

SWANSEA BAY UNIVERSITY HEALTH BOARD

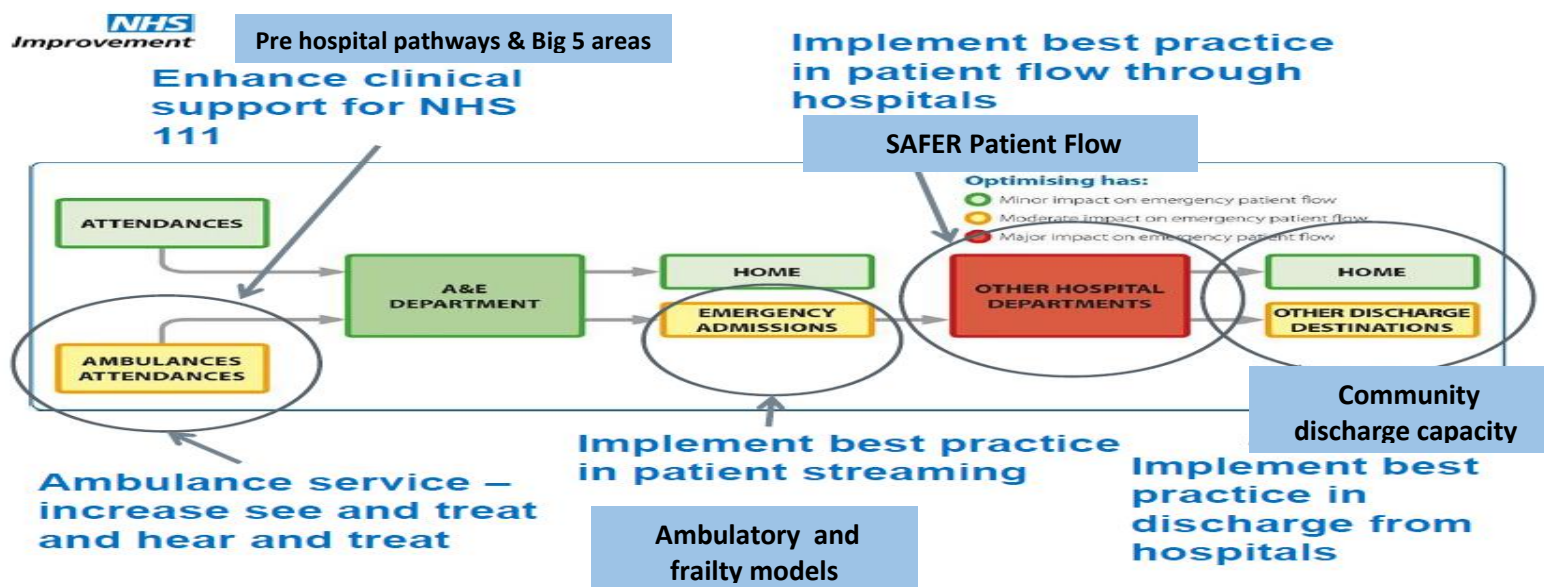
SEASONAL PRESSURES PLAN 2019/20

1. INTRODUCTION AND CONTEXT.

Health and social care services experience pressures all year round, but the winter months can be a particularly challenging period. Colder and more hazardous weather conditions; increases or changes in activity in some parts of the system; and spreading of infectious diseases such as influenza and norovirus can all result in additional pressure for front line services, and negatively impact on timeliness of patient access and patient and staff experience.

Recognising that unscheduled care pressures are evident all year round, the Seasonal Pressures Plan for the Swansea Bay Health Board area reflects the Health Board's programme for delivering system wide improvement in unscheduled care, incorporating the work of the West Glamorgan Hospital to Home transformation programme.

The key features of these programmes, which largely mirror the NHS improvement approach to unscheduled care are summarised in the diagrammatic representations below:



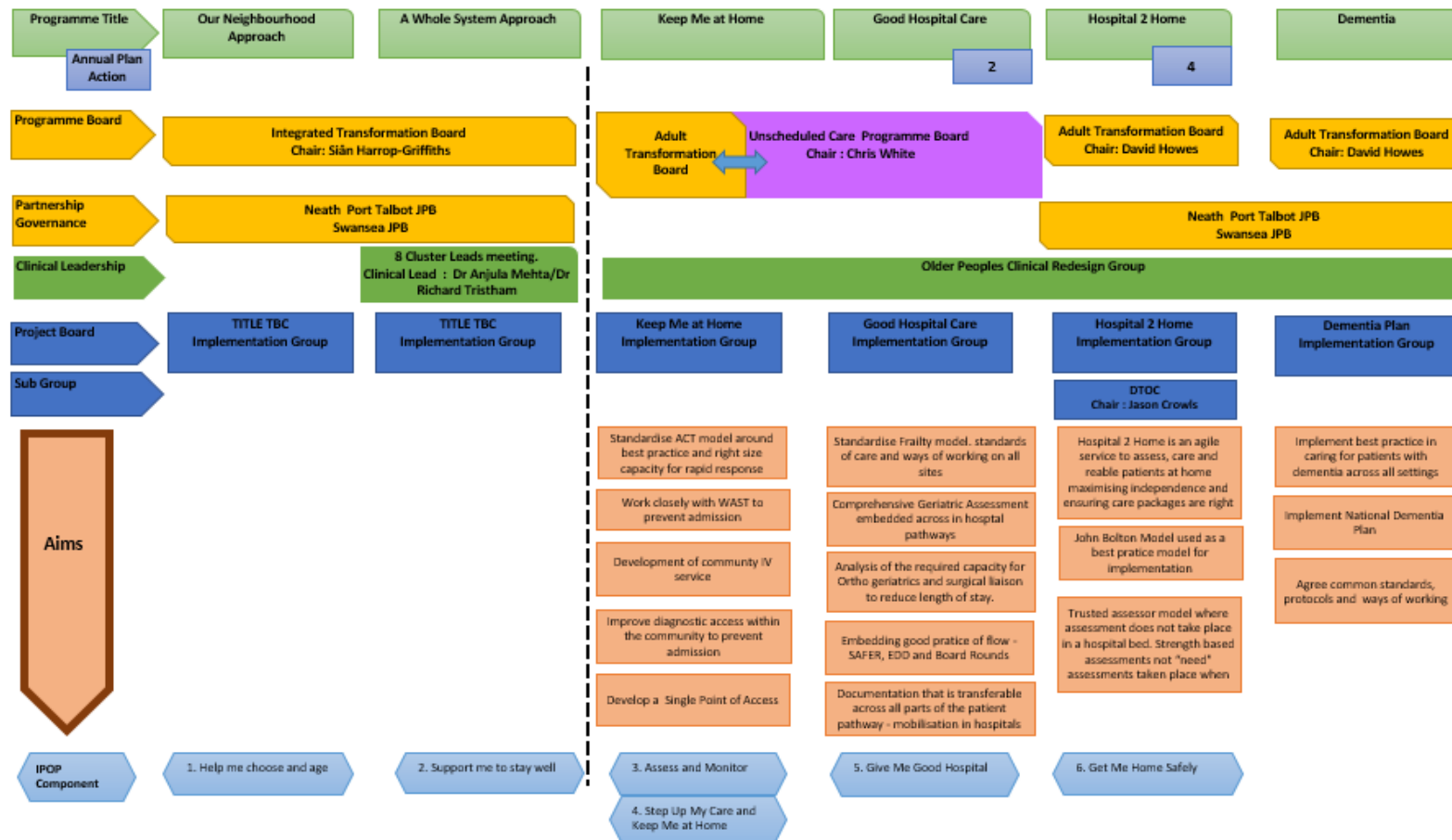


Home 2 Home Integrated Pathway for Older People



Unscheduled Care Annual Plan Actions

1. Ensure Timely Access to Urgent or Emergency Care through implementing assessment recommendations for vascular, Fractured neck of femur, Acute Medical Assessment Unit (AMAU) and ED pathways, maximising use of Medicine Neurology and Respiratory Hot Clinics and flexible beds.
2. Reduce patient risk through reduction in avoidable delays and prolonged hospital stay through Implementing the NHS Wales Deliv'ery Unit complex discharge audit recommendations and Right Care Right Place review recommendations.
3. Rebalance medical bed capacity at Morriston through maximising the use of Early Supported Discharge for COPD patients at Morriston and Singleton, and the use of community hospital frailty beds, pathway coordinators (funding dependent), Green to Go ward relocation (funding dependents) and implementing OPAS pus (funding dependent).
4. Draft Transformation Fund Bid for Hospital2Home service including new discharge to assess and recover model, expansion in reablement at home, expansion in acute clinical teams & Single Point of Access.
5. Centralise the Acute Medical Take at Morriston and align with continued planning for the HASU (subject to any engagement/consultation requirements).



The main elements of the overarching work programme to improve our unscheduled care system for the population served by Swansea Bay UHB and associated partners are:

- Pre hospital/ Keep me at Home work to maximise services provided by our acute care teams and to further reduce the need for patients to be conveyed to hospital through alternative and enhanced care provision in the community.
- Optimising in hospital care by the Good Hospital care group through rigorous implementation of the SAFER flow good practice principles and the development of models of care and departmental processes that are more efficient and patient centred – for example, ambulatory care services.
- Enhancing community capacity through the development of our early supported discharge model, increased community capacity to assess the ongoing care and Reablement needs closer to home, and implementation of the trusted assessor model to ensure a consistent approach to determining future care requirements.

Unlike previous years, the health and social care system in Swansea Bay has not seen a de-escalation of unscheduled care pressures during the summer months. This has been evident through the increased demand at our Emergency department and minor injuries units, workforce capacity gaps in key clinical areas, and an increasingly fragile domiciliary care sector, all of which have contributed to patient flow and capacity constraints and subsequent performance deterioration.

In addition, the unforeseen loss of 31 inpatient beds at Singleton hospital this financial year, following a fire in March 2019, along with subsequent environmental issues, has also had a major impact on flow and capacity within the Health Board. However a programme of work is underway to bring this capacity back on stream on a phased basis between the end of December and early March, which will have a positive impact on increasing inpatient bed capacity in Quarter 4 which is usually the most demanding period of the winter.

As a consequence of the ongoing capacity pressures in Swansea Bay Health Board, through the unexpected loss of this inpatient bed capacity earlier this year, alongside an increase in the number of bed-days where patients are delayed in a hospital bed awaiting discharge, Health Board unscheduled care monies for 2019/20 have already been deployed, to fund and maintain additional surge beds in the system, and to protect capacity for elective work.

The Health Board has continued its journey of financial recovery in 2019/20, to ensure best value and efficiency is secured from within the agreed financial resource envelope, and through the ongoing development of more sustainable service models in the unscheduled care system that support improvements in patient flow, capacity utilisation, patient experience and performance. Approval to develop sustainable and improved service models have been supported as part of this process, including enhancing capacity in our respiratory services and early supported discharge services.

The overarching aim of the West Glamorgan Hospital to Home transformation programme is to deliver more sustainable service models of care in our community services, and the early part of this financial year has focussed upon developing and implementing plans to move towards this system transformation. It is expected that this work programme, which will deliver increased community capacity, will come to fruition in December 2019, and will have a positive impact on improving patient flow across the Unscheduled care system over the winter months.

It is recognised however, that the winter months bring additional pressures on our health and social care services. Therefore, our winter plans also needs to demonstrate that arrangements are in place to respond flexibly to these pressures, to assist with improving patient flow and capacity, and to mitigate the impact on quality of care, patient experience and performance, by further strengthening system resilience over this period.

2. APPROACH TO WINTER PLAN 19/20

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

The development of the winter plan for 2019/20 is being undertaken with the input of the six service delivery units within the Health Board, corporate and support services, Swansea Bay local authority partners, and the WAST Head of Operations in Swansea Bay UHB .

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

This winter plan describes the plans that have developed during 2019 as part of the USC improvement and change programmes outlined above, which will enhance capacity and resilience going into the winter months.

The winter plan has also taken account of lessons learnt from previous winters, and outlines the further measures that the health and social care system is planning to support in Swansea Bay, through additional winter pressures funding of circa £3.5 million, which was confirmed by Welsh Government at the end of September. This additional funding has been allocated to Health Boards and Regional Partnership boards with a specific focus on allocating this funding to support 7 nationally agreed themes as follows:

- Optimised cross sector working – to keep more people at home
- Urgent primary care/ out of hours service
- Preventing un-necessary conveyance and admission to hospital
- Discharge to recover and assess – to enable more timely discharge
- Community step down capacity – to enable more timely discharge.
- An enhanced focus on the respiratory pathway to keep more people at home.

- Enhanced focus on frailty services/ pathway.

The Health Board’s Unscheduled care programme and the West Glamorgan Hospital to Home transformation programme are closely aligned with the seven nationally agreed themes, and reflect the primary aim to enhance capacity in our primary and community services, thereby supporting more people to keep well at, or closer to, home.

The additional funding announced by WG at the end of September to assist with the management of winter pressures, will therefore be used to enhance, and, where possible, accelerate the plans that are already being progressed through this multi-agency programme of work.

3. CAPACITY

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

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

Table 1

Action	Expected impact	Timescale
Ensuring SAFER flow principles are increasingly used in the day- to- day management of patient flow	Eliminate un-necessary delays in a patient stay in hospital which will be monitored through: <ul style="list-style-type: none"> • The number of stranded patients with a length of stay > 7 days • percentage of patients discharged before midday • readmission rates • Early board round completion 	In place – being embedded as a consistent part of daily operational processes through senior clinical leadership.
Expansion of ESD service to cover the whole of Swansea Bay area	An additional 60 patient caseload will be supported in the community when the ESD team is fully staffed, in addition to the current NPT ESD patient cohort which is currently staffed to manage up to 35 patients. This service will be targeted at patients in the 2-3 and 4-6 week discharge support categories.	Phased from December 10 th

<p>Fully embed the COPD early discharge team in Swansea which was funded in 2018/19, but which only became fully staffed and rolled out across the HB from the end of May 2019.</p>	<p>Support earlier discharge of patients with exacerbations of respiratory illness, which is one the key emergency care pathways targeted for improvement.</p>	<p>In place - impact of first quarter of 2019/20</p> <p>Savings of Bed Days</p> <table border="0"> <tr> <td>Singleton</td> <td>111.7 days</td> </tr> <tr> <td>Morrison</td> <td>47 days</td> </tr> <tr> <td>Total</td> <td>158.7 days</td> </tr> </table> <p>Readmission</p> <ul style="list-style-type: none"> National Average Readmission rate 35% COPD Team Readmission rate 7.8% 	Singleton	111.7 days	Morrison	47 days	Total	158.7 days
Singleton	111.7 days							
Morrison	47 days							
Total	158.7 days							
<p>Our frailty services have been remodelled on all hospital sites namely ICOP service at Singleton, Older Person's Assessment service (OPAS) at Morrison, and the enabling and early supported discharge service at NPT. This has been achieved through a combination of service redesign within existing resources and through changes to workforce models.</p> <p>Further work is now taking place to realign services into one frailty model for Swansea Bay UHB.</p>	<p>Reducing length of stay through admission avoidance , rapid access to diagnostic tests, earlier discharge.</p> <p>Reduction in the number of stranded patients > 7 days length of stay.</p> <p>Reduced risk of hospital acquired infection and deconditioning.</p>	<p>Full ICOP team in place in Singleton >80% patients assessed are discharged to place of residence rather than admitted.</p> <p>OPAS at Morrison -in place – supporting 90.6% of patients assessed in ED to return home</p> <p>Enabling ward at NPT – in place</p> <p>ESD at Neath – managing a case load of 30-35 patients on a daily basis and the service is being expanded over the winter months to extend to Swansea residents.</p>						

Further maximise the use of and access to day care and ambulatory care facilities	<ul style="list-style-type: none"> Increased throughput through resourced capacity and revised ambulatory care pathways. Reduced inpatient admissions through improved access to day case services, senior medical review, diagnostic tests 	Ongoing
Flexible use of CEPOD(emergency) theatre capacity	Reduce waiting times for inpatients awaiting emergency surgery	As required to respond to inpatient demand
Strengthened medical staffing cover.	Improved access to senior clinical decision makers to enable more timely decisions and management plans to be initiated – releasing system capacity.	In place through SHO cover at Singleton (Ward 2 to manage outlying patients) Additional medical staff in Morriston medical services to ensure timely patient reviews - in place.
Agreement to support 2 additional ED consultants at Morriston initially	Increased senior medical decision making support and capacity at the front door.	Recruitment from October 2019 – aim to secure locums in the interim
Eight 4x4 vehicles secured from within existing resources to assist with essential transport arrangements during adverse weather	Safe staffing levels/ staffing capacity to deliver essential patient care	November 2019– March 2020
Strengthening non-emergency ambulance transport capacity through <ul style="list-style-type: none"> closer working with WAST Non emergency patient transport to maximise existing capacity. 	Earlier and more timely patient discharge.	In place and ongoing

<ul style="list-style-type: none"> • Use of dedicated non NHS transport provider capacity to aid timely discharge • Commissioning additional HB wide vehicle to support patient flow over the winter 		Under development.
<p>Mental Health services:</p> <p>Psychiatric Liaison Team (PLT)</p> <p>Crisis Resolution Home Team: (CRHT)</p> <p>Older Persons Mental Health services (OPMHS)</p>	<p>Following investment from WG, the PLT has now extended its hours of operation and works from 7am to 10pm 7days a week. This allows the team to provide a flexible and responsive service across ED and 4 hospital sites (SGH, MGH, NPT & Gorseinon). The team meets the targets of a 1 hour response time to ED and 48 hours for routine ward referrals. A component of the PLT is the flexible in-reach hospital support team and they provide support and training into the management of mental health patients, particular patients with a dementia diagnosis in the acute hospitals.</p> <p>The CRHT teams for SBUHB now provide a 24 hour assessment service for all individuals suffering from a mental health problem and in a degree of crisis. The teams effectively gate-keep all admissions into acute adult MH wards and provide home treatment as an alternative to hospital admission where appropriate. The teams work to a 4 hour response time for all referrals accepted for assessment. The teams have well established pathways with South Wales Police and WAST.</p> <p>OPMHS continues to modernise its services and has recently invested in a number of posts. The service now</p>	In place

	<p>has an assessment & treatment component that focuses on early diagnosis and intervention. This primary care service is supported by an established secondary care service built on a CMHT model.</p> <p>OPMHS now has fully developed Nursing Care Home Intervention Teams across Swansea Bay; these provide proactive support and interventions to people with complex needs currently being cared for in the Nursing Home sector. This allows patients to remain in their care home and seeks to improve their quality of life.</p>	
Increase the number of patients who receive end of life care by the palliative care team from current baseline	Relaunched end of life work programme - increasing the number of patients who can be supported to receive end of life care in their own homes. Reduction in up to 1560 bed-days.	October onwards
Improved models of care for higher dependency patients (see section 3.5 below on critical care)	Improved utilisation of existing critical care resources, and enhanced respiratory services through the provision of NIV facilities at Morriston hospital.	In place
3rd sector services – British Red Cross and Care and Repair	Facilitates and supports more timely patient discharges	In place with non-recurrent WG funding support from April 2019 to 31 st March 2020.

3.2 Plans to increase Unscheduled care system capacity through additional Welsh Government (WG) winter pressures funding.

On 26th September 2019, the Health Board received confirmation that it will be allocated additional non recurrent Welsh Government winter pressures funding of £1.295 million. In addition, WG confirmation has also been received of specific funds to support nationally agreed priorities in the following areas:

- the management of patients who frequently attend emergency departments (a frequent attender nurse and administrative support at Morriston hospital)
- additional resources for respiratory services
- primary care services

Furthermore, in recognition of a deteriorating position in the number of patients experiencing a delayed discharge in our hospitals, Welsh Government has also confirmed the allocation of a further non recurrent investment of £2.201 million for the West Glamorgan Regional Partnership. This funding comes with the expectation that it will be used to target the 7 themes outlined in Section 1 of this plan, but with a particular focus on reducing delayed discharges that are attributable to capacity constraints within the domiciliary care sector.

A summary of the proposed allocation of the additional non recurrent WG funding allocated to the Health Board is outlined in Table 2, along with the anticipated impact of on capacity, service resilience and/or performance:

3.2.1 HEALTH BOARD WINTER PLANNING MONIES ALLOCATED BY WG 2019/20 - Proposed winter investments with forecast benefits

Table 2

SCHEME	INVESTMENT REQUIRED	FORECASTED BENEFITS	PERFORMANCE IMPACT
Acute GP triage of patients on the ambulance stack (Singleton/Primary care)	£40k HB contribution to provide 5 day service from November – March.	Redirection of appropriate patients to alternative care pathways and services who have requested an emergency ambulance response	44% reduction in ambulance conveyance – day time hours and a reduction in ambulance handover delays.
Phase 2 of the COPD service which will further reduce the un-necessary	£72.8k for 5 months	Will be dependent upon success of the recruitment of nursing and therapy staff	Admin support will release clinical time to manage increased demand over the

SCHEME	INVESTMENT REQUIRED	FORECASTED BENEFITS	PERFORMANCE IMPACT
admission of patients with an exacerbation of this chronic condition (HB wide)		but full year impact expected to be a reduction of 2645 bed days.	winter – further impact this winter is dependent on ability to recruit but is unlikely to come on line until Q4 of 2019/20.
Improve proportion of medical patients treated using ambulatory care pathways (Morrison)	£61k	Reduced overcrowding in ED Reduced length of stay More timely patient access and improved patient experience for medical patients	Capacity Impact expected of reduction in 1825 bed-days
Increased pharmacist support in Morrison ED Extended pharmacy hours in Singleton SAU 5- 8pm and on a Sunday (overtime)	£79.2K (5 months) £20k	The Welsh Government's winter themes plan includes a specific recommendation that Health Boards should develop plans for pharmacists in ED services and other relevant areas to support flow and medication safety.	Reduction in ED waiting times Improved patient safety in respect of medicines management.
Microbiology will run a seven day a week service to provide rapid flu testing (based at Singleton Hospital).	£80k	Service will accommodate rapid testing of 655 patients over the 2019/20 winter period.	Early identification of patients with confirmed influenza to ensure appropriate treatment, management and flow of patients attending hospital.
Point of care Testing in ED at Morrison	£12k		
Increase temporary Mortuary capacity (HB wide)	£17k	Ensuring sufficient body store capacity through the provision of 12 additional spaces.	This is a quality and safety issue.
Health Board Ambulance Liaison role – 10am -10pm 7 days a week.	£76.6k	Improved communication between emergency department and WAST at times of heightened escalation.	Reduction in ambulance handover delays.

SCHEME	INVESTMENT REQUIRED	FORECASTED BENEFITS	PERFORMANCE IMPACT
		<p>Assisting with the management of patients who may have a prolonged handover wait.</p> <p>Reduction in delays through maximising fit to sit protocols and shared management of patients in hospital ED's to release ambulance crews.</p>	
<p>Enhanced diagnostic capacity for 3 months:</p> <p>Biochemistry Singleton.</p> <p>Extended radiology cover for SAU Singleton</p> <p>MRI capacity Morriston</p> <p>ECHO Morriston</p>	<p>£38.6k</p> <p>£3.2k</p> <p>£51k</p> <p>£4k</p>	<p>Improved and more timely access to diagnostic investigations which will support patient flow through a reduction in waits for diagnostic tests and investigations</p>	<p>Difficult to quantify but expected to contribute towards a reduction in length of stay.</p>
<p>Expand the OPAS service at Morriston to 6:00pm weekdays and also Saturday working for 4 months to increase the scope of admission avoidance already delivered by the baseline service</p> <p>Expand ICOP service to Sunday morning at Singleton for 4 months</p>	<p>£17k</p> <p>£5.9k</p>	<p>Reduction in admissions for over 65 fallers</p>	<p>Equivalent to 1460 bed days</p>

SCHEME	INVESTMENT REQUIRED	FORECASTED BENEFITS	PERFORMANCE IMPACT
Enhanced medical and nurse staffing Morrison x 3months Singleton x 3 months	£100k £100k	Increased staffing capacity ad service resilience. Improved patient care.	Difficult to quantify – but will improve quality and patient safety through increased capacity to manage front door patient demand and patient acuity.
Speech and Language Therapist role in ED (agency)	£18k	<ul style="list-style-type: none"> • Prevention of recurrence of readmission and failed discharge • Prevention of aspiration of pneumonia • Reduction in malnutrition/dehydration/ unnecessary naso-gastric tubes. 	Admission avoidance Improved patient experience and clinical outcome Reduction in consumable costs.
Enhanced asthma service	£47k	<p>The focus will be on identifying high-risk patients at increased risk of severe exacerbations and death, requiring referral to the specialist asthma service, through Morrison Emergency Department (ED), Singleton Assessment Unit (SAU) and inpatients across the two hospital sites with asthma. There will be an important focus on identifying so-called ED 'revolving door' patients, and improving self-management to reduce reliance on unscheduled care in ED.</p> <p>Providing specialist input to support discharge and prevent readmissions.</p>	Reduced emergency admissions/ 999 presentations following severe exacerbation of asthma.

SCHEME	INVESTMENT REQUIRED	FORECASTED BENEFITS	PERFORMANCE IMPACT
		Health Care Professional access to refer to hot clinics to support admission avoidance	
Primary care doctor role in ED - day time hours.	£47K	To support patient triage and, where appropriate, the redirection of patients presenting at ED with a primary care condition.	Release of capacity in ED to manage emergency patients Improved 4 hour performance
Pilot of HB wide patient flow co-ordinator role. (5 months)	£37k	More streamlined patient flow arrangements across the HB through improved communication and alignment of patient flow resources.	
Additional non emergency ambulance transport to facilitate hospital discharges/ patient transfers	£91k	Additional transport capacity to facilitate hospital discharges and non-emergency patient transfers.	Improved patient flow and patient experience as discharge and transfer waits are reduced.
20 surge beds – Singleton Hospital (Q4)	£161k	Appropriate ward environment for the management of additional emergency inpatients.	Improved patient care and patient experience. Reduction in ambulance delays through increased bed capacity.
Total	£1.16m		

This will leave a contingency sum of approximately £134,000 plus any slippage against the above schemes which will be managed by the Chief Operating Officer to respond to any unforeseen additional demands over the winter period.

3.2.2 West Glamorgan Regional Partnership Board Winter monies allocated by WG.

In partnership with Swansea City Council and Neath Port Talbot County Borough Council, the Health Board is implementing a transformational project to strengthen the Western Bay optimum model to become a Hospital 2 Home service. This is an outcome of the Right Place Right Care

review findings in October 2018, which highlighted there is a great deal of opportunity to make changes, both within Health Board services, and in partnership with the Local Authorities to improve flow through the whole system, to use our joint capacity effectively and to improve outcomes for older people

The development of an agile Hospital2Home service that has the ability to assess, care and re-able patients at home is based on research undertaken by Professor John Bolton of Oxford Brookes University. This service will maximise the independence of older people and ensure care packages are right sized before being put in place. The model is being built around a trusted assessor model where assessment does not take place in a hospital bed, and where strengths-based assessments take place when the patient is not in crisis. It is considered that this service model will help to maximise the use of the existing social care capacity to best effect, ensuring that there is improved patient flow across the system.

In addition to the increased community care capacity identified in Table 1 above which will come on line from 10th December, this additional WG funding allocated through the Regional Partnership Board provides additional opportunities to enhance capacity over the winter period through the following mechanisms:

- Enhanced support for care homes
- Supporting hospital discharge for people in care homes
- Enhanced third sector support to assist with the discharge of patients from hospital
- Enhanced domiciliary care capacity in NPT Local authority area
- Enhanced capacity to review and right size existing packages of care in Swansea Local Authority.
- Acceleration of capacity in the hospital to home service.
- Additional community equipment and weekend opening to facilitate timely discharge
- Assistive technology
- IT equipment
- Pooled fund to enable rapid response to support patient discharge/admission avoidance.

The confirmed allocation of this non recurrent monies will be finalised by 15th November 2019 through the regional partnership board.

3.3 FURTHER OPTIONS TO INCREASE CAPACITY

In light of the ongoing unscheduled care pressures this financial year, and the unpredicted loss of 31 inpatient beds at Singleton hospital, the HB has continued to support surge bed capacity on all of our hospital sites. In addition the 16 bedded elective orthopaedic ward at Morriston hospital has been breached with emergency patients since March 2019.

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

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

Singleton Hospital

- **Ward 7** -16 beds following the phased re-provision of inpatient beds at Singleton hospital from early January 2020.

Neath Port Talbot Hospital

- Medical ward at NPT hospital – up to 14 beds.

The funding allocation outlined in table 2 above has currently only supported the opening of the 16 beds in Singleton hospital.

3.4 Elective capacity

The Health Board's Referral to Treatment Time delivery plans factor in the need to maximise efficiency from our core capacity, and also recognise the potential impact of winter pressures on elective activity. Our winter plans have included arrangements to mitigate the impact of winter pressures on elective activity, through the use of clinical areas and the implementation of models of care that are not affected by winter pressures, such as day surgery areas (Singleton trolleys), short stay surgical facilities (retention of the TAU model at Morriston) and improved utilisation of the surgical unit at NPT hospital. Given recent pressures experienced in the deployment of flexible clinical capacity as a result of HMRC changes, the Health Board is also outsourcing activity to mitigate, where possible, these impacts.

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

Our RTT delivery plan confirms the need to continue to support orthopaedic elective activity requiring an MRSA screened ward environment AT Morriston hospital during the winter period, and plans have been developed to do this, on a phased basis in October, following the reduced levels of scheduled care activity through the ward in the first half of 2019/20, as a result of unscheduled care pressures.

3.5 Critical care capacity

Options to increase physical critical care capacity in Swansea Bay UHB over the winter months are limited. From an operational perspective, the effective and timely discharge of patients from the critical care areas is also key to maintaining capacity and flow in our critical care areas.

However over the last 9 months the following service changes have been implemented at Morriston hospital to improve the way in which critical care services have been delivered as outlined below:

- 4 NIV beds were established in Morriston with effect from December 2018, for respiratory patients, which has resulted in a reduction on demand on critical care beds of circa 1 bed and which has also addressed an unmet need, as more patients are now receiving NIV treatment compared with the pre NIV Unit establishment.
- The capacity of the critical care outreach team has expanded from 2 to 6 staff since the beginning of the year. This team tracks and manages deteriorating patients on the wards, and through earlier intervention and support, is aiming to reduce or avoid the need for a patient stay in the intensive care unit.
- Morriston hospital has introduced patient handover between the hospital at night and critical care outreach teams since May 2019, to ensure improved communication and that there is increased clinical focus on our sickest patients out of hours.
- Additionally, the hospital at night team is now supported by band 3 staff which releases capacity of the more experienced staff to support the sickest patients. These posts will be funded from recurrent additional funding (CIIG) received from WG for critical care services.
- Some short term schemes have also been funded non recurrently via CIIG, such as rehabilitation assistants in critical care, which have had a positive impact on reducing length of stay for patients in ITU.

4. MANAGING DEMAND

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

4.1 Flu Plan

Our comprehensive flu immunisation plan has been revised, building on lessons learned from previous years. In response to a small decrease in uptake of the flu vaccine in children aged 2 and 3yrs in the 2018/19 season, we have completed targeted, supportive visits to a small number of GP practices who were identified as achieving less than 40% uptake in this age group. As a result of these visits, the Flying Start Health Visiting team are proposing to pilot an immunisation catch up session in a nursery mid-November, dependant on uptake rates at that time. All children in primary schools across the HB will be invited to receive their vaccine from the school nursing and immunisation team. We will aim to complete the vaccination of these age groups by Christmas 2019.

The Swansea Bay UHB primary care flu planning group has reviewed submitted flu practice plans for the forthcoming flu season, and throughout the season will be monitoring flu vaccine uptake across the Health Board. We are however aware that some GP practices face a challenging time this year, given the phased delivery of the Sanofi QIVe which is one of the recommended vaccines for those aged 6 months to 64yrs of age in an at risk groups. This invariably will impact on our uptake rates initially, as the last delivery is not expected until November.

In relation to front line staff vaccination, following a review of the previous year's campaign which demonstrated a slight reduction in the percentage of staff vaccinated, the Health Board has funded a temporary staff flu immunisation coordinator post who will support and oversee the staff flu vaccination programme this year, along with additional mobile vaccinators. This year we have asked for the support of Health Board Pharmacists, Physiotherapist and Radiographers, in addition to the nursing staff, to administer flu vaccinations to staff this year. This year the Health Board has procured the QIVc for the staff campaign which officially launched on the 23rd September. Additionally, charitable funds have enabled a new promotional video that utilises the game of Thrones strapline, 'Winter is Coming' to promote and encourage update of the vaccine by staff.

As in previous years, plans are in place to vaccinate our vulnerable patients, whether they are in the community or in hospital. GP's will continue to work collaboratively with community nursing teams, who will support the vaccination of patients and their carers. In addition to this, GP practices continue to liaise with staff working in care facilities (homes with nursing or residential care) and community pharmacists to ensure vulnerable patients are protected. The QIVc which we have procured for our staff campaign will also be used to pro-actively vaccinate our long stay patients, and care of the elderly patients in our hospitals.

As in previous years, our Community pharmacists will continue to support flu vaccination across the Health Board. 63 community pharmacies have been commissioned to provide this service for the 2019/20 season.

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

This service simplifies patient access to urgent care services out of hours, and ensures that patients are assessed and managed by the most appropriate health care professional. This service has also made a positive contribution towards reducing the conveyance of lower acuity calls by an emergency ambulance, where there has been an 8.6% reduction in HCP (green) patient conveyances to hospital in the 9 months from January to Sept 2019 compared with the same period in 2018.

Developments and changes to the workforce model have continued to be implemented in this service during 2019/20, which have further strengthened the resilience of the out of hours/111 service. This includes the appointment of 2 new clinical leads, increasing the number of home visits undertaken by the paramedic role in this service, thereby releasing capacity of other clinicians within the team, and introducing changes to the management of patients who attend the GP out of hours service base at Morriston hospital.

This service consistently reports Level 1 status through proactively managing capacity to flexibly respond to fluctuations in demand.

4.3 Primary care.

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

Table 3

Action	Impact	Timescale
<p>Workforce redesign in the out of hours service to ensure that the services is able to respond to variation in demand</p>	<ul style="list-style-type: none"> • An initial analysis of information on calls coming through to SBUHB Urgent Primary Care from 111 April – August 2018 compared to the same period 2019 shows a reduction of 168 contacts across the period (from 28431 calls in 2018 to 28263 calls in 2019). This shows a very slight reduction overall but given the year on year increase in demand experienced by unscheduled care services it shows that the number of calls coming through from 111 to SBUHB Urgent Primary Care has been held steady. The number of priority 1 calls coming through (as a sub set of the above total) has reduced by 753 (from 13258 in 2018 to 12505 in 2019). • Band 6 Nurse is regularly undertaking 8 sessions in Urgent Primary Care on Sundays. It is planned to advertise for a senior Nurse development post shortly. • Paramedic SLA is in place between SB UHB Urgent Primary Care and WAST for a rota of paramedics dedicated to SBUHB UPC to undertake home visits 20:00 – 08:00 7 days a week, 52 weeks of the year. Since the SLA began in November 2018 until end of September 2019 the paramedics have undertaken 1131 home visits, which is a 33% of the total home visits 	<p>In place</p> <p>November 2019</p> <p>In place</p>

	<p>undertaken by Urgent Primary Care in that period (total number of home visits undertaken by UPC = 3410) . The aim is to continue monitoring activity against the SLA and ensure that the majority of home visits during the hours covered by the Paramedic SLA continue to be undertaken by the paramedics, ensuring prudent use of the workforce.</p>	
GMS Access	<p>There have been further improvements in the number of GMS practices achieving access standards and work is underway to implement the new access standards from April 2020.</p>	Ongoing
Roll out of the Common Ailments Service	<p>100% of ABMU community pharmacies are now in a position to offer Common Ailment Service (CAS) through consistent collaboration with community pharmacy wales. Over 30,000 consultations have been delivered this year, supporting unscheduled care and sustainability within GP practice.</p>	In place
63 community pharmacies have been commissioned to deliver the flu vaccination service for 2019/20, 100% of these pharmacies are able to deliver flu vaccinations for care home staff.	<p>Reduction in flu prevalence through enhanced support to care home staff and residents.</p> <p>Extensive engagement has been undertaken to raise awareness of the community pharmacy flu service by liaising with internal colleagues for nursing and dual registered care home and external stakeholders for residential homes.</p>	In place from October 2019
Telephone first model.	<p>Supports practices to look at managing patient demand in a different way, with the aim of supporting improved access, patient signposting and practice sustainability</p>	Progress has been made with implementation of Telephone First across the GP Practices in the region with increasing numbers of practices adopting the framework.

4.4 Joint initiatives with WAST

All of the initiatives below will contribute towards a reduction in ambulance conveyances or will ensure that patients are directed to and managed by the most appropriate service that meets their needs:

Table 4

Action	Impact	Timescale
Continue to train care home on the I - Stumble' training version 1 tool across the 2 Local Authority areas	<ul style="list-style-type: none"> • Improve the management of patients who have fallen but who have not incurred any physical injury • Improved use of ambulance resources and reduced patient conveyance to hospital. – NB falls is one of the Big 5 target areas along with the Health Care professional calls 	In place with ongoing refresher training
To continue the I stumble training version 2 tool in selected local authority homes in Swansea and NPT	To strengthen and enhance the support to care home staff in the management of patients who have incurred a minor injury. Improved patient experience Reduced risk of pressure damage for 'long lie' residents awaiting a lower acuity WAST response	Ongoing training programme to support care home staff.
Maximising the utilisation and benefit of the D&V pathway	Supports the prevention of un-necessary admissions to hospital. Contains the spread of infection	In place
Continue to build upon the multi-agency frequent attenders programme	Sign posts patients to the right service – reducing ED regular attendances Provision of clear multi professional management plans to reduce attendance at hospital.	In place but will be enhanced with the provision of WG resources to support a full time nurse and administrative support over the winter. Reduction in frequent attenders to ED (baseline was 775 people attending ED in

		Morrison more than 5 times in 2018). Aim is for reduction of 10%.
<p>Acute Care Teams in the community (ACT's) have met with WAST to refresh referral pathways and opportunities. This includes</p> <ul style="list-style-type: none"> • A Paramedic and a Nurse Prac travelling in a RRV and responding to calls on the ambulance stack (targeting care homes in the first instance and then moving onto other suitable calls. This will be an ad hoc arrangement of 2-3 times a week (resource allowing). • ACT Nurse Practitioners will undertake presentations to Paramedics to increase their knowledge base – with aim of increasing referrals into the service 	<p>To avoid un-necessary admissions to hospital To support patients closer to home To identify further potential for direct patient referrals</p>	November onwards
<p>Falls response service.</p> <p>The Level 1 falls service will be maintained and expanded with a second vehicle commissioned over the winter period</p>	<p>To avoid un-necessary conveyance to hospital for appropriate patients.</p> <p>60% non conveyance rate</p>	First vehicle is in place – second vehicle will come on line in November 2019
<p>The acute GP review of the live ambulance stack</p>	<p>This is highlighted in section 3.3 above and is aligned with the SICAT model that has been implemented in North Wales. 44% non conveyance rate anticipated</p>	Phased from November 2019

Review of pathways into Singleton and NPT hospitals	Redirection of appropriate ambulance patients away from the Health Board's at Morriston	Completed.
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5. SYSTEM WIDE ACTIONS TO IMPROVE OPERATIONAL PROCESS AND GRIP

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

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

The Director of Nursing and Patient experience is also leading the development of a Health Board wide escalation policy which is planned for implementation during November. With this in place it is not intended to formally undertake a Breaking the Cycle approach during the first 2 weeks of January, as the revised escalation actions should ensure that HB staff are clear as to their roles in periods of increasing escalation and that consistent actions are taken across the HB and wider system to respond to, and de-escalate, system pressures which are anticipated early in the New Year. This will include cancelling all Health Board meetings that are not essential to core operating business during this period, to release senior management and clinician time to provide increased visible presence and support in clinical areas, and to assist with patient flow.

Within Swansea Bay University Health Board, annual leave for this Christmas and New Year periods will be closely scrutinised and signed off at a very senior level to provide assurance that staffing levels in all clinical areas and within management teams is adequate to support and manage the anticipated increase in demand and emergency pressures at this time. Other arrangements in place to improve system resilience and management of winter pressures include:

- Ability to convene additional multi agency conference calls in addition to the planned twice daily conference call arrangements already in place. Our plans for 2019/20 include the intention to implement **Gold Command** and a multi-agency response to managing periods of exceptional pressures and ensuring business continuity. Gold Command takes a system wide approach to managing risk, and the earlier de-escalation of pressures.
- Strengthened **clinical site management arrangements** with the development and introduction of a 24/7 clinical site (bronze) management model from December 2019. This will ensure a consistent approach in managing patient flow across the hospital site from and is also be supported by electronic solutions to improve the efficiency of the hospital patient flow systems through the roll out of the

SIGNAL system into Morriston hospital during Quarter 3- moving away from paper based systems. This system is already in place in Singleton hospital.

- **Improved operational and reporting processes** when patients are transferred between organisations – either within the Health Board or to other agencies, to improve communication and reduce patient transfer times. This includes rapid **Swansea Bay UHB wide repatriation pathway** escalation within the Health Board for interhospital patient transfers (> 24 hours) and **daily executive led escalation of patients** with other Health Boards where repatriation times exceed 24 hours.
- The Health Board has an approved ABMUHB **Overarching Business Continuity/Significant Incident Procedure** in place supported by tactical command and control arrangements in each service delivery unit.
- **Refresh and re-launch the Health Board’s Patient Flow policy**, coinciding with the Health Board’s quality and safety focus during the Autumn.
- A wider **communications strategy** for the public on navigating the unscheduled care system and managing patient expectations ahead of the winter period. This will include pre-recorded video clips from clinical staff to reinforce key messages to the public, for example, in relation to **Choose Well/ Choosing Wisely**, and promoting the benefits of early discharge on patient outcomes.
- Participating in the revised National escalation arrangements which are planned to come on line prior to Christmas. This arrangement will facilitate a more proactive regional response which will be initiated by WAST to respond to peaks in ambulance demand.
- **Emergency preparedness and resilience plans** are being finalised to mitigate as far as possible potential risks associated with leaving the EU with a ‘no deal’ Brexit.

6. RISKS

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

Risk and risk score	Description	Mitigating actions
Workforce (16)	All parts of the health and social care system are experiencing workforce pressures. This impacts on core services and also the ability to flex and open additional surge capacity.	Enhanced focus on rostering and sickness management arrangements to ensure that existing staff resources are utilised as efficiently and effectively as possible. Compliance with the new Nurse Staffing Act is also a mandatory requirement.

		<p>The Health Board offers a wellbeing advice and support service which provides confidential, bespoke support for staff with emotional and musculoskeletal issues.</p> <p>Promote increased uptake of flu vaccine for all staff groups to maintain staffing capacity.</p> <p>Access to bank and agency staff within agreed protocols.</p> <p>Ongoing targeted recruitment campaigns.</p>
Health Board bed capacity (16)	<p>Demand increases over and above predicted levels have the potential to destabilise the unscheduled care system, and in light of workforce constraints, the ability to further flex capacity is limited.</p>	<p>The Health Board's winter capacity plan builds upon the work undertaken in Quarters 1&2 to implement different and more sustainable models of care, alongside targeted use of resources over the winter months to improve patient flow and inpatient capacity, and in particular to manage the predicted increased demand upon our frailty services.</p> <p>It is expected that capacity currently out of use at Singleton as a result of environmental issues will come back on line on a phased basis at the end of Quarter 3 and during Quarter 4.</p>
LA capacity/commissioned capacity (20)	<p>There are already significant risks in the system associated with shortfalls in capacity that impact upon patient flow – be it social work capacity at our hospital sites, care homes, or domiciliary care.</p> <p>Provider failures in the domiciliary care market have the potential to impact on capacity and patient flow through the system at any time, but this risk is greater to manage and has a</p>	<p>The Hospital to Home programme plans to expand capacity through the development of the discharge to assess and trusted assessor models to increase capacity to support the earlier discharge of patients who do not need to be in a hospital bed.</p> <p>Continue to work collaboratively with West Glamorgan partners to ensure early communication and clarity of management</p>

	bigger impact during the winter months, when demands on this capacity increase.	arrangements in the event of provider failures/ care homes in escalating concerns.
Infection and single room capacity (15)	<p>Increased prevalence of the 'winter vomiting' bug and other infectious diseases such as flu has the potential to impact on available bed capacity, and also slows down patient flow.</p> <p>The number of single rooms available to isolate patients remains a constraint to patient flow on all hospital sites.</p>	<p>This risk is mitigated as far as possible through improved communication and Infection prevention and control measures with support from the Infection control team, together with the implementation of some additional measures outlined in section 4.4 to reduce hospital admissions, and to contain the spread of infection.</p> <p>Morrison hospital has a negative pressure patient isolation facility in place</p> <p>Robust prioritisation protocols in place in terms of the use of single room capacity</p>
BREXIT (16)	Impact on services and capacity as a result of a potential 'no deal' BREXIT	Emergency preparedness and resilience plans are being finalised to mitigate as far as possible, potential risks associated with leaving the EU with no deal.
A particular challenge for all organisations for the revised EU Brexit date will be the required resilience to sustain business continuity for an		Focussing on:

<p>extended period during the peak winter months, with the potential for additional seasonal pressures and health outbreaks that may occur simultaneously.</p>		<ul style="list-style-type: none"> • <i>Medicines availability</i> • <i>Medical devices and clinical consumables</i> • <i>Food supplies</i> • <i>Transport arrangements</i> • <i>Workforce</i> <p>A dynamic risk assessment will be undertaken as part of the situational awareness and information gathering process. There will be both Silver and Gold command and control arrangements in place and strategic decision making will be managed via this mechanism. This will be dependent on the issues arising at the time, similar to the response to a sudden impact or rising tide emergency. This approach is currently mirrored as part of winter preparedness, and therefore intrinsically linked with our winter planning arrangements.</p>
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9. QUALITY AND PERFORMANCE MONITORING

From an Unscheduled care performance perspective, it is difficult to determine the collective impact of the winter planning investment on our 4 and 12 hour and ambulance handover performance. The process that has been followed to improve our winter capacity and system resilience has aimed to enhance areas that will support a reduction in demand, and to increase capacity in services and models of care that are known to improve patient flow.

The Health Board has agreed performance trajectories for unscheduled care through the annual plan, and the aim continues to be to deliver these, and to ensure that through the range of measures and plans being implemented, the Unscheduled Care system will be better placed to respond to the predicted winter pressures of 2019/20.

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

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