



WINTER PLANNING AND PREPAREDNESS PLAN 2018-2019

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APPROVED BY: Cwm Taf Executive Board

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1. INTRODUCTION

This plan sets out the University Health Board (UHB) seasonal planning and delivery arrangements for unscheduled care (including mental health) and seeks to provide assurance to the Board that the organisation has robust plans in place to respond to anticipated increased pressures and seasonal risk factors during the 2018-19 winter period. It seeks to also provide assurance that we will preserve elective capacity as far as possible to allow scheduled care services to continue during the winter months as set out in the All Wales Delivery Framework and meet the legal requirements of the Mental Health Act.

The plan does not rely upon the introduction of surge capacity although there are plans in place for the short, medium and longer term and it is important that the plan is considered in conjunction with other plans and policies as listed in Appendix 2.

The plan has been developed in collaboration with key partners including primary care, the Welsh Ambulance Services NHS Trust (WAST), Merthyr Tydfil Local Authority and Rhondda Cynon Taf Local Authority. It aims to demonstrate how joint plans will ensure the delivery of safe and high quality services to the population during potential periods of pressure.

The Winter Planning and Preparedness Plan: -

- reflects a whole system approach to the delivery of services over the forthcoming winter period;
- builds upon lessons learnt within Cwm Taf over recent years and the best practice, knowledge and experiences of our peers;
- identifies the potential risks and sets out options and solutions to mitigate against them.

It is vital that the standard of care, quality of services and legal requirements are maintained even during the most challenging of situations. The potential impact on the patient experience is considerable and during the winter period we will aim to ensure: -

- no avoidable deaths, injury or illness
- no avoidable suffering or pain
- no unnecessary waiting or delays
- no inequality of access to our services
- no referral to high cost mental health placements

This Plan sets out the lessons learnt from the Winter 2017/18 and key risks for 2018/19. A number of review meetings with colleagues from the local authorities, WAST and Community Health Council have been held. From these reviews key clear actions have been identified in preparedness for Winter 2018/19. This plan will describe the key actions to be undertaken.

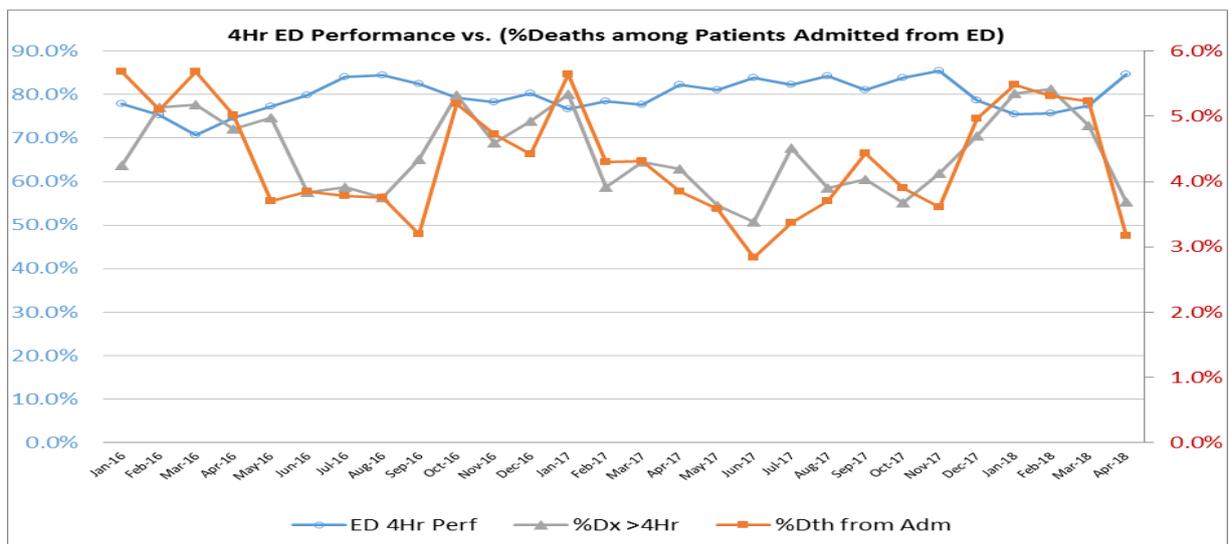
2. EVALUATING AND REFLECTION ON WINTER PLANNING 2017/18

Volume and Acuity Challenges

Colleagues will be aware from recent media stories that the first week after Christmas saw the pressure on services reach extreme levels across the UK. For Cwm Taf UHB this meant that we had over 500 additional attendances at the emergency departments and from 8 January to the end of the month, there were an additional 244 major cases. GP urgent cases tripled during this first full week in January with high levels of A&E attendances. This increase in attendances equates to more than 32 additional patients each day and we have seen the main increase in the 65-85 age group.

More patients have been admitted during this winter period compared to last. We can show improvements in the length of stay throughout the last year linked to our improved productivity, however average length of stay increased in January and February due to the increased acuity of the patient.

There are a number of challenges in meeting high levels of demand, especially during winter months where many of the patients who require care, treatment and support have increasingly complex needs and acuity. The most significant issue is not always the numbers of people presenting at emergency departments but also the complexity and severity of conditions of those admitted, the ability to transfer patients safely from hospital to their place of residence and to prevent readmission.

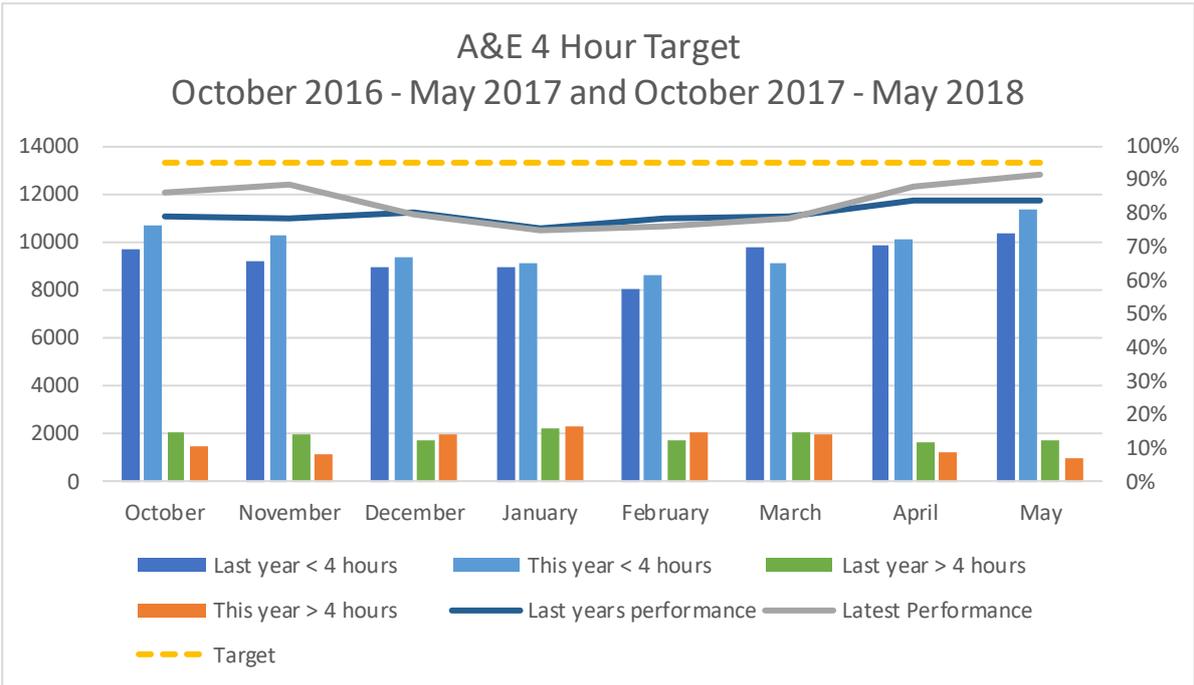


The above Warwick chart is reviewed on a monthly basis, and compares mortality rates against 4 hour performance on the date of attendance at the emergency departments. Over the past three years the mortality rate has reduced in overall terms but clearly demonstrates seasonal variation.

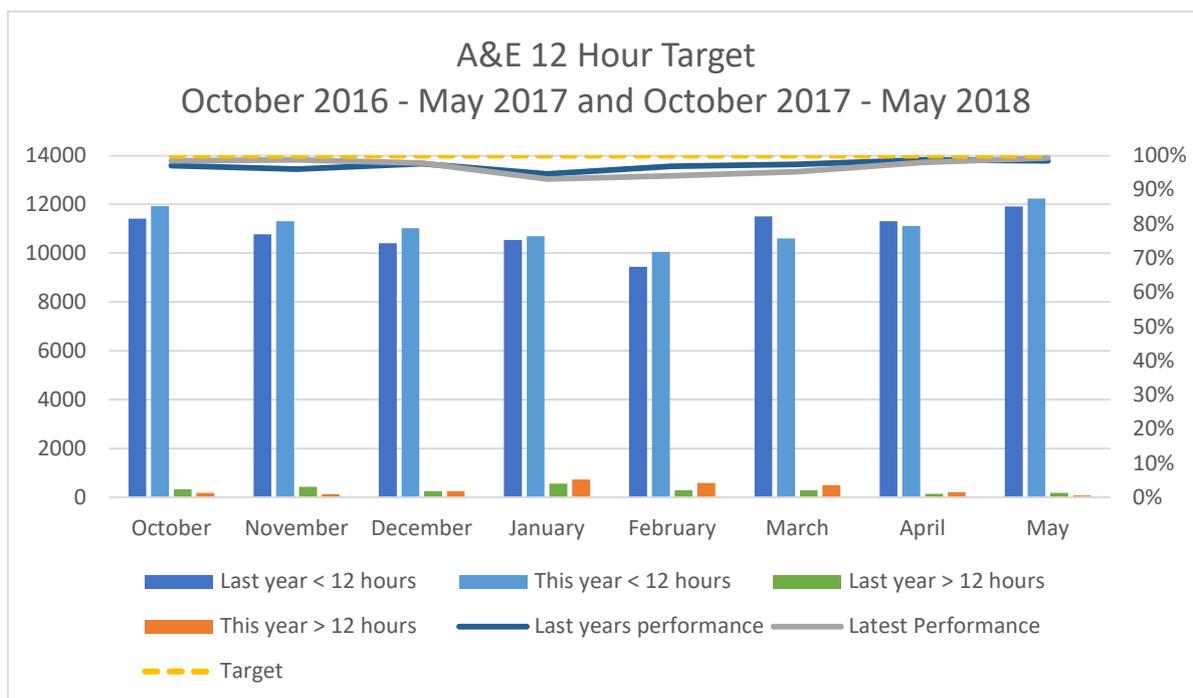
The above also appears to reflect the acute nature of the winter pressure encountered this year across Cwm Taf.

During this time the UHB had maintained its zero tolerance approach to ambulance handover delays at our emergency departments. The UHB continues to perform well in this area, which in turn supports the WAST with its ongoing delivery of red 1 calls performance within the Cwm Taf UHB area. Our continued zero tolerance approach to ambulance handover delays has been kept under constant review with daily operational management and improvement reviews where necessary. Our approach continues to be recognised as best practice across NHS Wales by the WAST and Welsh Government.

Performance against the tier 1 targets for the emergency departments had deteriorated during the winter months with a significant dip in achievement of the 4 hour performance target during January and February 2018. The performance prior to December remained well above the previous year’s performance reflecting a more resilient system, which is in part as a result of the integrated service developments we have implemented with local authority colleagues. This also appears to be influencing the UHBs ability to return to a stable state of delivery post the winter period.



Performance against the 12 hour performance target was also maintained in the later months of 2017, with performance dipping in February as a result of the acute level of pressure at this time. The UHB continued to undertake a senior review on a case by case basis of all patients who remained in the emergency department over 12 hours to ensure care and treatment was delivered in line with medical and nursing plans.



As mentioned above, the UHB has now returned to a stable state of delivery post the winter period and the first 18 days of May saw 91% performance against the 4 hour target (2017 was 85.4%) and 98.98% performance against the 12 hour target (2017 was 98.8%). The number of 12 hour breaches has reduced from 89 patients in 2017 to 70 patient this year and this is against an increase in attendances. The contribution of our winter plan to this ongoing sustained improvement should not be underestimated.

Managing Demand at the Front Door

A number of key initiatives were in place across Cwm Taf to manage the high levels of demand and complexity of the patients attending our emergency departments during winter and these included:

- Increase in the hours covered by acute physicians to integrate with the emergency departments to support more effective front-door decision making
- Dedicated space on each district general hospital (DGH) site to protect minor injuries stream
- Ambulatory care facilities aligned with the emergency departments on both acute sites with read across to the Stay Well @Home services (SW@HT)
- Pilot project with St John's Practice in Aberdare and the WAST for the virtual ward
- Development of a number of cluster schemes around chronic conditions management
- Patient pathways in place with the WAST to reduce the ambulance conveyance rates
- Psychiatric liaison and crisis resolution services.

The **Stay Well at Home Team** was established in April 2017. The SW@HT includes a skill mix of social workers, occupational therapists, occupational therapy technicians and physiotherapists, working 7 days a week to undertake assessments at the emergency departments and support individuals to be discharged home. The SW@HT can access a four hour response from social care and the nursing @home service to ensure appropriate support can be provided in the community to ensure a safe and timely discharge. This service has been incrementally implemented across the CTUHB footprint with some aspects of the service yet to be rolled out fully e.g. medicines @ home.

The **Early Supportive Discharge Support Service** provided by Age Connect Morgannwg is in operation across two district general hospital sites to assist in unlocking additional capacity by speeding up hospital discharge, in a supportive way for patients and families. This service links seamlessly with the Stay Well @ Home service.

The **Virtual Ward** concept at St Johns Surgery in Aberdare continues to be developed with proactive support from community paramedics, occupational therapists, physiotherapists and other key professionals and discussions are underway to develop the next phase of this initiative for roll out across the Cwm Taf area. In the cohort of 150 complex patients identified within the ward there was a 60% decrease in GP appointments, 80% decrease in hospital admissions and a 90% reduction in Out of Hours (OOHs) demand (currently being validated).

Robust plans were implemented to ensure the provision of **GP Out of Hours Services** with additional GP support over Christmas / New Year and other peak times during the winter. New clinical roles, such as advanced nurse practitioners and community paramedics were developed and worked alongside the GPs in the clinical team. The Christmas shift fill stabilised at over 80%, with 4,500 patients seen over three weekends with an average of 3.5% conversion to A&E. Where the GP fill rate was not 100% we secured additional Advanced Nurse Practitioner and ST3 doctor cover and increased coverage in other areas to compensate.

Delayed Transfers of Care

The "Delayed Transfer of Care" (DToC) position in Cwm Taf saw a dramatic reduction from 43 cases reported in October 2017 to just 16 cases identified in March 2018. The total number of delays during 2017 were the lowest on record since records began 12 years ago and the DToC figure in January 2018 was the third lowest January in the last 13 years. This can in part be attributed to the focused efforts during the period of Gold Command as set out later in the report.

Infection Prevention and Control

An increase in Influenza cases was evident this year in particular across the Merthyr and Cynon area during January and February. We saw a sharp increase in admissions with suspected influenza in January and a cohort area consisting of 2 bays and 3 side rooms was introduced on ward 11 on the 15 January 2018. Ward 11 was used as a cohort area and was needed until 5 February with suspected and confirmed cases of influenza admitted to this area. The plan worked well and prevented the spread of cases across the hospital site. The admissions were also kept to a minimum with most patients being managed in a primary care setting.

From 1 January to 31 March 2018, we had a total of 109 suspected cases of influenza who attended the emergency department and paediatric ward or were admitted to PCH - 64 of those were confirmed influenza.

Influenza has caused less disruption at the Royal Glamorgan Hospital and we did not need to cohort patients in one area and managed to isolate patients in single rooms. From 1 January – 31 March 2018, 84 patients attended the emergency department and paediatric ward or were admitted with suspected influenza – 28 of those were confirmed.

We had a number of suspected/ confirmed outbreaks of Norovirus which mostly affected the Royal Glamorgan Hospital which resulted in bay restrictions and ward closures. Early identification and management is key to secure a timely resolution.

Flu vaccination rates

The school vaccination programme saw the highest percentage uptake in Wales during 2016/17. The school vaccination programme continued to be in the top two UHBs for uptake 2017/18, 3 year olds continued to be vaccinated in Local Authority Nurseries uptake remained high at 64%. A formal evaluation of the pilot is due to be completed July 2018. The pilot won the Beat the Flu Award for most innovative flu campaign.

This year saw the implementation of a scheme where midwives vaccinated pregnant women in one of our community hospitals. The pilot commenced very late in the season (January) with 20+ women vaccinated. The results from the pilot are awaited.

Staff uptake increased by 6.1 % and 53.1% of frontline staff were vaccinated, plans are underway to increase this rate for the forthcoming winter and to also consider a joint approach with key partners such as the local authorities and WAST. There was an increase in uptake recorded across all age groups.

Maintaining our Capacity for Elective Operations

During the winter period – 1 October 2017 to 31 March 2018 - 167 elective cases were cancelled due to winter bed pressures. This was an improvement on last year and the lowest number of cancelled operations in the last 7 years as illustrated below.

2011/12	361
2012/13	886
2013/14	176
2014/15	605
2015/16	1114
2016/17	399
2017/18	167

It is clearly evident that there has been a significant reduction in cancellations this year, enabling achievement of the scheduled care year end position.

Staffing Profile and Surge Capacity

The availability and sustainability of staff over the winter period was a key challenge for the UHB and workloads were prioritised on a daily basis to ensure that patient flow was maintained. We continued to engage with staffing agencies to ensure that areas were staffed appropriately however on occasion our challenging staffing position worsened due to lost agency shifts.

The availability of suitable staffing also impacted on our ability to increase the level of surge capacity on our acute and community hospital sites and this, on occasion, had an impact across the whole of the system.

Due to extreme pressure on the emergency departments we utilised all additional surge capacity during the winter period including the use of treatment rooms and day rooms, additional patients into clinical decisions units and opening additional areas. Despite this we remained at high levels of escalation for a number of weeks with the demand for inpatient beds far outreaching our capacity at certain points during the period.

Snow Plans and Adverse Weather

The significant snowfall in early March had a big impact on access for all of our hospital sites. Whilst the demand pressures on our DGHs settled down as a result of the snow, increased efforts were needed using the combined resources of the WAST, Mountain Rescue Services, Fire and Police Services and some volunteers to help us discharge medically fit patients and to move staff off or onto the sites.

We cancelled some outpatient and elective activities although we managed to complete urgent cancer electives and some other procedures. Remarkably we managed to avoid losing too much RTT activity through rebooking and the shifting of some activities into the next weekend, thanks to the efforts of our management teams and the support of our clinicians.

Primary care demand was down and about half of our practices and community pharmacies remained open during the snow and our district nursing teams made home visits on foot throughout the region.

Local authority services and domiciliary care services were heavily compromised by the weather, but colleagues were supportive in continuing to review care packages and also in terms of targeting gritting and supplementary transport activities to help us.

Our support services teams in catering, housekeeping, transport and other estate and facilities functions were absolutely remarkable in the way they sustained their support for colleagues.

We have completed a robust review of the plans in place to respond to adverse weather events such as snow and the agreed actions have been incorporated into the overall plans for the next winter period.

Allocation of Additional Funding

In January 2018 the Director General of NHS Wales advised all health boards of the allocation of additional funding in recognition of the exceptional levels of demand on unscheduled care services. The UHB allocated this money to some additional measures to enable greater resilience across the unscheduled care pathway over winter including:

- Opening surge capacity across both acute sites
- Increased nurse staffing levels to care for corridor waits
- Increased medical cover for the emergency departments out of hours
- Increased occupational health physician cover
- Additional funding to Care & Repair for small adaptations
- Continued provision of local authority reablement services
- Extended pharmacy provision on Sundays
- Employment of additional clinical support staff such as phlebotomists
- Commissioning additional transport services for hospital discharges and transfers.

Operating a Gold Command

In early February 2018 the Chief Operating Officer instigated a Gold Command group for the Cwm Taf unscheduled care system. This group involved representatives from both local authorities plus officers from the acute, community, primary care, mental health and operational teams.

The decision to enact a Gold Command sought to restore sustainable operational flow across the whole system.

A daily tasking environment was established by:

- Including community and primary care colleagues in the routine 10.30am daily conference calls
- Running an end of day call at 5pm every week day with local authority extended membership
- Running a daily deep dive meeting with local authority colleagues to ensure that we were expediting care packages
- Holding a weekly face to face meeting on a Wednesday to review the first half of the week and prepare for the second half
- Deploying senior executive and management leads to sites to provide leadership and support.

We ensured that key officers within the health board and local authorities had senior management contact details to facilitate the early resolution of any challenges and we ensured that robust on call arrangements were in place including arrangements to enhance the senior nurse presence on our acute sites at the weekend.

The evaluation of the period of Gold Command is included in the next section that sets out the plans to ensure additional resilience in the system as we approach the next winter period.

3. KEY AREAS OF RISK FOR 2018/2019

The key areas of risk associated with planning for the winter period relate to the following areas: -

- cold weather and the associated respiratory infections;
- older people and chronic medical conditions;
- influenza and the potential for pandemic outbreaks;
- infectious disease outbreaks including diarrhoea and vomiting and noro viruses;
- major incidents and escalation;
- capacity and the need for surge planning to meet increased pressures;
- extreme weather events linked to climate change e.g. heavy snow falls, flooding etc;
- staff availability and sustainability during long periods of pressure;
- maintaining patient dignity at all times regardless of the level of pressure;
- the ability to meet the legal requirements of the Mental Health Act and prevent out of area high cost placements.

- to meet demand in relation to non-emergency community transport following changes in provision by WAST which will affect for example intra hospital transport.

Appendix 1 provides analyses of the risks and the risk adjusted score following implementation of the enclosed plan.

There are a number of policies and procedures in place to mitigate against these known risks which have been appended within this document. A list of key documents is attached at **Appendix 2**.

4. SEVERE WEATHER CONTINGENCY PLAN – SNOW & ICE

The Severe Weather Contingency Plan for snow and ice has been developed to assist managers and staff deal with a snow and / or ice severe weather event that impacts on the normal operating (business continuity) of the University Health Board (**Appendix 3**).

The aim of the plan is to maintain either the normal business of the Health Board or an acceptable level of business wherever reasonably practicable. This will be achieved through meeting the following objectives: -

- Maintain effective management arrangements to minimise the risks to patient safety;
- Maintain effective management arrangements to minimise the risks to staff health, safety and welfare;
- Work with partner agencies to communicate and minimise the risks to the public.

The plan was last activated in March 2018 and includes a comprehensive system for workforce continuity, including 4x4 transport, which has been evaluated as highly effective. Whilst it is felt to be robust, it is reviewed and revised annually to ensure that lessons learnt have been considered and incorporated.

Following the last activation a full University Health Board debrief was undertaken to receive feedback and to learn lessons for the next iteration of the contingency plan. These lessons have been incorporated into both the Severe Weather Contingency Plan and this Winter Plan.

5. INFECTION CONTROL OUTBREAK MANAGEMENT PROCEDURE

The Infection Prevention and Control Outbreak Management Procedure (IPC02) sets out the action required to ensure prompt action in the event of an outbreak or an infection control incident. It gives information on the recognition, management, monitoring and control of an outbreak of an infectious disease within the Health Board (**Appendix 4**). It identifies also the personnel involved and their responsibilities. Outcomes from previous

requirements to activate the policy have provided assurance re the effectiveness of the procedures.

Each incident will require individual planning, although basic processes will often be common throughout. The University Health Board will manage outbreaks of infection within its hospitals and community services whilst outbreaks occurring in the community will be managed by the Consultant in Communicable Disease Control (CCDC), Public Health Wales.

6. SHORT TERM SURGE CAPACITY PLANNING

During times of extreme pressure when there are delays and the capacity in the Emergency Departments is severely compromised, the Deputy Chief Operating Officer/Assistant Director for Medicine, Assistant Director Surgery and Assistant Director for Mental Health, or in their absence the Head of Nursing on the DGH site, will support the wards in taking an additional patient into the clinical areas where appropriate.

On the PCH site this will involve the care of additional patients in the Clinical Decisions Unit (CDU) and the use of treatment rooms on certain wards. This approach will introduce 9 additional beds to the PCH site and the associated staffing issues will be managed by the Head of Nursing on the site.

On the RGH site this will involve the care of patients in the Acute Emergency Care Unit and the waiting rooms on wards 2 & 8. This approach will introduce 8 additional beds to the RGH site and the associated staffing issues will be managed by the Head of Nursing on the site.

All decisions will be based on accurate and timely information and the potential / real risk to the organisation as a whole. This decision making process will be supported by bed management meetings on each site. There is to be a real time bed management system in place with good visibility of data across hospital sites as well as at Health Board Head Quarters.

The nurse in charge of the receiving ward will be responsible for making the decision on the most suitable placement of an additional patient and this may involve sitting a patient awaiting discharge out of their bed.

7. EMERGENCY PRESSURES ESCALATION PROCEDURE

The health board has robust Emergency Pressures Escalation Procedure in place alongside those developed by the WAST. Action cards have been printed for key staff members and desk top escalation charts have been provided for all acute and community ward areas, bed managers and the emergency departments. The escalation level across all Health Board sites

is now displayed on the intranet site and this is updated at least once per day, as and when required, by the Deputy Chief Operating Officer and the site based Heads of Nursing.

The triggers for the emergency departments, acute hospitals and community hospitals are included as **Appendix 5**. The associated actions are clearly set out within the Escalation Procedure and will be utilised during the winter period. They are not repeated within this plan.

8. OPERATIONAL WINTER READINESS

The operational lead within the Health Board is the Chief Operating Officer. On a day to day basis the Assistant Director of Operations (Unscheduled Care) will take the lead role and will chair the Local Winter Pressures Group. The membership of the Local Winter Pressures Group is set out below: -

Membership of the Local Winter Pressures Group

- Deputy Chief Operating Officer / Assistant Director of Operations (Medicine)
- Clinical Director Acute Medicine and A&E
- Assistant Director of Nursing
- Head of Nursing Royal Glamorgan Hospital
- Head of Nursing Prince Charles Hospital
- Head of Nursing Localities
- Head of Primary Care
- Locality Manager Rhondda, Taf Ely, Merthyr Tydfil and Cynon Valley
- Representative Rhondda Cynon Taf Local Authority
- Representative Merthyr Tydfil Local Authority
- Representative Welsh Ambulance Services NHS Trust
- Assistant Director for Surgery
- Assistant Director for Mental Health
- Infection Control Lead
- Directorate Manager Acute Medicine / A&E
- Directorate Manager Surgery, T&O, Urology and Gynaecology
- Assistant Director of Therapies & Health Sciences
- Assistant Director (Facilities)
- Head of Business Support (Operations)
- Third sector representatives
- Head of Communications and Media Management
- Contingency Manager
- Operations Manager GP Out of Hours Service

Meetings of the Local Winter Pressures Group will be scheduled on a fortnightly basis and officers will send a deputy if they are unable to attend.

The group will be established for the sole purpose of providing tactical and operational level oversight and timely input throughout the winter period. It will review the bed occupancy levels on each site during the winter period and will match resources to meet peaks in demand. The group will agree joint actions that can be implemented immediately to manage periods of high demand.

Any areas of concern and key risks will be highlighted to the Chief Operating Officer on a daily basis and action will be taken to alert the Chief Executive and other Directors on an exception reporting basis.

Implementing “good process resilience” is seen as a key component of this Plan.

During times of severe pressure over a continued period the Chief Operating Officer will establish a strategic planning group (Gold/Silver Command) with the following core membership: -

- Chief Operating Officer
- Deputy Chief Operating Officer / Assistant Director for Medicine
- Director of Nursing, Midwifery and Patient Services
- Director of Primary, Community & Mental Health
- Assistant Director of Therapies & Health Sciences
- Assistant Director (Facilities)
- RCT Local Authority
- Merthyr Tydfil Local Authority
- Welsh Ambulance Services NHS Trust

The Strategic Group may seek additional representation from any of the above officers and it will meet as and when required.

The ethos of commissioning the above group is not to be seen as a sign of failure of the system in place but an enabler to respond to pressure and demands. It is therefore imperative that in particular the “Gold Command” is instigated early so that interventions can be put in place to minimize the impact of increased demand.

The Chief Operating Officer will instigate a Gold Command group for the Cwm Taf unscheduled care system and will ensure there is “good process resilience”. This may include:

- Community and primary care colleagues in the routine 10.30am daily conference calls
- Running an end of day call at 5pm every week day with local authority extended membership
- Running a daily deep dive meeting with local authority colleagues to ensure that we were expediting care packages

- Holding a weekly face to face meeting on a Wednesday to review the first half of the week and prepare for the second half
- Deploying senior executive and management leads to sites to provide leadership and support.

Key officers within the health board and local authorities will have senior management contact details to facilitate the early resolution of any challenges and will ensure that robust on call arrangements are in place including arrangements to enhance the senior nurse presence on our acute sites at the weekend.

9. USING DATA TO FACILITATE ACTION

During 2018/2019 we plan to increase the availability and visibility of data to manage patient flow and increased demand on the system. There will be a new Emergency Department system with good visibility of data across hospital sites e.g. white boards at ward level, displays at Health Board Headquarters and this data will be consistent across all areas. There will also be a real time bed management system available across the hospital sites.

10. PROTECTING THE ELECTIVE CAPACITY

The anticipated increase in unscheduled activity during the winter period provides a significant challenge to managing elective activity, avoiding cancellations and therefore meeting the RTT performance targets and trajectories as set out in the Scheduled Care Delivery Plan. We will endeavour to maintain elective work as far as possible during periods of surge.

The Assistant Director for Surgery will ensure that elective activity is planned and scheduled against the predicted peaks in emergency activity and will provide assurance by 15 October 2018 to ensure that: -

- routine elective work will be reduced over the Christmas and New Year period to provide additional capacity to meet the expected demand.
- named individuals to liaise with regarding elective activity will be on each acute site during this period;
- elective and planned activity is reduced, with a focus on provision of day cases, for the first two weeks of the New Year to create capacity should the expected surge in non-elective demand be realised;
- staff resources are redeployed and work flexible across departments to support activity during peak times;
- the smooth return to elective capacity is planned for January 2019 taking account of the potential continued demand for general and critical care beds;
- during periods of high emergency demand patients will be prioritised as follows; known cancers, urgent suspected cancers, clinically urgent; 52

week breaches; 36 weeks. No routine elective work that requires beds will be scheduled during such periods

- plans are in place to ring fence surgical capacity as appropriate;
- the preference for cohort / buddy ward management of medical outliers is agreed with the appropriate Clinical Directors by 15 October 2018;
- plans are in place to restart elective work earlier if emergency demand does not reach the expected levels.

11. MEDIUM AND LONGER TERM SURGE CAPACITY

During periods of high activity the number of patients allocated to inappropriate inpatient settings increases and this can result in increased risk from a patient care perspective whilst making the task of senior clinical review difficult. The University Health Board has therefore identified surge capacity areas on the DGH sites as follows: -

- Additional patients in the Clinical Decisions Unit and the use of treatment rooms on certain wards - 9 beds to the PCH site
- Ward 1 at the Royal Glamorgan Hospital – 12 beds

These beds will provide additional short stay capacity to maintain day case activity during peaks in emergency demand.

The introduction of additional capacity will provide the opportunity to cohort patients appropriately, reduce the numbers of medical outliers and improve medical efficiency and productivity. The Heads of Nursing will ensure that the area is robustly managed to ensure that appropriate flow is maintained within the system. The Heads of Nursing will also develop plans to ensure that the surge capacity can be opened quickly to respond to pressures on the system and this may include the recall of staff on annual leave. It is however acknowledged that the ability to ensure the appropriate level of staffing in the surge capacity areas is a significant risk to the organisation.

The Head of Nursing for the community hospitals, and in their absence the locality manager, will identify an area that can be utilised to increase the inpatient capacity on the Ysbyty Cwm Rhondda and Ysbyty Cwm Cynon sites, this may be a treatment room or day room dependant on the facilities available. The Head of Nursing in conjunction with the Senior Nurse will also be responsible for identifying the most suitable patients for this environment to minimise the risk and maintain patient safety. The use of non commissioned areas will be risk managed on a daily basis by the Senior Nurse / Head of Nursing and areas will be decommissioned at the earliest opportunity in response to a decrease in escalation levels across the acute and community sites.

The decision to open the identified additional surge capacity will rest with the Deputy Chief Operating Officer / Assistant Director for Medicine and

this decision making process will be supported by bed management meetings on the site.

12. CRITICAL CARE SERVICES

Existing critical care networks will be utilised to deliver surge capacity when required and this will be managed in line with existing protocols to manage patients appropriately across the South Wales area.

Mental inpatient services are closely aligned to the Crisis Resolution Home Treatment Teams (CRHT) to ensure that flow is optimised. At times of high demands, consideration will be given to strengthening the CRHT resource to maximise flow and home treatment availability.

13. SUPPORTING THE EMERGENCY DEPARTMENT

A range of actions are already underway to improve system performance in the acute part of the unscheduled care pathway and these include: -

- Increase in the hours covered by acute physicians to integrate with the emergency departments to support more effective front-door decision making;
- Dedicated space on each DGH site to protect minor injuries stream;
- Ambulatory care facilities are aligned with the emergency departments on both acute sites with read across to the Stay Well @Home services;
- The Stay Well @home Team (SW@HT), including a skill mix of social workers, occupational therapists, occupational therapy technicians and physiotherapists, working 7 days a week 8.00a.m. to 8.00p.m., will undertake assessment at A & E and support individuals to be discharged home. SW@HT will access a four hour response from social care and the nursing @home service to ensure appropriate support can be provide in the community to ensure a safe timely discharge;
- Patient pathways in place with the WAST to reduce the ambulance conveyance rates;
- Psychiatric liaison and crisis resolution services;
- Review on a case by case basis those patients who remain in the emergency department over 12 hours to understand the reasons and highlight issues within the patient pathway;
- Age Connect Morgannwg early discharge support service now available across both DGH sites.

During times of increased pressure on the front door of the hospital services the Acute Medicine, and A&E Directorate and Mental Health Crisis Resolution Home Treatment (CRHT) and DGH Liaison will need to ensure that staffing levels meet the expected peaks in demand. This will include the provision of consultant cover throughout the day and early evening, additional middle grade cover between 1600 and 2200 hours, additional

nursing and support staff provided as and when required to support the additional activity and additional senior manager support for the emergency departments.

All acute departments and specialties will be expected to adhere to the Emergency Department Policy for Making and Accepting Referrals at all times to ensure effective patient flow through the departments. All clinical teams will respond within 60 minutes of a request by the emergency department to give a specialist opinion and when a patient requires admission to the specialty identified, it will be the responsibility of that clinical team to identify a bed on an appropriate ward as quickly as possible.

Mental health emergencies are expected to adhere to government standards for Crisis Resolution Home Treatment and the legal requirements of the Mental Health Act (1983) and Mental Health Measures (2012). Additionally the CAMHS emergency network for the Cardiff & Vale and Abertawe and Bro Morgannwg areas will liaise closely with relevant managers in these areas via the CAMHS Clinical Director and the Assistant Director of Operations for Mental Health.

14. WARD BASED CARE

Many of the bottle necks and delays within the system occur during the early part of the day and weekend discharge rates are minimal. Plans are already being implemented as part of the Unscheduled Care Services Updated Delivery Plan to: -

- Continue the daily multidisciplinary board rounds on DGH sites
- Monitor the implementation of the anticipated day of discharge model on all hospital sites in line with the frailty model
- Monitor implementation of criteria led discharge across all hospital sites
- Utilise the discharge lounges facilities on each DGH site
- Audit and monitor the live bed management / patient transfer system
- Continue with daily deep dives at each of the community hospitals.

These plans are supported through the "Focus on Flow" work that is being lead by the Deputy Chief Operating Officer/Assistant Director for Medicine, Nursing and Patient Care & Safety and a daily support system is now in place across all sites.

15. LOCALITY BASED CARE

One element of current community health service provision which represents a key development in the shift to 'out of hospital' care to date, is our @Home Single Point of Access which includes a range of clinical interventions supported by Triage:

- Consultant led Assessment (72 hour)
- Initial Registered Nurse Response (4 hour)
- Community IV intervention (same day)
- Community Ward
- Community replacement fluids e.g. subcutaneous

These services help bridge the gap between core primary / community and secondary care services and support our district nursing and GP colleagues in complex assessment and care in the community.

The reablement service is aligned with the Local Authority (LA) model of working and is accessed through the LA single point of access. This comprises of the services therefore already integrated with the LA and has been since its inception.

Moving forward this year the UHB has worked with partners to bring the service elements of @Home together with Stay Well@ Home Services (SW@H) offering further potential to support admission avoidance and to support earlier discharge through:

- Integration and co-located at a UHB @Home level within Dewi Sant Hospital
- One clinical management structure covering all of the localities UHB @Home services, to manage the operations and to drive service change
- Single point of access for all referrals within the UHB @Home Service
- One triage service daily for all referrals received and allocate according to need
- Provide rapid response, i.e. within 4 hours, 8am 8pm 7 days a week
- operate a 72 hour wider team including medical response 5 days a week 9am-5pm
- Alignment with SW@H service 8-8pm 7 days per week

During times of increased pressure on the acute sector, these services will be fully utilised to capacity and the Localities Manager will ensure that the service can respond and provide additional support to individuals in the community who are at risk of admission to hospital or who are starting to fail at home. The @Home Service will also facilitate discharge from secondary care by delivering enhanced interventions at home during times of increased service pressures.

Within Cwm Taf there are two community hospitals serving the local populations and supporting the two district general hospitals. The multi disciplinary team working across community hospitals will facilitate early complex discharge. This will often include the utilisation of rapid response teams from Third Sector organisations such as Care and Repair and the Red Cross and Age Connect Morgannwg.

The medical and nursing teams supporting community hospitals will also provide out-reach support for the community ward and IV service.

The locality teams have developed a supplementary business continuity plan for implementation during periods of escalation and the detail of this is not repeated in this plan.

16. DIAGNOSTIC AND SUPPORT SERVICES

Diagnostic and support services are crucial to the delivery of safe and effective patient care services during periods of increased winter service pressures. Each department will develop its own business continuity plan by no later than 15 October 2018 to ensure that it can cope during winter pressures and to ensure that it can respond quickly to increased service pressures. This will include the following areas as a minimum: -

- Radiology
- Pathology including mortuary
- Pharmacy
- Catering, Housekeeping and Linen services
- Procurement / stores
- HSDU
- Porters and security
- Patient Transport Services
- Phlebotomy

17. MENTAL HEALTH (Adult & CAMHS)

The Assistant Director of Operations (Mental Health) will ensure that services are flexible and can respond quickly to changes in the level of demand so that: -

- The escalation levels for both adult mental health services and CAMHS are regularly assessed and communicated;
- Standards of care and patient quality in both adult mental health and CAMHS are maintained and the Board is regularly appraised of risks due to pressures;
- The legal requirements of the Mental Health Act (1983) and Mental Health Measures (2012) are maintained without the need for referral to high cost placements in England or legal challenge by patients / advocates;
- Clinical staff continue to undertake timely reviews of inpatients under their care to ensure these patients received the optimum level of care in relation to their mental health needs;
- The working hours for the mental health liaison teams that support patients who present at emergency departments have been considered and have been increased during 2017 to meet the demand;

- Arrangements have been agreed by no later than 15 October 2018 to ensure access to services over the Christmas and New Year period to identify and maintain vulnerable people in the community.

18. PRIMARY CARE

Primary care services will continue to act as the first point of access for urgent services and GPs will continue to prevent hospital admissions where appropriate and to keep patients at home as long as possible with alternative care plans in place. The following services will be utilised as fully as possible during the winter period to reduce reliance on the acute sector and secondary mental health services:-

- Maximise GP access during core hours;
- Work in an integrated way with community services and third sector to keep patients at home
- Ensure primary care supports patients with chronic conditions;
- Fully utilise the resources within the Primary Care Support Unit, community resource team and primary care mental health teams:
- Fully utilise the @home services for appropriate conditions.

To build capacity within the primary care teams to see the most complex patients in need of urgent consultation by:-

- The introduction of appropriate sign posting of patients to alternative primary care professionals, dentists, optometrists and pharmacists based on assessment of identified need
- Encouraging the utilisation of the common ailments scheme within community pharmacies where appropriate
- Encouraging the use of alternative methods for GP consultations such telephone triage and advice software such as WebGP

Proactive work being undertaken to manage demand includes: -

- As part of the national cluster programme all GP practices will be working together to assess winter planning.
- One practice undertook a pilot for the virtual ward and the evidence gained from this pilot will be incorporate into the health board's wider Transformational Plan.
- Detailed demand and capacity work has commenced within practices across the clusters to identify the nature of work, peak times, skill mix and new roles required to ensure prudent care is delivered.
- Joint pathways have been agreed with WAST for chronic conditions such as diabetes, falls and respiratory. Where patients can be kept at home the paramedics will pass information into the GP and District Nurse and a visit will be made to the patient within 48 hours.
- Cluster schemes have commenced around chronic conditions management. These include COPD where a team follow up a patient

recently discharged from hospital following an acute exacerbation of COPD to ensure they are not relapsing and at risk of a further admission. The evaluation of scheme has shown a decrease in GP attendance, OOH call and emergency admissions. The primary care team are currently developing plans to roll out this initiative across the health board

An alert system is already in place to advise primary care practices when there is a high level of emergency pressure that impacts on patient flow and this will be utilised appropriately during the winter period.

19. GP OUT OF HOURS SERVICES

The sustainable provision of GP Out of Hours Services is a risk and there are periods when there is limited or no presence in the Primary Care Centres (PCCs). Every effort is made to ensure optimal cover is in place during the winter period, to alleviate pressure on the emergency departments and the Ambulance Service. Additional GP support for the OOH services over Christmas / New Year and other peak times during the winter will be included in service plans but there are no guarantees these will be secured. However if PCCs cannot be covered, additional staff are rostered to the emergency departments to help manage demand.

New clinical roles, such as Advanced Nurse Practitioners and Community Paramedics are being developed and some have commenced working alongside the GPs in the clinical team. In addition the service will signpost patients to more appropriate services for their condition e.g. dentistry, optometry, pharmacy.

The OOH team is also looking at the potential of utilising artificial intelligence systems to help manage demand, provide more robust information for clinical triage and promote a greater level of self care.

20. DEVELOPMENT OF A WORKFORCE PLAN

The delivery of many of the actions for the University Health Board set out above relies on the availability at short notice of additional staff. The Directorate Managers for each area are developing workforce plans by 15 October 2018. The workforce plans will: -

- Set out how pressures on services and the impact on staff will be managed;
- Identify areas where short term contracts could be beneficial in health and social care settings;
- Identify how workloads will be prioritised to ensure that the patient flow is maintained;

- Identify how surge capacity will be staffed to maintain patient safety and dignity at all times;
- Review the allocation of annual leave during key periods.

21. NHS / SOCIAL CARE JOINT ARRANGEMENTS

Delivering sustainable unscheduled care services for the population of Cwm Taf involves the delivery of joined up services across acute, primary care and across health and social care. To do this partnership working is key, ensuring there is a clear focus on shared priorities and delivering the best possible unscheduled care and associated services within the resources available to all of the partners.

Cwm Taf, in partnership with the both local authorities, Rhondda Cynon Taf (RCT) and Merthyr Tydfil (MT), have developed a multi disciplinary team, Stay Well @home Team (SW@HT) based on the two acute hospital sites of royal Glamorgan and Prince Charles. The teams are primarily based at A&E but also support discharges from Acute Medical Unit and Clinical Decision Unit, additionally supporting all wards as capacity dictates. The aim of the service is to improve individual service user outcomes through enhanced communication and integration of health and social care services at the critical interface that occurs during presentation at A&E and hospital admission through to discharge.

The service complements the existing discharge services already in place (e.g. the Health and Social Care Discharge Coordinators, the Psychiatric Liaison Service and Discharge Liaison Service and services provided by the Third Sector including Age Connects Morgannwg and Cwm Taf Care and Repair).

The SW@HT undertake a proportionate assessment and commission appropriate community services to support discharge home with the aim of supporting the individual at A & E to safely return home and avoid any unnecessary hospital admissions.

The SW@HT can commission a range of community responses such as Nursing @home including the IV service and social care community package of support within 4 hours, 7 days a week. To support these arrangements the capacity of community services have been enhanced and access arrangements and eligibility criteria have been revised.

Equipment stores within both hospital sites have been enhanced to ensure appropriate equipment is available for the team to provide to individuals to support the discharge. In cases where equipment is not available at the hospital the local authority response services will take simple equipment to the first call.

The Rhondda Cynon Taf Local Authority community domiciliary care support @home service will support discharge through:

- Providing a 4 hour response to referrals from the SW@HT 7 days a week
- Provide Intermediate Care and Reablement Services

Merthyr Tydfil Local Authority initial response service will support discharge through:

- Access to community packages of care 7 days a week inclusive of out of hours.
- The provision of intermediate care and reablement services

Additional social worker capacity is also provided at the two community hospitals. There are an additional two social workers at YCR and one at YCC. The social workers attend multidisciplinary meets, patient flow meetings and support timely discharges home.

During 2018-19 the service will be evaluated by the University of South Wales. Consideration will be given and a business case developed to extend access to the community elements of SW@H services to health professionals to support people to remain at home and prevent admission to hospital.

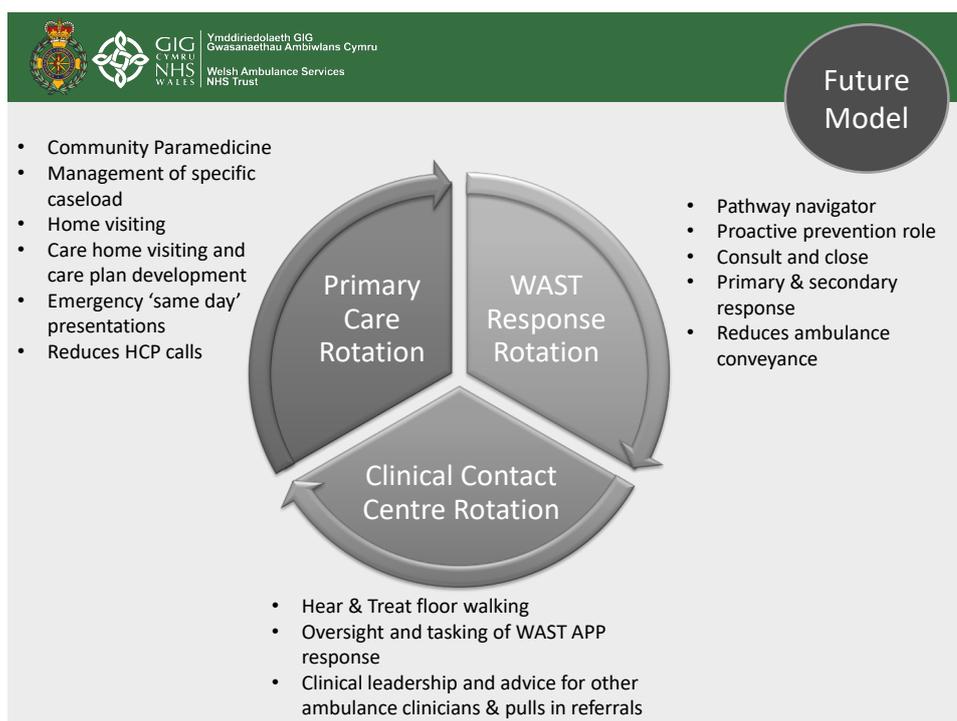
22. AMBULANCE SERVICES

The Deputy Chief Operating Officer / Assistant Director of Operations (Medicine) will continue to work closely with the Operations Manager at the Welsh Ambulance Services NHS Trust (WAST) to maximise use of alternative pathways of care to prevent conveyance to the Emergency Department, to facilitate flows through the unscheduled care system, to safely avoid hospital admission and to maintain the good performance against the ambulance response time targets.

In Cwm Taf, specific areas of work spanning the winter period of 2018-19 will include: -

- a. The potential for extending the Advanced Paramedic Practitioner rotational model, which is scheduled for an initial four month period commencing July 2018. The primary care rotation will initially be established in the St John's Medical Centre Aberdare, building on the relationships already developed through the previous community paramedic pilot which ended in March 2018.
- b. Review of all current pathways of care between WAST and Health Board in a programme of work that will review, refresh and improve options for patients.

a. Advanced Paramedic Practitioner- The Rotational Model



Recent years have increasingly demonstrated growing system pressures that require all healthcare providers to re-examine their care delivery models and explore opportunities to collaborate together to improve how patients are managed. From July 2018 the WAST and Cwm Taf Health Board have jointly funded a four month initial Advanced Paramedic Practitioner (APP) programme. The aim of this model of care is to ensure patients receive the appropriate level of care nearer their home. The rotational model involves partnership working with the Health Board. This model aims to bring together three elements on a rotational basis.

Operational Rotation- the APP in the ambulance operational setting will respond to 999 calls, provide advice to other clinical staff and offer leadership at incidents they attend. Evidence from the other Health Board pilots in Wales, namely Betsi Cadwaladr and Aneurin Bevan demonstrate that 70% of patients attended by an APP will be managed at home reducing avoidable conveyance rates to the A&E Departments.

Clinical Contact Centre Rotation (CCC) - the APP within the CCC will identify suitable calls for the operational APP. In addition they will provide CCC with clinical support.

Primary Care Rotation- Advanced Paramedics will attend patients identified by a GP to undertake a full patient assessment, and will provide treatment and patient management (e.g. direct referral to care pathways) commensurate with their scope of practice, attained via further academic study & clinical practice. If the patient is found to be critically unwell, then WAST will assume responsibility for providing advance life support (ALS),

and transportation to the nearest Emergency Department (as per current Emergency Medical Services provision).

Paramedics engaged in this model will be:-

- Experienced Paramedic (5yrs + post registration).
- Post registration education MSc in Advanced Clinical Practice. This level of education enables the APP to undertake a comprehensive clinical assessment, formulate differential diagnosis and develop an appropriate care plan utilising a range of Patient Group Direction medication.

We aim to:

- Reduce emergency hospital admissions.
- Improve access to care.
- Use the patient/carer definition of 'urgent' rather than a clinical interpretation, remembering always that symptoms can be alarming for patients and the reason they are asking for a clinical opinion is because they are worried.
- Achieve positive patient satisfaction.
- Release capacity in GP surgeries for planned care.

b. Conveyance rates to the Emergency Department

A programme of work has been agreed between the WAST and Health Board that will make progress in addressing the Cwm Taf ambulance conveyance rates, which remain higher than other parts of Wales. Building on the successful work undertaken five years ago to build a package of alternative care pathways for WAST to access, the scope for future opportunities is positive. The joint objectives to achieve in preparation for the winter period will be

- Finalise a refreshed minor injury referral pathway for WAST patients.
- To review the current COPD care bundle with a view to ensure a revised version is in place by October 2018.
- To review and refresh the current Mental Health Pathway.
- Define the support offered by district nurses in and out of hours and refresh the access criteria with WAST staff.
- Develop a social care pathway in partnership with the Local Authorities.

Every month we will support a "Bundle of the Month" with the Deputy Chief Operating Officer and Ambulance Operations Manager taking overall leadership accountability. By focusing on a specific pathway every month, targeted efforts by both organisations and key Managers will ensure that

options for patients are explored more closely providing feedback and learning opportunities for reflection and improved practice

Additionally, WAST and the Health Board will:

- Continue to adopt a zero tolerance approach to ambulance delays.
- Maintain ambulance response time performance for immediately life threatening calls under the new clinical response model.
- Maintain the flow of Card 35 hospital care practitioner (HCP) admissions and continue to target the use of our Urgent Care staff at our low acuity Green3 HCP admission activity.
- Maximise Emergency Medical Service, Unit Hours Production (EMS UHP) on key identified high demand dates and plan for UHP in excess of 90% across a 24 hour period.
- Liaison on OOH cover, particularly at weekends.
- Close integration with bed management staff to support flow between sites.
- Winter fleet preparedness (4x4 capacity, winter tyres).
- Estates preparedness to maintain access and egress to places of work.
- Robust management of sickness absence abstractions.
- Management support both in and out of hours.
- Joint decision making and maintaining channels of communication.
- Continued input to Winter Planning Group.
- Maximise use of additional community first responders, particularly at weekends.
- Maximise use of own transport / taxi transport where clinically appropriate.
- We will continue our participation in the national new approach to pilot appropriately trained and equipped Community First Responders (CFRs) to attend non injury fallers in the Pontypridd area.

23. CHRISTMAS AND NEW YEAR SERVICE PROVISION

The Christmas and New Year period is a crucial time for the health and social care system and the Head of Communications and Media Management will ensure that detailed plans are developed by 15 October 2018 to ensure that arrangements for services that will remain operational and those that will close are well publicised and understood by staff and the local population.

The opening times for key services including GP practices, GP Out of Hours Services, mental health primary care services, pharmacies and minor injuries units will be well publicised in early December in an attempt to manage the pressure on the system.

The detailed plans will set out also how staffing levels in key areas such as emergency departments will be mapped against historic peaks in activity and how additional management support will be made available to

expedite discharges during the holiday period. This will include reference to the support available from key partners including the Welsh Ambulance Services NHS Trust and the local authorities.

The wards will ensure that patients are safely discharged prior to the holiday period and during December plans will be developed to ensure that those patients that will remain in a hospital setting have a 4 day plan of care in place for the Christmas and New Year period.

The table included as **Appendix 6** illustrates the arrangements for the health and social care services that will remain operational and those that will close over the holiday period.

24. PREVENTION AND PROTECTION

Key features of the plan are the need to prepare for adverse weather conditions that may increase demand on services or compromise business continuity and to raise awareness of the public health impact and effects of winter particularly on populations most at risk in terms of social, economic, behavioural and other contributing health factors. The following sections set out the plans in respect of preparedness, prevention and protection activities.

Weather Watch

The last few years have shown us how vulnerable we are to the weather and climate change as we have experienced extreme weather events including heavy snow falls during March 2018. Such events have a direct impact on our communities and on our ability to deliver essential services.

In recent years the ability to forecast severe weather events has become more accurate. This advance has allowed organisations to plan for these events and ensure that adequate arrangements are in place to minimise the risk to normal business.

The Health Board, as a Category 1 Responder under the Civil Contingencies Act 2004, has an agreement with the Metrological Office (Met. Office) to automatically receive advanced warnings and alerts of severe weather within its catchment area. This arrangement is called the National Severe Weather Warning Service (NSWWS) alert and consists of a database of Health Board contacts held by the Met. Office.

The database has been arranged to ensure that the correct personnel are informed, via email, of the forecast events e.g. road ice alerts are sent to Facilities staff.

When snowfall is forecast the Met Office issues an NSWW as soon as the risk is identified. These warnings are updated on a regular basis to reflect the increased/decreased risk.

These alerts are based on the level of disruption as opposed to the level of risk that snow or icy conditions will occur; these are described as follows:

Yellow alert: minimum amount of disruption/any disruption will be transient

Amber alert: disruption can be expected to last for some time

Red alert: significant disruption can be expected to last for some time. The details of duration and any specific considerations such as loss of infrastructure (e.g. power) will be included in the narrative of the alert.

Once the alerts are received by personnel within the Health Board it is the responsibility of managers to;

- Cascade the information to staff
- Ensure that suitable arrangements are in place
- Minimise the risk to the business and the health, safety and welfare of both patients and staff

Seasonal Flu Campaign

We are working towards a comprehensive action plan for increasing the uptake of flu vaccination in the 'over 65's' and 'at risk population groups', and for our staff. It is by increasing uptake that we best protect our population, our staff from infection and the service from excessive demand. The school programme has been extended for 2018/19, all primary school children will be offered the nasal spray flu vaccine in school, including 3 year olds that are in a local authority nursery. Parents who have a child in this age group you will receive a letter and consent form from school a few weeks before the vaccination date. The Strategic Immunisation Group is supported at an Executive level and the Immunisation Coordinator, with a committee structure in place to ensure wide engagement.

The plan focuses on: -

- increasing uptake in the over 65s and others at risk by increasing uptake in GP practices.
- ensuring midwives and primary care support uptake in pregnant women.
- involving community pharmacy as an alternative venue for patients who are not being vaccinated by their GP.
- Working with Community Facilitators raising awareness to residents across Cwm Taf.
- a campaign to increase uptake in staff, to protect them and their patients and family, supported by a comprehensive communication

campaign. Nursing staff are asked to champion this approach and support delivery to colleagues.

- a programme to immunise children, as this is expected to reduce the spread of flu. This year it will target 2 and 3 year olds (not in school) via primary care; and Nursery, all primary school classes via school nurses.

National Influenza Immunisation Programme 2018/19 (WHC (2018) 023)

Whilst the targets for 2018/19 remain unchanged, there are three notable changes to the groups eligible for immunisation:

- **Expansion of the routine children's programme to include all primary school aged children from reception class to year 6.** This will have staff resource implications for the school nursing service. WG funding has been transferred to health boards' core allocations.
- **NHS provision of flu vaccine to staff in adult care homes at no cost to themselves or their employing organisation.** The Health Board will need to include staff working in care homes amongst the eligible groups to whom community pharmacies providing the community pharmacy influenza vaccination service in Wales can provide vaccination. Further operational detail on the delivery of this programme will be issued later in the summer.
- **Introduction of a Adjuvanted Trivalent Vaccine for over 65's**

The Seasonal Flu Management Plan is attached as **Appendix 7**.

Pneumococcal vaccine

We continue to encourage the use of pneumococcal vaccine in those for whom it is recommended. We have ensured that GPs are sent messages reminding them of the value of this vaccine, and this is reinforced by our immunisation coordinator and prescribing advisers.

25. COMMUNICATIONS

The communications team will build on previous years' campaigns to promote local and national winter health messages; advertise any change to services due to unforeseen weather, and raise awareness of the appropriate use of healthcare services during the winter months.

The University Health Board will continue to promote the national Choose Well campaign and adapt it to fit local needs and circumstances. The aim of Choose Well is to help alleviate some of the pressures in the accident and emergency departments and to redirect the public to the most

appropriate care setting which may be self care, GP, pharmacist, dentist or a minor injuries unit etc.

The communications team will continue to promote the Minor Injuries Units at Ysbyty Cwm Rhondda and Ysbyty Cwm Cynon by working with staff, the local media and our stakeholders to raise awareness of the services available. This will continue to be an important priority to ensure the public are able to make informed choices about appropriate points of access to services.

Greater use will be made of the University Health Board's new website to provide winter health advice, building on the Welsh Government's 'Keep Well This Winter' campaign. It will provide updates about severe weather and act as a central point of information for the public regarding health board decisions about patient care and services affected by the weather.

The website will be supported by the use of social media in English and Welsh including eight Facebook pages which allow the communications team to target specific health messages to specific hospitals within Cwm Taf. We will also share messages on Twitter via our corporate accounts @CwmTaf and @CwmTafCymraeg which also enable us to cross promote NHS Wales-wide campaign messages.

The communications team will also use Cwm Taf TV to broadcast winter health and 'choose well' messaging, as well as promote internal and external campaigns to patients and staff.

Other tools to be used to communicate winter health messages / arrangements include: -

- Local press
- Public health campaigns on immunisation / Keep Well This Winter
- Chief Executive weekly blog
- Share Point
- Your Healthcare e-newsletter to external stakeholders and public
- Public fora

The University Health Board will continue to routinely ask patients about their experience of the unscheduled care system and any audits of the patient experience will be fed back to staff.

In addition we plan to maintain close contact with the Community Health Council, local authorities and local AMs to brief them on pressures during the winter period and to give them advance warning wherever appropriate of any changes to services.

26. Summary of Key Themes and Actions in preparedness for Winter 2018//19

As stated previously within this Plan following last winter and the adverse weather a number of review meetings were held with colleagues from the local authorities, Welsh Ambulance Services Trust and Community Health Council. These reviews resulted in the identification of the following key themes and actions identified to be considered in preparedness winter 2018/2019:

Communications and Co-ordination

Communication is key during periods of continued high escalation and adverse weather events and as always this is an area that can be improved. The following actions are being taken to ensure that system and process issues are refined:

- Establish Gold Command earlier following consistent deterioration in the levels of escalation and increasing number of 12 hour waits in the emergency departments. Gold Command will include the establishment of clear communication protocols with local authority and WAST colleagues utilising social media and innovative channels where possible; establishment of a recognised hub on each site with dedicated senior manager support; senior deep dives on each acute and community hospital site; clear communication protocols (automated where possible) to relay key messages across the sites and to receive early escalation of issues.
- Escalate and plan earlier when there is a "red" weather alert and this should include the instigation of a Gold Command.
- Update the staff policy related to adverse weather conditions and include a one page briefing note to clarify staff expectations re attendance at other sites, ability for agile working, and accommodation options.
- Implementation of an automated emergency department system to facilitate live data input and the sharing of "live" situation reports across the organisation.

Redesigning Service Delivery

During the winter period it became clear that a number of service redesign issues needed to be progressed as a priority to ensure that we can meet the expected demand on services across all settings. Key actions include the following:

- Phase 1 of the Stay Well @Home service (SW@H) has been in place for the last year and evaluation has shown that it has been successful in

improving discharges from the emergency departments and supporting earlier discharge following admission by providing responsive community services and avoiding unnecessary admissions. As part of the planned roll out of this initiative, phase 2 is a proposal to respond to community professionals (GPs, GP out of hours, WAST and district nurses) to provide them, following their assessment, with an alternative to sending people to A&E. Providing a rapid community response service to maintain people in their own homes. The introduction of phase 2 of the SW@H is a key priority for preparedness prior to the next winter period.

- Redesign of primary care and community based services needs to take into account the roll out of the virtual ward model, full utilisation of the @home IV service, maximised use of advanced care planning, enhanced support for care homes, development of a community communications hub for co-ordinated triage, full utilisation of WAST care pathways, review of multi-disciplinary working, robust arrangements for the GP out of hours service, and the development of step up capacity in the community hospitals.
- Clarification of the roles and responsibilities of the discharge co-ordinators, discharge liaison nurses, senior nurses and social workers to ensure that the patient flow processes are clear particularly in relation to implementation of the Choice Protocol and interim placements for patients in dispute or going to Court of Protection for a decision.

Transport Arrangements

Transport was a key challenge over the winter period and this was heightened during the snow period. The WAST was unable to prioritise inter hospital transfers due to the high levels of escalation within the Trust and the need to respond to red emergency calls. During the snow transport was key to allow staff to get to the sites to maintain services. The following key actions are now being taken forward in readiness for next winter:

- Commission non-emergency transport services from additional providers and ensure that plans are in place to facilitate the discharge and move of patients between sites during times of high escalation and adverse weather.
- Each directorate needs to identify a list of 'essential' and non-essential staff for transport prioritisation during adverse weather and this needs to be discussed with the facilities team. The plans need to take into account the need to utilise locally based staff where possible, special needs of individuals due to a disability, pregnancy or home location; the ability for agile working; and the skeleton staffing profile needed to maintain essential services.

- Continue to develop and train the network of drivers who can be called upon for support during adverse weather and consider the establishment of a combined public sector fleet in the Cwm Taf area with a 5th transport hub based at Ty Elai.

Cross Boundary Working

Further thought needs to be given to the opportunities for joint working initiatives across organisational boundaries prior to the next winter period and areas for consideration include the following.

- Impact of the proposals to change the boundary alignment of Bridgend County Borough Council and the management responsibility for the Princess of Wales Hospital.
- The ability to utilise staff from other Health Boards who present at our sites during severe weather conditions.
- Robust processes for the repatriation of patients back to Cwm Taf and back to the local areas with particular issues identified for residents from the Gwent valleys and Creigiau area of Cardiff.

27. CONCLUSION AND ORGANISATIONAL RISKS

Whilst this Plan focusses on an evaluation of the plans in place for winter 2017/18 and the organisational readiness as we approach the Winter 2018/2019 it is important to note that many of the process issues and planned service redesign are not specifically related to the winter.

Many of the identified actions will improve the system resilience and ensure that patients flow across the whole integrated pathway in a timely manner and therefore have been adopted into current mainstream operational working.

The Health Board can be proud of the improvements made in the last cycle of winter planning and is very grateful for the huge commitment of its staff and many peer and supporting organisations across the public and voluntary service that work in partnership with us.

Although all reasonable action has been planned to respond to the anticipated winter surge there remain, nonetheless, a number of risks including: -

- the availability of the workforce and the ability to recruit quickly to staff turnover;
- the fact that additional costs may be incurred during the winter period particularly in relation to additional surge capacity in order to maintain safety and patient flows within the system;

- the management of elective activity throughout the winter and the impact on achievement of the performance targets by the end of March 2019;
- failure to deliver the cancer access targets;
- failure to meet the legal requirements of the Mental Health Act (1983) and Mental Health Measures (2012) without the need for high cost out of area placements in England
- the potential impact on staff during extended times of increased activity.

These risks will be managed over the winter period and any areas of concern will be highlighted to the Chief Operating Officer on a daily basis, action will be taken to alert the Chief Executive and other Directors on an exception reporting basis.

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Risk Analysis

The plan takes a risk management approach to ensure adequate arrangements are in place for the potential winter scenarios. The following sections: identify and score the key hazards (based on the experience of previous years); use historical data to forecast the expected demands on critical service areas; and then provide a risk adjusted rating based on the actions identified within this plan.

The plan does not intend to remove all possible risk but does aim to highlight these risks and ensure these are mitigated as much as is possible.

Consequence		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood		1	2	3	4	5
Rare	1	1	2	3	4	5
Unlikely	2	2	4	6	8	10
Possible	3	3	6	9	12	15
Likely	4	4	8	12	16	20
Almost Certain	5	5	10	15	20	25

	1 – 3	Low risk
	4 – 6	Moderate risk
	8 – 12	High risk
	15 – 25	Extreme risk

Hazard	Likelihood	Impact	Total Score	Residual risk score following controls within this plan
A. Insufficient acute adult bed capacity (excluding critical care)	5	4	20	9
B. Infection control outbreak	5	3	15	6
C. Adverse weather	4	4	16	8
D. Inability to maintain core elective capacity	5	4	20	9
E. Inability to meet cancer standards	3	3	9	4
F. Inability to maintain 4 hour target	5	4	20	12
G. Inability to maintain 8 hour target	5	4	20	12
H. Inability to maintain 12 hour target	4	4	16	6
I. Inability to meet stroke targets	3	3	9	6
J. Inability to maintain appropriate staffing levels	5	4	20	12

REFERENCES

- All Wales Delivery Framework
- Emergency Pressures Escalation Procedure
- Emergency Department Policy for Making and Accepting Referrals
- Infection Control Outbreak Management Procedure
- Seasonal Flu Plan
- Severe Weather Contingency Plan
- Unscheduled Care Delivery Plan
- Scheduled Care Delivery Plan
- Welsh Ambulance Service NHS Trust Strategic Winter Framework 2017/18
- Mental Health Act (1983)
- Mental Health Measures (2012)
- Welsh Government CRHT standards

Appendix 3

Severe Weather Contingency Plan – Snow & Ice



Severe weather
snow 16-17.pdf

Appendix 4

Outbreak Management Procedure



IPC02 - Outbreak
Procedure V4.docx

Appendix 5

	LEVEL 1 - NO CAPACITY ISSUES	LEVEL 2 - MODERATE PRESSURE	LEVEL 3 – SEVERE PRESSURE	LEVEL 4 - EXTREME PRESSURE
Triggers		Overview – Requires focussed actions to allow de-escalation to level 1 (any 4 triggers applicable)	Overview – Requires high level actions to allow de-escalation to levels 2/1 (any 4 triggers applicable)	4 CORE TRIGGERS APPLICABLE This level of escalation will require a series of interventions well over and above normal service provision. Risk management of actions taken will need to be documented throughout
Emergency Department	<ul style="list-style-type: none"> • Emergency admission are within predicted levels • No predicted breaches against targets • Available resuscitation and trolley capacity in the emergency departments • Ambulance patients – transfer of care within 15 minutes • Beds available in assessment units • No assistance being provided to other sites / health boards 	<ul style="list-style-type: none"> • Emergency admission are likely to exceed predicted levels • Anticipated breach of targets (excluding clinical exceptions) • Ambulance patients – transfer of care more than 15 minutes but less than 30 minutes • Patients in emergency department corridor without an identified space available within 30 minutes • Up to 2 minors cubicles blocked by majors patients • Patients waiting more than 1 hour for first contact with assessing clinician (majors & minors) • Ability to provide resuscitation capacity 	<ul style="list-style-type: none"> • Emergency admission are exceeding predicted levels • Breaches in targets have occurred • Unable to provide resuscitation facility • Patients in the emergency department corridor without an identified space available within 60 minutes • More than 3 minors cubicles blocked by majors patients • Ambulance patients – transfers of care more than 30 minutes but less than 60 minutes • Patients waiting more than 2 hours for first contact with assessing clinician (majors & minors) 	<ul style="list-style-type: none"> • Emergency admission have significantly exceeded predicted levels • Significant breaches in targets have occurred • Emergency department capacity unable to meet further demand • Ambulance patients – transfer of care more than 60 minutes • Patients waiting more than 4 hours for first contact with assessing clinician (majors & minors)

Community Hospital	<ul style="list-style-type: none"> • Patient flow maintained and monitored by Senior Nurse via board rounds and local arrangements • Predicted discharges for following week 15 patients or more • Actual discharges for the previous week 15 patients or more • No delays in transferring patients into community Hospital 	<ul style="list-style-type: none"> • Senior Nurse to undertake daily deep dives on wards and discuss individual patients with medical, therapy and social care teams • Escalation to Heads of Nursing and Locality Managers – undertake deep dives as required on site, minimum twice per week. • Weekly patient flow management meeting. • Escalation to Local Authority teams to expedite patient’s discharges and provide expert advice to community Hospital staff. • Predicted Discharges for following week 10-15 patients • Actual discharges for the previous week 10 – 15 patients • Patients waiting more than 3 days to transfer and more than 6 patients on the transfer list 	<ul style="list-style-type: none"> • Senior Nurse to undertake daily deep dives on wards and discuss individual patients with Consultant and therapy team leaders. • Escalation to Heads of Nursing and Locality Managers – undertake daily deep dives on site. • Head of Nursing to provide weekly briefing report to Assistant Director of Operations (Unscheduled Care) • Predicted discharges for following week less than 10 patients • Actual discharges for the previous week less than 10 patients • Patients waiting more than 8 days to transfer and more than 10 patients on the transfer list 	<ul style="list-style-type: none"> • Be prepared to accept patients in to non commissioned areas in order to share risk and maintain safest possible service to patients • Consider the options to offer non clinical staff the opportunity to work as health care support workers if additional staff is required. • Predicted Discharges for following week less than 5 patients • Actual discharges for the previous week less than 5 patients • Patients waiting more than 10 days to transfer and more than 20 patients on the transfer list • Assistant Director to undertake deep dives across all areas
Mental Health & CAMHS	<ul style="list-style-type: none"> • Available PICU capacity • Beds available for admissions within all specialities 	<ul style="list-style-type: none"> • Limited PICU capacity • Occupancy more than 85% • Transfers to treatment wards and specialist dementia beds expedited to create admission capacity • All leave beds utilised • Home treatment teams supporting early discharge 	<ul style="list-style-type: none"> • No PICU or admission capacity • Home treatment teams at capacity • Patients being admitted out of area to meet the legal requirements of the Mental Health Act 	<ul style="list-style-type: none"> • No PICU or admission/ assessment beds available • Patients unable to be admitted to out of area mental health placements due to no emergency provision and breaches in the legal requirements of the Mental Health Act (1983) • Failure to meet the legal requirement of the Mental Health Measures (2012) due to workforce demand

<p style="text-align: center;">Children's Wards</p>	<ul style="list-style-type: none"> • Occupancy rates less than 85% • No delayed transfers of care • Predicted and known capacity to accommodate emergency and elective admissions • Available HDU bed • Available cubicles • Adequate Medical Staff cover • Adequate nursing staff to cover ward and HDU if required 	<ul style="list-style-type: none"> • Occupancy rate more than 85% • Children being admitted or transferred out to outlying speciality • Routine electives under review • Only one cubicle available • No acute beds available within the next 30 minutes • One HDU patient • Insufficient medical staff on SHO and Registrar Rotas. • Insufficient nursing staff to provide HDU care 	<ul style="list-style-type: none"> • Occupancy more than 90% • 2 HDU patients • One cubicle available within the next hour • Discharges and transfer less than predicted and will impact significantly on capacity. • Children waiting more than 1 hour if assessed as green on clinical priority assessment and 30 minutes if assessed as amber, for first contact with assessing clinician. • Medical staff shortage at SHO or Registrar rotas 	<ul style="list-style-type: none"> • Admissions have significantly exceeded predicted levels • Occupancy more than 95% • No cubicles available • 2 or more HDU patients • All children waiting more than one hour for first contact with assessing clinician. • All planned admissions cancelled. • Medical staff shortage at both SHO and Registrar rotas.
<p style="text-align: center;">Acute Hospital</p>	<ul style="list-style-type: none"> • Predicted and known capacity to accommodate emergency and elective admissions (including community beds) • Available CCU, HDU & ITU capacity • No known external factors to impact upon capacity • Normal operating • Occupancy rate are at less than 85% • No delayed transfers of care • No critical care delays • Less than 5 medical outliers • All performance targets have been met • No additional beds opened • Elective lists proceeding as scheduled 	<ul style="list-style-type: none"> • CCU, HDU & ITU delayed transfers of care identified • Patients being admitted or transferred to an outlying speciality • Unplanned bed closures i.e. infection outbreak • Routine electives under review • Occupancy rates more than 85% consistently for 1 week • Medical outliers more than 10 for more than 5 days • Critical Care DTOC more than 2 days for any one patient • No acute beds available within the next 30 minutes • More than 5 DTOCs waiting more than 3 days 	<ul style="list-style-type: none"> • All available staffed bed capacity in use • Divert within health board in place • Occupancy rates more than 90% consistently for 1 week • 12 hour waits in the emergency department without clinical reason. • More than 20 medical outliers for more than 5 days • Critical Care DTOC for more than 5 days for any one patient • More than 10 DTOCs waiting more than 3 days • Limited ability to create CCU, ITU & HDU capacity • Discharges and transfers less than predicted and will impact significantly on capacity 	<ul style="list-style-type: none"> • No CCU, HDU or ITU capacity available • All planned admissions have been cancelled • Commissioned additional capacity in use • Seek external divert options • No transfers or discharges taking place • 5 or more 12 hour waits in the emergency department without clinical reason.

GP Out of Hours	<ul style="list-style-type: none"> • No known external factors to impact upon capacity • All shifts covered 	<ul style="list-style-type: none"> • Patient demand is starting to exceed normal levels • Running low on appointments at primary care centres • Routine patients waiting more than 1 hour for telephone triage • Urgent patients waiting more than 20 minute for telephone triage 	<ul style="list-style-type: none"> • Patient demand has exceeded predicted levels • Very few appointments available at primary care centres • Routine patients waiting more than 2 hour for telephone triage • Urgent patients waiting more than 1 hour for telephone triage • Excessive demand for home visits • Not all GP shifts covered • Unable to source more GPs to alleviate pressure 	<ul style="list-style-type: none"> • Patient demand has significantly exceeded predicted levels • No appointments available in primary care centres • Routine patients waiting more than 4 hours for telephone triage • Urgent patients waiting more than 2 hours for telephone triage • Excessive demand for home visits • Significant gaps in GP rota
Neonatal Unit	<ul style="list-style-type: none"> • Cot occupancy rates less than 80% • Patient acuity level less than 75% • Adequate medical staff cover (Minimum cover out of hours: one SHO for neonates only (applies to RGH) or one SHO shared with paediatrics (applies to PCH), one registrar shared with paediatrics, one consultant shared with paediatrics) • Adequate nursing staff to deliver care in line with All Wales Neonatal Standards • Sufficient Equipment to care for current workload with capacity for additional babies transferred in 	<ul style="list-style-type: none"> • Cot occupancy rate more than 80% • Acuity level more than 75% • Level of activity actual and anticipated is beyond the cot capacity available • Potential in-utero transfers to the other maternity unit within the health board due to unavailability of neonatal cots • There is insufficient equipment immediately available to provide care for any emergency admissions 	<ul style="list-style-type: none"> • Cot occupancy more than 100% • Patient acuity level more than 90% • Cot availability for emergency babies only • Medical staff shortage at SHO or Registrar rotas • Infection on the Unit which cannot be contained in line with infection control procedures • Insufficient key equipment immediately available to provide care for current babies on the Unit and any emergency admissions • Level of acuity exceeds nursing staff available as per All Wales Neonatal Standards 	<ul style="list-style-type: none"> • Patient acuity level more than 100% • The remaining cot availability has been utilised, and there is an expected admission from maternity unit • Ex-utero or in-utero transfers out not possible due to unavailability of neonatal cots • Medical staff shortage at both SHO & Registrar rotas • There is insufficient key equipment immediately available to provide care for current babies on the Unit and an emergency admission is expected

Appendix 6

Christmas and New Year Service Provision



Christmas and New
Year Service Provision

This template is to be updated by October 2018.

Appendix 7

Seasonal Flu Management Plans (staff and patients).



Action Plan - Action Plan - Staff -
Community - May 8t May 8th 2018.docx

(Note these are working documents which are updated monthly)