

AGENDA ITEM

7.6

CTM BOARD

WINTER PLANNING 2022-23

Date of meeting

24 November 2022

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

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Presented by

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Approving Executive Sponsor

Executive Director of Strategy and Transformation

Report purpose

FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

UEC 6 Goals Programme Board

18/10/2022

NOTED

Executive Leadership Group

7/11/2022

APPROVED

ACRONYMS

1. SITUATION/BACKGROUND

- 1.1 The NHS Wales Delivery Unit informally issued advance notice of expected structure for the assurance on seasonal planning for winter 2022-23.

- 1.2 This was followed by the provision of formal guidance on 23rd September 2022.
- 1.3 The guidance set out a number of key requirements for the winter plan which were to be founded on the framework of the Six Goals for Urgent and Emergency Care plans. The requirements were:
 - 1.3.1 NHS Wales Ambulance Delivery (EASC) Action Plan
 - 1.3.2 Fit to Sit implementation across all acute hospital sites
 - 1.3.3 Critical care services
 - 1.3.4 Children and young people's services
 - 1.3.5 Planned Care
 - 1.3.6 Cancer services
- 1.4 The full guidance is included as appendix 1 (available on request).

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The health board planning and operational teams have worked to develop specific winter plans that are in addition to the changes/improvements resulting from the UEC 6 Goals CTMUHB improvement programme (Annex A).
- 2.2 The plans include:
 - 2.2.1 Winter vaccinations for seasonal influenza and COVID-19
 - 2.2.2 Surge requirements to sustain urgent and emergency care and planned care resilience.
 - 2.2.3 Communication for staff and the public.
 - 2.2.4 Ambulance plan
- 2.3 Potential options to increase capacity have been assessed by a group comprising representatives of the breadth of the health board's services. Schemes were assessed for their impact on sustaining service resilience and quality and safety of care to our patients, affordability and the likelihood of being able to put the plans in place in a timely manner to positively impact on winter pressures.
- 2.4 Additionally, the winter planning group highlighted the need to seek organisational approval to fund therapies services (within the national UEC 6 Goals SDEC funding) which would further augment the integrated front door discharge teams at the health board's three acute hospital sites and also enable an acute frailty assessment offer at all three acute sites. The cost of this development is £601,000 per annum. £94,000 has already been committed and the remainder of the funding - £507,000 was requested for approval by Executive Leadership Group as a key contributor to the improvement of the urgent and emergency care offer.
- 2.5 The Winter surge capacity proposal (closely aligned to the WG 1000 beds submission) is for a range of prioritised additional capacity

across a range of settings. This proposal has been through several iterations to ensure rigorous assessment of the viability of the surge options and ability to deliver within requisite timescales to support winter resilience.

- 2.6 The final proposal is for three surge schemes: discharge to recover then assess (D2RA) beds at Brocastle Care home, and bridging pathway capacity at Princess of Wales Hospital (Ward 16) and Ysbyty George Thomas).

Beds	Number	Est Date	Capital £k	Revenue £k	Bed type
YGT (Seren)	16	Mid Dec 22	60 TBC	447	Bridging (Pathway 2.3)
POW W16	15	1 Feb 23	164	226	Bridging (Pathway 2.3)
Brocastle (50% cost)	6	1 Dec 22	0	78	D2RA Pathway 3 (non-Dementia)
TOTAL	37		224	752	

- 2.7 The total capital cost of these schemes is £225,000 and recurrent costs (until 31/03/2022) are £752,000.
- 2.8 CTMUHB will continue to have significant discharge delays through winter whilst we embed the D2RA model and whilst Local Authorities attempt to further build domiciliary care capacity. Current delay data shows significant waits for homecare within both acute and community hospitals.
- 2.9 There are significant therapy workforce challenges so it is essential that the surge beds both meet delay demand and also mitigate against the need for any significant therapy input – hence most beds will be for D2RA pathway 2.3 (D2RA pathway 1/package of care waits bridging). The model is attached as Appendices B-D for information.

- 2.11 The winter plan also includes a number of prioritised (green) schemes that will best contribute to optimising patient admission avoidance, and flow and discharge in both acute and community hospitals. There was a large number of schemes submitted initially; however this list was significantly reduced based upon the criteria and also the financial affordability challenges. These schemes are set out below.

Focus	Scheme Description	Start date	£k
Reducing LOS	RGH - Additional acute care physicians	mid Nov	142
Reducing LOS	RGH – Discharge lounge	01/12/2022	51
Front door	POW - Paediatric Nurse Practitioner in ED	01/12/2022	20
Clearing back door	POW (CTM-wide) - Discharge Liaison Practitioner Service	01/12/2022	101
Admission avoidance	PCH (CTM-wide) - nMAB service (nursing OOH)	01/12/2022	60
Front door	PCH treatment rooms - additional HCA by night	01/11/2022	332
Front door	Weekend Trauma List	01/12/2022	85
Reducing LOS	PCH - Patient, Family and Flow Liaison Officers	mid Nov	30
Community hospitals	2 x band 5 Pharm Techs to support self medication	01/12/2022	50
Clearing back door	Discharge Hub – discharge referral management assistants	01/12/2022	36
Winter resilience	Adverse weather - 4x4 vehicles	20 weeks	26
Winter resilience	Adverse weather - gritting & snow clearance	01/11/2022	55
Total			987

The final winter plan was presented to the Executive Leadership Group on Monday 7th November 2022, and was approved for implementation.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Not mobilising the priority schemes within the plan will:
- 3.1.1 Result in unacceptably high numbers of medically/MDT optimised patients occupying both acute and community hospital beds through winter.
 - 3.1.2 As a consequence, this will impact on the ability for acutely unwell patients to be able to access inpatient beds when they need them, with associated clinical risks.
 - 3.1.3 Exacerbate emergency department crowding/exit block, and prevent timely offloading of ambulances, with associated mortality risks and adverse reputational risks to the health board.
 - 3.1.4 Significantly impact and work against the mobilisation of Discharge to recover then Assess (D2RA) pathways – patients will be assessed 'at their worst' in hospital with associated avoidable delays and subsequent over-prescribing of care/unnecessary use of available community capacity
 - 3.1.5 Detract from the effectiveness of the improvements implemented as part of the CTMUHB UEC 6 Goals programme.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	<p>The elements of the proposed winter plan will directly contribute to:</p> <ul style="list-style-type: none"> • Reducing discharge delays and clinical deconditioning (avoidable harm) • Enable people to get the right care in the right place at the right time • Improve peoples' levels of independence and enhance their recovery and longer term outcomes • Contribute to reducing ED crowding/exit block, and thus improving associated patient safety
Related Health and Care standard(s)	Timely Care
	<p>If more than one Healthcare Standard applies please list below:</p> <p>Staff and resources</p> <p>Safe care</p> <p>Individual care</p> <p>Dignified care</p> <p>Effective care</p>
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	The winter plan seeks to improve access to services and improve ability to discharge patients safely to an appropriate destination and improve system flow.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Please note the financial implications in the body of the report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

- 5.1 The Board is requested to **ratify** the approval of the executive team to mobilise the prioritised surge bed schemes to enable them to be successfully brought on line before winter.
- 5.2 The Board is further requested to **approve** mobilisation of the prioritised associated green schemes and to enable them to be successfully delivered in time to support winter resilience.
- 5.3 The Board is requested to **ratify** the approval of the executive team to implement the proposed therapies services to support further augmenting the integrated front door discharge teams and also enable an acute frailty assessment offer at the health board's three acute hospital sites.