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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	26th September 2018	Agenda Item	3a.
Report Title	Planning for Winter 2018/2019		
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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	<p>The provision of a winter plan is one element of the wider planning process to deliver a safe, sustainable and effective unscheduled care system.</p> <p>A number of proposals have been developed to improve resilience across the Unscheduled care system during the winter period.</p> <p>The conclusion of the multi agency winter planning process in September will inform the completion of the Health Board's winter plan by the end of October 2018.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	Approval		
Recommendations	<p>✓</p> <p>The Performance and Finance Committee is requested to note the process being implemented within ABMU Health Board, in conjunction with partner organisations, to progress the development of the integrated winter plan for 2018/19, with a view to finalising the overarching winter plan by the end of October 2018</p>		

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 will be provided for consideration by the Performance and

Finance Committee on 22nd October 2018, and Health Board approval of the plan will be sought at the meeting on 25th October 2018.

3 Recommendation

The Performance and Finance Committee is requested to note the process being implemented within ABMU Health Board, in conjunction with partner organisations, to progress the development of the integrated winter plan for 2018/19, with a view to approving the overarching winter plan by the end of October 2018.

Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		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	Not applicable						