



To: RPB Chairs / All NHS Wales Chief Executives,
All Local Authority Chief Executives,
Directors of Social Services

Cc: Directors of Planning
Chief Operating Officers
RPB Leads

2 October 2024

Dear Colleagues,

Re: Winter Preparedness

We are writing to set out the expectations of NHS Wales organisations, Local authorities and Regional Partnership Boards (RPBs) in relation to preparedness for this coming winter. This letter and appendix details the actions we expect to see as part of your System Winter Resilience Plans and follows on from the communication issued by the then Cabinet Secretary for Health and Social Care and Minister for Social Care on 26th July 2024.

The system already operates within a very challenging environment and the forthcoming winter could present very significant challenges and risks. We have learned over recent years that creating system resilience requires a joined up, whole system approach, with health, social care and care providers, including the third sector, working closely together to manage and reduce demand for statutory service provision and support effective system flow. It is therefore critical we accelerate, where possible, work already underway either jointly through RPBs or as singular organisations, to strengthen resilience in the system and use learning from previous winters to develop robust contingency plans for periods of extreme pressure.

Our approach to building resilience in our system will be threefold;

- 1) Improving the consistency and application of our current systems and tools to support optimal system flow** – for example fully embedding the D2RA process, making consistent use of Trusted Assessor models
- 2) Building capacity in our community health and social care system to help people have their needs met at or as close to home as possible**
- 3) Promoting cultural change, challenging the perception that hospital is always the ‘best place to be.’**

We are aware that you are already taking action to build capacity in our system and Ministers will be keen to hear of your progress and ongoing plans to improve system flow when they meet with you as regions in the coming weeks through the planned 'footprint meetings.'

In addition to planning for some of our known system pressures, colleagues will be aware of the current position in relation to Clade 1 Mpox virus and the preparedness activities underway to enable a robust response should a case of Clade 1 Mpox be confirmed in Wales. Whilst there are currently no cases in the UK and only one confirmed case in Europe to date, we are conscious this could present an additional challenge for the system over the winter should this position change.

In terms of planning for winter there are a number of actions which support both national and local planning:

- Publication of the [Welsh Health Circular: the Winter Respiratory Framework \(WHC037\)](#), outlining the public health context as we move into winter and setting out clear expectations of the health and social care system in responding to respiratory viruses.
- Cabinet Secretary for Health and Social Care met with RPB Chairs on 23rd September to discuss the approach to winter and the unique role RPBs can play in bringing together health, social care, third sector and other partners to plan together for winter and find joint solutions to building capacity for delivering integrated community care.
- The Science Evidence and Advice team has published a modelling paper [modelling paper](#) outlining potential scenarios for the NHS in terms of demand on services as a result of respiratory and other viruses.
- Publication of the [Welsh Health Circular](#) 'AMR & HCAI Improvement goals' which sets out clear expectations of reducing healthcare associated infections.
- On 24th September, we have once again stood up the HSCEY System Resilience Planning and Response Group to oversee planning and response arrangements to potential risks the system faces during the winter period and we would encourage you to ensure your organisation is appropriately represented on that group.
- A HCID (MPOX) Preparedness Group was established on 16th September to support a coordinated planning approach to preparedness across Wales and includes both NHS and social care representatives.

A summary of the actions we expect you are already focussing on locally via national programmes and strategic clinical networks, which will form an integral part of your winter plans, are outlined below.

Vaccination

As a vital part of preventing illness and improving system resilience, it will be important to maximise the Winter Respiratory Vaccination Programme.

There is an expectation that all barriers to vaccination are removed to ensure those who are eligible can access their flu and COVID-19 vaccinations. It is also imperative that employers make every possible effort to maximise uptake of the flu vaccine among patient-facing staff for their own health and wellbeing, for the resilience of services, and crucially for the safety of the patients they are caring for.

This year, for the first time, NHS Wales is offering the respiratory syncytial virus (RSV) vaccine to those aged 75 to 79 and to pregnant women. This is a year-round offer but its promotion ahead of winter by health professionals is vital, particularly to those at highest risk.

Ensuring pregnant women can easily access the vaccinations they are eligible for (flu, COVID-19, pertussis and RSV) will play a vital role in preventing serious illness in newborns over the coming winter.

Building Primary and Community Care Capacity

Our community-based health and care services receive very high levels of demand all year round. It is imperative, therefore, that health boards and local authorities collaborate with each other and with partners through the RPBs, Pan Cluster Planning Groups and Clusters in building the capacity and accessibility of services in our communities to proactively support people to manage their health and wellbeing at home and to access urgent care from the right professional or service in a timely manner.

For example, this includes identifying those people at greatest risk of urgent care and offering them support through Future Care Planning that outlines the support they may require to stay well at home including access to Enhanced Community Care when their needs escalate in order to prevent or manage crisis. Equally, when hospital admission is required, to support them to return home promptly, accessing support in the community.

The Cabinet Secretary for Health and Social Care's letter on 26th July confirmed the Care Action Committee's priorities for 2024/25 which aim to optimise system flow as follows:

- 1) Reduced pathways of care delays due to assessment** (monitoring to be led by 6 Goals programme)
- 2) Increased weekend district nursing and palliative care nursing hours** (monitoring to be led by Strategic Primary Care Programmes)
- 3) Increased count of people (at home and in care homes) benefiting from 'step up' care as safe alternative to conveyance / hospital admission and 'step down' care from hospital** (monitoring to be led by Strategic Primary Care Programme and National Office for Care and Support)

Urgent and Emergency Care

Health boards received additional funding at the beginning of the financial year to enable delivery of local Six Goals for Urgent and Emergency Care ('six goals') programme plans. We expect organisations to continue to focus on the delivery of local plans and the following national priorities:

- Aligned to actions outlined for primary and community care above, delivery of a 24 /7 integrated urgent care service to support safe management in the community of people who do not require hospital care, with particular emphasis on supporting people in care homes. As part of this objective and given Welsh

Government modelling data which forecast an increase in demand for urgent and emergency care services at the end of December, we require additional plans to be submitted outlining your urgent primary care capacity plans for the period 23 December 2024 – 4 January 2025. **These plans should form part of your wider winter resilience plans and be submitted to us by 29 November 2024 to the following mailbox**

UrgentAndEmergencyCare.GovernmentBusiness@gov.wales.

- Sustained focus on reducing long ambulance patient handover delays in line with agreed trajectories, in addition to continued focus on both access to timely senior clinical decision makers and reducing long stays in emergency departments (in line with the Quality Statement for Care in Emergency Departments). Refreshed ambulance patient handover guidance will shortly be issued to support organisations.
- Continued focus on same day emergency care services, including direct access pathways to enable patients to bypass the emergency department and safely avoid admission with a specific focus on frailty and respiratory.
- Linked to the building of community capacity referenced above, reduce delayed pathways of care and the volumes of patients experiencing a length of stay greater than 21 days. Health boards should ensure optimal hospital flow is embedded across acute and community hospitals, including through the consistent use of SAFER, discharge to recover and assess (D2RA) and 'red to green', with an emphasis on preventing patient deconditioning, targeting the frail older population to improve outcomes and help reduce long stays in the emergency department.

In addition, a *National Community-based Falls Response Framework* will be issued shortly by the national six goals programme. The framework will set out clear expectations of health boards, the Welsh Ambulance Services University NHS Trust and partners for delivery of effective response services to patients defined as level one or two fallers.

The national programme team will support local teams with linked data sets that illustrate opportunities to better manage these patients in the community without ambulance response, transport to emergency departments and / or admission. There are significant opportunities associated with delivery of effective community-based falls response services and we will expect you to develop plans in response to the framework as a priority for the remainder of 2024/2025 and into 2025/2026.

Finally, linked to the winter respiratory framework and the inevitable increase in patients accessing services with breathing difficulties, you will wish to consider how you will flex available capacity to better support, assess and manage people at risk of exacerbation of respiratory complaints from the end of December and the entirety of quarter 4.

Infection, Prevention & Control

Effective infection prevention and control (IPC) is key to patient safety and a fundamental component of high-quality care. As we move into the winter, we must do all we can to reduce the burden of infection. Healthcare associated infections (HCAs) remain a key patient safety issue that result in significant burden of disease and financial cost to the NHS in Wales and across the care sector.

IPC measures for health and care settings in Wales are set out clearly in the current Public Health Wales [COVID-19 Infection Prevention and Control \(IPC\) Guidance](#). This guidance should be read in conjunction with the [National Infection Prevention and Control Manual Wales](#), which includes guidance on the management of other winter viruses.

C.difficile rates are a particular concern. To address this, we have recently issued the [Welsh Health Circular](#) 'AMR & HCAI Improvement Goals 2024/25' that sets out our clear expectations and improvement goals that health boards must work to. Colleagues in the NHS Executive and Welsh Government will monitor and support progress through the new AMR and HCAI governance structures.

Capacity Plans

All health boards are expected to have capacity plans which align to all aspects of the organisations planning and delivery expectations for 2024/25. These capacity plans are responsive to predicted surges in demand across critical care, general medicine and mortuary services. Given we have seen a number of peaks in paediatric conditions over the last few winters (RSV, iGas, Strep A, whooping cough), we would remind health boards of the need to ensure that you have robust paediatric surge plans in place.

System Escalation Framework

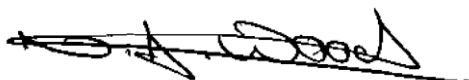
We will ramp up our grip and monitoring of how organisations are delivering services through additional support from the NHS Executive. Refreshed NHS escalation guidance will be published via the NHS Executive to support organisations to determine the appropriate clinical response and the actions necessary to protect core services during times of intense pressure. It will enable more proactive decision making by health boards and trusts as well as targeted operational support for poorer performing organisations when required

Assurance process

All NHS Wales organisations will be asked to provide progress presentations on winter resilience plans in the IQPD meetings over the winter period. As with previous winter planning it is expected that actions and approaches are considered at regional partnership boards and approved by health boards and trusts.

Lastly, we would like to also take this opportunity to thank you and your teams for your continued hard work and dedication to improving people's experience of the health and social care system in Wales.

Yours faithfully,



Nick Wood
Deputy Chief Executive NHS Wales



Albert Heaney CBE
Chief Social Care Officer for Wales

Appendix 1

Regional Partnership Boards and NHS organisations are asked to deliver on the actions required to support system resilience and winter preparedness in the following priority areas:

- Vaccination
- Building primary and community care capacity
- Urgent and emergency care
- Infection, prevention and control
- Capacity Plans

Priority area	Actions
Vaccination	Barriers to vaccination removed where possible.
	Maximise flu vaccine uptake of patient facing staff.
	Continued promotion of the new RSV vaccine.
	Maximise vaccine uptake of pregnant women.
Building primary and community care capacity	Support integration and continuity of key services that relieve pressure on other NHS access points. For example, Clinical Community Pharmacy Service (CCPS), Pharmacist Independent Prescribing Service (PIPS), Sore Throat Test and Treat (STTT).
	Have plans in place for public information on how to access services.
	Build the capacity of multi professional community services to deliver on the ambitions for the Care Action Committee's 3 priorities.
	Have systems in place through Clusters to identify those people at greatest risk of urgent care and agree and deliver on future care plans to support each person to stay well and ensure a coordinated response at or close to home if urgent needs do arise.
Urgent and emergency care	Delivery of a 24 /7 integrated urgent care service to support safe management in the community of people who do not require hospital care, with particular emphasis on supporting people in care homes.
	Sustained focus on reducing long ambulance patient handover delays in line with agreed trajectories, in addition to continued focus on both access to timely senior clinical decision makers and reducing long stays in emergency departments (in line with the Quality Statement for Care in Emergency Departments).
	Continued focus on same day emergency care services, including direct access pathways to enable patients to bypass the

	emergency department and safely avoid admission with a specific focus on frailty and respiratory.
	Develop and deliver plans in response to the six goals 'community-based falls response framework' as a priority for the remainder of 2024/2025 and into 2025/2026.
	Consider how you will flex available capacity to better support, assess and manage people at risk of exacerbation of respiratory complaints from the end of December and the entirety of quarter 4.
Infection, Prevention and Control	Implement actions set out in Welsh Health Circular 'AMR & HCAI Improvement Goals 2024/25'.
	Provide progress presentations on winter resilience plans in the IQPD meetings over the winter period.
Capacity planning	Assessment of capacity required for periods of surge.
	Initiate actions to reduce the number of surge beds currently in operation.
	Submission of urgent primary care capacity plans (which should form part of your wider system resilience plans) by 29 November 2024.