

4.3 Winter Preparedness 2019/20 / Parodrwydd Gaeaf 2019/20

Presenter: Joe Teape

SBAR Winter Preparedness November 2019

Winter Plan 2019/2020



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 November 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Winter Preparedness 2019/20
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joe Teape, Director of Operations/Deputy Chief Executive
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 Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report provides the Board with details of winter preparations for the upcoming period of seasonal high demand expected to impact the local unscheduled care system. The winter plan itself, included as an attachment, provides details of the planning and associated actions to be deployed, whilst this report offers a general synopsis and overview of the intentions of the key components of the unscheduled care system.

The planning process has been driven from the perspective of maintaining safety, quality and continuity of care for Hywel Dda University Health Board's (HDdUHB's) patients through the most consistently challenging period in the NHS calendar.

Given that HDdUHB, with its Local Authority partners and Welsh Ambulance Services NHS Trust (WAST) have co-produced the plan, the plan was endorsed at the Integrated Executive Group Meeting which includes Directors of Social Services from all three Local Authorities, and those schemes agreed to be progressed via regional funding have been endorsed by the Regional Partnership Board.

Cefndir / Background

Winter Planning Process

The UHB commenced its preparations for winter in July 2019, following the Welsh Government Winter Planning Event on 25th June 2019 and in preparation for the first Winter Resilience Summit meeting between Welsh Government and HDdUHB held on 13th August 2019.

Targeted Financial Support from Welsh Government

In September 2019, Welsh Government (WG) confirmed the winter funding package to support delivery of health and social care services. In contrast to last year, this year the funding has been allocated to both Health Boards and Regional Partnership Boards (RPBs), with RPBs being identified as a key vehicle to support the integrated planning and delivery; as such, £17m of the funding package has been allocated across Wales. The West Wales RPB received a total allocation of £2.062m. Plans for the RPB element are required to demonstrate collaborative approaches to ease pressure on the system. These must be informed by

integrated, regional planning across health and social care services to support delivery of the Quadruple Aim. They must align with Health Board plans, reflect official guidance issued by Welsh Government and address the following seven themes:

- Optimising cross-organisational and sector working to support resilience
- Urgent primary care/out of hours resilience
- Preventing unnecessary conveyance and admission to hospital
- Discharge to assess/recover (D2AR)
- Community step down capacity
- An enhanced focus on the respiratory pathway
- An enhanced focus on the frailty pathway

Health Boards across Wales received a total funding package of £10m, of which the HDdUHB allocation is £1.213m. HDdUHB has also allocated £1m recurrently, to support new/additional initiatives across the acute sites. The total HDdUHB funding support for winter in our direct control is therefore **£2.213m**, of which £1m has been allocated recurrently and £1.213m on a non-recurrent basis.

In addition, there is the opportunity to bid for specific primary care schemes over and above the funding outlined above and WG continue to fund British Red Cross and Care and Repair initiatives at our acute hospitals.

Governance

The governance arrangements supporting the winter resilience plan set out how the effectiveness of plans will be monitored and reviewed throughout the winter period.

The draft plan and any additional costs have been discussed at the following meetings and the plan amended as a result:

- Finance Committee – 21st October 2019
- Executive Team – 6th November 2019
- Integrated Executive Group– for approval 11th November 2019
- Regional Partnership Board – final approval 14th November 2019
- Hywel Dda University Health Board – final approval - 28th November 2019

The result of this approach is a more streamlined plan, with weekly monitoring of the benefits and spend being undertaken during weekly winter conference calls with all partners.

Asesiad / Assessment

The process of planning for winter uses the same methodology as last year with an analysis of bed demand and capacity outturn positions for winter 2018/19. This approach focuses on the acute and community actions and initiatives best placed to close this gap. The bed gap consists of surge beds plus medical patients on surgical wards (outliers) plus patients lodging overnight in Emergency Departments (EDs) or Minor Injury Units (MIUs). This overall gap equates to 158 beds which need to be accommodated if we are to safely navigate through winter 2019/20.

Bed Capacity

Taking the 158 medical bed deficit opening position, and adjusting for known changes since last year, as well as allowing for tolerable whilst largely unavoidable capacity impacts arising from emergency department lodgings and general outlying; both without significant

detriment to clinical safety or patient experience, produces an overall bed deficit of 155 medical beds which needs to be addressed with winter actions to give assurance that the UHB has a plan to safely navigate through winter 2019/20.

Applying the impact of acute and community actions planned for 2019/20, including the opening of surge beds, this accounts for expected equivalent bed gains of 146 which would mitigate this gap and result in a final bed deficit of **9** medical beds. It is proposed that this residual gap of -9 beds, which is the same bed gap that the UHB faced going into last winter, is within a reasonable level of tolerance.

UHB Funded Actions

The initiatives within the winter plan are focused on actions that had a proven benefit in previous years or new/additional initiatives supporting patient flow across the acute sites.

The key actions are:-

- Extending the Geriatric review of care home patients to other care homes in Carmarthenshire
- Implementation of an ED streaming system at Withybush General Hospital
- Rotation of ED & Community Advanced Nurse Practitioners to work at the 'front door' to manage patients with long term conditions
- Extension of the British Red Cross 'Home from Hospital' service at Glangwili and Withybush General Hospitals
- Extension of the 'Care & Repair' service at Glangwili and implementation of a new service at Withybush General Hospital
- Extension of the Flu Point of Care testing
- Additional support to provide 7 day working e.g. additional therapy, medical, phlebotomy and support staff, additional discharge vehicles
- Additional daily 'hot clinics', both in and out of hours
- Increased opening hours for Minor Injury Units
- Additional surge capacity at peak periods

The costs of these actions is summarised below:-

University Health Board Winter Allocation	Recurrent full year	Winter
UHB recurrent allocation	£ 1,000,000	£ 1,000,000
WG allocation		£ 1,213,000
Total	£ 1,000,000	£ 2,213,000

Funded Actions		
Corporate	£ 301,644	£ 299,604
Bronglais	£ -	£ 422,225
Glangwili	£ 209,898	£ 698,527
Prince Philip	£ 100,185	£ 648,345
Withybush	£ 408,332	£ 460,866
Total	£ 1,020,059	£ 2,529,567
Variance	-£20,059	-£316,567

It should be noted that, of the £2,529,567 of local schemes, circa £0.9m relates to planned bed closures that will be delayed until April 2020. This will need to be carefully monitored over the winter period as, if these beds cannot be closed in 2020/21, this will be a recurring pressure.

Whilst the local schemes are currently showing a potential over-allocation of £316,567, the service areas are working with finance business partners to forecast their predicted spend over the winter period. In addition, due to delays in commencing the schemes and the ability to obtain locum/agency staff, there will already be slippage in October 2019. This will be monitored during the weekly conference calls that have already commenced.

Recurrent Investments

In addition to the above, our current planning has allocated £1m recurrently, to support new/additional initiatives across the acute sites. These are all subject to approval (and business cases where required). Whilst these are included above for the winter period, they have a recurrent cost and are summarised below:

- Additional therapy support at Glangwili, Prince Philip and Withybush Hospitals
- Additional pharmacy support at the 'front door' at all 4 sites
- Continuation and expansion of the Home Support Team at Withybush General Hospital to facilitate discharge
- New co-ordinator for the treat and repatriate Acute Coronary Syndrome (ACS) service that was piloted last winter

RPB Allocation £2.062m

In addition to the locally funded actions outlined above, the Integrated Executive Group agreed to a split of the regional allocation across counties on a population basis, resulting in the following local allocations:

- | | |
|-------------------------|----------|
| • Carmarthenshire (48%) | £989,760 |
| • Ceredigion (20%) | £412,400 |
| • Pembrokeshire (32%) | £659,840 |

The initiatives within the integrated winter plan are focused on actions that have had a proven benefit in previous years or new/additional initiatives supporting patient flow across community and social care services which will impact positively on patient flow at the acute sites.

The key actions are:

- Advanced care planning & Stay Well planning support to care homes
- Local commissioning for implementation of the 4 Discharge to Recover and Assess Pathways, including bridging service & Community Care Beds
- Establish a Chronic Obstructive Pulmonary Disease (COPD) pathway to improve self-management
- Dedicated Acute Response Team resource to support GP Out of Hours (OOH) services for palliative care patients, avoiding unnecessary conveyances to hospital
- Purchase of additional community equipment and leasing of vehicle to ensure delivery
- Extending evening and weekend opening hours of Porth Gofal (single point of contact) in Ceredigion
- Provision of planned weekend day centre support in Ceredigion
- Community mental health service crisis response service in Carmarthenshire
- Extending third sector support to palliative care patients
- Appoint housing officers to attend daily Board Rounds in acute and community hospitals

- Additional therapist hours to support enhanced Transfer of Care Advice & Liaison Service (TOCALs) cover across Carmarthenshire
- New admin flow coordinator to improve flow through the community hospital beds in Pembrokeshire

The costs of these actions is summarised below:

Regional Funding					
WG allocation	Carms	Ceredigion	Pembs	Corporate	Total
	£989,760	£412,400	£659,840	£0	£2,062,000
Funded Actions	£1,317,000	£423,335	£660,700	£45,000	£2,446,035
Variance	-£327,240	-£10,935	-£860	-£45,000	-£384,035

The regional plan is currently over committed by £384,035. This will be monitored on a regular basis; there is a high level of confidence that the deficit will be met through slippage.

Argymhelliad / Recommendation

The Board is asked to:

- Note the extent of preparations and planning undertaken ahead of winter 2019/20 and the position from which the unscheduled care service will enter winter;
- Note the content of the winter resilience plan;
- Take assurance from the measures the service has designed into its plan to tackle the pressures expected to impact through the period; and
- Approve the winter plan and allocation of funding and associated costs, as set out in this report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Corporate Risk 629
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	3.1 Safe and Clinically Effective Care 3.3 Quality Improvement, Research and Innovation 5.1 Timely Access 6. Individual care
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB 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 Statement	Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Welsh Government Winter Planning directives
Rhestr Termiau: Glossary of Terms:	Within the document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance Committee Executive Team Integrated Executive Team

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:	Use of agency resources to mitigate internal human resource capacity limitations details are contained within the winter plans.
Risg: Risk:	<p>The winter period presents heightened risk to the UHB 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.</p> <p>Due to bed reconfigurations and overspends on the acute sites some of the escalation capacity opened during 2018/19 will not be available for this year and this remains a significant risk at this point.</p>
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	There could be significant reputational risks for the UHB and partners in the event of major incident.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	Bespoke winter plans are in place for the three counties which reflect the needs of the population within each of these counties.

INTEGRATED WINTER RESILIENCE PLAN

2019/20



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambwlans Cymru
Welsh Ambulance Services
NHS Trust



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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INTEGRATED WINTER RESILIENCE PLAN 2019/20

1. Introduction

This plan has been produced collaboratively with our Local Authority, Primary Care, Public Health and Welsh Ambulance Services NHS Trust (WAST) partners with the aim of articulating our winter preparations for 2019/20 in order that our local citizens' health care expectations and associated outcomes can be optimised during the forthcoming period of expected highest demand. This plan for winter 2019/20 focuses on the period 1st October 2019 through to 31st March 2020.

The University Health Board's (UHB) winter plan will focus on the additionality factor that was applied in previous years and rationalises the initiatives within a manageable cohort of themes centred on two aspects, namely reducing demand to a minimum and managing resultant demand effectively.

2. Partnership and Governance Arrangements

In line with guidance provided by Welsh Government and the UHB's Unscheduled Care Programme Meeting, the winter plan has been designed and prepared collaboratively with Local Authority, Mental Health, Primary Care, Public Health, WAST, and GP Out of Hours (OOH).

This plan will be approved in partnership with Local Authority partners through the Integrated Executive Group, and also requires approval from the Chair of the Regional Partnership Board and Hywel Dda University Health Board.

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Governance Arrangements			
Responsible executive officer for winter resilience planning	Local Health Board Executive	Local Authority Executives	Welsh Ambulance Services NHS Trust Executive
	<p>Joe Teape Deputy Chief Executive Officer</p> <p>Andrew Carruthers Director of Operations (w.e.f 2nd December 2019)</p>	<p><u>Pembrokeshire</u> Jonathan Griffiths Director of Social Services & Leisure</p> <p><u>Carmarthenshire</u> Jake Morgan Director of Community Services</p> <p><u>Ceredigion</u> Carys James Director for Care & Protection & Lifestyle</p>	<p>Lee Brooks Director of Operations</p>
Winter resilience planning:	<ul style="list-style-type: none"> • Welsh Government Winter Planning Event 25th June 2019 • Welsh Government Winter Summit Meeting 13th August 2019 • Winter Resilience Steering Group monthly meetings commencing 10th July 2019 • Finance Committee – 21st October 2019 • Executive Team – 6th November 2019 & 13th November 2019 • Integrated Executive Group– for approval 11th November 2019 • Regional Partnership Board – final approval 14th November 2019 • Hywel Dda University Health Board – final approval - 28th November 2019 		

3. The Population and Health Perspective

The focus of the last 3 year's winter resilience plans has been to deliver additional actions in support of 'business as usual' activities during the winter period, as evidence shows that this was when demand on the unscheduled care services was at its greatest.

The local perspective is one of increasing demand and insufficient capacity across primary, secondary, social and residential care. Added to this, winter brings its own additional challenges including those arising from weather influences. In recent years, these pressures have tended to push out beyond the period generally acknowledged as winter and our elective care ambitions add further to the overall challenge. That said, the priority for winter is to maintain a safe and quality centred unscheduled care service for our patients whilst remaining within our financial means.

These challenges are described in the following specific paragraphs:

3.1. GP Out of Hours Services

The Out of Hours Service is responsible for providing access to Urgent Primary Care clinicians between 18:30 and 08:00 hours daily and 24 hours at weekends. The service, traditionally staffed by experienced General Practitioners, currently operates from 5 bases located across the Health Board. These are:

1. Bronglais General Hospital
2. Llandysul GP surgery
3. Withybush General Hospital
4. Glangwili General Hospital
5. Prince Philip Hospital

The Out of Hours (OOH) service continues to experience variable staffing positions, which result in frequent reductions in front line service provision. In order to provide a robust service during the winter, it is likely that changes will need to continue be made on an ongoing basis to centre opening times due to shortage of capacity to fill all shifts. An operational plan is in place to manage this on an ongoing basis. Specifically the Prince Philip Hospital's Minor Injury Unit will continue to support treatment centre activity for Llanelli patients and where needed GPs will be re-located between centres in order to provide maximum resilience and peer support. All staff, supported by the Advanced Paramedic Practitioner (APP), would also be expected to support with wider Health Board demand where it occurs, acknowledging the need to embrace cross-county collaboration by the eradication of county boundaries.

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Additional measures are being put in place to support the service:

Measure	Benefit
Advice GP	Support the wider HB operation by increasing GP advice capacity
Introduction of Shift Lead GP	To assist with patient flow and allocation/ direction of available resources
Dedicated nurse response car	To support the OOH position and the existing ART caseload by providing dedicate response for OOH referrals- Catheters, verification of death and availability for palliative care calls are essential roles- with cross-border cooperation
Increase in APP rota	Increase APP by 24 hours over weekend hours
Home working GPs	To supplement the advice GP rota by operating from home at times of acute service pressure / escalation etc.

3.2. Bed Capacity

The process of planning for winter 2018/19 commenced with an analysis of bed demand and capacity outturn positions for winter 2017/18. This was a new approach to identifying the bed gap and allowed the acute and community to focus actions on those initiatives best placed to close this gap.

This methodology has been utilised again with the bed gap has been derived empirically from the actual January to March 2019 position. The gap consists of surge beds plus medical patients on surgical wards plus patients lodging overnight in Accident and Emergency Departments or MIUs. The overall gap equates to 158 beds.

Taking this 158 medical bed deficit opening position, some allowance has been made for what is considered tolerable but largely unavoidable capacity impacts arising from emergency department lodgings and general outlying; both without significant detriment to clinical safety or patient experience. (49 beds have been assumed in the plan to be utilised again this winter).

The analysis then assumes that medical bed closures (mainly reductions in surge beds and outliers) already achieved through improvement actions can be maintained over the winter period. (18 beds have been assumed in the plan to be utilised again this winter)

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Applying this logic, the table below illustrates the opening position and the in-year adjustments that impact either positively or negatively:

2019/20 Winter Gap (Bed Equivalent)	Bronglais Hospital	Glangwili Hospital	Prince Philip Hospital	Withybush Hospital	Health Board
Last Year's Gap	-32	-48	-14	-64	-158
Current Tolerance for ED lodgers	7	10	0	8	25
Current Tolerance for outliers (i.e. no impact on electives)	8	5	1	10	24
Flow Improvements in 2019	1	0	3	14	18
Lost Capacity in 2019	0	-5	0	-16	-21
Further bed closures included in savings plans	-14	-8	-21	0	-43
Total Winter Gap	-30	-46	-31	-48	-155

The adjustments produce a bed deficit of 155 medical beds and applying the impacts of tactical improvements from the actions within this winter plan reduces the deficit to 9.

2018/9 Winter Planning Actions	Bronglais Hospital	Glangwili Hospital	Prince Philip Hospital	Withybush Hospital	Health Board
Total Winter Gap	-18	-26	-14	-15	-73
Corporate Schemes	3	5	3	3	14
Community Flow Improvements	6	5	3	11	25
Acute Flow Improvements	3	9	5	18	35
Acute Bed Capacity	18	27	22	5	72
Total Winter Plan	30	46	33	37	146
Residual Gap	0	0	2	-11	-9

It is proposed that the residual gap of 9 beds is within a reasonable enough level of tolerance that it can be absorbed through the benefit of schemes that have not been assigned a bed capacity improvement, coupled with further efficiency improvement work particularly in Withybush Hospital which shows a predicted 11 bed shortfall. This is an approach adopted in previous years.

4. 2019 /20 Tactical Actions (Appendix A)

The tactical actions aimed at reducing the equivalent bed gap are listed in the winter plan on a page included at Appendix A.

4.1. Targeted Financial Support from Welsh Government

In September 2019 Welsh Government (WG) confirmed the winter funding package to support delivery of health and social care services. In contrast to last year, this year the funding has been allocated to Health Boards and Regional Partnership Boards (RPBs), with RPBs being identified as a key vehicle to support the integrated planning and delivery, as such £17m of the funding package has been allocated across Wales. The West Wales RPB received a total of £2.062m. Plans for the RPB element are required to demonstrate collaborative approaches to ease pressure on the system. These must be informed by integrated, regional planning across health and social care services to support delivery of the Quadruple Aim. They must align with Health Board plans, reflect official guidance issued by Welsh Government and address the following seven themes:

- Optimising cross-organisational and sector working to support resilience
- Urgent primary care/ out of hours resilience
- Preventing unnecessary conveyance and admission to hospital
- Discharge to assess/ recover (D2AR)
Community step down capacity
- An enhanced focus on the respiratory pathway
- An enhanced focus on the frailty pathway

4.2. Recurrent Initiatives

As part of the budget setting process, HDdUHB has allocated £1m recurrent funding to support new or additional initiatives during the winter period and to ensure that these key actions can continue on a sustainable basis.

Previously, any actions have been funded on a non-recurrent basis through the additional winter monies provided by Welsh Government and scaled up over the winter period of October to March and then scaled down again in April. However, the pressures on the unscheduled care system that these actions seek to address, are now present throughout the year and, as such, the initiatives need to form part of our core services.

The recurrent funds of £1m have been allocated to a small number of schemes that will deliver the biggest impact across the acute sites to help alleviate the continued additional pressure on the unscheduled care system. These schemes are:

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- Pharmacy at the Front Door

From January to March 2019 WG provided a small amount of additional funding to undertake a number of pilots to provide pharmacy cover in Emergency Departments (ED). There were a number of benefits demonstrated by these pilots including improved patient flow and preventing harm. Currently within HDdUHB there is limited cover for ED, whilst some ad hoc cover is provided during extreme pressures this funding would provide cover across all 4 sites on a permanent basis, extended weekend opening hours and support the wider roll out of Medicines Transcribing and Electronic Discharge (MTeD)

- Additional Therapy Support

Over the last 2 winters, the acute sites have sought to address the gap in therapy services by utilising locums and/or HDdUHB staff on an ad hoc basis to provide additional support to the EDs to avoid admissions or to the acute wards to facilitate discharge at weekends. Securing this support in this way has been problematic and costly where locums have been able to be secured. This recurrent funding will allow substantive recruitment of additional occupational therapists and physiotherapists across Glangwili, Prince Philip and Withybush Hospitals. These therapist posts will be pivotal in improving care and the reducing the length of stay.

- Home Support Team

This home support service, currently in place across Orthopaedics and General Surgery at Withybush Hospital, bridges the gap between acute and community and reducing the average length of stay, particularly for those having suffered a fractured hip. The proposed scheme is to extend this service across the general medical and stroke wards. The service would operate 7 days a week, providing direct care and support for up to 2 weeks following discharge. This will assist patients to return home in a more timely way which will, in turn, improve flow through the hospital reducing waits for inpatient beds as well as supporting earlier assessment and commencement of treatment. Patient & staff feedback of the existing home support service has been extremely encouraging with several examples of positive patient feedback having been received.

- Acute Coronary Syndrome (ACS) Treat & Repatriate Coordinator

As part of the winter plan in 2018/19, 6 beds were reconfigured at Prince Philip Hospital to provide a treat and repatriate service for ACS cardiac patients from Bronglais and Withybush Hospitals awaiting treatment at Morriston Hospital. The aim of this service is to avoid unnecessary delays whilst awaiting transfer and to facilitate improved patient flow on the acute sites. This service has continued to be provided and to ensure continued delivery of efficient service, a Band 8a ACS Treat & Repatriate ANP/Coordinator is being sought along with some additional medical cover. The ANP element of this role will support the on-going clinical management of patients using this service, whilst the coordinator element will provide leadership and liaison in terms of necessary processes and communication between sites within the Health Board and with Morriston Cardiac Centre. Combined, both elements of the role will build on the successes of the service to date and further reduce length of stay.

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- Glangwili Front Door Support

In order to facilitate patient flow and avoid unnecessary admission or increased length of stay an additional band 3 frailty Support Worker and an additional band 2 Porter are being sought for the Clinical Decisions Unit/Emergency Department at Glangwili Hospital. These posts will be in addition to the current team and allow the services to be delivered over extended hours during weekday evenings and weekends.

4.3. Mental Health Initiatives

As part of the Implementation of Transforming Mental Health, the Community Mental Health Teams and Crisis Resolution Teams will be merged in order to resource Community Mental Health Centres. The aim of which would be to develop a service available 24/7 and reduce the reliance on A & E departments, as there will be alternative provision. This has started in Ceredigion with a view over the next two to three years to roll this out in other areas

A twilight drop in service has been developed in Llanelli and operates from Thursday to Sunday, the impact of this service will be measured and the success of this pilot may lead to further roll out across the health board.

In Pembrokeshire a Mental Health practitioner will be working with 2 GP surgeries to provide advice and support, it is anticipated that this post will reduce reliance on secondary care as well as A&E presentations

The development of a Single Point of Access will also provide an opportunity to sign post people to services more appropriate to meet their needs, rather than attending an A&E department.

4.4. Staff Health & Wellbeing Initiatives

The communications plan, see Appendix C, details actions focused on supporting staff well-being;

- Focused communications around staff flu vaccination;
- New staff well-being poster campaign see being distributed to all acute and community hospital sites
- Video explainers from staff case studies where colleague compassion has helped them. This all complements what we have already started with 'This is me' videos celebrating the diversity of staff and forthcoming staff values videos
- Celebrating staff and create a shared community – i.e. our Christmas and Boxing Day selfies

5. Escalation

5.1. Acute Site Escalation Plans

Comprehensive escalation plans are in place across each of the acute, community and mental health systems and in addition, situation reports (SITREP) for all parts of the system including primary care will be available daily throughout the winter period.

5.2. Ambulance Off Load Policy

In line with the NHS Wales Ambulance Availability Protocol, the Health Board developed an Ambulance Off Load Policy to ensure delivery of safe, effective and dignified care to patients when they arrive by emergency ambulance transport at hospital, to achieve optimal outcomes for patients and also to ensure that ambulance crews are released to respond to other patients in the local community.

In times of escalation, actions will have to be undertaken by Emergency Department (ED) and ward staff that are not part of their normal practice. Patients who are waiting in ambulances are those most at risk, as they require medical investigation and treatment. Therefore, delays at this point can significantly affect the quality and outcome of care. This policy seeks to provide clear procedures in order to minimise the known risks associated with the practice of off-loading ambulances at time of increased capacity. The policy also reinforces the need to maintain good communication with patients and their family/carers throughout the process and ensure safe staffing levels.

6. Performance

The effectiveness of this plan will be monitored through a number of system wide indicators, both in terms of in year trends and comparison with last year:

- Impact on unscheduled care performance standards – 4-hour, 12-hour, 1-hour, ambulance response times
- Cancellations of operations due to bed shortages
- Excess numbers of medical outliers
- Delayed Transfers of Care, medically fit numbers and days lost

The Unscheduled Care Programme have agreed a suite of system wide measures to enable the whole system's unscheduled care performance to be monitored and evaluated.

7. BREXIT (Appendix B)

A review of the impact Brexit may have on the additional winter actions has been undertaken and any consequences fed back to the Brexit task and finish group for consideration and any mitigating actions to be taken, is included at Appendix B.

8. Winter Wise Communication Plan 2019/20 (Appendix C)

The purpose of the Communications Plan is:

- To gain high exposure amongst the general public for key winter health information, focusing on keeping yourself well (flu), choosing the best health service to meet your needs (particularly around community pharmacies), and looking after your vulnerable family and neighbours.
- To build public confidence and improve take up of the flu vaccination.
- To reduce unnecessary attendances at emergency units by diverting appropriate patients elsewhere in the health service.
- To educate and inform the public, via innovative new communications techniques and platforms, about our operational and escalation procedures during times of peak pressure, and to use this awareness to signpost to alternatives (as above).
- To boost staff morale for those working in challenging, busy winter conditions and to give public confidence by issuing positive, proactive stories.

In addition, the UHB will play a part in a national drive to educate and communicate to the public regarding certain issues – this is likely to take the form of national media briefings by spokespeople from across all Health Boards on a rotational basis.

9. 18 Day Operational Plan (Appendix D)

The detailed 18-day operational plan, which includes management arrangements for the bank holidays and weekends amounting to nine days that fall within the period 23rd December 2019 to 12th January 2020, is included at Appendix D.

10. Influenza Vaccination Plan (Appendix E)

The influenza vaccination plan on a page, which has been developed and led by the Director of Public Health, is included at Appendix E.

APPENDICES

INTEGRATED WINTER RESILIENCE PLAN 2019/20

Appendix A – Winter Planning Tactical Actions

Reducing Demand	Managing Demand	Reducing Length of Stay
<p>WAST Development of a non-injured fallers service in partnership with Fire Service & St Johns Ambulance Manchester triage of patients on the ambulance stack Analysis of the Carmarthenshire conveyance rate</p> <p>Primary Care Extended opening hours;</p> <p>OOH Integrated nursing approach with ART teams</p> <p>Community Continue bridging initiatives in Carmarthenshire & Pembrokeshire Crisis response teams offering alternative pathways and virtual ward Establish a COPD pathway to improve self-management Provision of planned weekend day centre</p> <p>Secondary Care Further development of geriatrician review of care home patients project Additional evening 'Hot Clinics' at Glangwili Hospital Improved use of Ambulatory Care Units Clinical Redirection from ED at Withybush Hospital—with primary care, OOHs, community & WAST Pilot project with ANP for long term conditions working across front door & community</p> <p>Public Health Improved vaccination for flu – focused proactive call & recall service across all 7 primary care clusters Focused campaign for 'super spreaders' 2/3 year olds & partnership working with community midwives to improve vaccination rates</p> <p>Mental Health Developing 24/7 CMHT/CRHTT Llanelli drop in centre – twilight service Thursday to Sunday</p>	<p>WAST HALO for Glangwili & Withybush Hospitals Management of WAST stack by HALO/APPs</p> <p>Community Commission additional step down / care home beds New leadership model for community beds in Pembrokeshire</p> <p>Secondary Care Pharmacy at the 'front door' & extended weekend opening Introduction of Pitstop model into ED at Withybush Additional A&E staff to cover peaks in demand Proposed MIU opening times 24/7 at Glangwili Extension British Red Cross 'Home from Hospital' Exploration of Hospital @ night model in Glangwili Daily frailty / hot clinics to support frailty assessment teams at the front door Scheduling of GP patients to AEC - avoiding batching Dedicated co-ordinator for ACS patients and 'treat & repatriate service'</p> <p>Mental Health Escalation protocol for admitted patients Liaison teams working in partnership with front door</p> <p>Public Health Focus on long stay patients & outpatients to improve flu vaccination rates Provide in house flu testing at all acute sites</p> <p>Enhancing Operational Grip Development of on-line SITREP reporting and on call arrangements Robust on-call management - doubling up on call/senior support/management lead for the day Establish Control centre with named manager of the day - WAST manager to attend during periods of high escalation Director of Operations acting as Executive on-call & chairing daily conference calls during Jan 2020</p>	<p>Community Implement D2AR pathways & commission D2AR care home placements Purchase additional community equipment & To lease additional vehicle and appoint driver to ensure that equipment is delivered Dedicated social worker for Bronglais Hospital & cross border discharges Appointment of 3rd sector co-ordinators to support complex discharge planning in Carmarthenshire Additional weekend working for 'front door' turnaround team in Withybush Hospital Additional flow co-ordinators for community hospital beds in Pembrokeshire Integrated working with housing department in Carmarthenshire to reduce delays in discharge Implement Care & Repair in Withybush Hospital</p> <p>Secondary Care Extend 'home support team' to work across general medical & stroke beds in Withybush Hospital Additional weekend capacity to support 7 days working; medical, therapy, pharmacy & support staff, discharge vehicle Additional echocardiography clinics / support Additional frailty support worker on CDU in Glangwili Extended discharge lounge opening times 'Perfect week' – 4 & 2 weeks prior to and 2 weeks post-Christmas Intensive review of stranded patients Extension of 'care & repair' service to Pembrokeshire</p> <p>Improving Patient Experience Safer staffing extra nursing hours in ACU/ED Delivery of respite & palliative care services in the community by 3rd sector Proactive messaging for respiratory patients Porth Gofal - extending opening hours to evenings and weekends Utilise existing services to also transport drugs and prescriptions where known gaps in provision</p>

INTEGRATED WINTER RESILIENCE PLAN 2019/20

Appendix B – Brexit Considerations

Winter Initiative		Initiator	Brexit Impact (Y/N)	Impact Details	SRO
4	Bridging initiatives Carmarthenshire & Pembrokeshire	Community	Y	Potential cost impact for staff if petrol prices increase – this may make it more difficult to recruit and retain unless the mileage rates are adjusted.	Rhian Dawson Elaine Lorton
5	Crisis response teams offering alternative pathways & virtual	Community	Y	Potential cost impact for staff if petrol prices increase – this may make it more difficult to recruit and retain unless the mileage rates are adjusted.	Rhian Dawson
12	Developing 24/7 CMHT/CRHTT	MH&LD	Y	Possible increased number of referrals e.g. Farming community	Liz Carroll
15	Community step down/care home beds	Community	Y	Instability in the care home sector may reduce capacity – not all BREXIT related	Peter Skitt
16	Additional community nursing & ART resource in Ceredigion	Community	Y	Potential cost impact for staff if petrol prices increase – this may make it more difficult to recruit and retain unless the mileage rates are adjusted. Some staff utilise pool cars therefore risk to individual is reduced but the cost is transferred to the HB.	County Directors
20	Additional A&E staff to cover peaks in demand	Acute	Y	Potential cost impact for staff if petrol prices increase Lack of availability of agency staff.	
28	In house flu testing	Public Health	Y		Public Health
35	Implement D2AR pathways & commission D2AR care home placements	Community	Y	Instability in the care home sector may reduce capacity – not all BREXIT related	County Directors
36	Community equipment	Community	Y	Critical lines and non stock has been reviewed – limited short to medium term impact – potential for long term impact depending on suppliers	County Directors
38	Dedicated social worker at Bronglais	Community	Y	Potential cost impact for staff if petrol prices increase – this may make it more difficult to recruit and retain	Peter Skitt
39	Third sector co-ordinators – discharge planning	Community	Y	Potential cost impact for staff if petrol prices increase – this may make it more difficult to recruit and retain	County Directors
43	Additional home support team to work across acute beds in Wthybush Hospital	Acute	Y	Potential cost impact for staff if petrol prices increase – this may make it more difficult to recruit and retain	Janice Cole-Williams
44	Additional weekend capacity to support discharges – medical, therapy, facilities staff	Acute	Y	Potential cost impact for staff if petrol prices increase Lack of availability of agency staff.	General Managers
52	Phased implementation of Nurse Staffing Act	Acute	Y	Potential cost impact for staff if petrol prices increase – this may make it more difficult to recruit	General Managers
53	Dedicated co-ordinator for ACS patients and ‘treat & repatriate’ service	Acute	Y	Potential cost impact for staff if petrol prices increase – this may make it more difficult to recruit	Brett Denning
54	Delivery of respite and palliative care in community by 3 rd sector	Community	Y	Potential cost impact for staff if petrol prices increase – this may make it more difficult to recruit and retain unless the mileage rates are adjusted.	County Directors

INTEGRATED WINTER RESILIENCE PLAN 2019/20

Appendix C – Winter Wise Communications Plan

Winter Wise Communications Plan		
Reducing Demand	Managing Demand	Enhancing Operational Grip
<p>Choose Well – signposting to on-line Directory of Services</p> <p>Working closely with Flu Communications Lead and Public Health Wales Team colleagues to ensure a robust and consistent approach to reducing winter pressures through promotion of the seasonal flu vaccination campaign for healthcare staff and eligible population groups</p> <p>Social media themed campaigns;</p> <ul style="list-style-type: none"> • Frailty & Falls. Highlighting the importance of looking after vulnerable relatives and neighbours and ensuring they don't have to come to A&E • Minor Injuries Units. Tenby, Cardigan, Llandovery – what they can do for people living in respective communities • Respiratory conditions. The importance of not letting a cough or cold get worse and develop into an infection / acute admission <p>Winter wise themed articles to be distributed on social media (Twitter, Facebook) through October-February</p> <p>Utilising Teulu Jones animation – encouraging use of Pharmacy Walk-in Centre & explaining Triage and Treat</p>	<p>Winter Wise branding on all Health Board owned digital screens and Primary Care commissioned services</p> <p>Flu articles to be distributed on social media, at least one article targeted at each eligible group (pregnant women, chronic conditions, carers, frontline NHS staff)</p> <p>Targeted social media campaign: Hospital flow and clinical prioritisation of patients to manage expectations</p> <p>Proactive pre-Christmas message via social media; if you're feeling unwell or have a non-urgent but longer term medical complaint, book in to see your GP now – don't leave it too late</p>	<p>Significant Met Office hazard warnings to be published to staff through Intranet and global email as appropriate, and if site specific, on our Internet and social media. Reactive Comms desk signed up to receive alerts</p> <p>Winter wise themed articles to be distributed internally (staff newsletter, global email), externally (media releases, owned newsletters)</p> <p>Supportive and encouraging global emails for staff pre-winter period and encourage sharing of messages</p> <p>Distribution of staff wellbeing checklists at acute sites and via county teams including Interview with Simon Clothier, community staff nurse on staff wellbeing</p> <p>Selfies/photos of winter heroes who work 24/7 to keep us well – promoted internally and externally through usual channels</p> <p>Staff Christmas Day/New Year's Day selfies & staff delivering Christmas Day and New Year's Day babies</p>
	Improving Patient Experience	
	<p>Updating links to useful existing web pages - NHS Direct Wales, Choose Well, Seasonal Flu pages, Hospital contact details, Primary care opening hours, weather warnings) and any emerging news (ward closures, visiting restrictions, postponed operations etc.)</p> <p>Publish videos showcasing staff at work during times of peak pressure and appealing to the public to choose well.</p>	

INTEGRATED WINTER RESILIENCE PLAN 2019/20

Appendix D – 18 Day Operational Plan

23rd to 29th December	30th December to 5th January	6th to 12th January
Additional community nursing & acute response team (ART) resources	Additional community nursing & acute response team (ART) resources	Additional community nursing & acute response team (ART) resources
Extended MIU opening hours	Extended MIU opening hours	
Additional GP & A&E Consultant cover on shop floor on bank holidays	Additional GP & A&E Consultant cover on shop floor on bank holidays	
Spot purchase additional step down beds	Spot purchase additional step down beds	Spot purchase additional step down beds
Additional support to improve discharge profile weekend and bank holidays	Additional support to improve discharge profile weekend and bank holidays	Additional support to improve discharge profile weekend and bank holidays
Pharmacy at the 'front door' & extended weekend opening	Pharmacy at the 'front door' & extended weekend opening	Pharmacy at the 'front door' & extended weekend opening
Dedicated co-ordinator for ACS patients at Prince Philip to ensure improve transfer times	Dedicated co-ordinator for ACS patients at Prince Philip to ensure improve transfer times	Dedicated co-ordinator for ACS patients at Prince Philip to ensure improve transfer times
Intensive review of stranded patients, improving discharge profile		Intensive review of stranded patients, improving discharge profile
Perfect week - focused actions related to improving social care discharge profile (GGH & WGH)		Perfect week - focused actions related to improving social care discharge profile (GGH & WGH)
Extension British Red Cross 'Home from Hospital'	Extension British Red Cross 'Home from Hospital'	Extension British Red Cross 'Home from Hospital'
	Release Senior Manager capacity - cancellation of all non-essential meetings (until 18th January), focusing support to acute sites	Release Senior Manager capacity - cancellation of all non-essential meetings (until 18th January), focusing support to acute sites
Robust staffing rotas - nursing & medical staff (annual leave management)	Robust staffing rotas - nursing & medical staff (annual leave management)	Robust staffing rotas - nursing & medical staff (annual leave management)
Management of WAST stack by HALO/APPs	Management of WAST stack by HALO/APPs	Management of WAST stack by HALO/APPs
Enhanced on-call rota - doubling up of on call managers at peak demand, ensuring strong operational experience	Enhanced on-call rota - doubling up of on call managers at peak demand, ensuring strong operational experience	Enhanced on-call rota - doubling up of on call managers at peak demand, ensuring strong operational experience
	Director of Operations - Executive on-call for first 2 weeks of January & chairing daily conference calls, providing consistent support to site teams	Director of Operations - Executive on-call for first 2 weeks of January & chairing daily conference calls, providing consistent support to site teams

Appendix E - Influenza Vaccination Plan



Hywel Dda University Health Board Influenza Vaccination Improvement Plan 2019/20

