



**PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 August 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Winter Preparedness 2020/21
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Alison Bishop, Unscheduled Care Lead

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This paper provides the People, Planning & Performance Assurance Committee (PPPAC) with a progress update on Hywel Dda University Health Board's (HDdUHB) winter planning processes in place for 2020/21. The report and the underlying planning is driven from the perspective of maintaining safety, quality and continuity of care for HDdUHB's patients through the most consistently challenging period in the NHS calendar.

At the time of preparing this report, Welsh Government (WG) have not provided any specific guidance on Winter planning apart from an indication that the Quarters 3 and 4 return against the Annual Operating Framework (AOF) will include the HDdUHB response to Winter.

The Cabinet Secretary very recently confirmed that the 'most challenging of times' could be on their way this Winter with the potential increase in both COVID-19 cases and flu. It is the intention of WG to publish a Winter Protection Plan on how the health and social service will be supported through any additional pressures in September 2020.

Cefndir / Background

Over the last two Winter seasons, a risk centered approach has been used to develop an integrated plan with Local Authority, Welsh Ambulance Service and 3rd sector providers.

This approach has been derived from a starting point of the additional bed capacity required to avoid unnecessary protracted stays in Accident & Emergency (A&E) whilst awaiting an inpatient bed, the ad hoc opening and closing of surge beds, and outlying of patients. Each county whole system has put in place alternatives to the opening of additional beds in order to close this gap.

Each county system signed off their plan elements ahead of formal Regional Partnership Board and UHB Board sign off.

Asesiad / Assessment

The advent of the COVID-19 pandemic has added a further layer of complexity to the Winter planning, however the same approach will be utilised this year, whilst being mindful of the additional burden that COVID-19 may place on the front door.

Principal Challenges

It should not be a surprise that there remains a significant challenge for HDdUHB where the availability of a ready supply of qualified medical and nursing staff to manage unscheduled care pathways at the four acute hospitals, community hospital and possible field hospitals over the forthcoming Winter period is concerned. Whilst colleagues continue to work tirelessly to find ways of mitigating the prevailing workforce pressures, it needs to be acknowledged that this remains a significant challenge as HDdUHB approaches the forthcoming Winter. HDdUHB has established a workforce cell to work alongside operational colleagues to develop a whole system workforce plan to support this capacity required over the forthcoming Winter.

The management of length of stay, which includes effective admission avoidance and discharge planning, is identified as a key risk and any outbreaks of COVID-19 within our sites and nursing/care homes may have a significant affect due to the current isolation requirements upon discharge.

Much of the guidance that has been provided by WG has focused on implementing robust discharge to assess (D2RA) pathways to improve the efficiency of patient movement through all of our facilities.

Restarting Elective Workload Post COVID-19

The commitment to restart elective work post COVID-19 and to continue to deliver an elective workload remains a key objective for HDdUHB. All services within HDdUHB are maintaining essential services and as such, we are continuing our elective work off site at Werndale Hospital and progressing with restarting elective work across the acute sites. Plans are currently being developed to ring fence our elective beds and maintaining these beds will remain a focus during Winter.

Whilst a detailed formal review of last year's Winter plan has not been undertaken due to the exceptional circumstances in March 2020, local reviews have been undertaken to understand the impact the initiatives had across the system.

As such, the majority of those successful initiatives, described below, have remained in place as a response to the anticipated increase in demand from COVID-19 or will be reinstated as a response to the anticipated Winter demand.

Reducing Avoidable Demand

Admission Avoidance

- Consultant geriatrician review of care home patients in care homes.
- Frailty models at the front door which aim for admission avoidance and if not possible focussed elderly care short stay (<72 hours).
- Redirection with A&E Hub concept. Community Pharmacy, GP Out of Hours (OOH), Emergency Department (ED), Frailty Teams and Mental Health & Learning Disabilities (MH&LD) creating a hub to redirect and better direct patients to appropriate services and alternative points of care.

- Access to specialty Consultant advice.

Managing Unavoidable Demand

Increased Capacity

- Planned block/adhoc spot purchase of additional step down beds.
- Commission 'Discharge to Assess' (D2A), care home placements for up to 6 week period.
- Strengthening of A&E overnight and Hospital@Night medical rota at Bronglais General Hospital (BGH) and the A&E overnight medical rota at Glangwili General Hospital (GGH).
- Additional qualified nurse resource in A&E Department in BGH (2 nighttime and 1 daytime nurse).
- Additional support services at weekends; porters, phlebotomy.

Reducing Length of Stay

- 'Bridging' service with domiciliary care providers to reduce delays in care availability.
- Additional resource for the Acute Response Team (ART) & care at home teams/community response teams to support interim domiciliary care needs and discharge.
- Intensive review of medically fit patients 4 weeks prior to Christmas.

Enhancing Operational Grip

- Further development of the online SITREP tool to inform daily internal conference calls.
- Doubling up of on-call managers.
- Enhanced cleaning regimes (as a result of the COVID-19 response).
- Intensive focus first 3 weeks in January 2021 with all meetings cancelled to focus on front door and medically fit.

To further enhance the response to both COVID-19 and Winter pressures, new initiatives will be put in place, for example;

- Recommence COVID-19 on-call constant 24/7 when COVID-19 activity increases.
- Enhanced cleaning regimes (as a result of the COVID-19 response).
- Opening of additional field hospital capacity.

To further understand and manage the demand on beds across the whole Unscheduled Care System (USC), each county is currently working on whole system phased escalation plans. Previous escalation plans have been centered on acute hospitals. These plans utilise the current non-COVID and COVID-19 modelling as the weekly forecasted demand, and to identify potential points of high pressure where COVID-19 and non-COVID demand models could align.

To inform these plans, an integrated whole system review is currently being undertaken with local authority partners in Carmarthenshire as a starting point, with the intention to then undertake this across the remaining counties. This is the first time a review across the whole system has been undertaken, across a wide and varied data set to fully understand any benefits that may have been introduced by new ways of working during the COVID-19 period. Furthermore, to understand what if any of these service changes can be further enhanced to reduce to an acceptable level any shortfalls in bed capacity. This data review aims to understand:

- Changes in demand at the front door.
- Changes in conversion rates and inpatient length of stay.

- Changes in days lost from medically optimised to discharge date.
- Changes to community/social care services – discharge to assess pathways, intermediate care beds (step up and down beds), availability of care home placements.
- Increased social care resilience – care home escalation policy, care home algorithm.

Next Steps

Whilst a considerable amount of work has been undertaken to date, it is acknowledged that further work is required to finalise the plan before complete assurance can be provided.

PPPAC should therefore note the next steps as follows:

- Receive and act on any specific guidance provided by WG for Winter planning as part of Quarter's 3 & 4 response to the AOF.
- Review the entirety of expected capacity gaps from each County escalation plan to determine the levels of assurance that can be taken from each county plan.
- Each county system to sign off their plan elements ahead of Regional Partnership Board sign off.
- Submit a final plan to the Board in November 2020.

Argymhelliad / Recommendation

PPPAC is asked to:

- Recognise the extent of early planning work that has gone into preparing for Winter 2020/21 and the improved wider engagement that has supported this.
- Take assurance from the progress made with preparations for the Winter 2020/21.
- Note the scale of challenge facing the whole system as Winter approaches and the steps taken to reduce and manage demand, capacity and flow through the unscheduled care system.
- Note the next steps to be taken ahead of finalisation of the plan.
- Recommend that a final plan be presented to Board in November 2020 for final approval.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y
Pwyllgor:

4.4 Provide assurance to the Board that all plans put forward for the approval of the Health Board for improving the local population's health and developing and delivering high-quality, safe and sustainable services to patients, and the implementation of change, are consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.

Cyfeirnod Cofrestr Risg Datix a
Sgôr Cyfredol:
Datix Risk Register Reference and
Score:

810 Poor quality of care within the unscheduled care pathway score = 12

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3.3 Quality Improvement, Research and Innovation 5.1 Timely Access 6.1 Planning Care to Promote Independence
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2019-19	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	Within document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There will be significant financial costs associated with winter planning, these are currently being evaluated and a decision on tactical investment will need to be considered by the Executive Team
Ansawdd / Gofal Claf: Quality / Patient Care:	Robust winter plans will ensure patient care continues to be provided throughout the winter period.
Gweithlu: Workforce:	Workforce cell developing a whole system workforce plan to support the response for winter

Risg: Risk:	The winter period presents heightened risk to the Health Board with increased demand across the unscheduled care system. The risk issues associated with the unscheduled care system and across winter are recorded on existing risk registers.
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	There could be significant reputational risks for the HB and partners in the event of major incident.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	Winter plans will reflect the needs of the population within each of the counties.