# ABM UNIVERSITY HEALTH BOARD

# SEASONAL PRESSURES PLAN 2017/18

## 1. INTRODUCTION

The Seasonal Pressures Plan for the ABMU area builds on the Health Board's existing programme for unscheduled care improvement as well as the Western Bay workstream on integrated community services. The key features of these are summarised below:

- Continue to direct and signpost an increasing number of patients into **alternative pathways** avoiding ED, through 111, WAST pathways, and Community Resource Teams
- Increase the number of patients following **Ambulatory Emergency Care (AEC) pathways** by continuing to implement AEC service models on each acute site in accordance with BAEC guidance.
- Increase the number of patients benefiting from **a frailty assessment process** at each acute site, underpinned by a Comprehensive Geriatric Assessment
- Improve compliance with **SAFER flow bundle** on every ward in every hospital,
- Improve access to **health and social care community support** for admission prevention and timely discharge through effective use of ICF
- Continue to implement any additional recommendations of external review to improve performance at Morriston Hospital as part of targeted interventions status (80% plus 4 hour waits)

Unlike previous years, the Health Board has not been in a position to support additional investment in Unscheduled care services, as the Health Board's targeted intervention status requires financial recovery in 2017/18, through achieving best value and efficiency from within the agreed financial resource envelope, alongside the development of more sustainable service models of care.

Additionally a number of external reports commissioned during 2016 and 2017, have identified that there is an opportunity to deliver improved efficiency through better use of our existing capacity and resources. Alongside the Unscheduled care improvement plan there are a number of workstreams being progressed to realise this improved efficiency, and to achieve better value for money in terms of resource allocation.

The purpose of the seasonal plan is to recognise the additional pressures that are experienced over the winter months, and to set out the additional measures that are being implemented to assist with improving patient flow and capacity over this period.

Whilst unscheduled care performance has improved in 16/17 compared with 15/16, further and continued improvement is required to ensure that patients can be sure of acceptable access times to urgent and emergency care when they need it.

## 2. APPROACH TO WINTER PLAN 17/18

Following a National evaluation of seasonal plans for 2016/17 a number of themes/ learning emerged:

1. Resource envelopes to support winter resilience should be agreed as soon as possible and availability of national investment pots should be more clearly communicated

2. Clinical leaders from across the system should be involved in the planning process from the outset.
3. Organisations should prioritise a small number of winter initiatives to maximise impact at pace.
4. Data intelligence and analyst capability needs to improve locally to support winter resilience planning
5. A nationally co-ordinated and locally executive driven whole system focus on the 3 week period following Christmas Day should be prioritised.
6. National organisations can improve winter planning process through greater visibility and proactive support on issues like epidemiology, surveillance and by providing one clear message to the public.
7. The regional partnership boards need to consider winter 2017/18 and recommend clear action to support greater integrated resilience through improved understanding of available demand and capacity for winter 2017/18
8. National executive groups and the National Programme for USC need to make more of local learning and share with organisations across Wales.

The Executive Team considered these themes on 26th June 2017, and agreed that the ABMU Health Board seasonal plan for 2017/18 would reflect this learning as far as possible, with a particular focus on targeting frailty services, enhancing ambulatory care and patient redirection opportunities, as well as adopting the 3 week breaking the cycle approach.

The development of the seasonal plan has been undertaken with the input of the service delivery units within the Health Board, the Community services board and the Community services operational group, and WAST.

The winter plan has been developed on the basis of the emerging themes from the National evaluation, our own learning within ABMU Health Board from previous winters, and on the principles agreed by the Executive team. Each of the service delivery units has provided outline seasonal plans, which will become more detailed as we move towards the winter period.

As part of the development of the winter plans, consideration has been given to flexing capacity over the winter months – although it is recognised that workforce and financial constraints can impact upon our ability to provide this in a safe and cost effective way.

WG guidance on the development and publication of our seasonal plans was provided on 21st August.

The timelines for the provision of the winter plan are as follows:

| Date | Milestone |
|---|---|
| 1st September | Organisations nominate winter resilience lead and provide contact details to Welsh Government |
| 18th September | Submit completed Integrated Winter resilience plan for 2017/18 |
| 11th October | Winter resilience planning event launched by Cabinet Secretary |
| 16th October | Integrated Winter Resilience Plans to be published on websites. |

## 3. RESOURCES AND CAPACITY

As part of ABMU Health Board's Recovery and sustainability programme for 2017/18, and in light of benchmarking, capacity modelling and best practice reviews, changes to our service models and pathways of care have been implemented in Quarter 2, which are delivering improved efficiencies, enabling a reduction in length of stay and consequently a reduction in hospital bed based capacity. At the same time, the Health Board has been able to evidence incremental improvement in unscheduled care performance.

Improved frailty and increased ambulatory care models have largely underpinned this approach to date, alongside prudent use of workforce capacity to ensure that staff resources are targeted in the most effective way to improve patient experience. The winter plan builds on the foundations of this service redesign by targeting resources to support service models that evidence improvement in patient flow, as well as providing resources to provide temporary increases in bed capacity over the winter months in recognition of expected changes to our demand profile over this period. The Health Board has allocated the sum of £500k for this purpose.

In addition to this, circa £600k of Intermediate Care Funding (ICF) has been secured to support the development of a number of schemes to move further towards the agreed Western Bay optimal model. These schemes are also largely targeted at frail older people, and increasing community capacity/ patient flow across the Health Board. ICF revenue funding will also be allocated to commission additional services from third sector organisations.

As the ICF revenue allocation has been confirmed much earlier this financial year, plans are in place to recruit to the additional staffing, and to implement the agreed schemes so that they are in place prior to the winter. A number of these schemes are described in Section 4 on the plans being progressed to mitigate demand.

The main themes and opportunities emerging from the development of winter plans to date are summarised in the following sections.

## 4. ACTIONS TO MITIGATE 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

A comprehensive flu plan has been developed, building upon lesson learnt from previous years. Having improved uptake in the staff groups and children's uptake over the past two years, we are focussing this year on those aged between 6 months and 65yrs with a chronic condition, as well as improving uptake rates in the children's programme and other groups. The WG target for those with a chronic condition this year is 55%, and our uptake last year was 44%. The support of specialist nurses is being sought to promote uptake, and there is an intent to routinely vaccinate /signpost those at risk in hospitals.

This year we have a Clinical Director for flu in primary care, and a number of practices have prioritised flu in their cluster plans. 96 Community pharmacies have been commissioned to deliver flu vaccinations during the 2017/18 period, compared with 86 pharmacies during the 2016/17 period.

Primary Care has also introduced an offsite flu process to enable community pharmacies to safely and effectively vaccinate patients in care homes, and in the work place. This process

has been developed in conjunction with GPs to promote collaborative working as encouraged by the recently published BMA guidance.

In relation to front line staff, the target for this year has increased to 60%. Local Authority staff flu vaccine uptake has been relatively static and our Occupational health lead has been in contact with colleagues to share lessons learnt within the Health Board, that have resulted in increased uptake for front line staff in previous years. The winter immunisation plan also incorporates the provision of other vaccines such as shingles and pneumococcal vaccinations, as well as promoting Making Every Contact Count.

**4.2 Targeted use of additional ICF funding to increase capacity in older people services.**

The majority of this additional resource will be targeted at providing increased support and capacity for our frailty services, where we can predict that there will be an increased call on our unscheduled care services over the winter months**.**

This includes:

- The provision of **3 Acute Care teams** in the community providing rapid response and intervention to support patients in their own homes, including care homes. This is a core component of the "optimal model" for the Community Resource Team implemented through Western Bay. These services are consultant led and operate 7 days within Swansea and NPT. Additional ICF funding has been allocated to support the recruitment of additional staff to expand the 5 day service in Bridgend to provide 7 day cover before the winter.
- The provision of **2 step up nursing care beds in NPT** to enhance community capacity in the locality through supporting alternatives to admission to hospital for appropriate patients.
- The expansion of the **Common Access Point MDT** in Swansea and NPT through the recruitment of additional therapists and social work staff prior to the winter. This will improve timeliness of assessments/ earlier intervention to support admission avoidance as well as earlier discharge .
- Implementing **7 day working in the Community resource team** in Swansea before the winter months (currently a 5 day service), which will support admission avoidance and also enhance discharge capacity across the 7 days of the week.
- Roll out of **recruitment strategy for domiciliary care** across the Western Bay region with the aim of increasing capacity in the market place.

**4.3 Continue to 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 has had a positive impact on reducing the conveyance of lower acuity calls by an emergency ambulance, and has also resulted in increased calls into the service from care homes for advice and support on patient management out of hours.

The clinical manager role in the out of hours service is being reviewed to increase resilience, and the service is continuing to develop new non medical support roles, such as the utilisation of a paramedic within the team .

Some clinical managers have been granted access to the WAST ambulance stack to take calls away from the ambulance service.

**4.4 Primary care.**

Various additional measures are being implemented in primary care which will have a positive impact on increasing resilience through the winter.

This includes**:**

- Implementation and roll out of the **telephone first model** to practices within ABMU HB to support practices to look at managing patient demand in a different way, with the aim of supporting improved access, patient signposting and practice sustainability.
- Implementation of the **Directed enhanced service for Care Homes,** which emphasises the importance of admission avoidance and supports a multi disciplinary approach to maintaining patients in their own home.70 practices have currently signed up to this service with ongoing encouragement and promotion of remaining practices.
- Implementation of a **new community based IV pathway** in Gorseinon community hospital during the summer, with a plan to introduce this model in Maesteg community hospital so support admission avoidance as well as earlier discharge.
- Increased **community pharmacy capacity** at weekends and bank holidays for medication dispensing. Primary Care has commissioned 8 pharmacies to open on a Sunday to provide greater access, while 122 pharmacies are open on a Saturday across ABMU Health Board.
- Maximise the benefit of the **(IT) mobilisation programme** for community staff by releasing staff capacity for clinical/ hands on patient care.
- The **anticipatory care programme** continues to operate in eight clusters .This model identifies patients who may be at risk of admission or loss of independence and have developed clear management plans in place to support admission avoidance.
- The introduction of the **anticoagulation ( Warfarin) DES** is on track to be implemented on a phased basis from October 2017. This will deliver a greater proportion of patients whose INR is within therapeutic range.
- The additional workforce that has been employed through the utilisation of **cluster funds** will increase resilience, with GP practices are already reporting the benefits particularly of the cluster based pharmacists. Other members of the workforce include paramedics, assisting with home visits, and additional cluster based nurses that can assist with flu immunisation.
- ACT Bridgend have developed a referral pathway with COTE in POWH to facilitate earlier discharges by undertaking clinical reviews/ interventions in the community rather than keeping individuals in hospital. Requests include restarting medications, monitoring responses to treatments, reviewing blood tests to review of clinical condition in very frail patients.
- Recruitment underway in Bridgend for additional OT resource in Short Term Assessment and reabling service for people living with Dementia- Bridgeway. It is anticipated that this will improve access and flow through the service.
- ACT Bridgend meeting GP's updating them of services available, this is resulting in more numbers of GP referrals to ACT.

### 4.5 Joint initiatives with WAST

- A Bevan foundation grant has been awarded to NPT and Swansea acute care teams to have access to the WAST ambulance stack to provide the team with access to acutely unwell patients who may benefit from assessment and intervention by the team in the community, rather than admission to hospital. This will be implemented on 18th October.
- Roll out the ' **I Stumble' training** programme in care homes across the 3 Local Authority areas, to avoid and reduce the number of falls and conveyances to hospital.
- The development of a more cohesive **multi agency training programme** for care homes.
- Maximising the benefit of the **D&V pathway** developed between WAST and our community services at the end of last winter, to support prevention of un-necessary admissions to hospital.
- Continue to build upon the multi-agency **frequent attenders** work to sign post patients to the right service, and the provision of clear management plans that result in reduced attendance at hospital.
- Acute Care Team in Bridgend and Swansea to **update referral pathways** with WAST and identify further potential for direct patient referrals.
- Recruitment to 3 **Advanced paramedic practitioner** vacancies in the Autumn which are resourced by the Health Board.

## 5. OPTIONS TO FLEX AND OPTIMISE CAPACITY

Each hospital site has reviewed opportunities to create additional capacity and flow over the winter period.

These options have been based on consideration of local opportunities to create physical space, as well as the feasibility of staffing additional capacity or initiatives to target improvements in patient flow, in the context of some key nursing, medical and therapy staff shortages.

The options outlined have been contained within the £500k winter revenue funding allocation.

### Princess of Wales Hospital.

- Flexible use of the short stay unit and Bridgend clinic (private patient facility) as and when required, to support periods of increased demand.( 4 spaces).
- Flexible access to the short stay unit at weekends dependent on system pressures ( up to 14 spaces). The unit is currently open and staffed Monday to Friday.

### Neath Port Talbot Hospital

- Increase bed capacity on Ward C by 8 'surge' beds from December to March. Ward A at NPT ( elective ward) was consistently used as surge capacity between January 2017 and early April 2017, which impacted upon elective activity and resulted in increased patient cancellations. The current remodelling of the service at NPT hospital allows for 8 beds to be opened at the end of an existing medical ward template, which will mitigate the need to access the elective surgical ward on this site

- Expansion of the TOCAL service ( reablement and early discharge model) implemented in Morriston hospital to Singleton and Princess of Wales hospitals. This service commenced at Morriston in mid June, with a positive impact to date on admission avoidance, and earlier discharge.

**Singleton Hospital.**

- Support 5 additional beds as 'surge capacity' over the winter through additional HSCW resource.

- Progressing the implementation of the new acute frailty service assessment model at the 'front door' of Singleton hospital ( linked to the development of the wider ambulatory care model at Singleton) . This clinically led model was implemented on 11th September. Additional social work and therapy services input will be supported via the winter plan to enhance this developing model with the aim of reducing admissions and improving patient outcomes, reducing risks of deconditioning.

- Continue the improvement work on the stroke and orthogeriatric pathways from Morriston hospital to support timely patient transfers from Morriston hospital and reduce bed days lost.

- Changes to consultant on call rotas to align with the arrangements implemented at Morriston hospital in 2016/17.Following capacity redesign within the Unit, this will enable the implementation of Consultant Gastroenterologist of the day and associated hot clinics, additional Physician working at the front door, and additional medical support to outlying patients.

- Improved access to senior respiratory opinion through the medical day unit.

**Morriston Hospital**

- Opportunities to increase physical capacity on this site are limited.
- The Health Board has therefore explored the potential to provide a temporary 16 space unit, and it has been confirmed that this could be provided by the end of December, with a view to commissioning the additional capacity during January 2018.
- This provision of this unit would facilitate maintenance of urgent elective activity over the winter months, with the additional benefit of releasiing capacity for unscheduled care flow through enhanced ambulatory/ hot clinic/surge capacity provision.
- Increased therapy provision in the Emergency department.
- Additional junior medical doctor cover over the winter period.

**Mental Health services**

The unit will work closely with partners to expedite patient transfers and reduce delays in the patient pathway over the winter months. An additional mental health flexible resource team will commence in November in Swansea to support acute sites with the management of patients with dementia.

Expansion of the presence of the psychiatric liaison service within the Emergency department at weekends has also been supported to improve access to this service out of hours.

**Primary Care services**

Additional 'virtual capacity' will be provided through the range of measures being progressed by primary care and community services and through the development of services for older people using the ICF funding and some additional Health Board resource. It is estimated that these measures will increase overall capacity by circa 10-15%.

**Pre-emptive capacity opportunities**

The acute hospital sites invoke the pre-emptive protocol as part of routine escalation processes following an individual patient risk assessment, This protocol supports the movement of additional patients from the 'front door' to wards/ day rooms. This increase in temporary capacity is over and above the established and funded bed capacity, with current pre-emptive capacity is estimated to equate to circa 29 additional patients across the Health Board.

**Elective capacity**

The Health Board winter plan has been reviewed to ensure alignment with our plans to deliver our planned care and cancer care commitments.

The RTT delivery plan has been predicated on ensuring the maximisation of existing elective capacity within Neath Port Talbot hospital, which is not exposed to 'front door' winter pressures, and also to maximise and ringfence the reconfigured elective surgery ward at Singleton hospital, which undertakes elective work for Swansea residents, and also some out of area patients - eg bariatric surgery.

An opportunity also exists to create additional temporary elective ( ringfenced) capacity at Morriston hospital from January to March 2018, which is being factored in to the Health Board's RTT delivery plan.

Our RTT delivery plan confirms the need to continue to support orthopaedic elective activity requiring an MRSA screened ward environment during the winter period.

**Critical care capacity**

Options to increase critical care capacity over the winter months are limited. There is potential to flex up to a 9th bed in the Princess of Wales hospital, to use theatre recovery on all sites as temporary surge capacity for critical care patients, alongside the effective and timely discharge of patients from the critical care areas.

**Summary of additional capacity**

The plans to date have identified the following potential additional capacity:

| **Table 1** | **Pre emptive capacity opportunity** | ***Additional capacity*** | **Total** |
|---|---|---|---|
| Morriston Hospital | 13 | *11 ambulatory care spaces +9 beds* | 33 |
| Princess of Wales Hospital | 6 | *Up to 4 beds in Bridgend clinic,( plus weekend flex capacity in SSU )* | 10 ( +14 at weekends) |
| Singleton Hospital | 10 | *5* | 15 |

| | | | |
|---|---|---|---|
| NPT | 0 | *8* | 8 |
| Community hospitals | 0 | *2 step up/down beds* | 2 |
| Mental Health | 0 | *0* | 0 |
| **Total** | 29 | *27* | **66(+14 at weekends** |

The additional measures being supported through the winter planning/ICF resource allocation will also realise improvement in patient flow through admission avoidance, improved patient flow and earlier discharge, and are estimated to provide an additional 10-15% increase in system wide capacity.

## 6. SYSTEM WIDE ACTIONS TO IMPROVE PATIENT FLOW AND REDUCE PATIENT RISK

### Escalation processes

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

All hospital based units are reviewing their escalation actions/ plans as part of their unscheduled care improvement plans

Within ABMU the agreed Health Board wide “boarding protocol” is a key part of our escalation process to create capacity in the Emergency department and to release ambulance crews back into the community.

As part of the learning taken from the national evaluation of the winter plan for 2016/17, it has been decided to adopt the **Executive led ‘breaking the cycle’ approach** for the 3 week period immediately post Xmas day. This has historically been a period when patient flow slows down across the system, the biggest mismatch occurs in relation to demand and capacity, patient risk increases, and the USC system takes several weeks to recover.

Within ABMU Health Board annual leave for this period 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. It is also proposed that all Health Board meetings that are not essential to core operating business are cancelled 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.

Other arrangements in place to improve escalation include:

- Director of the Day model to ensure maximum escalation of any issues impeding flow (NPT)
- Development of agreed inter professional standards (eg specialty response to ED)
- Ability to convene additional multi agency conference calls in addition to the planned twice daily conference call arrangements already in place.
- Daily presence of CRT team on site at Morriston and Princess of Wales hospital to support early decision making on patient flow
- Weekly detailed Highlight Meeting of complex patients (with LA and CRT partners)

- Rapid ABMUHB wide repatriation pathway escalation within the Health Board for interhospital patient transfers ( 24 hours)
- Daily executive led escalation of patients with other Health Boards where repatriation exceeds 24 hours.
- Strengthened bed management/system wide demand predictors. Improved reporting of community capacity through the development of a community dashboard.
- Improved reporting on inter hospital transfer flows/ delays to trigger an escalation response.

Other actions being implemented or explored, both within the Health Board, and by Local Authority partners to improve resilience and flow include:

- Increased **non emergency patient transport capacity** to support discharge 7 days a week between Xmas and New Year. £15k has been allocated to increase capacity during this period. Swansea Local Authority is also exploring potential to use LA vehicles for discharge purposes over the Christmas period.
- Increased access to the **community equipment store**, including over the Christmas period, when access has historically been reduced.
- Early discussions taking place with **carers association and 3rd sector** in terms of capacity and use of additional resources to support winter plans.
- Ongoing and rapid **reviews of packages of care** to ensure they are 'right sized' for discharged patients.
- The appointment of **two additional local area co-ordinators** in NPT Local authority.
- Recruiting to 4 new Local Area Coordination Areas in Swansea
- **Managing patient expectations on discharge, alongside systematic review** of request for double handed packages to ensure optimal use of available capacity.
- Introduction of **new flexible resource service in mental health services** ( 10 new Band 3 appointments in Swansea) to support patients with mental health issues on acute hospital wards – recruitment is currently underway.
- Expansion of the operational hours of the **acute psychiatric liaison team** to reduce the number of mental health patients breaching 4 and 12 hour waiting times.
- Further improvement in the **Falls Pathway** – WAST has submitted a proposal to replicate the successful model in Aneurin Bevan whereby patient admissions have reduced through collaboration between a paramedic and an OT ( with a dedicated falls response vehicle). The outcome of this proposal is awaited.
- Targeted **increased support from therapies** to support the front door – particularly over the 3 week break the cycle period. This is likely to be through the targeted redirection of some therapy staff and through provision of additional cover via locums.
- **Additional CEPOD capacity** being implemented in Morriston and Princess of Wales hospitals to support emergency flow in surgical specialities.
- Improved **hospital at night** response/ support ( Morriston)
- Strengthened **weekend pharmacy cover** at Morriston and Princess of Wales hospitals.
- Discussions have taken place with the Director of Public Health for ABMU to explore opportunities to provide proactive and **early public health intelligence** to inform better/ earlier responses to changes in demand e.g respiratory admissions/ flu prevalence.
- **Review of physician job plans** alongside RTT profiles to identify opportunities to further enhance consultant physician presence on ward rounds and at the 'front doors of our hospitals, particularly during the planned break the cycle period post Xmas. Significant clinical engagement is also taking place to ensure that

opportunities are maximised to reassign released outpatient capacity in the short term for surgical colleagues to undertake increased outpatient/ virtual clinics to support a reduction in surgical waiting times.

**7. COSTS**

The following costs for providing additional capacity and improved patient flow within the Health Board's seasonal plan have been confirmed as follows and are accommodated within the current financial plan and forecast:

| **Activity** | **Cost (000's)** |
|---|---|
| Short stay unit at weekends and intermittent use of Bridgend clinic ( Princess of Wales) | 130 |
| 8 additional 'surge' beds NPT hospital | 95 |
| Singleton Ward 9 extended capacity – 5 beds | 82 |
| NPT Tocal ( transfer and reablement) team extension to Singleton and PoW | 43 |
| Additional social work support Singleton | 18 |
| Additional therapy support front door Morriston and Singleton | 54 |
| Additional SHO twilight cover Morriston hospital | 30 |
| Additional capacity primary care ( increased 3rd sector support ) | 23 |
| Additional discharge vehicle capacity (Xmas and New Year) | 15 |
| Extended psychiatric liaison cover in ED out of hours | 10 |
| **TOTAL** | **500** |

This is in addition to the use of ICF support as noted earlier in the document, and in addition to further options being explored to maintain and protect planned activity during the winter months. These will be included within the Health Board's RTT proposals for Q3 and Q4.

**8. RISKS**

The main risks that have potential to affect the delivery of the above plan are as follows:.

**Workforce**

All parts of the health and social care system are experiencing workforce pressures. This impacts on core services and also the ability to flex capacity.

Within the Health Board there is an enhanced focus on rostering and sickness management arrangements to ensure that existing staff resources are utilised as efficiently and effectively as possible.

Changes are also being implemented in the nurse bank from mid October, which will provide staff with 24 hour access to review vacant bank shifts up to 6 weeks ahead and will allow staff to book bank shifts electronically. We are expecting to see an increased uptake of shifts once this is implemented.

There is also an all-Wales piece of work being progressed regarding the development of an all-Wales bank. A feasibility study is underway, and will be reported to CEOs by the end of September. The potential here is that a bank nurse could work anywhere in Wales, and again this may mean increased cover for HBs at times of pressure in particular areas.

The development of a bank incentive scheme is also being considered by the workforce recovery and sustainability work stream.

An improved staff wellbeing advice and support service within the Health Board is being launched in the Autumn, which will improve access to confidential, bespoke support for staff with emotional and musculoskeletal issues.

A number of new risks have emerged in terms of consultant and middle grade medical staffing at Morriston ED, which have potential to impact on our winter planning/capacity arrangements. A more detailed workforce plan to mitigate this risk is under development.

The Morriston delivery unit is also implementing a 'Well being in winter' programme to support ED staff in particular.

**Health Board bed capacity**

The Health Boards 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 capacity, to manage the predicted increase in demand upon our frailty services in particular.

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.

**LA capacity/commissioned capacity**

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. There may be some potential for ICF slippage to be used to commission additional capacity for the winter, but it is not possible to confirm this position at present.

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 bigger impact during the winter months, when demands on this capacity increase.

A recruitment strategy for domiciliary care across the Western Bay region is planned, with the aim of increasing capacity in the market place. Steps are also being taken to review all packages of care, and measures are being implemented to tighten up the allocation of packages to ensure that they are right sized for individuals.

**Implementation of new Welsh PAS**

The implementation of the updated Welsh PAS will take place over the winter period and will be phased into Morriston and PoW ED's between November 2017 and January 2018. This may have a short term impact on capacity, flow and performance as the system beds in.

**Infection and single room capacity**

Increased prevalence of the 'winter vomiting' bug has potential to impact on available bed capacity, and also slows down patient flow. The number of single rooms available to isolate

patients remains a constraint on all hospital sites. This is mitigated as far as possible through improved communication and IPC measures with support from the Infection control team, together with the implementation of some additional measures outlined in section 4 to reduce hospital admissions, and to contain the spread of infection.

All of the above factors 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.

## 9. QUALITY AND PERFORMANCE MONITORING

The effectiveness of this plan will be monitored through a number of system wide 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
- DToCs and discharge fit numbers
- Cancellations of operations for bed reasons
- Critical care utilisation and delayed discharges
- Medical outliers on non medical wards
- Use of pre-emptive 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
- Datex reports on 12 hour waits in ED.
- Patient and staff experience ( eg Family and Friends test)