



Hywel Dda University Health Board Winter Plan 2022/23

Management of Quality & Safety





Winter Plan – Quality & Safety Impact

- Winter Plan approved by Board (September 2022)
 - Key deliverables
 - Approach to population health
 - Vision & operational outcome measures
- Unscheduled Emergency Care (UEC) & Harm report to the Quality, Safety and Experience Committee (QSEC) in August 2022) – same approach
- UEC System Risks & Potential Harms Dashboard
- UEC Operational Delivery Groups to oversee actions
- Senior Operational Business Meeting (SOBM) / Operational Quality, Safety and Experience Sub Committee (OQSESC) to monitor operational and quality and safety impact
- Progress report to be scheduled for QSEC December 22



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Flu and COVID-19 vaccination

A combined flu and COVID-19 vaccination programme through the Health Board's Winter Respiratory Vaccination Plan for 2022/23 that embraces the principles of our Health and Wellbeing Framework, the principles of which recognise the need to shift the culture around vaccination, building on the lessons learnt from the Mass Vaccination Centres and promoting community health and wellbeing. The aim is to maximise uptake through a single programme that enables integrated strategy, planning, governance and public engagement; examines opportunities for integrated delivery (co-administration), transitioning from a single delivery model where possible; and realises benefits for delivery and population health by:

- maximising uptake of both vaccines
- targeted and impactful communications
- service efficiencies



Protected beds for planned care

As a Health Board we are committed / have the intention to maintain protected beds (as far as possible) through the winter period in recognition of our planned care recovery priorities.



Six Goals for Urgent and Emergency Care

Continued roll-out of our Six Goals for UEC Programme including 24/7 Urgent Care Model & Same Day Emergency Care (SDEC).

- Reducing conveyance to hospital for our frail and elderly population.
- Reducing conversion rates proportionately where appropriate to do so for our frail and elderly population.
- Enhancing our inpatient management of complexity (frailty).



Our key deliverables for winter 2022/23

Mental Health Single Point of Contact

Building on the success of being an early adopter of the Mental Health Single Point of Contact through the 111 telephone service and moving to an enhanced service that will operate 24/7.



Step Closer to Home Unit(s)

Development of a Step Closer to Home Unit(s) - there are currently a number of 'Ready to Leave' patients waiting for care availability which provides an opportunity to establish and evaluate an alternative model of care by co-locating this patient cohort in a designated ward area within our acute and / or community hospital areas.



Access to NHS dental services

Improving access to NHS dental services through implementing weekend working at Community Dental Services (CDS) sites (primarily Elizabeth Williams Clinic, Llanelli and Cardigan Integrated Care Centre).



Delayed Transfers of Care (DToc)

We are currently piloting DToc reporting for Welsh Government. The SharePoint Complex Discharge database provides a 'live' update on patient status that can be used to support DToc reporting.



Primary Care

The Primary Care Escalation Framework across the contractor professions will be brought into discussion on the daily escalation calls to take account of whole system pressures..



Community care expansion

As part of the new Welsh Government mandate around Community Care Capacity Building, creating capacity for 1,000 beds, we have agreed as part of the Planning Objectives that by October 2022, through a rapid expansion of community care, supporting more Hywel Dda residents to remain / return home with the objective of 120* fewer non-elective patients in hospital beds on a daily basis.



Respiratory escalation plan

Our respiratory escalation plan supports the management of paediatric patients and contingencies for a surge in demand where respiratory care is indicated. This is an evolution of the plan that was formed following a directive from Welsh Government in 2021.



Planning Developments

We are looking to develop a winter planning viewer that will allow:

- Identify the pre-COVID winter trends compared to current trajectories for certain population cohorts that influence emergency demand
- Allow assumptions about a return rate of demand this winter to be applied and the resulting impact on admissions and beds projected (respiratory being a key feature)
- Allow the impact of potential improvements to be modelled and projected. The model calculates a total bed occupancy across the system for emergency care, which can be compared to total known bed capacity and indicate if and when restrictions on elective capacity are likely to be made. By pre-empting this, it is possible to work with elective services to plan alternative arrangements to continue successful delivery against ministerial targets. The model bridges urgent and elective planning for winter



How are we ensuring our approach to population health

Winter Respiratory Vaccination Delivery Plan 2022/23

The Health Board's Winter Respiratory Vaccination Plan 2022/23 describes how we will work together in this unprecedented season to minimise the co-circulation of Flu and COVID-19, protect those most at risk, and reduce the impact of respiratory illness on health and social care services this winter. These aims will be achieved through the deployment of a wide range of actions to increase uptake of both COVID-19 and Influenza vaccines. The evidence is pointing to a severe flu season this autumn / winter and co-circulation of Flu and COVID-19. We must, therefore, ensure we do all we can to increase uptake of both vaccines – to protect individuals, communities and the health and care system.

As we approach the winter months and begin the roll-out of the programme, we will adapt and evolve if changes for example are made to eligible groupings as notified by the Joint Committee on Vaccination and Immunisation (JCVI) for either flu or COVID-19 vaccinations.

The principles of HDdUHB's Health and Wellbeing Framework continued to be encompassed in the delivery plans in terms of recognising the need to shift the culture around vaccination, building on the lessons learnt from the Mass Vaccination Centres and promoting community health and wellbeing.

Capitalising on the lessons learnt from the COVID-19 Vaccination programme and building on the population's enthusiasm for the programme and the use of social media platforms, the following principles will be followed on a national basis:

- Maintain consistency across the vaccine programmes. The HDdUHB plans to bring all of the vaccine programmes under the Vaccination Saves Lives (VSL) branding in the future, and to continue to differentiate our audiences by age using the established principle of applying the brand mark within different colour palettes where audiences remain distinct. The aim will be to show a whole life programme i.e. 'Vaccination Saves Lives' through the life cycle.
- Capitalise on the interest and demand for COVID-19 vaccines - anecdotally it is recognised that people lost interest in receiving their Flu vaccine as soon as a COVID-19 vaccine became available, therefore bringing Flu in line with the VSL branding helps to reinforce that a Flu vaccine is equally as important as a COVID-19 vaccine.
- Ensuring the branding will be consistent and simple for the public to understand and know why they need to be up to date with both vaccines in order to protect themselves and their families.
- The VSL branding has been used widely throughout the COVID-19 vaccine rollout. People recognise and trust it, and this trust will be utilised to promote the uptake of other vaccine programmes.

Realising a single Flu and COVID-19 programme in 2022/23 will be a significant milestone for the HDdUHB and represents a significant step towards full integration of our vaccination programmes. Maximising uptake of Flu and COVID-19 through a single programme enables integrated strategy, planning, governance and public engagement; examines opportunities of integrated delivery (co-administration), transitioning from a single delivery model where possible; and realises benefits for delivery and population health:

- maximise uptake of both vaccines
- targeted and impactful communications
- service efficiencies

This Plan has been developed to maximise alignment with the HDdUHB COVID-19 Mass Vaccination Delivery Plan and the HDdUHB Seasonal Influenza Delivery Plan and is a live document subject to amendment as the season unfolds, as further Welsh Health Circulars are published, and as the HDdUHB derives learning from delivery of both vaccines. This season will require maximum flexibility from services charged with delivery of actions within this Plan, to rapidly respond to changes in policy, guidance and priorities as they emerge from the JCVI and Welsh Government.

With this in mind, the core themes for the 2022/23 programme are:

- Focusing on health as an asset, with messaging using the national programme 'Vaccination Saves Lives'. By using positive messages around protecting ourselves and others, rather than focusing on messages around needing the winter respiratory vaccines because of a chronic illness or age, focus has been shifted from mitigating illness to maintaining wellness.
- Ensuring a joined-up approach throughout the season, engaging early with stakeholders, aligning the HDdUHB staff campaign with the core public health winter respiratory vaccine campaign, and working as a unified multidisciplinary team, both to plan before the season and to troubleshoot during it.
- Building further on the previous national Flu Immunisation campaigns, the COVID-19 vaccine delivery milestones, and reviewing how this brand could be extended to the wider vaccination and immunisation agenda.
- Ensuring that sufficient attention is directed at the risk groups for flu that Welsh Government has prioritised for 2022/23 in line with the JCVI COVID-19 priority groups.





Urgent and Emergency Care – Impact

● Resultant Risk and Impact

Harm in the Community for Patients waiting from Ambulance Conveyance

Harm in the Community for people formally assessed as requiring social care to meet critical Activities of Daily Living and which cannot be provided

Harm at our 'Front Doors' for patients being cared for in environments that are not conducive to patient safety / optimal clinical outcomes

Harm to patients from clinical risk associated with sub optimal staffing levels (medical, nursing and therapeutic)

Harm to frail patients whose length of stay has contributed to deconditioning and a new or increased need for care on discharge

Sustained and extreme pressure across the NHS urgent and emergency care system has negatively impacted patient flow through all hospital sites

Whilst such pressure was evident prior to the COVID-19 pandemic, it has been most acute as we have emerged from the pandemic in late 2021 and into 2022 and continues today with limited improvement.

This pressure has led to a number of risks and does impact on quality and safety across the system.



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Resultant Risk & Impact on Workforce, Quality & Patient Experience

**Poor Patient Experience
and Potential Harm** to
patients who are unable to
access timely scheduled
surgical intervention

Consequent Impact on
our workforce in terms of
staff retention, resilience
and absence



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Development of dashboard to measure system risks and potential harms

Topic	Measure
Workforce	Staff sickness
	Agency use
	Nurse staffing
	Staff experience
Quality and patient safety	Incidents causing harm
	Complaints
	Infection control incidents
	Healthcare acquired pressure damage
	Medication errors
	Patient falls
	Patient experience
	Hospital acquired thrombosis
	Sepsis
	Acute kidney injury
Planned Care	Patients waiting >52 weeks for a new outpatient
	Patients waiting >104 weeks for treatment
	Tbc
	Tbc
Urgent and emergency care	Number of ready to leave patients
	Average length of stay for UEC patients aged 75+
	Ambulance handovers >4 hours
	Patients waiting >12 hours in an ED
	Readmissions within 28 days
Women and children	Red release not agreed
	Tbc
Mental health	CAMHS referrals to assessment within 28 days
	CAMHS assessment to treatment within 28 days
	Children & young people waiting >26 weeks for neuro assessment



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System Risks / Potential Harm

This dashboard is being developed to give an overview of key risks across our acute care system. It is intended as a high level overview of some of the risks faced rather than a comprehensive overview of all potential risks.

Health Board & Directorate
overview

Health Board & Directorate
SPC charts

Services & teams overview

Services & teams SPC charts

Future dashboard
developments

Supporting resources

For further details or support for this dashboard contact:
genericaccount.performancemanagement@wales.nhs.uk
hdd.information.development@wales.nhs.uk



System Risks / Potential Harm

Refresh Date: 06/10/2022



Cell background: ■ Improving variation ■ Usual variation ■ Concerning variation

Icon: ■ Pass target ■ Hit or Miss target ■ Fail target

Directorate with Management Responsibility	Hywel Dda	BGH (UEC)	GGH (UEC)	PPH (UEC)	WGH (UEC)	Carms County	Cere County	Pembs County	Cancer	Facilities	Med Man	MH&LD	Nursing	Ops Dir Man	Pathology	Planned Care	Primary Care	Primary Care Man	Public Health	Radiology	Therapies	Women & Children
Workforce																						
Staff Sickness - 30/04/2022	6.85% ■	6.33% ■	7.56% ■	8.94% ■	9.30% ■	8.45% ■	7.35% ■	7.30% ■	5.14% ■	8.78% ■	7.27% ■	7.63% ■	6.38% ■	9.46% ■	5.43% ■	5.72% ■	6.21% ■	5.35% ■	6.81% ■	4.88% ■	5.50% ■	5.57% ■
NSL Not Met, Not Appropriate Night - 19/09/2022	26.51% ■	14.29% ■	36.92% ■	23.53% ■	36.59% ■	14.29% ■	0.00% ■	0.00% ■														0.00% ■
NSL Not Met, Not Appropriate Day - 19/09/2022	46.05% ■	42.86% ■	52.31% ■	37.25% ■	58.54% ■	50.00% ■	0.00% ■	60.00% ■														0.00% ■
Instances of RN Agency Usage - 19/09/2022	1235.0 ■	222.0 ■	300.0 ■	194.0 ■	280.0 ■	10.0 ■	8.0 ■	14.0 ■	0.00			21.00 ■				157.0 ■						29.00 ■
Instances of HCSW Agency Usage - 19/09/2022	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			5.00				0.00						0.00
Planned Care																						
Patients Waiting > 104 Weeks - 31/08/2022	7710.0 ■	5.00 ■	0.00	3.00	312.00 ■										0.00	6977.00 ■					0.00	412.00 ■
Outpatients Waiting > 52 Weeks - 31/08/2022	13822.00 ■	591.00 ■	2.00 ■	0.00 ■	554.00 ■										2.00 ■	11900.00 ■					0.00	773.00 ■
OP HICS < 6 wks - 01/09/2022	4501.0 ■																					
%Priority 2 patients treated within 1 month - 01/09/2022	35.56% ■																					
Urgent and emergency care																						
Ambulance Handovers > 4 Hours - 04/10/2022	7.00 ■	1.00	1.00 ■	3.00	2.00																	
Waiting > 12 hrs in A&E/MIU - 04/10/2022	53.00 ■	6.00 ■	23.00 ■	1.00	23.00 ■		0.00	0.00														
Mental Health																						
CAMHS Referrals to Assessment within 28 Days - 01/08/2022	43.60% ■											43.60% ■										
CAMHS Assessment to Treatment within 28 Days - 01/08/2022	53.00% ■											53.00% ■										
CYP Waiting <26 Weeks for Neuro Assessment - 01/08/2022	20.31% ■											20.31% ■										



Next Steps

- System Risks Potential Harms Dashboard Launch October '22
- UEC Operational Delivery Groups to oversee actions
- SOBM / QQSESC to monitor operational & quality and safety impact
- Directorate / Site / County Governance groups to monitor local impact
- Progress report to be scheduled for QSEC December '22



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Recommendation

For QSEC to note the update provided and receive assurance from the proposed approach to manage quality & safety impacts within the Winter Plan 2022/23 to minimise harm.



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