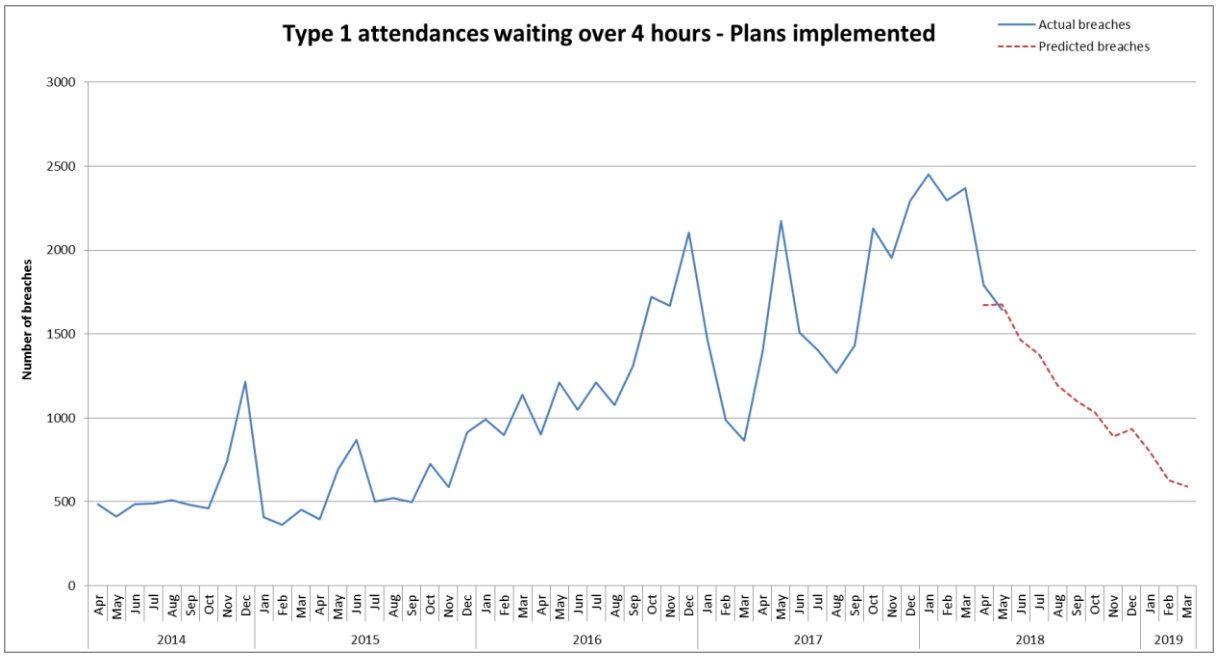


The operational pressures, as seen in previous years, also result in an increase in the number of patients waiting greater than 4 hours within the AED. The following graph demonstrates the trend over the previous 3 years and the current projection for 2018/19:



In order to manage the anticipated pressures, Bradford Teaching Hospitals NHS Foundation Trust will deliver a number of specific actions over the winter period of 2018/19. The full details are contained in APPENDIX 1.

The key elements are described briefly below and the projected impact of the implementation of these actions is demonstrated in the following graph**.**



Key Elements:

Additional Bed Capacity

The Trust will develop additional 'surge' capacity to increase the availability of medical beds; this may include utilising capacity from other providers

Reduced Elective Activity

Reduction in routine elective activity will be considered for the period 17th December 2018 until second week of January 2019. This will be reviewed in response to increased non-elective admissions and bed occupancy levels and any central guidance

Increased Senior Medical staffing

Increased medical presence will be provided, specifically during the evenings and weekends across the following specialties:

- Acute Medicine
- Care of the Elderly
- Accident and Emergency
- Acute Surgery

Increased Assessment capacity

Continued focus on utilisation of assessment units and specialty assessment models to decongest the Emergency Department

Increase Admission Avoidance/Alternative Pathways
Development of new pathways of care; including direct access, to enhance admission avoidance strategies. This will increase the use of alternate pathways, particularly for elderly patients, including utilisation of the voluntary sector to enable patients requiring acute assessment to be managed in a non-acute setting.

Patient Flow
Building on success of the Working as One model, implement a monthly focus on patient flow (Work as One Friday) in addition to specific full week events during September and January concentrating on specific components of flow to embed systems, process and practice across seven days and identify further areas for action.

Senior Leadership Oversight
Implement revised working model to provide increased senior leadership presence out of hours.

Increased Ambulatory Care Provision

The Ambulatory Care Unit will open 7 days a week for a minimum of 12 hours with a focus on the Assess to admit model

Flu Immunisation

A flu vaccination campaign will be implemented and managed by the Health and Wellbeing service which will ensure vaccination takes place as early as possible in the winter period.

Workforce Availability

In the event of significant weather related events the Trust will ensure robust arrangements are put in place to support staff to attend work including the provision of accommodation and transport as required.

Support Services

The Trust will ensure an appropriate increase in the availability of Diagnostics, Clinical and Non- Clinical Support Services

Discharge Processes

The Trust will focus on maintaining effective patient flow through increased focus on length of stay and discharge arrangements. Close liaison will be maintained with Social Care and Community providers over the winter period.

3. KEY DUTIES AND RESPONSIBILITIES

To enable the Operational Readiness Plan for Winter 2018/19 to work effectively staff must be clear about their specific roles and responsibilities. These are outlined below:

Chief Executive

The role of the Chief Executive is to ensure that there are robust winter planning arrangements in place, that there is delegated responsibility to a Director for the delivery and monitoring of the plan and to ensure adequate resources are made available to implement it.

Chief Operating Officer (COO)
The Chief Operating Officer has delegated authority from the Chief Executive for the development, implementation and monitoring of the effectiveness of the plan. The COO will escalate any issues to the Executive Team to ensure that the quality of care and patient safety is maintained during times of increased patient activity and acuity throughout the winter period.

Divisional Clinical Director (DCD)

The Divisional Clinical Directors are responsible for the delivery of the Plan within their respective Divisions.

Divisional General Managers (DGM)

The Divisional General Managers (and their wider Divisional teams) will support the Clinical Directors in the operational delivery of the Plan within their respective Divisions.

Divisional Heads of Nursing and Matron

Divisional Heads of Nursing and Matrons will ensure sufficient staff are available to meet the fluctuations of patient activity and to monitor the flow of patients. Where demand exceeds available staff they will prioritise workload appropriately.

Operations Centre

The Operations Centre is the single point of contact for decisions regarding the allocation of beds for all acute and elective admissions. The Operations Centre is responsible for maintaining a current bed state and will lead the daily site meetings.

They are also responsible for liaising with AED to ascertain activity levels throughout the day, and to plan the bed base for anticipated admissions. They will arrange the transfer of patients (in accordance with the transfer policy) between wards and receive transfer requests from external organisations. Escalation will be managed in accordance with the OPEL policy.

On-call Senior Manager

The on-call manager will attend the daily site meetings as required to ensure that they are clear about the position of the hospital before they leave the site. They will stay in regular contact with the Operations Centre to enable them to have an up-to-date position regarding the patient flow and potential problems. The on-call manager will escalate to the on-call Director as appropriate (this level of contact will continue during weekends and over bank holidays).

On-call Director

The on-call Director will support the on-call Manager and Operations Centre as required and be responsible for dealing with external communications e.g. press, other providers, Clinical Commissioning Groups, NHS England or other independent providers.

Winter Operational Readiness Planning Group

For the winter period a Winter Operational Readiness Planning Group will be established to monitor the Trust's performance against the agreed plan. The group

will meet every week, or as required, during the period November 2018 to March 2019.

4. CONSULTATION AND APPROVAL

This plan has been reviewed by all those with specific responsibilities defined in section 3 and is part of the overall delivery of the Trust's operational services. The Plan will be approved by the Chief Executive and Executive Directors and will be submitted as part of the Bradford and Airedale Local A&E Delivery Board as a composite element of wider system assurance.

5. SUPPORTING DOCUMENTS

The following are available on BTHFT Intranet:

- Incident Response Plan
- OPEL Policy
- Clinical Escalation Plan
- Adverse Weather Plan
- Christmas and New Year Plan (to be completed)
- Weekend Operational Plans (Produced and circulated each Friday)

APPENDICES

APPENDIX 1 – Draft detailed Operational Readiness Plan Winter 2018/19

APPENDIX 1 – Detailed Operational Readiness Plan Winter 2018/19

Action	Intended Impact/ Outcome	Trigger	Risks	Mitigation	Timescale	Lead
INCREASE CAPACITY						
Maximise utilisation of Surgical Assessment Unit (SAU)	Improve assessment times in SAU. Timely acceptance of patients to SAU from ED and primary care	Delays in transferring patients to SAU from ED. Primary care admissions diverted to ED	Increased requirement for admission resulting in the need to convert assessment capacity to inpatient acute capacity.	Provision of appropriate surge capacity. Implementation of Reverse Triage Protocol	1ST December 2018	DGM for DADS
Increase FY2 doctor cover on SAU	Reduce delays on SAU Timely acceptance of patients to SAU from ED and primary care	Implementation of winter plan	Recruitment	Current service provision	1st December 2018	DGM for DADS
Reduce elective activity (non-urgent) to maximise capacity for acute admissions	Create increased acute capacity	Increased urgent acute admissions exceeding bed availability	Increased cancellation of elective patients and deteriorating Referral to Treatment (RTT) performance.	Provision of appropriate surge capacity Maintain surgical capacity through independent external providers Re-profile elective activity to focus on cancer ,urgent and day case provision	1st December 2018	DGM for DADS and Division of Women and Children
Provision of a 7 day service in Ambulatory Care Unit (ACU)	Facilitate flow through ED. Increase in admission avoidance and increased utilisation of alternate pathways	Identified in work programme	Recruitment and retention of Advanced Nurse Practitioners. Failure to adhere to pathways	Revert to model of admission to Medical Acute Unit (MAU) and utilisation of CDU	1st July 2018	DGM for DOMIC

Action	Intended Impact/ Outcome	Trigger	Risks	Mitigation	Timescale	Lead
Maximise utilisation of the Urgent Care GP Streaming Service to include GP minor injuries unit	Reduce minor injury / illness demand through ED	Identified in work programme	Availability of GPs with appropriate skills	Continue with current GP service provision	30th September 2018	Assistant Director for Urgent Care
Consistent provision of of nurse streaming in ED	Optimisation of urgent care flow	Identified in work programme	Nurse recruitment / availability	Prioritisation of nurse staffing in ED	Ongoing	Assistant Director for Urgent Care
Develop additional pathways and Direct access	Increase in admission avoidance and utilisation of alternate pathways Decongest Emergency Department	Identified in work programme	Failure to adhere to pathways	Continual review of utilisation of pathways Revert to current disposal routes	1st December 2018	Assistant Director for Urgent Care
Maximise acute bed capacity	Provide sufficient bed capacity to support patient flow and maintain safety	Increased acute demand	Nurse recruitment /availability	Reduction of elective activity. Implementation of Reverse Triage Protocols Collaboration with Independent sector Engagement with wider system partners	1st December 2018	DGMs
Consistent utilisation of the 'SAFER' bundle	Increase timely discharges and support improved patient flow	Identified in work programme	Non-compliance with SAFER	Continued monitoring of compliance Ongoing education for new staff and reinforcement through 'Working as One' Programme	Ongoing	Divisional Heads Of Nursing
Expand the range of pathways within the Children and Young Adult Ambulatory Service	Reduce attendance in ED and Children's assessment Unit (CAU)	Identified in work Programme	Staff availability. Non Compliance with agreed pathways	Revert to cases being managed through ED and CAU	Ongoing	DGM W&C
Maximise utilisation of the Integrated Discharge Hub to prioritise complex discharge planning	Provision of effective discharge planning and reduction in LOS	Identified in work programme	Staff compliance with agreed processes	Continued monitoring of compliance	Ongoing	DGM for DOMIC

Action	Intended Impact/ Outcome	Trigger	Risks	Mitigation	Timescale	Lead
Additional diagnostic and therapeutic sessions	Increase capacity to match increasing acute demand	Enhanced service delivery and maximised flow	Recruitment	Current service provision	1st December 2018	DGM for DADS and DOMIC
Further development of the Diagnostic Virtual Ward Service	Increase provision of range of tests Reduced length of stay	Identified in work programme	Limited utilisation of service	Continued monitoring of uptake and promotion of the service	1ST September 2018	Deputy Medical Director
Additional Portering staff	Reduce delays and ensure timely patient movement	Increase demand	Recruitment of staff	Bank fixed term contracts	1st December 2018	DGM Facilities
Improved Patient Flow						
Commissioning and maximising patient transport	Increased transport provision to facilitate discharge	Implementation of winter plan	Increased LOS Poor patient experience Insufficient acute bed capacity	Current service provision	1st December 2018	Clinical Lead / Dir Manager Patient Flow
Implementation of criteria led discharge processes	Reduced LOS Increased discharge rate	Identified in work programme	Limited compliance	Monitoring of daily discharge numbers. Promotion of process	1st May 2018	Matron for Transformation
Review of all patients with LOS over and 7 and 21 days	Reduced LOS. Improved management of complex discharge	Identified in work programme	Poor compliance with review process	Weekly performance monitoring	1st April 2018	Heads of Nursing

Action	Intended Impact/ Outcome	Trigger	Risks	Mitigation	Timescale	Lead
Review meetings and training booked over the winter months and limit to essential meetings or mandatory training Robust sickness management and review of rota's to maximise availability Utilise clinical non frontline staff to support clinical areas	Appropriate levels of staff available for front line work	Reduced staffing levels with risk of bed closures	Impact on patient flow and bed capacity Clinical risk to patients Poor staff experience	Close monitoring of staffing levels and early preventive action to move resources to areas of greatest need	Ongoing	Heads of Nursing
Proactive management of patients requiring repatriation both in and out of the Trust	Patients are managed in the appropriate location	Patients waiting in excess of 48 hours for repatriation	Lack of available bed capacity	Monitoring through clinical site meetings	Ongoing	Clinical Lead / Dir Manager Patient Flow
COMMAND AND CONTROL						
Daily review of elective activity - incorporated into site meeting	To ensure all elective work is reviewed and prioritised, Smooth patient flow during the day and isolate problems early	Number of non-surgical patients in surgical beds – potential impact on elective surgery Limited availability of acute beds	Poor patient experience Reduced patient flow - negative impact on RTT performance Increased on the day cancellations	Early review of outliers Adequate acute medical capacity Additional capacity via independent sector	1st December 2018	Deputy Director of Operations
Clear escalation processes	Forward planning and early escalation of issues for corrective actions to be implemented	Excessive surge which cannot be managed within existing capacity	Staff not understanding their role and responsibilities Ineffective action	Staff aware of escalation levels and required actions	Ongoing	Deputy Director of Operations
Review and update all service business continuity plans	Service continues with minimised risk to patients and staff	An incident which impacts on service delivery	Inability to manage any service continuity issues	Emergency Planning Manager in place commencing full review	1st September 2018	Emergency Planning Manager
OTHER						

Action	Intended Impact/ Outcome	Trigger	Risks	Mitigation	Timescale	Lead
Seasonal Flu campaign	Compliance with national vaccination target of 75% immunisation Improved staff wellbeing and availability for work	Annual vaccination programme	Clinical risk to vulnerable patients Lack of staff due to flu outbreak	Monitoring of compliance and targeted action	1st November 2018	Occupational Health Lead
Provision of support to staff to enable access to work in the event of adverse weather	To ensure staff are able to access the workplace and maintain safe patient services	Significant weather related events	In sufficient staff on duty to maintain critical services Increased patient safety incidents	Provision of dedicated on site accommodation Access to transport via voluntary services	1st December 2018	Deputy Director of Operations