Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 November 2021
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Integrated Winter Resilience Plan 2021-22
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)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper provides the Board with a progress update on Hywel Dda University Health Board's (HDdUHB) winter planning processes in place for 2021/22. 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.

Cefndir / Background

Previously funding for winter has been short term, resulting in difficulty in delivering impactful actions due to the inability to recruit on a temporary or short term basis and delays in funding being provided. This year, a series of funding streams have been announced to support the accelerated delivery of schemes to deliver change across the Urgent and Emergency Care system (UEC);

In March 2021, Welsh Government (WG) announced £25M recurrent revenue fund, UEC Transformation Fund, to enable accelerated delivery of a small number of key deliverables across the whole system related to the 6 UEC policy goals:
Urgent Primary Care (UPC) awarded £1.14M funding

- Same Day Emergency Care (SDEC) awaiting final confirmation of funding from WG
- 111 First awaiting final confirmation of funding from WG

At the same time, WG also announced an extension of the Transformation Fund in light of the impact of COVID-19 and specifically announced £6M to assist with the scaling of hospital to home models. West Wales Care Partnership was awarded £774,000 as part of this fund for the financial year ending 31st March 2022.

In October 2021, WG published the Health and Social Care Winter Plan for 2021-22. In a subsequent letter, 26th October 2021, WG confirmed to the West Wales Regional Partnership Board (RPB) funding of £1.253M to assist in the delivery of this winter plan at a regional level.

This funding is available to use with immediate effect between now and 31st March 2022. The allocation will be delivered through an uplift via the ICF funding mechanism and the Health Board will hold the money on behalf of the RPB, but investment and management of this funding will be led by the RPB.

Asesiad / Assessment

The following priorities and supporting actions are identified within the WG Health and Social Care Winter Plan:

Priority	Supporting Actions
Protecting from COVID-19	COVID-19 vaccinations and booster programme
	Active infection prevention and control across health and care settings
Keeping people well	Influenza vaccination programme
	Identifying and managing respiratory diseases
	Integrated working to keep people well at home or return home from hospital to continue their recovery
Maintaining our health and social care services	Supporting resilience of primary care under pressure and availability of services
	Responding to the forecasted higher rates of respiratory illness anticipated this autumn and winter
	Maintaining planned care on a risk assessed and prioritised basis, with appropriate support for people as they wait for planned treatment
	Providing urgent and emergency care in accordance with the 6 national goals
	Ensuring we have sufficient acute and hospital critical care beds
	Implementation of Cold Weather Resilience Plan to support vulnerable and low-income householders at risk of avoidable ill health due to living in a cold home
	Continuation of Adult Social Care Hardship Fund
	Updated guidance to support care homes and domiciliary care providers and actions to support resilience of both
	Attraction and retention activity for the care sector
Keeping everyone informed	Continuation of the Keep Wales Safe campaign encouraging behaviours that will stop further spread and harm from Covid-19
	Acceleration of the Help Us Help You campaign promoting appropriate access to NHS services
	Use of a range of communications channels to signpost people to support and offer ideas to encourage lifestyle changes
Working together across Wales	Continued collaborative working across health and social care to manage and mitigate system pressures

Implications for the Partnership
To support collaborative working, RPBs will be required to collate a single plan for the integrated health and social care response to seasonal pressures this year, in the context of wider partnership working on longer-term transformation. This should reflect actions already underway in support of the national aims listed above and the 6 UEC policy goals.

Current West Wales position
The system risks that are currently being managed with mitigating actions, working in partnership across the UEC system, were presented to the Board seminar in October 2021. The risks and associated actions are centred around key themes:

Theme	Risk	Mitigating Actions
Conveyance	• Inability to provide appropriate response to calls in the community • Significant number of ambulance delays outside of emergency departments (ED) • Limited and inconsistent number of alternative pathways for Welsh Ambulance Service NHS Trust (WAST) colleagues to avoid unnecessary conveyance	• Commissioning a 'sitting & monitoring' service via Delta Wellbeing to avoid unnecessary conveyance & front door turnaround • Implementation of Physician Triage Assessment and Streaming (PTAS) reviewing calls on the WAST stack to provide alternatives to conveyance and admission
Capacity	• Reduction in Primary Care capacity resulting in increased demand in secondary care • Shortfalls in domiciliary care capacity impacting on the ability to discharge from acute inpatient beds and increasing length of stay • Inability to fully utilise community bedded capacity impacting on patient flow from acute sites and direct admissions from the community	• UPC funding secured to provide additional resources to practices / clusters and practices / clusters are implementing these workforce plans • Rapid development of additional home based bridging care to provide bridging to all patients awaiting domiciliary care until March 2022 • Ongoing review and adjustment of 'Front Door' models for example relocation of Withybush SDEC to release ED space and improving senior decision maker coverage to maximise same day discharge opportunities • Opening of additional community hospital bedded capacity and block purchase of independent sector care home beds
Workforce	• Critical shortage in workforce capability and capacity across health and social care; • Large number of workforce deficit and an inability to fill shift deficits with bank and agency staff • Increasing non-COVID sickness rates	• Enhanced rates of pay for difficult to fill areas in health and enhanced rates of pay for Local Authority (LA) staff • Workforce & OD targeted support for ED teams • Deployment of staff with key skills to support higher acuity respiratory care • Additional medical support of front door (availability allowing) • Recruitment of Administrative & Clerical staff to support nurses on the wards and release nursing capacity • Discussing with LA colleagues introducing sickness management as per Health Board policy.

An abridged and updated version of the Board Seminar slides is available at Appendix 1.

Next steps
In view of the requirement for RPBs to produce a single winter plan, it is proposed that, using the broad structure adopted for the 2020-21 plan, a composite plan on a page is developed which highlights activity underway and outcomes identified in relation to this activity and associated funding. At this point, it is not envisaged that any additional funding will be sought by the Health Board, as any anticipated actions are being funded through the recovery monies and the schemes outlined above.

The plan will be framed around the national priorities identified within the draft national plan. It would be concise and high level and include links to more detailed plans that are already in place. The latest draft plan is available at Appendix 2.

Discussion will be held with partners via the monthly winter plan monitoring group to rationalise activities requiring additional funding; agreement of those funded activities will be through the regional Health and Social Care Tactical Group and the RPB will submit the Integrated Plan to WG by the deadline of 25th November 2021.

Argymhelliad / Recommendation

The Board is asked to:

- Take assurance from the progress made in regard to preparations for Winter 2021/22

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk no 889 (score 12 - high) Delivery of QTR 2 operating plan - Delayed discharges.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5. Timely Care 3.1 Safe and Clinically Effective Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	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:	Welsh Government Winter Planning directives
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Winter Planning Steering Group Health and Social Care Tactical Group Integrated Executive Team/ Regional Partnership Board

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	All accounted through funding streams outlined above
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Robust winter plans ensure patient care continues to be provided throughout the winter period.
Gweithlu: **Workforce:**	Not Applicable
Risg: **Risk:**	Not Applicable
Cyfreithiol: **Legal:**	Not Applicable
Enw Da: **Reputational:**	There could be significant reputational risks for HDdUHB and partners in the event of major incident.
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	The Integrated Winter Plan reflect the needs of the population.

Winter Preparedness

6 UEC Policy Goals

SIX POLICY GOALS FOR URGENT AND EMERGENCY CARE

Right Care, Right Place, First Time…….at Home, Not Hospital

Corporate Risk

- There is a risk there will be disruption to the delivery of our Recovery Plans. This is caused by increasing fragility within the urgent and emergency care (UEC) system, the impact of COVID-19 on available bed and staffing resources and delays in discharges that are beyond the remit of the Health Board. This could lead to an impact/affect on the quality of care provided to patients, significant clinical deterioration, delays in care and poorer outcomes, increased incidents of a serious nature relating to ambulance handover delays at the front door and delayed ambulance response to community emergency calls, increasing pressure of adverse publicity/reduction in stakeholder confidence and increased scrutiny from regulators.
- **Rationale for current risk score**; While case incidence of COVID-19 has regressed and its direct impact on acute care reduced, the level of risk escalation remains. The indirect impact of COVID-19 has resulted in increasing levels of frailty in the community and consequent demand on our 'front door'. As a consequence we continue therefore to have reduced availability of beds across acute sectors. This has reduced staffed bed availability across both sectors and has led to increasing delays in the discharge pathway and increasing delays for patients accessing unscheduled care services due to reduced capacity at ED departments. The situation remains fluid and changeable.

Risk Number 1027

Risk Rating:(Likelihood x Impact)	
Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	3×4=12
Tolerable Risk:	6
Trend:	

UEC System Risks and Mitigation

UEC Policy Goals

Risk	Mitigation
The public are not accessing the right level of care at the right place which is increasing demand at critical points within the UEC system for example Emergency Departments, Ambulance Services etc	Working with Communications & Engagement colleagues to highlight system pressures with the public and confirm how they can access the right level of care at the right time

Care at or Closer to Home
UEC Policy Goals 1, 2 & 3

Risk	Mitigation
Reduction in Primary Care capacity due to staff shortages, difficulties in securing locum cover, gaps in routine service cover resulting in increased demand in secondary care as the 'provider of last resort'	1.Bid submitted to reset programme to provide urgent dental access 2. Funding secured to provide additional resources to practices / clusters as part of the Urgent Primary Care Programme
Inability to fully utilise community bedded capacity impacting on patient flow from the acute sites and direct admissions from primary care.	1. Review role of community hospital admissions in extremis 2.Increase bedded capacity at Amman Valley Hospital by 8 beds (Carms) 3. Opening of step down capacity at Llys Y Bryn (Carms) 4.Block purchase independent sector care home void beds (regional)

Rapid Response in a Crisis
UEC Policy Goal 4

Risk	Mitigation
Significant number of ambulance delays outside of emergency departments impacting on the ability to respond to calls in the community	1.Review all opportunities to enhance community bed capacity and the actions required to operationalise these 2.Implementation of of Physician Triage Assessment and Streaming (PTAS) reviewing calls on the WAST stack to provide alternative pathway
Limited and inconsistent number of alternative pathways for Welsh Ambulance Services NHS Trust (WAST) colleagues to avoid unnecessary conveyance to hospital and admission which is adding to the front door demand and pressures	Working group established to review and update all current primary, secondary, community & crisis pathways currently available to WAST colleagues to provide clear and consistent pathways across the region

Time Spent in Hospital
UEC Policy Goals 5 & 6

Risk	Mitigation
Critical shortage in workforce capability and capacity. Large number of nursing workforce deficits (approx. 25%) and an inability to fill shift deficits with bank and agency staff (approx. 30%)impacting on patient flow, patient safety and staff morale	1. Enhanced rates of pay for difficult to fill areas extended 2.Recruitment of Administrative & Clerical staff to support nurses on the wards and release nursing capacity 3. Explore the use of staff assigned to Vaccination Centres (cognisant of commencement of booster rollout) 4. Agree broader workforce strategy to support recruitment & retention of staff
Increasing non-COVID sickness rates (combined sickness rate 8.1%) impacting on ability to provide safe staffing numbers for shifts, remaining staff are tired and demoralised and reluctant to take on additional shifts	

UEC System Risks and Mitigation

UEC Policy Goals

Care at or Closer to Home
UEC Policy Goals 1, 2 & 3

Shortfalls in domiciliary care capacity impacting on the ability to discharge home from acute hospital sites impacting on long waits for ambulances, patient flow and increased lengths of stay	Rapid development of additional home based bridging care to provide bridging to all patients awaiting domiciliary care until March 2022; • temporary placement in residential care home voids • local recruitment campaign and enhanced pay rates to Local Authority (LA) staff • review incentives to unpaid carers • ensure current packages are 'right sized' for maximum efficiency
Care homes being placed in exclusion with one positive COVID-19 case impacting on the ability to discharge home from acute hospital sites to new or existing care home placements resulting in increased lengths of stay impacting on patient flow and risks of acquiring hospital based infections	'Integrated Executive Group' are communicating with Welsh Government to outline the challenges associated with care home guidance which compromise transfer out of acute hospital.

Rapid Response in a Crisis
UEC Policy Goal 4

Workforce deficit across health and social care community care capacity preventing implementation of care at home in crisis	1. Discussing with LA colleagues introducing sickness management as per Health Board policy. 2. Work with LAs to enhance existing care capacity to provide a response during extremis
Increasing difficulty to access equipment to provide care at home for admission prevention and supporting discharge	1. To work proactively to keep people as independent as possible at home and in hospital e.g. avoid deconditioning 2.Working with partners agencies e.g. British Red Cross for access to equipment where we are unable to provide. 3. Ensuring equipment is provided proportionately to efficiently deploy available capacity
Conveying low risk frail elderly people to the front door of acute hospitals and lack of available WAST transport	Commissioning a 'sitting & monitoring' service via Delta Wellbeing to avoid unnecessary conveyance & front door turnaround

Time Spent in Hospital
UEC Policy Goals 5 & 6

Patients and carers/relatives expectations of support that should/may be available on discharge is not aligned to Welsh Government discharge requirements during the COVID-19 period, resulting in staff having difficult conversations and difficulties in timely discharges	Changing the way we communicate and set expectation surrounding provision of care to facilitate discharge; • ensuring that literature and conversations provide realistic picture of optimum stay (72 hours) and options available following discharge • ensuring a regional consistent message
Domiciliary Social Care fragility impacting on efficient transfer from hospital as according to Discharge to recover & Assess D2RA standards.	Working with LAs to develop collaborative Enhanced Bridging Service (see actions left)

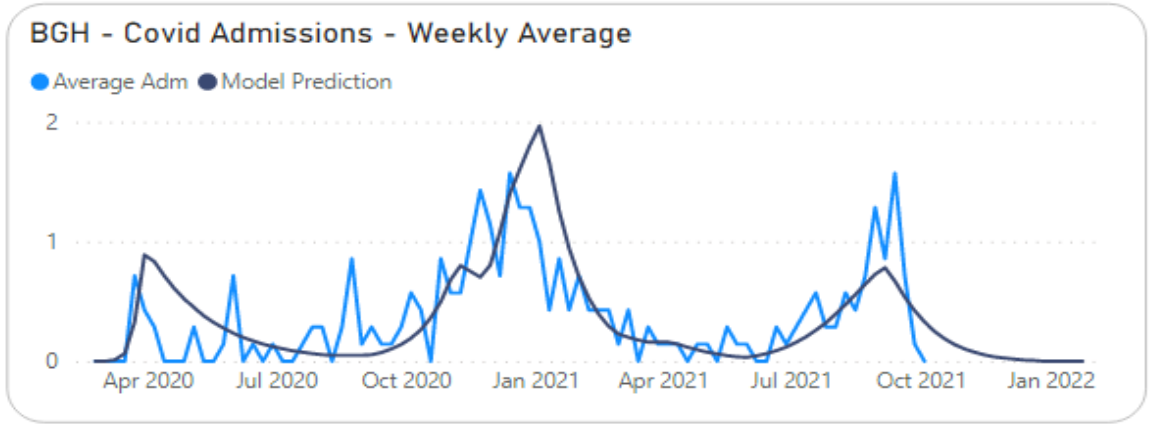
UEC Demand Challenges

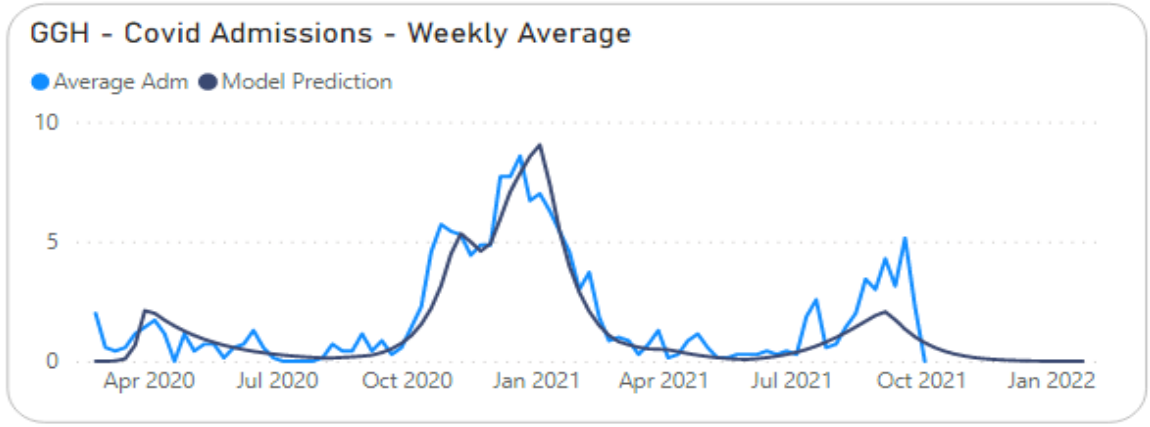
COVID Modelling

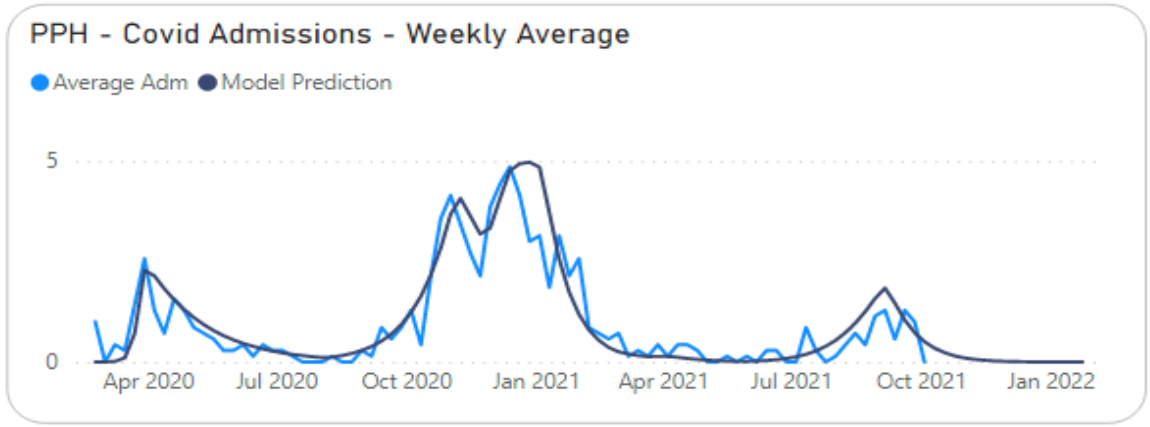
Scenario Name

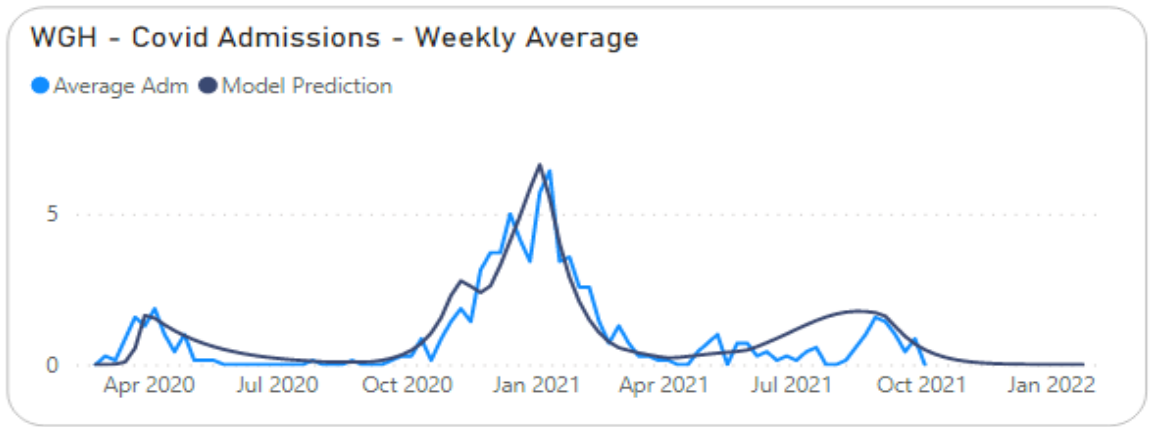
Scenario 28 - SEIR Reasonable Worse Case (Vaccinations 50% Eff)

01/01/2020 26/01/2022









Mitigating Actions

UEC Model

Target Areas of Improvement – the '3Cs'

Conveyance and Self Presentation Reduction	**Conversion** Rates	**Complexity** (Frailty Management) **Capitalise** on optimising discharge for 'non frail' and discharges < 72 hours
Contact First / Urgent Care Component		
Clinical Streaming Hub (As part of Contact First offer) PTAS Urgent Primary Care 'eyes on assessment (GP Led)	Same Day Emergency Care (SDEC) (including Comprehensive Frailty Assessment) Urgent Primary Care	Good Hospital Care for the 'non frail' Frailty Clinic (Including Comprehensive Geriatric Assessment) Urgent Primary Care
Descriptor		
GMS to meet their current unmet need Clinical streaming pre-hospital	Enhancing acute and community SDEC to provide alternative to admission	Improving patient flow through implementing SAFER patient bundle, Discharge to Recover & Assess Pathways (D2RA)
Progress to Date		
PTAS - commenced September 2021 with reduced number of sessions due to IT issues Clinical Streaming Hub – delayed until Q4 due to 111 demand issues and 111 rollout	SDEC – continuing at risk until funding confirmed UPC – Practices/Clusters developing their models	D2RA & SAFER patient bundle – work ongoing
Risks To Delivery		
Sufficient levels of recruitment of GPs to provide effective and guaranteed 24/7 roster for the Contact First 'clinical hub' Resistance to change/public and staff There is an interdependency on the national roll out of Contact First and local 'go live'	Clinical Leadership across our Urgent Emergency Care pathway Workforce challenges Resistance to change/public and staff Any future Covid-19 wave may impact ability to use space identified for SDEC	Care pathways not integrated; poor service planning and resource allocation

Mitigating Actions

Additional Bed Based Capacity & Conveyance Avoidance/Front Door Turnaround

- Review of the role of the community hospital admissions in extremis
- Increasing Amman Valley Hospital to 8 beds
- Opening of step down capacity at Llys y Bryn (up to 14 beds commencing with 8 beds)
- Reviewing options to re-open capacity in Ysbyty Selwyn Samuel
- Block purchase of independent sector care home void beds to support D2RA
- Spot purchase Care Home beds to support D2RA
- Reviewing all current primary, secondary, community & crisis pathways currently available to WAST colleagues
- Extending of enhanced rates of pay for difficult to fill areas in health and also enhanced rates for LA staff
- Workforce review of staff able to support additional bed capacity – corporate staff, vaccination staff etc
- Working with third sector partners e.g. British Red Cross to facilitate additional discharges and provide access to equipment
- Review of discharge leaflets to ensure realistic expectations are set upon admission
- Commissioning a ‘sitting & monitoring’ service via Delta Wellbeing to avoid unnecessary conveyance & front door turnaround

Mitigating Actions

Additional Acute Hospital Initiatives

Capacity:

- Limited surge opportunities due to staffing deficits
- Frequent use of 'Minors' areas to accommodate 'Majors' demand
- Management of patients @ ED nursing bay to mitigate handover delays
- Cessation of elective pathways to enable release of beds to support emergency flow
- Minor works GGH ED to improve patient dignity and safe observation of patients
- Ongoing review and adjustment of 'Front Door' models (eg relocation of WGH SDEC to release ED space and improve senior decision maker coverage to maximise same day discharge opportunities)

Staffing:

- Additional medical support of front door (availability allowing)
- Deployment of staff with key skills to support higher acuity respiratory care
- Workforce & OD targeted support for ED teams

Flow:

- Extension of BRC Twilight Service to support patient discharge
- Review of H@N model to enhance all specialty medical support to EDs

West Wales Integrated Winter Plan

Keeping People Well

Flu Vaccinations

Public Messaging & Directory of Service

Harm from COVID itself

- COVID vaccination and booster program
- IPC measures
- Daily monitoring of COVID infection and admission rates

Harm from overwhelmed NHS & Social Care System

- Transformation scaling fund – focused on D2RA Plans\TSF_West Wales Q2.xlsx
- UEC model SDEC / 111 First / PTAS/ UPC Plans\Bus case HD UPCHUB V11 Final Submission WG.pdf
- Enhanced bridging services until March 2022 plus local recruitment campaigns
- Additional bedded capacity – block purchase, Field Hospital etc
- Daily monitoring of RSV capacity – critical care & acute capacity
- Review of current alternative pathways to admission

Harm from reduced non COVID activity

- Planned Care recovery plan
- Primary Care recovery plan

Harm from wider social actions / lockdown etc

- Working with partners agencies e.g. British Red Cross
- Working proactively to keep people as independent as possible

Harm from new or existing inequalities either directly or indirectly from COVID-19

- Chronic conditions work/ telehealth Plans\TEC Project update 270921.pptx