Bradford Teaching Hospitals
NHS Foundation Trust

WINTER OPERATIONAL RESPONSE PLAN 2022-23

October 2022

This is a live document and will be updated in response to demand and capacity pressures

Together, putting patients first

CONTENTS

Bradford Teaching Hospitals
NHS Foundation Trust

SECTION 1 – NHSE letter (dated 12th August) "Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter" - The ask.

SECTION 2 – Demand & Capacity and Surge Response Plan

SECTION 3 – Discharge

SECTION 4 – Ambulance Performance

SECTION 5 – Preventing Avoidable Admissions

SECTION 6 – Workforce

SECTION 7 – Funding

SECTION 8 – ICS Board Assurance Framework

SECTION 9 – Stress Testing against COVID/FLU/RSV demand

SECTION 10 – Key Risks

SECTION 11 – Appendix – associated documents
Appendix – response to NHSE letter "Going Further on our Winter Resilience Plans

SECTION 1 NHSE letter / Trajectories

THE ASK

Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter (NHSE Letter 12/08/2022)

1. New variants of COVID-19 and respiratory challenges
   a) COVID -19 & Flu Vaccination programme
   b) IPC guidance to minimise impact on beds
2. Demand and capacity
   a) Additional beds (physical beds, virtual wards, improvements in flow)
3. Discharge
   a) 10 Best practice interventions – 100 day challenge
4. Ambulance service performance
   a) Good practice principles for rapid release of queuing ambulances
   b) Post- ED capacity
5. NHS 111 performance
6. Preventing avoidable admissions
   a) SDEC Models / Acute Frailty Services
   b) Non-emergency transport
7. Workforce
   a) Recruitment & Retention
   b) International support
8. Data and performance management
   a) Accurate submission of ECDS
   b) A&E Forecasting Tool
9. Communications
   a) Winter communications strategy

Adobe Acrobat Document

TRAJECTORIES

- **Nationally mandated winter metrics (red = acute providers)**
  - 111 call abandonment.
  - Mean 999 call answering times.
  - Category 2 ambulance response times.
  - Total hours lost per day to ambulance handover delays over 30 minutes.
  - Adult general and acute bed occupancy
  - Percentage of beds occupied by patients who no longer meet the criteria to reside

BTHFT– submitted trajectories (baseline winter 2021/22)

Bradford Teaching Hospitals NHS Foundation Trust

ICB	Provider	Metric	Baseline	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
WY	Bradford Teaching Hospitals NHS Foundation Trust	Ambulance Total Hours Lost per day (Excluding first 30 minutes) as reported by Ambulance Providers via the Ambulance Daily Sitrep	7.7	6.6	5.5	5.5	5.0	5.0	3.0	1.0

ICB	Provider	Metric	Baseline	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
WY	Bradford Teaching Hospitals NHS Foundation Trust	% Bed Occupancy (G&A)	93.5%	91.7%	90.3%	93.4%	92.0%	90.5%	90.1%	88.8%

ICB	Provider	Baseline Beds Open	Baseine Beds Occ. By Non-CtR	Baseine Occupancy By Non-CtR	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Occupancy at Mar-23
WY	Bradford Teaching Hospitals NHS Foundation Trust	581	36	6.1%	34	32	30	28	26	24	22	3.7%

Trajectories signed off at ETM 26/09/2022

In order to meet the trajectories we need to ensure our winter response plan has:

Non-Elective

- A robust demand and capacity model so we have sufficient bed numbers to meet winter demand pressures and to maintain required % bed occupancy levels.
- Winter schemes that improve or support reducing ambulance turn-a-round times.
- Initiatives that help reduce bed occupancy and reducing patients with no criteria to reside

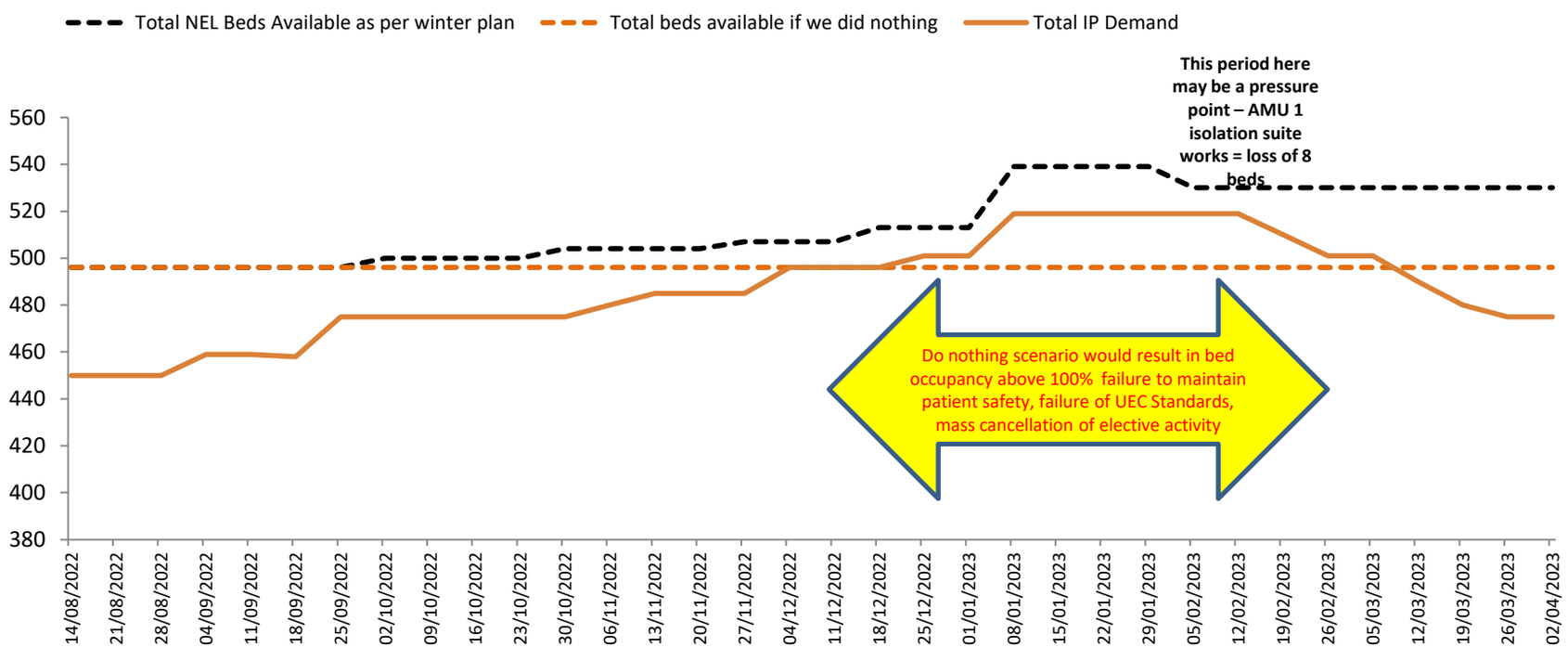
Elective

- Ring-fenced elective wards to allow continuation of surgery for clinical priority and long wait patients with a focus of 0 greater than 78 week wait patients by March 2023.

SECTION 2
DEMAND & CAPACITY AND SURGE RESPONSE PLAN

DEMAND – Non-elective assumptions

Bradford Teaching Hospitals
NHS Foundation Trust



- NEL Adult beds
- Occupied bed demand varies from 450 beds in August to 519 peak winter (69 beds)
- Do nothing option would breach 100% bed occupancy from end Nov onwards.
- Modelled NEL beds in line with submitted trajectory

Capacity and Demand Summary

Demand

Maximum COVID, medical, CoE and surgical adult NEL beds required to meet demand (at 100% bed occupancy) = 519 beds.

Any COVID demand replaces NEL demand and is **not** on top of NEL activity

Capacity (Beds) proposal:

- Sept – Dec 2022
  - To meet NHSE trajectories on bed occupancy the plan is to progressively open closed beds on existing staffed wards.
- Jan – April 2023
  - Increased winter demand would require the opening of Ward 9 as a dedicated winter

- Bed plan allows for a total of an additional 40 beds from Sept 22 – April 23 in a phased manner.

Bed Capacity – actions phased increase

Bradford Teaching Hospitals
NHS Foundation Trust

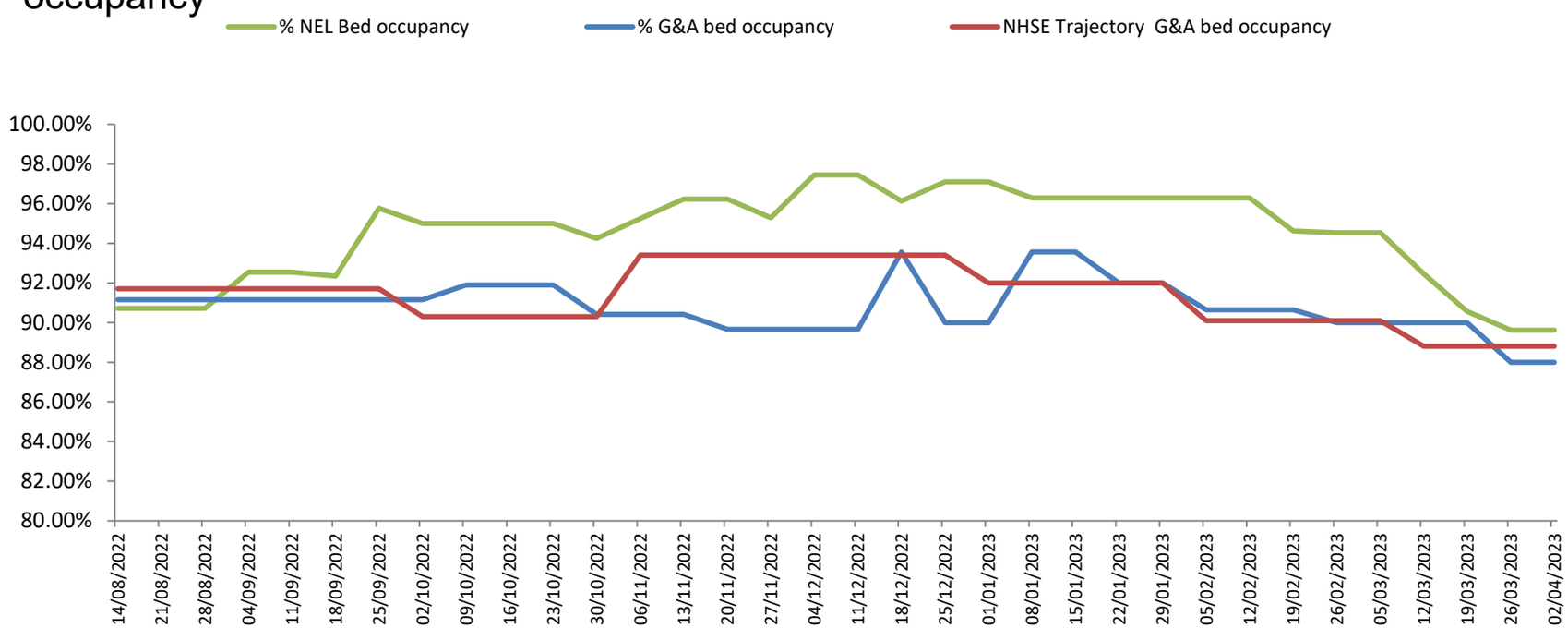
	Sept 10th	Sept 15th	Oct 3rd	Oct 31st	Nov 14th	Nov 28th	Jan 9th
Baseline adult non-elective beds	496	496	496	496	496	496	496
Open 4 beds on ward 23		4	4	4	4	4	4
Open 4 beds on ward 24			4	4	4	4	4
Open 5 beds on ward 17				2	2	2	2
Open 1 bed on AMU 4					1	1	1
Open 6 beds on ward 6/ward 3						6	6
Open ward 9 surge							23
Total bed capacity	496	500	504	506	507	513	536
Total adult non-elective bed demand	475	475	470	470	470	496	501
% adult NEL bed occupancy	95.77	95.00	93.25	92.89	92.70	96.69	93.47
Baseline Elective bed capacity	34	34	34	34	34	34	34
Ward 11 opens				20	20	20	20
Total elective bed capacity	34	34	34	54	54	54	54
Elective bed demand	20	22	22	40	40	40	40
% adult elective bed occupancy	58.82	64.71	64.71	74.07	74.07	74.07	74.07
Baseline Paediatric non-elective beds	46	46	46	46	46	46	46
NEL surge and escalation						5	13
Total paed NEL capacity	46	46	46	46	46	51	59
Total paediatric NEL demand	30	36	36	36	36	45	50
% paed NEL bed occupancy	65.22	78.26	78.26	78.26	78.26	88.24	84.75
Total G&A beds opened	576	580	584	606	607	618	649
Total G&A bed demand	525	533	528	546	546	581	591
Total G&A% bed occupancy	91.15	91.90	90.41	90.10	89.95	94.01	91.06

Impact on bed occupancy

Bradford Teaching Hospitals
NHS Foundation Trust

Note:

- G&A % occupancy and NEL % bed occupancy are **maximum** for that week
- NHSE G&A % occupancy are **average** for that week
- Based on our demand and capacity our winter plan as laid out will deliver our NHSE/I trajectory for G&A % bed occupancy



SECTION 3 Discharge

Discharge

Implement the 10 best practice interventions through the 100-day challenge.

actions below implemented / being implemented as part of joint working with partners

1. Identify patients needing complex discharge support early
2. Ensure multidisciplinary engagement in early discharge plan
3. Set expected date of discharge (EDD), and discharge within 48 hours of admission
4. Ensuring consistency of process, personnel and documentation in ward rounds
5. Apply seven-day working to enable discharge of patients during weekends
6. Treat delayed discharge as a potential harm event
7. Streamline operation of transfer of care hubs
8. Develop demand/capacity modelling for local and community systems
9. Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges
10. Revise intermediate care strategies to optimise recovery and rehabilitation.

Discharge

Bradford Teaching Hospitals
NHS Foundation Trust

Action	Position
Encourage a shift towards home models of rehab for patients with less severe injuries or conditions	On-going work especially with virtual schemes - we intend to expand out diagnostic virtual ward (Surgery) and elderly care virtual ward (open to more <75yr olds) during winter
Maximise support available from the Seasonal Surge Support Programme, provided by VCS partners	Expansion of VCS for alcohol and mental health are part of the system wider winter resilience plan. Winter bids to be approved via UC Board.
Work as One week – 17th October	A number of schemes being trialled to improve discharge and flow through the hospital. Top 5 schemes will be continued into winter
EDD and timely discharge	Close working with CSUs to ensure all patients going home today or tomorrow have accurate EDD and those being discharged leave before 4pm

SECTION 4
Ambulance Service Performance

Ambulance handover trajectory

Bradford Teaching Hospitals
NHS Foundation Trust

There is evidence to suggest that delays in ambulance response times are associated with longer handover delays at AEDs

Agreed trajectory for winter is to achieve 1 total hours lost per day after first 30 minutes by March 2023

ICB	Provider	Metric	Baseline	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Improvement Required per month
WY	Bradford Teaching Hospitals NHS Foundation Trust	Ambulance Total Hours Lost (Excluding first 30 minutes) as reported by Ambulance Providers via the Ambulance Daily Sitrep	7.7	6.6	5.5	5.5	5.0	5.0	3.0	1.0	Cant be straight line improvement due to winter pressure months

Ambulance handover – Local actions

Bradford Teaching Hospitals
NHS Foundation Trust

Action	Position
HDU open following estates work	Improved isolation facilities for infectious patients allowing more timely handover – Operational
Ambulance Assessment Area	Nurse handover training ongoing in conjunction with ED and YAS staff.
Additional entrance for self handovers, fit to sit and SDEC patients	Minor injuries and walk-ins redirected to new minors entrance (soon to be Closed ED Model) SDEC patients redirected to SDEC. Once ED configuration is completed the numbers of self handovers to these areas will increase significantly.
Joint working and engagement with YAS	Bi-monthly team meetings, data sharing to ensure rapid surge and escalation, including on site YAS team managers and adopting cohorting where appropriate.
Data	Review of data indicates variation by YAS data and the validated position – current process being reviewed with support from YAS.

Ambulance handover – Regional actions

Bradford Teaching Hospitals NHS Foundation Trust

Action	Position
Maintaining flow at weekends by bringing weekend pathway 0 discharges in line with weekdays (pathway 0 = those patients discharged home with no social care support)	7 day consultant of the week model in place across all acute in-patient wards. A daily senior review including those in downstream medical and surgical beds. Winter consultant is being recruited to as part of the winter plan. Robust on-call rotas both clinical and non-clinical on call management teams. Maximise criteria led discharge and effective discharge planning. Data suggests 30% improvement is achievable These actions help BTHFT achieve a weekend discharge rate for pathway zero patients of 72% of weekday discharges (compared to 51% NEY average)
Ensure that every ED department has clear plans in place for patients to leave department promptly.	Optimise self-handover Consistency in the prioritisation of clinical handover for ambulance patients vs walk ins. Focus on freeing the ambulances for C1 and C2 waiting in community Internal triggers for escalating any delay over 15 mins (ambulance) Achieve DTA to bed within 60 mins Optimise admission alternatives – focus on SDEC and mental health medical and surgical SDEC continue to expand Maximise opportunities for YAS to convey patients directly to specialities at the acute site rather than via ED – Direct to SDEC Discharge all medically fit and those with no reason to reside - 30% reduction through joint working between acute and social care providers to complete the outstanding actions on 100 day challenge, specifically by reducing the patients waiting for packages of care. Optimise and maintain use of all private IFT providers to reduce YAS burden . winter vehicle commissioned October 2022 to April 2023

Ambulance handover – Regional actions

Bradford Teaching Hospitals
NHS Foundation Trust

Action	Position
Reporting and Oversight	Executive-level oversight is in place within acute trusts to ensure rapid intervention for any handover delay in excess of two hours, or when then are more than five handover delays in excess of one hour. Daily reporting of handover delays through huddle Live performance included within hourly triggers and GE ED tile providing real time visibility of ambulance handovers .
All boards have oversight of Cat 1&2 ambulances performance and 30 and 60 minute handover delays at their emergency departments –	Ambulance handover data forms part of F&P academy report and UEC Improvement Plan.

SECTION 5
Preventing Avoidable Admissions

Preventing avoidable admissions

Bradford Teaching Hospitals
NHS Foundation Trust

Action	Position
NHSE - Improve and expand our same-day emergency care services so that operational hours are profiled against demand and surgical availability.	Medical SDEC will move to be co-located with AED to improve efficiency. Surgical pathways are being developed to avoid AED attendance
NHSE - Review non-emergency patient transport services so that patients not requiring an overnight hospital stay can be taken home when ready.	Procurement of an additional discharge PTS vehicle is included in the winter plan
NHSE - Improve the provision of the Acute Frailty service, including the delivery of thorough assessments from multidisciplinary teams.	In place via the EMU with additional input to frailty within ED.
NHSE - Implement out of hospital home-based pathways, including virtual wards.	Virtual models underway and more in development as part of Bradford Virtual Infirmary

SECTION 6
WORKFORCE

Workforce

Bradford Teaching Hospitals
NHS Foundation Trust

Action	Position
Use of bank and agency & Incentivised shifts	We will continue to maximise the use of internal bank staff, agency staff will be sourced where necessary . Escalated rates of pay are in place and can be used if necessary with Exec signoff.
Recruitment	International recruitment to key post is ongoing and a Number of international nurses have been recruited. International Recruitment is ongoing. A recruitment marketing campaign support by Just R is ongoing to attract Nursing, Healthcare and Midwifery staff. Regular recruitment events are held, the recent event resulted in over 150 individuals being offered employment.
Vaccination	Staff Flu vaccination has commenced on the 28th of September and supports our efforts to help staff remain healthy. COVID Vaccination is also being offer to staff.
Staff Wellbeing	Thrive portal is live with health and wellbeing is a key focus for the Trust. Wellbeing conversations are ongoing across and further focussed work is planned to encourage wellbeing conversations across the Trust. Thrive now also includes support links for financial wellbeing in recognition of the pressure on the cost of living. Work is ongoing to support staff going through menopause, with investment made to ensure staff have access to support and resources. Home/remote working is supported where possible with clear supportive guidance for staff on working safely.
Redeployment / Service Planning Service planning	The trust uses OPEL framework and has the ability to suspend meetings during peak demand times to allow managerial colleagues with clinical skills to be redeployed. Annual leave planning over key holiday periods (Christmas / New Year) to ensure adequate cover.
Mutual Aid	staff sharing agreement across organisations in BD&C in place.

SECTION 7 FUNDING

Funding allocations

Bradford Teaching Hospitals NHS Foundation Trust

- £850,000 (non-recurrent) has been allocated to BTHFT as part of the identification of NHSEI's 7,000 acute bed increase for this winter.
- There is also £728,000 available as part of our planned baseline (recurrent) for winter resilience.

Scheme number	Scheme details	Strategic Objective (that scheme relates to)	Action (that scheme relates to)	Cost of Scheme
1	**Additional Elderly Consultant at a Weekend**	In Hospital and discharge. **Bed occupancy reduction**	This would provide increased ward round cover across elderly wards promoting decision making and flow. There would also be increased in-reach into the Emergency Department to support flow and admission avoidance	£54,000
2	**GP streaming**	Decongesting AED and improve **ambulance handovers**	Expand GP streaming service to start at 8am	£80,000
3	**Virtual services**	**Reduce bed occupancy** and improve flow	Expand virtual model to include surgical patients	£55,000
4	**Consultant within ED overnight**	Reduce crowding in A&E departments and target the longest waits in ED Improve **ambulance handovers**	There is not currently a Consultant on site within the Emergency Department overnight. 1 Consultant to be on site from 10pm to 8am Monday to Sunday.	£180,000
5	**Additional Streaming/Triage Nursing Provision**	Pre Hospital and In Hospital. Improve **ambulance handovers**	To ensure effective streaming at the front door an additional Band 6 nurse will be available at the front door between 8am and Midnight Monday to Sunday.	£65,000
6	**Additional Winter Discharge Vehicle**	Discharge. **Reduce bed occupancy**	This would support an increase in capability to discharge patients who require transport home from hospital. It would also support earlier promoting flow in the hospital	£65,000
7	**Provision of CEM Books to Inpatient Wards and Departments**	In Hospital and site escalation. Reduce **bed occupancy**	CEM books is currently used by the Emergency Department for escalation of issues and the support of decision making during times of escalation	£38,000
8	**Additional Mortuary storage**	Discharge and **reduced bed occupancy**	Additional temporary body storage over winter period	£45,000
9	**HR recruitment**	In -hospital/staffing. Reduce **bed occupancy**	Speed up recruitment process, especially nurses for the winter ward	£35,000
10	**Discharge liaison Officers**	In -hospital discharge. **Reduce bed occupancy and no criteria to reside patients**	Improve the discharge processes for downstream wards	£28,000
Total				£645,000
				£728,000
Slippage				£83,000

SECTION 8 ICS BOARD ASSURANCE FRAMEWORK

BAF mention system level plan

Bradford Teaching Hospitals
NHS Foundation Trust

- Each provider has submitted a number of key documents to the Bradford and Airedale ICS who will collate the returns to NHSEI

- Summary to date (September 21st) can be found here:

Microsoft
verPoint Presentat

SECTION 9
Stress Testing against COVID / FLU / RSV Demand

Higher than expected COVID/Respiratory and RSV

Bradford Teaching Hospitals
NHS Foundation Trust

Demand assumptions

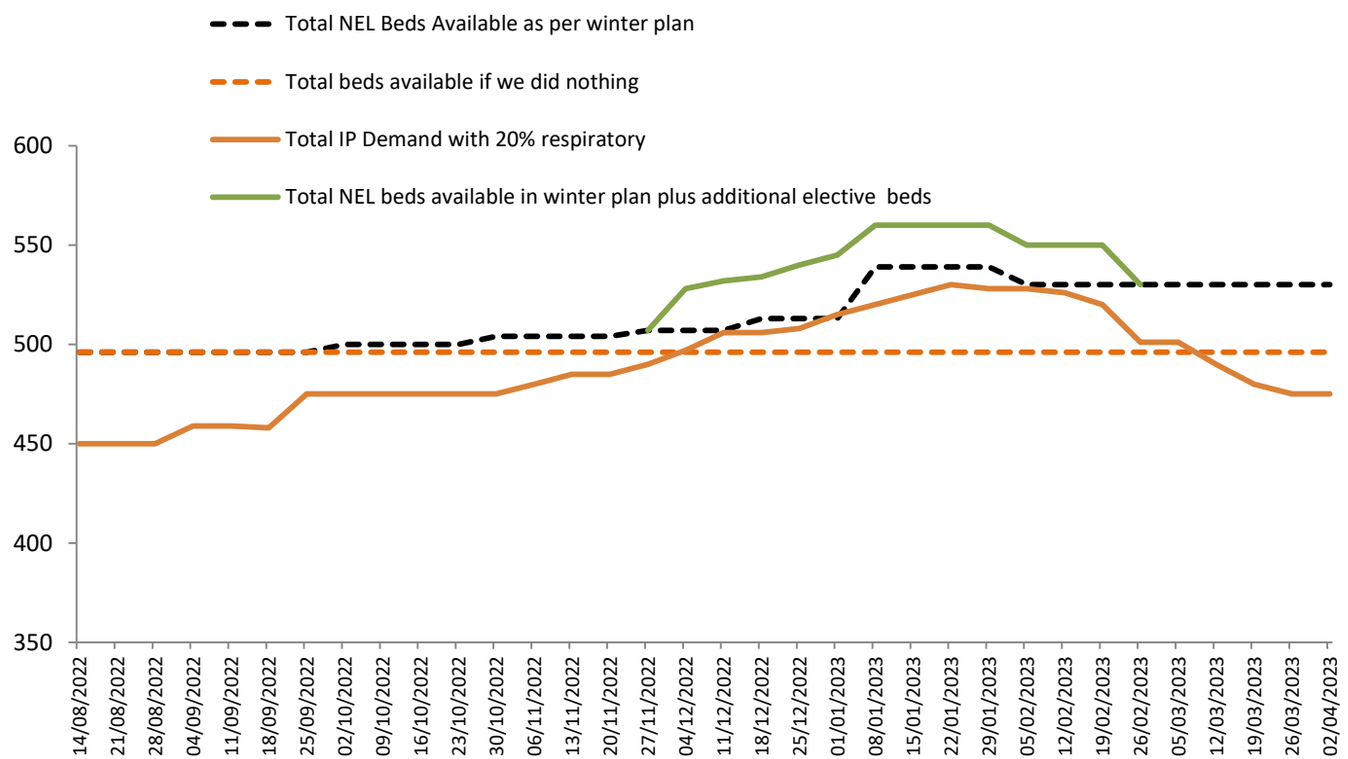
We know from previous winters that COVID/Flu and RSV activity **replaces** other NEL spells and is not on top of existing NEL spells. However, this often leads to associated IPC restrictions on the NEL bed base, resulting in closed empty beds we are not able to use. At the height of Omicron during January 2022 BTHFT had a maximum of 121 beds restricted due to COVID/Flu and RSV, of which 57 were unoccupied.

The following scenarios follows a 20%, 30% and 50% increase in COVID/Respiratory and RSV demand against capacity model based on the winter bed plan, plus progressive conversion of elective bed capacity into winter NEL capacity to meet the demand and the associated bed restrictions.

It is very likely that should these above scenarios become a reality, our winter metrics, elective recovery and financial planning trajectories will not be met.

STRESS TESING DEMAND – 20% COVID and respiratory surge with IPC restrictions

Bradford Teaching Hospitals
NHS Foundation Trust



Maximum demand 530 @ 20% increase.

In this scenario NEL beds in the winter plan will barely be sufficient to meet demand (between 27th November and 19th February) and NEL capacity will be supplemented by the phased cancellation of electives so we can transfer elective capacity into non-elective capacity
20% increase in COVID/Flu/RSV – open ward 11 additional 21 NEL beds with electives on wards 14, 21 and 20
The above is in our COVID 19 Operational Response Plan

STRESS TESING DEMAND – 30% COVID and respiratory surge with IPC restrictions

Bradford Teaching Hospitals
NHS Foundation Trust

In this scenario NEL beds in the winter plan are insufficient to meet demand (between 27th November and 19th February) and NEL capacity will be supplemented by additional phased cancellation of electives so we can transfer elective capacity into non-elective capacity

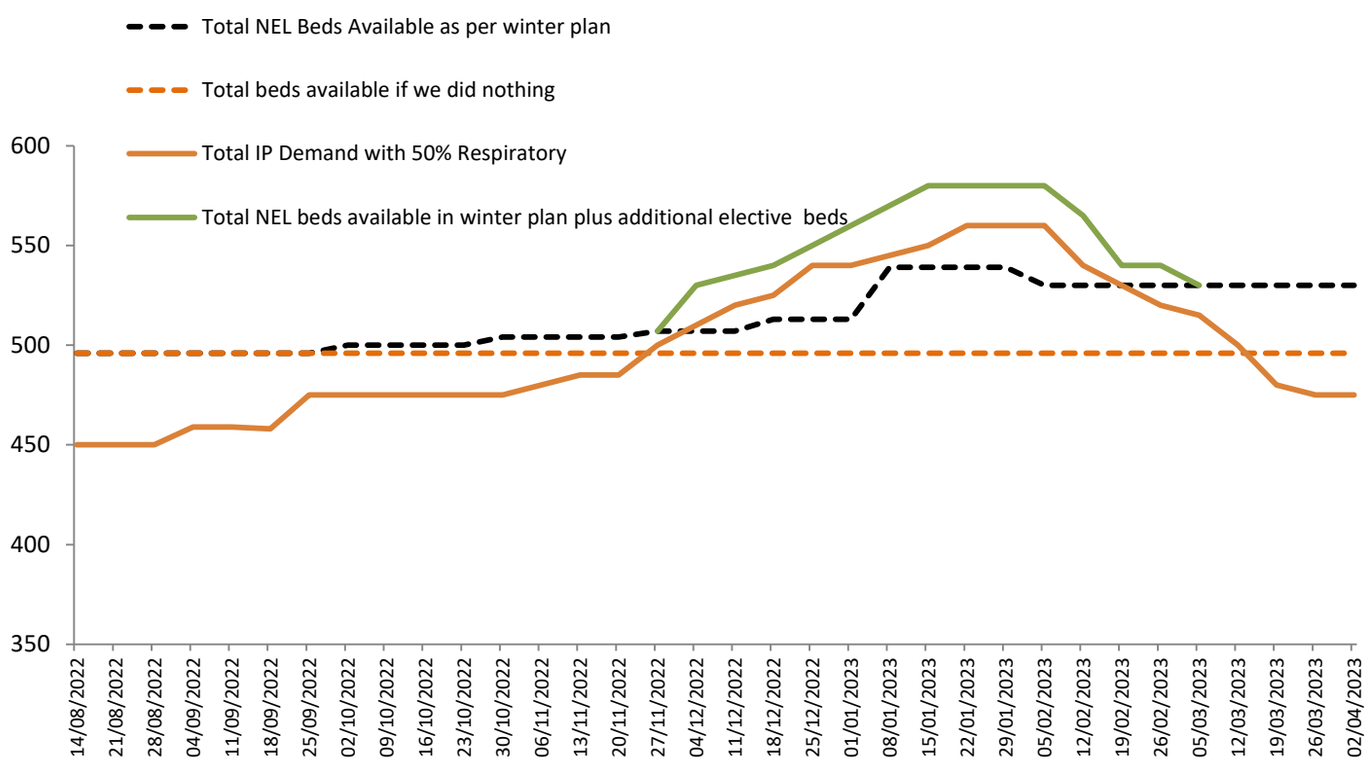
30% increase – open ward 11 and ward 14 to NEL = additional 34 beds (P1, cancer electives and some long wait patients on wards 21 and 20)

The above is in our COVID 19 Operational Response Plan

Maximum demand 540 @ 30% increase.

STRESS TESING DEMAND – 50% COVID and respiratory surge with IPC restrictions

Bradford Teaching Hospitals
NHS Foundation Trust



Maximum demand 560 @ 50% increase.

In this unlikely scenario NEL beds in the winter plan are completely insufficient to meet demand (between 27th November and 19th February) and NEL capacity will be supplemented by the complete cancellation of all electives with the exception of cancer.

50% increase – open ward 11 and 21 to NEL = 42 additional beds with ward 14 being the only elective ward for P1 and cancer cases only.

The above is in our COVID 19 Operational Response Plan

SECTION 10 KEY RISKS

Key RISKs

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

- Workforce: Staff wellbeing, recruitment and ensuring sufficient workforce.
- Industrial action
- Significantly increased demand and complexity due to COVID and non-COVID admissions.
- Inability to flex to respond to surges.
- Potential high rates of flu and/or RSV.
- Ability to deliver the vaccination booster programme and expansion of COVID vaccine eligibility.
- Balance between delivering current services and trying to implement new and or transformed services
- Balancing elective re-start with higher acuity and increased demand
- The ICS has also undertaken risk assessment for winter, which is within the ICS winter planning document.
- Inability to achieve elective recovery levels and attract Elective Recovery Fund.

SECTION 11 – Appendices
Associated Documents
Going Further on our Winter Resilience Plans

OPEL

Bradford Teaching Hospitals
NHS Foundation Trust

The Operational Pressures Escalation Level Framework is a national framework used to provide a consistent approach to managing escalating operational pressures. It provides a nationally consistent set of escalation levels.

Peaks and troughs in demand are no longer a purely ‘winter’ event and can occur at any point of the year. This plan recognises the need for a single, consistent year round surge management and escalation plan which integrates with those of the wider health economy.

The Operational Pressures Escalation Levels (OPEL) provides a consistent national system for assessing the pressure felt by any organisation or the wider health economy. They also ensure a structured set of arrangements are implemented as pressures increase.

There are 4 OPEL levels summarised in the document below. OPEL levels have both a local and regional impact. Using the definitions the pressures experienced at each level can be quickly and simply communicated to Trust staff and to partner organisations

Microsoft Word Document

Command Centre Operations meetings

Bradford Teaching Hospitals
NHS Foundation Trust

The Command Centre Operational Meeting is a meeting to ensure key stakeholders are aware of the daily position in terms of ED traffic, bed availability, expected admissions from routes other than ED and staffing.

The meeting is also a vehicle to cascade important messages from support departments which will directly impact on the site or patient flow with actions linked to the OPEL document

The aim of the meeting is to facilitate meeting the Emergency Care Standard on a daily basis, by encouraging appropriate and timely decision making relating to admissions and discharges.

Microsoft Word Template

Going Further on our Winter Resilience Plans

Bradford Teaching Hospitals NHS Foundation Trust

NHSE/I letter dated 18th October outlining further system resilience that ICBs and NHSE should implement.

Key messages

New variants of COVID-19 and respiratory challenges

- *Systems should actively consider establishing Acute Respiratory Infection (ARI) hubs as part of preparing for managing increased ARI in the community.*

Demand and capacity

- *Support delivery of additional beds available to admit patients to across England to reduce the number of patients waiting in ED for a suitable bed, ambulance handover delays, and ambulance response times.*
- *Deliver their agreed contribution to the winter planning ambition of delivering an additional 2,500 Virtual Ward (VW) beds. VW capacity must be included within overall bed capacity plans and monitoring and all local VW providers must submit timely, high-quality data through the national sitrep by 24 October 2022. Systems should ensure that virtual wards are effectively utilised both in terms of addressing the right patient cohort and optimising referrals.*
- *Ensure all systems establish 24/7 System Control Centres (SCCs). SCCs will balance the risk across acute sector, community, mental health, and social care services with an aim of ensuring that clinical risk is appropriately dispersed across the whole ICS during periods of surge. SCCs will need to be 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.*
- *Improve the accuracy of information provided in the capacity tracker. The accuracy of information submitted to the capacity tracker will be key to ensuring that we can effectively manage demand and capacity at a system, regional and national level. We will work with regional teams to ensure that all providers have plans in place to submit accurate data to the capacity tracker, and that updates are submitted in line with the collection timetable.*
- *Continue to invest into acute-workforce training in managing mental health need (including paediatric acute) and embed the integration framework with associated resources for systems to support children and young people with mental health needs within acute paediatric settings.*

Going Further on our Winter Resilience Plans

Bradford Teaching Hospitals
NHS Foundation Trust

Discharge

- *We know that discharge challenges are causing significant issues for flow and are impacting emergency care for patients. The 100-day challenge work will continue, as local systems continue to embed the 10 best practice interventions. We will work with regions to understand the specific actions where national support is required to go further, and a similar programme will be extended to community and mental health trusts. Intensive discharge support will also continue for a small number of our most challenged systems and Trusts. A national data focus, beginning with a drive to improve data quality, will support real-time operational decisions.*

- *We are working with cross-government colleagues through the National Discharge Taskforce to explore further options to reduce delays to discharge. This includes supporting the £500m fund to recruit and retain more care workers and speed up discharge. Looking ahead to next year, with colleagues in DHSC and DLUHC we are selecting a number of discharge Frontrunners to identify radical, effective and scalable measures for improving discharge processes and joint working between and adult social care.*

- *Mental health remains a challenge for UEC activity and delayed discharge. It is important that systems continue to invest in mental health as planned in crisis alternatives, community transformation, primary care, and liaison services in acute hospitals, and that 12 hour delays are avoided.*

Going Further on our Winter Resilience Plans

Bradford Teaching Hospitals
NHS Foundation Trust

Ambulance service performance

We will work with local systems to:

- *Ensure all ambulance services deploy 24/7 mental health professionals in emergency operation centres and on-scene and implement new models of improving flow out of emergency departments. Staff may be employed on a rotational or joint basis with mental health trusts. This additional capacity will prevent unnecessary mental health related ambulance trips to A&E and enable more people in mental health crisis to access*

Preventing avoidable admissions

- *Have a community-based falls response service in place between 8am and 8pm for people who have fallen at home including care homes. The service should be in place by 31 December 2022 and be available as a minimum 8am-8pm 7 days per week.*

- *Address unwarranted variation in ambulance conveyance rates in care homes working collaboratively with care homes to identify and access alternative interventions and sources of support.*

- *Consider targeted, proactive support for people who have high probability of emergency admission, sometimes called High Frequency Users. For example, work in one area identified that 1% of people (~600 people) accounted for 1,925 ED attendances and 54,000 GP encounters over a 12 month period.*

Going Further on our Winter Resilience Plans

Bradford Teaching Hospitals
NHS Foundation Trust

Workforce

In July we wrote to you asking you to prioritise five high impact actions to maximise the retention and experience of nursing and midwifery staff. Significant progress has already been made and we are asking you to continue working across key areas, including:

- Nursing and midwifery retention **self-assessment tool** – completed self-assessment tool and retention improvement plans should be shared with your ICS retention lead or equivalent.
- National Preceptorship Framework went live on 10 October. The framework includes a core set of standards and a gold standard for organisations wanting to further develop their preceptorship programmes.
- **Flexible working –** Your staff should be made aware and encouraged to explore flexible working options. Information and tools are available on the NHS Futures site.

- *We are now extending our workforce support by:*
- Re-launching the National NHS reserve campaign to bolster local surge capacity.
- *Launching a staff offers hub to support spread of local good practice over winter.*
- *Providing a full list of recommended workforce solutions for Integrated Care Boards.*
- *Providing targeted support teams to any region or system that falls into difficulty.*