Meeting Date	**22nd October 2018**	**Agenda Item**	**3c.**
Report Title	**Planning for Winter 2018/2019**		
Report Author	Jan Thomas, Assistant Chief Operating Officer		
Report Sponsor	Chris White, Chief Operating Officer		
Presented by	Chris White, Chief Operating Officer		
Freedom of Information	Open		
Purpose of the Report	This paper outlines the Health Board's approach to the development of the winter planning arrangements for 2018/19.		
Key Issues	The provision of a winter plan is one element of the wider planning process to deliver a safe, sustainable and effective unscheduled care system. A number of proposals have been developed to improve resilience across the Unscheduled care system during the winter period. The conclusion of the multi agency winter planning process in September has informed the completion of the Health Board's winter plan.		

Specific Action Required ***(please ✓one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	√			
Recommendations	The Performance and Finance Committee is requested to note the winter plan.			

ABMU Health Board
Planning for Winter 2018/2019

1. Introduction

This paper outlines the Health Board's approach to the development of the winter planning arrangements for 2018/19.

It is now widely recognised that Unscheduled Care pressures are experienced all year round, and that winter planning is one part of the wider planning process to develop all year round sustainable models of care to improve patient flow and patient experience. However, the winter months do present additional challenges, which the wider unscheduled care system needs to plan for, to improve resilience to respond to the anticipated increased pressures over the winter period.

2. Winter planning process 2018/19

The approach taken to date to develop the winter plan for 2018/19 is outlined as follows:

2.1 An evaluation of the winter plan for 2017/18 was undertaken on a lessons learnt basis, and this information was shared with WG colleagues in February and April 2018. Additionally, separate feedback was also provided to Welsh Government colleagues on the impact of the Breaking the Cycle approach that was implemented across the Health Board in early January 2018, as this was an approach that was promoted and encouraged by WG as part of the learning from the winter of 2016/17.

2.2 ABMU Health Board had good representation at the National Winter planning event arranged by Welsh Government on 1st May 2018, and the ABMU team also included representatives from WAST and the three Local authorities. This event was positively received in that it:

- provided opportunities to share learning from organisations across Wales,
- provided time for the ABMU HB team to discuss and reflect upon the learning from our winter plans, to inform the development of plans for 18/19,
- reinforced the need for a system wide approach to managing the additional seasonal pressures which the winter months bring,
- reinforced the need to move away from pilots and to focus on a smaller number of priorities that increase resilience across the system all year round, and not only for the winter months.

2.3 As a result of the learning from 2017/18, the Health Board has supported the development of front-door frailty models that were introduced at Singleton and Princess of Wales Hospitals during the last winter period. These models are now being implemented on a sustainable basis. Further service change projects being progressed ahead of the next winter period include:

- A COPD early discharge scheme which will support the discharge of respiratory patients from Morriston and Singleton Hospitals into the community.

- Further implementation of SAFER flow bundles across all hospital sites.
- Ongoing remodelling and enhancement of frailty services across the Health board.

2.4 The increased prevalence of influenza in our communities in the 2017/18 winter, and the snow/ adverse weather experienced at the beginning of March, both had a significant impact on the resilience of our unscheduled care system. Consequently, separate de-briefing sessions have taken place on the Health Board's flu plan and the adverse weather plan. Lessons learnt from both sessions are being incorporated into the development of our winter plans for 2018/19.

2.5 The Health Board's winter planning group is chaired by the Chief Operating Officer, and is a multi agency group, which includes representation from Western Bay and WAST, and the Health Board's emergency planning officer. The first winter planning meeting to start to consider the arrangements for 2018/19 was held on 19th June. Additionally, service delivery units have also initiated their own winter planning meeting arrangements to progress plans to respond to the anticipated winter pressures.

2.6 Winter planning arrangements and the approach to the development of the plan for 2018/19 have also been discussed and agreed at the Unscheduled Care Board meetings in June, July, and August 2018.

2.7 The following areas have already been highlighted as having the potential to increase system wide resilience and will be developed as part of our winter plan for 2018/19:

i. The ongoing implementation and development of models of care in our frailty services together with increased capacity to support more timely patient discharge for the frail older person. Learning from within our own Health Board and from other organisations, has demonstrated that these models have resulted in improved patient flow, patient access and patient outcomes. This includes reviewing our therapy and reablement resources to support admission avoidance and more timely discharge.
ii. The Bevan exemplar pilot implemented between WAST and our acute clinical response teams in the winter months, evidenced a reduction in the conveyance of frail older people to hospital. The pilot demonstrated the potential to make a significant impact on reducing demands on our hospital system through earlier intervention, and by supporting this group of people at home, with the right care, at the right time by an appropriate care professional. Constraints on the capacity within the Acute clinical response team affected their ability to support additional numbers of patients during the pilot, and will be considered by the Primary and Community services delivery unit as part of the wider service redesign proposals.
iii. The learning from the Breaking the Cycle approach will also be incorporated into our winter plans for 2018/19, with a key focus on maintaining patient safety and patient flow using the SAFER bundle approach. The Health Board has been working with the Delivery Unit on the implementation of the Safety Huddle approach over the summer months which will compliment and enhance the SAFER bundle model of care and support improved 'operational grip'.
iv. It is intended to repeat the Breaking the Cycle approach in the early part of January 2019.
v. To reduce the risks associated with domiciliary care providers over the winter period, our plan for 2018/19 and beyond, includes exploring the development of

models of care to provide more resilience within this sector, including opportunities to increase the support of the Third sector.

vi. Our plans for 2018/19 will reflect the benefits associated with implementing Gold Command and the multi-agency response implemented at times to deal with exceptional pressures in the winter of 2017/18, alongside a review our escalation processes across primary and community and local authority services to provide earlier warnings and responses to changes in demand.

vii. ICNet enabled earlier access to flu test results which informed quicker actions to be taken, and aided patient flow.

viii. Greater involvement of Public Health colleagues in anticipating changes in demand.

ix. A wider communications strategy for the public on navigating the unscheduled care system and managing patient expectations ahead of the winter period.

x. Improved operational processes and communication, particularly where patients are transferred between statutory organisations to reduce patient transfer times.

xi. Continued development of pathways and services that improve the management of patients in the 'Big 5' category, namely falls, respiratory, cardiac mental health and health care professional calls.

xii. Joint work between ABMU and Hywel Dda Health Boards has commenced to review capacity, demand and solutions to manage the ongoing growth for cardiology services within Morriston Hospital.

xiii. Planning for the provision of additional short term bed capacity above our baseline bed compliment to manage the predicted change in the demand for inpatient services over the winter months.

2.8 The Health Board's RTT delivery plans factor in the need to maximise efficiency from our core capacity, and also recognise the potential impact of winter pressures on elective activity. Our previous winter plans have included plans to mitigate the impact of winter pressures on elective activity, and as a result the Health Board has been able to evidence a year on year reduction in elective cancellations as a result of bed pressures over the winter months. However, our RTT delivery plans for 2018/19 also include bringing forward elective activity where possible into the first 9 months of this financial year.

2.9 In mid July 2018, Welsh Government wrote to Health Boards, Local Authorities and WAST outlining expectations for local health and care systems over the winter. Health and care systems have been requested to work together to deliver against 5 nationally agreed priority areas. As part of this process the local health and care system has been requested to complete and submit an integrated Winter delivery planning tool to Welsh Government by 14th September 2018, to inform and support the development of the winter plan for 2018/19. This tool focuses on testing assurance against the following 5 areas:

- Enhanced engagement and relationships with key partners, particularly local authorities and Gp's, to better inform the planning and delivery of services over the winter;

- A specific focus on better management of patients in the community by enhancing roles within primary and community care and particularly during peak pressure, the management of health care professional calls enhanced

primary care for nursing home and extending access times of out of hours services;

- A specific focus on working together with Local Authorities to increase access and availability of domiciliary care packages to enable people to leave hospital and return home without delay

- More focus on delivering discharge to assess models of service to improve patient flow

- Collective action to enhance operational grip through enhanced decision making and communication over the winter period and at times of peak pressures.

2.10 WG also confirmed that it is not expecting to receive a wider winter plan from Health Boards this year, although it does expect Health Boards to consider arrangements for influenza vaccination, major incident planning, staff wellbeing and communication over the winter period as part of its winter planning arrangements.

2.11 Clinical and managerial colleagues from the Health Board, Local Authorities and WAST met with WG colleagues on 20th August for the first of two winter resilience summits. The aim of these summits is to review lessons learnt, to discuss the development of our plans for 18/19, and to identify any support required from national organisations to assist in the preparation of our winter plan. The Health Board received positive feedback from the summit, particularly in relation to the collaborative approach on the development of the winter plan using lessons learnt from the previous winter, and in relation to the focus upon the 5 winter priority areas outlined in section 2.9 above.

2.12 Service delivery units have completed the winter planning assurance tool, which is being collated corporately for submission to WG colleagues by 14th September. Feedback from the submission will be provided by Welsh Government in due course, and will inform the second summit meetings later in the Autumn, on the development of the winter plan.

2.13 Alongside this process, the Health Board has established a £2million reserve to support the predicted winter pressures. Service delivery units have been invited to submit proposals that will enhance system resilience and capacity over the winter, taking account of how they will contribute towards supporting the achievement of the 5 agreed priority areas. It was agreed at the Unscheduled Care board meeting on 21st August 2018, that a small group, chaired by the Director of Nursing and Patient Experience, would be convened to prioritise the allocation of this funding. This meeting takes place on 14th September and has Health board and Western Bay representation. The current cost of the initial proposals received exceeds £6 million.

2.14 Additionally, a number of proposals are also being put forward for consideration through alternative funding streams, which should be confirmed within the next few weeks, and if approved, would also support increased system wide resilience and capacity.

2.15 The outcome of the winter funding prioritisation process will be considered and endorsed by the Unscheduled Care board on 25th September 2018, and will further inform the finalisation of the Health Board's more detailed winter planning arrangements during October. It should be noted that the overarching winter planning group will continue to meet leading into and over the winter months, to further refine and adapt the system wide response.

2.16 An All Wales winter planning event is also being held on Friday 14th September. This has been organised by Chief Operating Officers across Wales to share learning across organisations and to take stock of the next steps in relation to the development of winter planning arrangements across the wider unscheduled care system. The learning from this event will also feed into the development of the final ABMU HB winter plan.

2.17 In relation to operational resilience, work has progressed within the Health Board this year, to align and strengthen escalation and business continuity arrangements, resulting in the provision of an approved ABMU Health Board Overarching Business Continuity/Significant Incident Procedure. This articulates the strategic response to an incident other than a major incident and notes the Health Board's business continuity process, for example, during periods of adverse weather.

2.18 Community health council colleagues will also be given an opportunity to feed into the development of the winter plan at the CHC Executive meeting on 25th September.

2.19 Following the conclusion of the process outlined above, a narrative winter planning document is be provided for consideration by the Performance and Finance Committee on 22nd October 2018.

3 Recommendation

The Performance and Finance Committee is asked to note the winter plan.

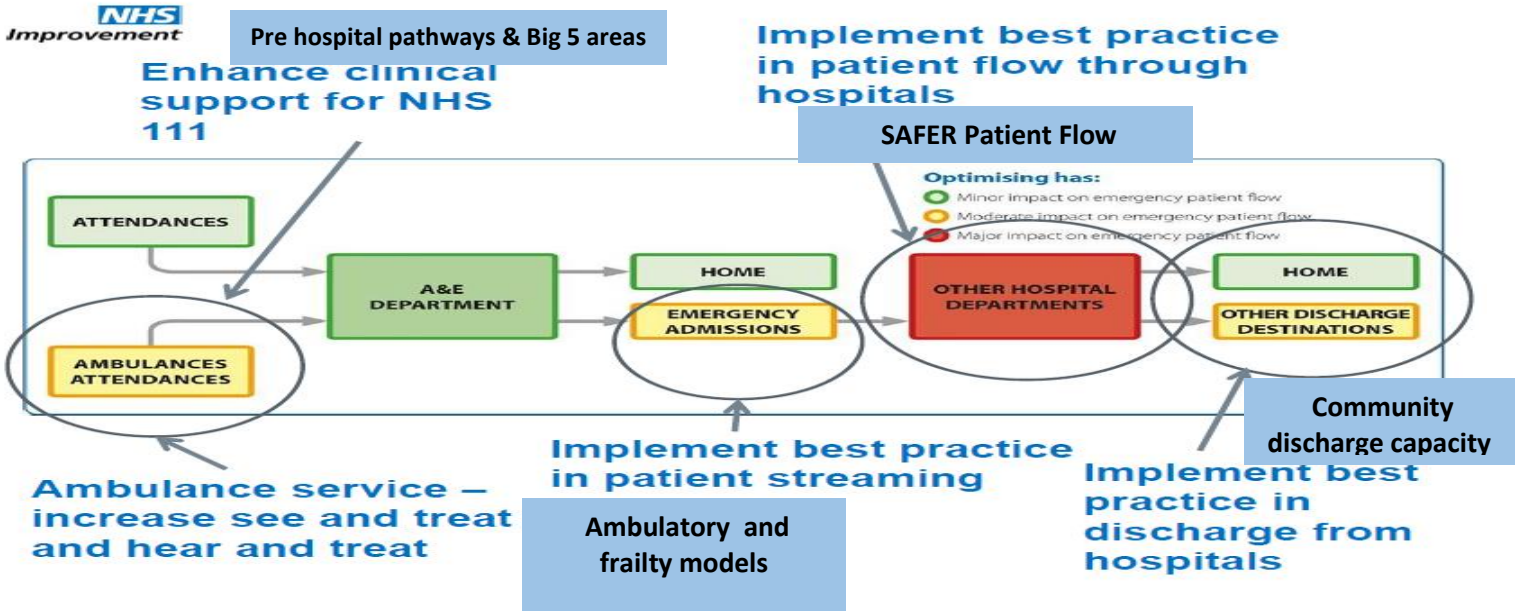
Governance and Assurance							
Link to corporate objectives ***(please ✓)***	Promoting and enabling healthier communities	Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships		
		✓					
Link to Health and Care Standards ***(please ✓)***	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
	✓	✓	✓	✓	✓	✓	✓
Quality, Safety and Patient Experience							
Winter planning is one part of the wider planning process to develop all year round sustainable models of care to improve patient flow and patient experience. However, the winter months do present additional challenges, which the wider unscheduled care system needs to plan for, to improve resilience to respond to the anticipated increased pressures over the winter period.							
Financial Implications							
The Health Board has set aside a £2million reserve to support the management of the anticipated winter pressures.							
Legal Implications (including equality and diversity assessment)							
There are no legal implications contained within this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.							
Staffing Implications							
Anticipated increases in staff resources to support additional capacity over the winter period.							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
There are no direct implications on the Well-being of Future Generations (Wales) Act. However, the specific updates in this report will be subject to full impact against the act where necessary.							
Report History	Winter plan for 2017/18 – approved by the board in autumn 2017						
Appendices	Appendix 1 – Winter Plan						

ABM UNIVERSITY HEALTH BOARD

SEASONAL PRESSURES PLAN 2018/19

1. INTRODUCTION

The Seasonal Pressures Plan for the ABMU Health Board area builds on the Health Board's existing programme for unscheduled care improvement and the Western Bay work stream on integrated community services. The key features of these programmes, which reflect the NHS improvement approach to unscheduled care are summarised below:



The Health Board has not been in a position to support additional investment in Unscheduled care services. The Health Board's targeted intervention status requires financial recovery in 2018/19, through achieving best value and efficiency from within the agreed financial resource envelope, and through the development of more sustainable service models in the unscheduled care system that improve patient flow, capacity utilisation, patient experience and performance.

In addition to these system improvement and change programmes, it is also recognised that the winter months bring additional pressures on capacity and services across the unscheduled care system. Therefore, there is a need to develop a winter plan that enables the system to respond flexibly to these pressures, to assist with improving patient flow and capacity, and to mitigate the impact on Unscheduled Care performance, by strengthening system resilience over this period.

2. APPROACH TO WINTER PLAN 17/18

The winter planning arrangements are being overseen by the Chief Operating Officer, and are also being supported by the Director of Nursing and Patient Experience.

The development of the winter plan for 2018/19 has been undertaken with the input of the six service delivery units within the Health Board, corporate and support services, Western Bay partners, and the WAST Head of Operations in ABMU.

This overarching winter plan is also supported by a comprehensive flu plan and business continuity plans, and each of the service delivery units is developing a more detailed localised winter plan, with a particular focus on operational arrangements between Christmas and the New Year.

This plan describes key changes to services that have been implemented during the first 2 quarters of 2018/19 as part of the improvement and change programmes outlined above, which will also enhance capacity and resilience going into the winter months.

The plan also outlines additional measures that have been supported through the HB winter pressures reserve to either reduce demand or increase capacity in services that are recognised to enhance patient flow. The winter plan has also taken account of lessons learnt from previous winters, and reflects arrangements to improve operational processes and 'grip', which is a one of the 5 national winter planning priority areas.

3. CAPACITY

3.1 Capacity improvements through system redesign and efficiency, and learning from previous winters.

Table 1 below summarises the key actions to improve capacity from within the current financial envelope, through efficiency and service improvements, or through additional investment following the approval of business cases, and identifies the expected impact on system resilience or performance.

Table 1

Action	Expected impact	Timescale
Ensuring **SAFER flow** principles are increasingly used in the day- to- day management of patient flow	Eliminate un-necessary delays in a patient stay in hospital which will be monitored through: • The number of stranded patients with a length of stay > 7 days • percentage of patients discharged before midday • readmission rates	In place - embed as part service delivery operational processes
Implement the **Breaking the Cycle** approach.	Increased clinical, managerial and administrative capacity targeted to support patient flow and reduced levels of escalation through cancellation of all non urgent meetings and increased visibility and support for operational teams in unblocking delays that prevent discharge.	January 2019
A new **COPD early discharge team** in Swansea – already in place in Bridgend. Business case supported via Investment Benefits Group	Will support earlier discharge of patients with exacerbations of respiratory illness, which is one the 'Big 5' pathways targeted for improvement.	Clinical nurse specialists in place – recruiting currently to therapist roles. Aim to have full team in place in January 2019.
Our **frailty services** have been remodelled on all hospital sites namely ICOP service at Singleton, Older Person's Assessment service (OPAS) at Morriston, Enabling and early supported discharge service at NPT, frailty service at Princess of Wales. This has been achieved through a combination of service redesign within existing resources and through changes to workforce models.	Reducing length of stay through admission avoidance , rapid access to diagnostic tests, earlier discharge. Reduction in the number of stranded patients > 7 days length of stay. Reduced risk of hospital acquired infection and deconditioning.	Full ICOP team in place by the end of October. OPAS at Morriston -in place Enabling Ethos at NPT – in place ESD at Neath – recently commenced and being implemented on a phased basis Front door frailty model at PoW from November 2018

Jointly working with Hywel Dda Health Board to review **cardiology referral pathway** to Morriston Hospital.	More prudent use of capacity through the provision of accurate referral information/ reduction in duplicate referrals. Daily conference calls across the cardiology network to support communication and flow of patients. The management of chest pain is one of the 'Big 5' clinical pathway areas targeted for improvement.	In place and reviewed regularly by clinical staff.
Increased use of **technological solutions** to improve access to patient results and to contribute to their patient care plans.	This includes the 'Patient Knows Best' system which went live in July 2018 for patients within the Cardiology (Heart Failure), Parkinsons and COPD specialties at the Princess of Wales Hospital. The plan is to expand into seven more services in the hospital in the next few months and four services across the Swansea locality. Technology has also been introduced, and is being used, to support more effective and efficient use of clinical staff time, and to improve communication, for example, through the use of White boards, the introduction of electronic prescribing, and increasing use of ipads and apps by community staff to assist in the planning and managing of patient caseloads.	Phased implementation plans in place
Enhancing access to **day care facilities** such as extended opening hours of the medical day unit in Singleton. Increasing the number of '**hot clinics'** at Morriston Maximising **day unit** facilities at NPT.	• Increased throughput through resourced capacity • Reduced inpatient admissions through improved access to day case services, senior medical review, diagnostic tests	October 2018 October 2018 January 2019

Flexible use of **CEPOD(emergency)** theatre capacity	Reduce waiting times for inpatients awaiting emergency surgery	As required to respond to inpatient demand
Strengthening medical staffing cover. This includes extended evening consultant cover in ED PoW, and planned changes to the medical on call rota and medical intake at PoW	Improved access to senior clinical decision makers to enable more timely decisions and management plans to be initiated – releasing system capacity.	Extended ED rota in place from Sept 2018 November 2018 for medical speciality changes
Strengthening **non-emergency ambulance transport** capacity through • realignment of contracted hours at Singleton • closer working with WAST Non emergency patient transport. • Enhanced capacity is being explored at PoW above current Discharge Vehicle capacity	Earlier and more timely patient discharge.	In place Ongoing November 2018
Nine 4x4 vehicles secured from within existing resources to assist with essential transport arrangements during adverse weather	Safe staffing levels/ staffing capacity to deliver essential patient care	November – March 2019

Mental Health The mental health and LD service delivery unit has very recently secured additional resources from the Mental Health transformation fund which will support improvements in the mental health emergency care pathways – which is one of the big 5 areas targeted for improvement: • £89k for Psychiatric Liaison services, • £572k for Older peoples Mental Health services,. • £280k for the Crisis Teams	• Improved access to the psychiatric liaison service until midnight 7 days a week. • Expansion of capacity in the older persons Care Home In Reach Teams in each of the Localities • Provision of a 24/7 crisis service in NPT & Bridgend for Mental Health Assessments- Swansea already has a 24/7 service.	Plans to recruit have only just commenced following confirmation of funding. Phased implementation dependent upon recruitment.
Public Health and Primary care early warnings to highlight any key changes in demand - eg respiratory illness/ norovirus	Improved communication and preparations to better manage and contain the spread of infectious diseases, to minimise the impact on overall system capacity.	From November 2018.

3.2 Plans to increase Unscheduled care system capacity through the winter pressures reserve.

The Health Board, in conjunction with Western Bay partners, completed a Welsh Government winter assurance tool in September, which assisted with identifying where further support was required to enhance capacity or resilience across the unscheduled care system against the 5 national winter priority areas, with the aim of reducing hospital demand, enhancing operational capacity and supporting more timely patient discharge.

The Health Board established a £2million reserve from its baseline budget in 2018/19 to support management of the predicted winter pressures. Prioritised proposals against this reserve were confirmed at the Unscheduled Care Board meeting on 25th September 2018, on the basis that they aligned with the national winter priorities and contributed towards strengthening pre-hospital pathways to reduce demand, increasing clinical capacity at our front doors to improve patient flow, and improving discharge pathways and capacity.

This year, Local Authorities have been allocated funding from this Health Board reserve to increase capacity for domiciliary care packages and the provision of step up/step down care beds, enabling an increased number of patients who are medically fit for discharge to receive their ongoing care needs in a community setting.

A summary of the agreed allocation and impact of this resource on capacity, resilience and performance is outlined in Table 2 as follows:

Table 2

WINTER PLANNING 2018/19 - Agreed winter investments with forecast benefits

DELIVERY UNIT / LOCAL AUTHORITY	SCHEME	INVESTMENT AGREED	FORECASTED BENEFITS	PERFORMANCE IMPACT
SINGLETON DELIVERY UNIT	**Medical cover for SAU and Medical inpatient ward areas** to support patient flow and continuity of care. • Locum SHO F/T 1st November – 31st March • SAU SHO 1st November – 31st March • Twilight RGN Shift 1st November – 31st March	£116,000	Increased availability of medical staff will enable patients to be assessed, reviewed and treated in a timely manner, improving patient flow. It will also enhance existing staffing levels to respond to increased patient attendances anticipated over the winter period.	• System resilience – this proposal enhances ability to maintain activity and manage increasing demand over the winter period. • Additional medical and RGN staffing should result in improved patient flow which will support reduction in ambulance offload delays and aid our emergency departments in maintaining 4 and 12 hour performance.
	Appoint Locum ACP for Front Door with support provided for Medical Day Unit. At the front door of the hospital is the Singleton Assessment Unit (SAU), which receives all patients referred from community health professionals or downgraded ambulance for acute	£78,730	This additional post will maximise opportunities in relation to the Medical Day Units by providing additional support for Ambulatory pathways and Senior Review for the Medical Day Unit service. This will enable timely clinical decision-making which will	• This proposal aims to improve utilisation of ambulatory care pathways which streamline the management of patients who would traditionally be admitted to hospital. • This would improve patient flow and enhance capacity

DELIVERY UNIT / LOCAL AUTHORITY	SCHEME	INVESTMENT AGREED	FORECASTED BENEFITS	PERFORMANCE IMPACT
	medical assessment/admission to the hospital.		support improved patient flow and treatment of patients. It will also improve the ability to manage increased demand at the front door of the hospital.	in managing increased demand over the winter (attendances at SAU increased by 16% in the winter 2017-18 compared with 2016-17 and demand is predicted to increase again this year).
MORRISTON DELIVERY UNIT	**Green to Go Ward** A dedicated ward designed for patients who no longer require acute care and are deemed 'fit for discharge' but have ongoing support needs with personal care and/or re-ablement goals.	£300,000	Last year, this initiative generated essential additional medical inpatient capacity (reducing the identified medical bed deficit by -15 beds), and released the consultant led medical teams to focus on the more clinically acute inpatients on acute wards.	• This ward concept enables better management of the high volume of medical occupancy that increases significantly during the winter period. By identifying medically fit patients nearing discharge and cohorting them into a single registrar-led ward, it supports ward based medical teams by reducing the degree of medical input required, generating additional medical inpatient capacity. • This will reduce impact of outliers in surgical wards which impacts on RTT. • It will also release medical bed capacity on wards, improving patient flow – this will reduce ambulance and

DELIVERY UNIT / LOCAL AUTHORITY	SCHEME	INVESTMENT AGREED	FORECASTED BENEFITS	PERFORMANCE IMPACT
				emergency department delays.
POWH DELIVERY UNIT	**Medical flow** • Medical outlier nurse (full time band 6) for 5 months to manage the patients on outlying wards and drive patient flow. • Additional medical registrar sessions for weekend working throughout the winter period to allow ward rounds on the medical wards on a Saturday and Sunday.	£87,189	The posts will enable more timely review of patients and reduce delays in treatment/improve progress towards discharge. Improved flow will reduce delays in A&E departments, and have a positive impact on patients waiting to be offloaded from ambulances and therefore increase the level of emergency ambulance cover within the community.	• Improved clinical staffing will enable more timely reviews and reduce delays in discharge. The impact will result in improved patient flow – earlier release of ward beds which will contribute to A&E 4/12 hour performance and ambulance offloads.
	Respiratory flow • To increase the staff on Ward 5 to manage 6 NIV patients and increase of patients with complex respiratory conditions during the Winter. • Additional hospital and domiciliary NIV machines plus consumables and nebulisers will need to be purchased to avoid delays in the discharge of patients that may need ongoing NIV. • Additional nurse practitioner to work alongside the current nurse practitioner - 6 month temporary secondment	£80,000	Initiative supports a reduction in the number of outlying NIV patients in ED, AMU and ITU. In addition to this, it is envisaged the length of stay would be reduced for these patients, as the additional equipment will enable patients to be discharged without the delay of ordering new equipment to address rise in demand. • Improved ability to manage increased inpatient demand over winter	This initiative will enable response to predicted increase in demand of 66% (consistent to the rise seen in Winter 2017/18).

DELIVERY UNIT / LOCAL AUTHORITY	SCHEME	INVESTMENT AGREED	FORECASTED BENEFITS	PERFORMANCE IMPACT
	• Explore securing additional medical cover at a Locum Consultant level.		• Reduced number of outlying NIV patients in ED, AMU and ITU • Timely assessment and treatment • No delays in commencement of treatment • Earlier discharges The respiratory pathway is also one of the targeted 'Big 5' pathways.	
NPTH DELIVERY UNIT	**Acute hospitals pharmacy** • Provide pharmacy technician to support early discharge and to provide support for pharmacists completing clinical reviews.	£32,000	Quicker flow Shorter lengths of stay Reduced readmissions Enable increased activity	• System resilience – this proposal enhances ability to maintain activity and manage increasing demand over the winter period. • A&E 4 & 12 hour target should improve as patients length of stay decreases and frees up capacity within the hospital allowing admissions to be more timely
	Increased Therapy support within Acute sites • OT/Physio & Dietetics to be employed on a permanent basis to support patient flow throughout the year, this proposal will support	£132,000	Additional support by therapists on wards/front doors of our hospitals over the winter period will allow intervention to take place which enable admission avoidance and support early	Achievement of therapy waiting times plus support to patient flow within acute hospitals A&E 4 & 12 hour target should improve as patients either

DELIVERY UNIT / LOCAL AUTHORITY	SCHEME	INVESTMENT AGREED	FORECASTED BENEFITS	PERFORMANCE IMPACT
	a more sustainable model of service delivery. • For Nutrition and Dietetics this will also ensure improved waiting times management.		discharge. This would include taking patients home, sorting Packages of Care, equipment and any onward referrals as needed. Therapists will work with Care of Elderly teams specifically to identify frail patients alongside as A&E staff and Community teams The additional staff would also be used on the wards to support flow in Morriston, including supporting the green to go ward and AMAU. This would also help reduce the rapid response referrals for CRS physio for this group of patients, releasing capacity for more complex longer term community rehabilitation and admission avoidance work.	turned around or length of stay decreases and frees up capacity within the hospital allowing admissions
PRIMARY & COMMUNITY CARE DELIVERY UNIT	**Acute Clinical Outreach (Acute Care in the Community)** GP/Consultant/ANP visit patient within 4 hours of referral (if deemed appropriate). If care is to be provided at home, a treatment plan is developed/medication prescribed and managed by member(s) of the MDT team.	£78,000	Admission avoidance and earlier discharges. Improve patient flow Improved patient experience	In 2017, hospital admissions were avoided in 301 cases. This equates to a saving of 4,272 bed days saved x £130 per bed = £555,360 gross notional saving. Further engagement will enable a significant increase in this opportunity.

DELIVERY UNIT / LOCAL AUTHORITY	SCHEME	INVESTMENT AGREED	FORECASTED BENEFITS	PERFORMANCE IMPACT
	Twice daily ANP/ACO GP, conduct a virtual ward round. Complex patients visited by ACT GP as needed. • This proposal sought funding for the GP element of the service: 2 x sessions per day x 10 sessions a week.			
	British Red Cross Home from Hospital Service • Service enables patients to be safely discharged / prevent unnecessarily admissions. • Funded to end of Jan 2019 - funding to continue throughout the remainder of 2018/19 (i.e. February & March 2019)	£35,201	Ability to manage increased inpatient demand Admission avoidance and earlier discharges Reduce readmission rates Improved patient experience.	• Enhanced system capacity through avoidable admissions • Reduction in over 1 hour ambulance delays. • Maintenance of 4 and 12 hour performance.
SWANSEA LOCAL AUTHORITY	**Reducing post discharge dependency by developing a designated hospital discharge review pathway** FTE qualified Social Worker be employed and aligned with the hospital Social Work team, to carry out an initial review of those discharged with either a new or large package of care. Aim is to reduce packages where possible in order to release capacity for further packages which enable discharge from hospital.	£38,972.10	Target aims to release 100 domiciliary care hours up until 31st March 2019 = release of 5hrs per week capacity. Timely reduction of double-staffed calls in line with rehabilitation of client/assistive equipment thereby releasing capacity for new referrals.	Improved 'flow' will result in anticipated reduction of wait time from average of 36 days, to an average of 30 days (Nov 18 – March 19) = £780 saving per person in hospital (*based on 17/18 referrals from hospital = £110,760 potential reduction bed day costs for period).*

DELIVERY UNIT / LOCAL AUTHORITY	SCHEME	INVESTMENT AGREED	FORECASTED BENEFITS	PERFORMANCE IMPACT
NPT LOCAL AUTHORITY	**Discharge to Assess Beds / Step Up to Step Down Beds** 14 week reablement service for patients who require placement for a maximum of 6 weeks – supported by OT / CRT Social Worker.	£88,074	Accepting patients from Acute Hospital sites, these step up/step down beds are designed to accept patients who are medically fit for discharge but require additional support to enable them to return to independent living. These beds have been utilised previously and have demonstrated improved patient flow, enabling earlier discharges, reducing delayed transfers of care and excess lengths of stay.	• These beds at Plas Bryn Rhosyn will enhance acute sites ability to maintain activity and manage increasing demand over the winter period. • The resulting improved medical bed capacity will reduce impact of outliers in surgical wards which impacts on RTT. • Supporting improved flow will contribute to performance at the front doors of our hospitals, minimising delays in admission from A&E, thus supporting timely ambulance offloads.
BRIDGEND LOCAL AUTHORITY	**Increase in availability of packages of homecare/domiciliary care** Increasing capacity to support patients at home, enabling discharge from hospital. Aim is to reduce delays caused in discharge of patients pending package of care.	£60,000	Increased capacity will reduce delays which occur in discharging patients who require packages of care. Earlier discharge will lead to reduced LOS and improved flow of patients within hospitals.	• This proposal increases capacity within the Local Authority area to respond to patients who require a package of care to be discharged home from hospital. • Anticipated improvement in patient flow due to beds being released earlier – this will enhance the ability to admit in a timely manner

DELIVERY UNIT / LOCAL AUTHORITY	SCHEME	INVESTMENT AGREED	FORECASTED BENEFITS	PERFORMANCE IMPACT
				from A&E and in turn support ambulance offload. • Additional medical bed capacity will also reduce impact of outliers in surgical wards which impacts on RTT.
Health Board	**Increase temporary Mortuary capacity**	£17k	Ensuring sufficient body store capacity through the provision of 12 additional spaces.	This is a quality and safety issue.
Health Board	**Health Board Ambulance Liaison role**	£40k (jointly funded with WAST who will also contribute £40k)	Improved communication between emergency department and WAST at times of heightened escalation. Assisting with the management of patients who may have a prolonged handover wait. Reduction in delays through maximising fit to sit protocols and shared management of patients in hospital ED's to release ambulance crews.	Reduction in ambulance handover delays.

Allowing for some previously agreed commitments against the winter reserve fund and including the above proposals, this leaves a contingency sum of £180k, which will be managed by the Chief Operating Officer.

3.3 FURTHER OPTIONS TO INCREASE CAPACITY

In Quarter 4 of 2017/18, Health Boards and Local Authorities received additional winter pressures monies from Welsh Government to support the management of the significant pressures experienced during this period.

At the present time, the Health Board has not received confirmation of winter pressures funding from Welsh Government, although there are some indications that central support will be forthcoming. The original winter pressures proposals received from service delivery units and local authorities significantly exceeded the Health board reserve, and as such, a reserve list of proposals is available for implementation should this additional central funding support become available. The remaining proposals are largely focussed on providing additional inpatient surge capacity, but also identify further opportunities to reduce demand, and to improve patient flow and discharge.

Further opportunities to flex 'surge' bed capacity are dependent upon identifying physical space, **as well as the feasibility of staffing additional capacity in the context of some key nursing, medical and therapy staff shortages.**

The following areas have been identified as additional potential surge capacity options within the Health Board:

Princess of Wales Hospital.

- Flexible use of the short stay unit and Bridgend clinic (private patient facility) as and when required, to support periods of increased demand.(4 spaces).
- Flexible access to the short stay unit at weekends dependent on system pressures (up to 14 spaces). The unit is currently open and staffed Monday to Friday.

Neath Port Talbot Hospital

- Increase surge beds – up to 10 beds across 3 medical wards.

Singleton Hospital

- The planned temporary relocation of the SAU at Singleton to Ward 20 to enable refurbishment work to be undertaken will result in 4 additional unfunded bed spaces being available in the temporary location. The relocation period will be from 20th October to the end of February 2019.

- 4 trolley spaces in the theatre admissions unit.
- Up to 16 beds on Ward 7.

Morriston Hospital

- 10 beds on Clydach ward from January 2019.
- 5-6 spaces in the area previously used for neuro ambulatory care – from mid January 2019.
- Vacated capacity on Ward V – up to 7 bed spaces

3.4 Elective capacity

The Health Board's Referral to Treatment Time delivery plans factor in the need to maximise efficiency from our core capacity, and also recognise the potential impact of winter pressures on elective activity. Our winter plans have included arrangements to mitigate the impact of winter pressures on elective activity, through the use of clinical areas and by implementing models of care that are not affected by winter pressures, such as day surgery areas, short stay surgical facilities and improved utilisation of the surgical unit at NPT hospital.

In previous years, the Health Board has been able to evidence that adopting this approach has resulted in a year on year reduction in elective cancellations as a result of bed pressures over the winter months.

However, our RTT delivery plans for 2018/19 have also included bringing forward elective activity where possible into the first 9 months of this financial year.

Our RTT delivery plan confirms the need to continue to support orthopaedic elective activity requiring an MRSA screened ward environment during the winter period.

3.5 Critical care capacity

Options to increase physical critical care capacity over the winter months are limited. There is potential to flex up to a 9th bed in the Princess of Wales hospital, and to use theatre recovery on all sites as temporary surge capacity for critical care patients. From an operational perspective, the effective and timely discharge of patients from the critical care areas is also key to maintaining capacity and flow in our critical care areas.

However in early October, the Health Board received confirmation from Welsh Government of an allocation of additional funding specifically to support the management of critical care pressures over the winter months. Proposals to deploy this allocation to maximum effect are required to be returned to WG by 19th October for approval, prior to implementation, and these are currently being finalised.

4 MANAGING DEMAND

A number of actions are being implemented to reduce demand into our acute services over the winter months. These include:

4.1 Flu Plan

Our comprehensive flu plan has been revised, building upon lessons learned from previous years. Having successfully improved uptake of the influenza vaccine in staff groups, children's programme, and the at risk groups over the past few years, we intend to focus this year on improving uptake and reducing variance within the respiratory groups, whilst also striving to protect more children again this year. In addition to improving uptake for all 2 and 3 yr old children, we aim to build upon the success of last year's schools campaign where uptake rates for all ages exceeded 74%. We have successfully recruited school immunisers in order to vaccinate two additional school year cohorts this year. To support our aim of improving uptake within the respiratory groups, 3 out of our 11 clusters have successfully enrolled onto the Public Health Wales cluster support scheme.

The ABM primary care flu planning group has reviewed submitted flu practice plans for the forthcoming influenza season, and throughout the flu season will be monitoring flu vaccine uptake across the Health Board. We are however aware that GP practices face a challenging time this year, given the phased delivery of the recommended vaccine for the over 65's. This invariably will impact on our uptake rates initially, as the last delivery is not expected until November.

In relation to front line staff, the target this year remains at 60%. Flu champions have been trained to support our occupational health staff to vaccinate staff across ABM. As in previous years, there are arrangements to vaccinate our Local Authority colleagues also. Plans are in place to vaccinate our vulnerable patients, whether they are in the community or in hospital. GP's will continue to work collaboratively with community nursing teams, who will support the vaccination of patients and their carers. In addition to this, GP practices continue to liaise with staff working in care facilities (homes with nursing or residential care) and community pharmacists to ensure vulnerable patients are protected. We have ensured the procurement of the adjuvanted TIV to pro-actively vaccinate our long stay patients and care of the elderly patients in our hospitals, in addition to staff members who may be eligible to receive this vaccine.

Additional community pharmacies have been commissioned to provide the flu vaccine during the 2018/19 season. In light of the decision that all staff working in care homes are eligible to have a free flu vaccine this year, our primary care team has been liaising with care home staff to promote uptake of the flu vaccine.

4.2 Maximise the benefit of the urgent Primary care service (111/ out of hours) within ABMU.

This service simplifies patient access to urgent care services out of hours, and ensures that patients are assessed and managed by the most appropriate health care professional. This service has also made a positive contribution towards reducing the conveyance of lower acuity calls by an emergency ambulance, where there has been a 14% reduction in HCP (green) patient conveyances to hospital in the 9 months from January to Sept 2018 compared with the same period in 2017.

Following some workforce capacity challenges last winter, developments and changes to the workforce model have been implemented during 2018/19 to strengthen the resilience of the out of hours service. This includes the introduction of remote GP triage arrangements, the formalised input of paramedics, and strengthening pharmacy input and capacity.

4.3 Primary care.

Arrangements in primary care which will have a positive impact on increasing resilience and capacity to manage demand through the winter include:

Table 3

Action	Impact	Timescale
Working with WAST/Out of hours	• The Clinical Director has completed further training to Nurse call handlers on tier 3 triage threshold. This equips 111 nurses to reduce the number of calls converted to GP OOH contacts. • Discussions are taking place with 111 to provide joint secondments for Band 6 roles and also a senior Nurse role to strengthen the team. • Working with WAST the Health Board has funded 3 paramedics who will be joining the service in November as part of the redesign/ development of this workforce model – providing 365 day cover out of hours.	In place Ongoing November 2018

GMS Access	A number of GMS practices have increased their daytime opening hours to reach WG targets	Ongoing
Roll out of the Common Ailments Service	95% of ABMU community pharmacies are now in a position to offer Common Ailment Service (CAS) reducing the need for unnecessary GP appointments.	In place
Flu vaccine for care home staff	Work has also progressed with Pharmacies being aligned for administration of Flu vaccinations to care home staff.	Planning undertaken – implementation from October 2018
Telephone first model	Supports practices to look at managing patient demand in a different way, with the aim of supporting improved access, patient signposting and practice sustainability	In place in some practices already with roll out plan in place.

4.4 Joint initiatives with WAST

All of the initiatives below will contribute towards a reduction in Health Care professional calls, which is one of the 'Big 5' target pathway areas for reducing hospital demand.

Table 4

Action	Impact	Timescale
Continue to train care home on the **I - Stumble' training version 1 tool** across the 3 Local Authority areas	• Improve the management of patients who have fallen but who have not incurred any physical injury • Improved use of ambulance resources and reduced patient conveyance to hospital. – NB falls is one of the Big 5 target areas along with the Health Care professional calls	In place and ongoing refresher training
To pilot the **I stumble training version 2** tool in selected local authority homes in Swansea and NPT	To strengthen and enhance the support to care home staff in the management of patients who have incurred a minor injury.	Phased training programme to support safe implementation between November and January.

	Improved patient experience Reduced risk of pressure damage for 'long lie' residents awaiting a lower acuity WAST response	
Maximising the utilisation and benefit of the **D&V pathway**	Supports the prevention of un-necessary admissions to hospital. Contains the spread of infection	In place
Continue to build upon the multi-agency **frequent attenders programme**	Sign posts patients to the right service – reducing ED regular attendances Provision of clear multi professional management plans to reduce attendance at hospital.	In place
Acute Care Teams will meet with WAST to refresh **referral pathways**	To ensure all staff are aware of the directories of services available To avoid un-necessary admissions to hospital To support patients closer to home To identify further potential for direct patient referrals	November 2018
Full recruitment to 4 **Advanced paramedic practitioner** vacancies – 3 posts resourced by the Health Board.	• Reduction in ambulance conveyances APP Non patient. These roles have demonstrated a non patient conveyance rate of circa 75%.	Fully in place from September 2018

In addition to the above joint arrangements, it should also be noted that WAST Head of Operations in ABMU has commissioned a **dedicated patient falls vehicle** to concentrate on non injured and minor injury falls patients in the Health Board area between 1st November to 30th April. This approach was implemented in Q4 of 2017/18, and demonstrated a positive non patient conveyance rate to hospital as a result. This approach will compliment the work outlined above to target a reduction in the number of patients attending hospital who have fallen but not sustained an injury –often the frail older person**.** As indicated above, reductions in health care professional calls and falls patients are key target areas to support improvements in demand management.

5. SYSTEM WIDE ACTIONS TO IMPROVE OPERATIONAL PROCESS AND GRIP

Effective whole system escalation is essential, and should be focused on pre emptive and proactive action to avoid crisis.

All hospital based units are undertaking a review their **escalation actions/ plans,** in advance of the winter period.

The Director of Nursing and Patient experience is also leading a review of the Health Board's **"boarding protocol"** to ensure that the protocol is being utilised appropriately in risk assessed areas, and can also demonstrate that where it is implemented, that is supported by a documented assessment of the balance of overall system risk at the time. This is planned for completion by the end of November.

Where **discharge lounges** are available, maximising the use of these for patients who are ready for discharge, is an important part of managing patient flow. Performance metrics are in place to monitor the utilisation of discharge lounges and the number and percentage of discharges before midday.

Following the positive impact of **Breaking the Cycle** in January 2018 on reducing system escalation levels, it is intended to implement this approach again from early January 2019 for 2-3 weeks. This has historically been a period when patient flow slows down across the system, the biggest mismatch occurs in relation to demand and capacity, patient risk increases, and the USC system takes several weeks to recover.

Within ABMU Health Board, annual leave for this period will be closely scrutinised and signed off at a very senior level to provide assurance that staffing levels in all clinical areas and within management teams is adequate to support and manage the anticipated increase in demand and emergency pressures at this time. Non urgent meetings will be cancelled to release staff capacity to support operational business during this period.

Other arrangements in place to improve system resilience and management of winter pressures include:

- **Director of the Day** model to ensure maximum escalation of any issues impeding flow (NPT)
- Ability to convene additional multi agency conference calls in addition to the planned twice daily conference call arrangements already in place. Our plans for 2018/19 include the intention to implement **Gold Command** and a multi-agency response to managing periods of

exceptional pressures and ensuring business continuity. Gold Command takes a system wide approach to managing risk, and resulted in earlier de-escalation of pressures when implemented in 2017/18.

- The Health Board has been working with the Delivery Unit on the implementation of the **Safety Huddle** approach over the summer months, which will compliment and enhance the **SAFER** bundle model of care and support improved 'operational grip'. The safety huddle approach has recently commenced at Morriston hospital. Training has recently been undertaken on the safety huddle approach at Princess of Wales hospital. At NPT a daily 'Big Boardround' has been established, with Health and LA colleagues jointly focussing on actions to promote timely discharge.
- Strengthened **clinical site management arrangements** with the development and introduction of a 24/7 clinical site management model at the Princess of Wales hospital from January 2019. This will ensure a consistent approach in managing patient flow across the hospital site from January 2019, and will also be supported by electronic solutions to improve the efficiency of the site 'operations' centre - moving away from paper based systems.
- **Improved operational and reporting processes** when patients are transferred between organisations – either within the Health Board or to other agencies, to improve communication and reduce patient transfer times. This includes rapid **ABMUHB wide repatriation pathway** escalation within the Health Board for interhospital patient transfers (> 24 hours) and **daily executive led escalation of patients** with other Health Boards where repatriation times exceed 24 hours.
- Work has progressed within the Health Board this year, to align and strengthen **escalation and business continuity arrangements**. The Health Board now has an approved ABMUHB **Overarching Business Continuity/Significant Incident Procedure** in place supported by tactical command and control arrangements in each service delivery unit.
- **Detailed medically fit for discharge meetings**(with Local Authority and community partners). An electronic solution to the live capture and communication of this information has been developed at Morriston for wider roll out over the coming months.
- **Improved reporting of community capacity** through the provision and development of a community dashboard.
- A wider **communications strategy** for the public on navigating the unscheduled care system and managing patient expectations ahead of the winter period. This will include pre-recorded video clips from clinical staff to reinforce key messages to the public, for example, in relation to **Choose Well/ Choosing Wisely**, and promoting the benefits of early discharge on patient outcomes, and also through public engagement events such as cluster health and well being days, hospital open days.

6. RISKS

All of the above factors below have the potential to increase risk to patients, and the aim of this plan is to ensure that all possible actions and measures are in place to mitigate the potential impact on patient flow and safety as outlined in Table 5 below:

Table 5

Risk and risk score	Description	Mitigating actions
Workforce (16)	All parts of the health and social care system are experiencing workforce pressures. This impacts on core services and also the ability to flex and open additional surge capacity.	Enhanced focus on rostering and sickness management arrangements to ensure that existing staff resources are utilised as efficiently and effectively as possible. Compliance with the new Nurse Staffing Act is also a mandatory requirement. The Health Board offers a well being advice and support service which provides confidential, bespoke support for staff with emotional and musculoskeletal issues. Promote increased uptake of flu vaccine for all staff groups to maintain staffing capacity. Access to bank and agency staff within agreed protocols. Ongoing targeted recruitment campaigns.
Health Board bed capacity (16)	Demand increases over and above predicted levels have the potential to destabilise the unscheduled care system, and in light of workforce constraints, the ability to further flex capacity is limited.	The Health Board's winter capacity plan builds upon the work undertaken in Quarters 1&2 to implement different and more sustainable models of care, alongside targeted use of resources over the winter months to improve patient flow and inpatient capacity, and in particular to manage the predicted increased demand upon our frailty services.

LA capacity/commissioned capacity (20)	There are already significant risks in the system associated with shortfalls in capacity that impact upon patient flow – be it social work capacity at our hospital sites, care homes, or domiciliary care. Provider failures in the domiciliary care market have the potential to impact on capacity and patient flow through the system at any time, but this risk is greater to manage and has a bigger impact during the winter months, when demands on this capacity increase.	The HB has allocated funding to our Western Bay partners to increase capacity to support the earlier discharge of patients who do not need to be in our hospitals, through increasing care package capacity and in step up/step down care beds. Continue to work collaboratively with Western Bay partners to ensure early communication and clarity of management arrangements in the event of provider failures/ care homes in escalating concerns**.**
Infection and single room capacity (15)	Increased prevalence of the 'winter vomiting' bug has potential to impact on available bed capacity, and also slows down patient flow. The number of single rooms available to isolate patients remains a constraint to patient flow on all hospital sites.	This risk is mitigated as far as possible through improved communication and Infection prevention and control measures with support from the Infection control team, together with the implementation of some additional measures outlined in section 4.4 to reduce hospital admissions, and to contain the spread of infection. Morriston hospital will shortly have a negative pressure patient isolation facility in place which has not previously been available. Robust prioritisation protocols in place in terms of the use of single room capacity

9. QUALITY AND PERFORMANCE MONITORING

From an Unscheduled care performance perspective, it is difficult to determine the collective impact of the winter planning investment on our 4 and 12 hour and ambulance handover performance. The process that has been followed to improve our winter capacity and system resilience

has aimed to enhance areas that will support a reduction in demand, and to increase capacity in services and models of care that are known to improve patient flow.

The Health Board has agreed performance trajectories for Unscheduled care, and the aim continues to be to deliver these, and to ensure that through the range of measures and plans being implemented, the Unscheduled Care system will be better placed to respond to the predicted winter pressures of 2018/19.

The effectiveness of this plan will be monitored through a review of the success and impact of the additional winter plan initiatives and through a number of quality and performance indicators, both in terms of in-year trends and comparison with last year:

- Impact on unscheduled care standards – 4 hour, 12 hour, 1 hour, ambulance response times
- Delayed transfers of care and medically fit for discharge numbers
- Cancellations of operations for bed reasons
- Critical care utilisation and delayed discharges
- Medical outliers on non medical wards
- Use of pre-emptive/boarding policy to place additional patients on wards
- Transfer times between hospitals within the health board.
- Bed days lost due to delays in patient repatriation outside of the health board
- Flu uptake rates
- Home before Lunch metrics
- Serious Incidents in ED
- Datex reports on 12 hour waits in ED/delayed patient handover from WAST.
- Patient and staff experience (eg Family and Friends test)