

# Powys

## Integrated Winter Resilience Plan 2018 / 2019

The following plan has been produced collaboratively to ensure the Health Board is prepared for the winter period and as such outcomes and experience for the people of Powys can be optimised during this challenging period. The winter period is defined as beginning in October 2018 through to the end of March 2010.

This plan also recognised the challenges faced by our neighbouring acute NHS Health Boards and Trusts both within Wales and across our border with England.

## 1. Governance Arrangements

In line with the guidance provided by Welsh Government and the Unscheduled Care Programme Group this plan has been written in collaboration with the Local Authority, Mental Health, Primary Care, GP OOH, Third Sector and WAST. Liaison with WAST will be required to ensure alignment of both plans. This plan will be signed off in partnership with local authority partners, through .....

<b>Governance Arrangements</b>			
	Powys Teaching Health Board	Powys County Council	Welsh Ambulance Service Trust
Responsible executive officer for winter resilience planning		Alison Bulman Director of Social Services	
Winter resilience plan to be approved at Board level on:			

## 2. Introduction

The purpose of this plan is to provide assurance to the respective partner organisations in the Powys region that a robust Integrated Winter Preparedness Plan is in place for winter 2018/19. The development of the Integrated Plan has been led by Powys Teaching Health Board (PTHB) and produced in collaboration with key partners including the Welsh Ambulance Services NHS Trust, Powys County Council and Third Sector Partners. It aims to demonstrate how joint plans from these organisations contribute to a whole system approach to ensuring the quality and safety of services is maintained during the winter months.

The health board is predominantly a commissioning organisation, buying services on behalf of the population from a wide range of providers, including from primary care contractors, independent sector care homes, ambulance services, District General Hospitals (DGH's) and other specialist hospitals. Our partnerships with (DGH), care homes, domiciliary care providers, WAST, social care and essentially the Third Sector, means that integrated care for people continues to strengthen.

Demand for health services fluctuates seasonally, with winter typically seeing heightened demand for services combined with challenges such as adverse weather, infectious and viral outbreaks and the exacerbation of chronic medical

conditions. In response to this increased demand it is essential to develop a comprehensive plan to reduce the likelihood of winter factors impacting negatively on patients and the public.

The approach to winter planning taken by PTHB has engaged with key stakeholders in both reviewing winter 2017/18 and the development of the current Integrated Plan. The review process to understand what were the key learning points to inform the development of the 2017/18 winter plan began in March 2018.

This plan sets out how Powys will deliver the 5 winter delivery priorities (WDPs) set out by Welsh Government:

WDP 1: **Optimising clinical engagement and partnerships** to deliver timely and high-quality access to services

WDP 2: Explicit focus on **better management of demand in the community**

WDP 3: **Enhanced operational grip and clinically focussed hospital management** to mitigate peaks in pressure and manage risk effectively

WDP 4: **Focus on the significant opportunities to enable people to return home (or as close to home as possible) when ready from a hospital bed**

WDP 5: Wherever possible, people should be supported to return from acute hospital sites to their home for assessment (**implementing a discharge to assess model**)

### 3. Understanding the Demand

In May 2018 undertook a review the winter of 2017/2018. This addressed the following areas:

- To consider the impact of the winter pressures and demand surge between December 2017 to March 2018 across the UK on Powys.
- To provide a reflective account of actions undertaken to maintain business continuity across Community Hospitals and Community Services in Powys during the winter pressure period;
- To review of spend against additional £380k Welsh Government funding to support flow;
- To provide information on services cancelled and remedial action put in place to ensure services were delivered.

The review document can be viewed [via the link below](#):

<b>Understanding the demand and resilience</b>			
<b>Ref</b>	<b>Action</b>	<b>Lead Organisation</b>	<b>Due Date</b>
<b>3a</b>	Undertake demand analysis to identify the main area for A&E admission including time and day of week	<b>PTHB</b>	<b>Sept 2018</b>
<b>3b</b>	Undertake demand analysis of presentation to MIU including time and day of week	<b>PTHB</b>	<b>Sept 2018</b>
<b>3c</b>	Undertake demand analysis of WAST calls to include reason, time and day of week	<b>WAST</b>	<b>Sept 2018</b>
<b>3d</b>	Understand the pattern of falls: location, time, day, age, WAST involvement, admission	<b>WAST</b>	<b>Sept 2018</b>
<b>3e</b>	Agree and implement the future delivery of integrated 111 and out of hours' services for Powys.	<b>PTHB</b>	<b>July Update</b>
<b>3f</b>	Develop a set of Performance Indicators that enable measurement of USC demand	<b>PTHB</b>	<b>Oct 2018</b>
<b>3g</b>	Review winter resilience 2017/2018 and identify good practice, lesson learned and changes to be implemented in preparation for 2018/19	<b>PTHB</b>	<b>Sept 2018</b>
<b>3h</b>	Develop a robust multi-agency winter plan for 2018/19	<b>PTHB</b>	<b>Sept 2018</b>
<b>3i</b>	111 Rollout - Powys are due to go live September 2018 and will require support to promote across all stakeholders	<b>WAST</b>	

## **4. Promote and support self-care/management**

Communication to the public about the appropriate use of health services will be achieved through 'Choose Well' and Self Care. These messages will be distributed via social media. There is on-going work with the communications team to increase messages around appropriate pharmacy use specifically over the festive period, and ensure clarity around Primary Care contractors' in-hours opening times over the festive period. Information for patients will be displayed on screens in GP surgery waiting areas.

### **4.1 Primary Care**

Primary care continues to be the corner stone of healthcare provision for the majority of people in Powys and access to high quality, responsive services is crucial to ensuring that winter pressures can be adequately met. To this end the Primary Care Department is working with all Practices, but particularly those that have capacity challenges, to ensure that appropriate alternative pathways are in place. These include the provision of Practice based Pharmacists, Physiotherapists, Urgent Care Practitioners and Physicians Associates, along with an enhanced Community Dentistry Service. These, coupled with in hours clinical triage systems and multi disciplinary/multi organisation Community Resource Teams will continue to ensure that capacity is maximised over the winter period and that patients are seen as quickly as possible by the Practice Team member most suitable for their needs.

## **4.2 A Community Pharmacy Common Ailment Service**

We currently have 22 community pharmacies in Powys who can provide the common ailments service (CAS). This is out of 23 community pharmacies across Powys (Llanwrtyd Wells can't). Please note that for the service to run an accredited community pharmacist must be on site to deliver, which may not be possible every day.

Community pharmacies can provide advice on self-care and over the counter medicines as well as the CAS service. The CAS service offers access to free NHS advice and treatment for common ailments that cannot be managed by self-care. There is no need to make an appointment and a growing wide range of different conditions are included such as: acne, athlete's foot, cold sores, dry eyes, hayfever, indigestion and reflux, ingrowing toenails, scabies, sore throats and tonsillitis.

Other services offered by the Community Pharmacy include offering influenza vaccination and an emergency supply of prescription only medicines, within parameters, if a patient is unable to get a prescription from the GP – but capacity may be an issue if significant volume of patients need to access this at once e.g. GP practice closure.

## **4.3 Seasonal Flu Campaign**

The community flu vaccination programme is a key feature of planning for winter pressures. It impacts on Powys services that provide direct care and on the wider health and social care system that supports people in 'at risk' groups. The annual immunisation programme helps reduce unplanned hospital admissions to both community hospitals and our provider District General hospital emergency departments in England and Wales. By maximising the proportion of people to receive the flu vaccination helps improve public and health and reduce pressure on services.

Hospital wards can also offer vaccination to long stay inpatients in cases where this is appropriate and the patient has not already been vaccinated through other means. The vaccination status of patients will be communicated to GPs via discharge summaries and clinical portal.

PTHB has developed a flu information sharing template that provides regular updated flu seasons data which is circulated to each practice manager and a standing agenda item at cluster meetings

Practice-specific immunisation profiles are circulated quarterly and contain flu information for those aged over 65 and particularly at risk groups. Progress will be monitored throughout the winter period and uptake figures will be circulated to and discussed at cluster meetings.

#### **4.4 Nursing Homes**

As announced in the Welsh Health Circular 2018-023, nursing and social care staff working in adult care homes will be offered NHS flu vaccination at no cost to themselves or their employing organisation. All staff employed at care homes will be eligible because of the higher risk to staff and residents due to the enclosed nature of the setting. There is a 60% uptake target for health care workers providing direct patient care. These free vaccinations will be provided by community pharmacies, more than 85% of whom have signed up to offer it.

PTHB have offered to assist with these promotions to support increasing uptake of the free vaccination in the care home sector with the actions below:

- Contact nursing home managers in Powys by email to make them aware of the flu campaign 2018/19, free vaccination and resources available online
- Making your LA contacts aware who liaise with residential care home managers in your area to make them aware of the flu campaign 2018/19
- Provide postal addresses of the care homes we liaise with so we can issue flu posters (or assistance with delivery to the homes)
- Help reinforce the messages about getting immunised with use of prepared prompt sheets and templates for shift-handover meetings (e.g. flyers stapled to payslips).

#### **4.5 Winter Preparedness pack for care homes**

Public Health Wales are also making amendments to the Winter Preparedness pack for care homes which is being designed to be an electronic resource and guidance pack which is simple to use and of practical help for homes.

#### **4.6 Immunisation**

The Powys Immunisation Steering Group meeting have now commenced for 2018-19 period which will reflect the National Strategic Immunization Programme.

The development of the project plan is currently in its infancy of development but has the underlying principle of effective monitoring, prevention and treatment which will include;

- Actively offering the flu vaccine to eligible groups.
- Vaccination of healthcare workers who are in direct contact with patients and service users.
- Improve targets for those patients under 65 years for those in high risk groups.
- Vaccination of pregnant women will be facilitated by. – This is a pilot for 18/19 only in the mid it will be evaluated to hopefully roll out next year
- District Nurses will vaccinate housebound patients on their caseload.
- The Health Board will work collaboratively with Primary care and community pharmacists to increase the uptake of Powys residents

The Flu Code Standards will be adhered to which include;

- Flu vaccination is an organisational priority.
- There will be a named flu lead executive (locality service lead)
- Senior healthcare professionals lead by example
- Powys will have a structure communication plan as an integral part of the campaign.
- Flu vaccine is easily accessible for eligible individuals irrespective of their condition, mobility ethnicity or location.
- Everybody who is eligible for a flu vaccine is offered one.
- Healthcare staff actively encourage flu vaccination in eligible groups
- Knowledgeable staff are able answer questions about the flu vaccine in a timely way.
- Accurate and timely information on flu vaccines are administered is recorded and shared appropriately.
- All health and social care staff are encouraged to complete an information session on flu annually.

Powys Teaching Health Board are committed to ensuring that the local programme is adequately resourced engaging with Public Health Partners and health professionals in Primary and Community care. The overall monitoring of progress of the immunization programme will be overseen by the Powys Public Health Team.

<b>Promote and support self-care/management</b>			
<b>Ref</b>	<b>Action</b>	<b>Lead Organisation</b>	<b>Due Date</b>
4a	Roll out Invest in Your Health Community Programmes across Powys	<b>PTHB</b>	
4b	Evaluation of Invest in Your Health outcomes	<b>PTHB</b>	
4c	Undertake a deeper evaluation of Invest in Your Health to better understand impact on LoS, GP contact and admissions	<b>PTHB</b>	
4d	Develop proposals for widespread adoption of 'Choose Pharmacy'.	<b>PTHB</b>	

## **5. Community Care**

### **5.1 Adult Social Care**

It is essential for a robust winter reliance plan to have a prevention strategy as an element of this plan. Adult social care continues to work with the communities and third sector in terms of commissioning of preventative support which in turn prevents unnecessary hospital admissions. The information, advice and support which is available assists to sign post individuals appropriately.

Adult Social Care is a key component and partner in the development of the winter resilience plan. There are joint agreements, based on section 33 arrangements that are in place for key support services such as reablement and joint commissioning of care home beds. This is and continues to increase the joint ownership in terms of capacity management.

A review is underway in terms of improving access to the council's single point of access which in turn will stream line the system and enable customers to have access to expertise at the front end of service.

Adult social care will ensure that there are allocations and assessments for statutory care and support are not adversely delayed and will follow their in house escalation procedure should capacity increase specifically during winter months.

Adult social care acknowledged that on occasions there is a limited capacity within the domiciliary care sector. Work continues with both internal and external providers in order to address and work together on issue such as recruitment. The in house domiciliary care has now been extended to cover the north of the county and is assisting with the flow for both the community and hospital to facilitate a timely support service.

Reablement is a key support service to assist with flow within the health and social care system, in partnership with PtHB the council has been able to review the pathways both in terms of access and discharge from the reablement service. The Quality Management System which is in place, enables a consistent approach across the authority.

Adult Social Care aims to ensure that individuals are supported, wherever possible, to return home in order to ensure that individuals have the right environment in which to make informed decisions in relation to their future care. The increased use of technology is essential to enable this to take place, together with positive risk taking strategies.

Powys County Council has continuity plans for adverse weather and have agreements in place with providers of care and transport.

Telecare is used widely in Powys and ongoing and future promotion ensures that more people are enabled to stay at home.

## **5.2 PAVO Third Sector**

PAVO Community Connectors support people aged 18+ to access support from the third sector to improve their health and wellbeing.

Community Connectors work with health colleagues across the County, in virtual wards and MDTs to support individuals to remain independent as possible in their homes, by brokering support from the third sector. Community Connectors also support the discharge of patient's home from hospital by accessing third sector services.

Community Connectors are actively engaging with discharge planning staff at PTHB to help support the discharge of Powys patients from DGHs back home where possible. This is dependent on capacity within the third sector services and may vary across the county.

Community Connectors accessed a small grant in 2017/18 to enable them to carry out several engagement sessions across the county to promote the winter Flu Campaign.

### **5.3 Flexing of Ward Bed Capacity**

This year the Health Board undertook an analysis of the potential bed requirements associated with winter pressures.

It is typical for bed demand to begin to increase from November and through December, until dropping significantly in the days immediately preceding Christmas. From Boxing Day it increases sharply until reaching a peak in the first week of January. Early January is normally the most pressured time of year for bed capacity and this is often reflected in the unscheduled care performance measures. In general this pressure will continue through February and March before the system gradually recovers during April and May.

Last year PTHB identified a number of escalation beds across each community hospital that could be opened at times of increased pressure across Wales and with our two neighbouring DGHs SATH and WVT Trusts.

PTHB will again deploy this capacity in a tactical way, flexing bed capacity up and down when required across the whole winter period. The total additional bed capacity available to the system for winter is 6 beds (2 South, 1 Mid, 3 North).

### **5.4 GP Out of Hours Services**

The 'out of hours' service offers great potential to alleviate demands placed on A&E and MIU departments and the ambulance service. Powys already has the highest GP shift fill rate, the lowest emergency admission rate, the lowest A&E attendance rate and the lowest ambulance transportation rate in Wales. The call handling and clinical triage service will move from Shropdoc to the all Wales 111 service provided by the Welsh Ambulance Service Trust in October 2018, with face to face services continuing to be provided by Shropdoc. Shropdoc are the only out of hours service assessed by the Care Quality Commission in England as providing "excellent" clinical services. The health board will continue to work with both WAST and Shropdoc over the winter period to ensure that service levels and performance are maintained.

Primary & Community Care			
Ref	Action	Lead Organisation	Due Date
5a	To improve access to community delivered respiratory services through implementation of the respiratory plan	<b>PTHB</b>	
5b	Engagement with Primary care - share data from last year HCP calls with Cluster groups to evidence demand and consider alternative options closer to home	<b>WAST</b>	
5c	Develop a directory of pathways available to all partners	<b>PAVO</b>	
5d	Trial an End of Life Pathway (aligned to the ongoing review of EOL care across PTHB).	<b>PTHB</b>	
5e	Explore and scope a Respiratory Pathway (aligned to the ongoing review of Respiratory care across PTHB).	<b>PTHB</b>	
5f	Develop a D&V pathway to keep Powys residents as home or in ring-fenced Community beds		
5g	Develop and implement the community / WAST model to respond to Falls calls ie Tele Health and WAST's iStumble project.	<b>WAST</b>	

## 6. Reducing our Admissions to DGHs

Whilst Powys aims to provide healthcare in or close to home wherever possible, as a highly rural area, spanning a quarter of the landmass of Wales, with no DGH, patients have to travel outside Powys to receive most secondary and tertiary treatment. Patients flow into five main neighbouring health economies – and further afield for specialised health services.

Across the border in NHS England SaTH and WVT currently provide emergency and planned services for the Powys population and their local populations.

There have been major challenges in key delivery areas during 2017/18, particularly in keeping pace with unscheduled care demand. These pressures are not unique to Powys, but experienced throughout the United Kingdom. Locally, much of this increased demand is generated by the system's inability to adequately care for the growing number of elderly frail patients. The impact on our ability to manage flow for all patients (planned, urgent and emergency care needs) across the system are significant. Some of the key areas to focus on in 2018/19 to deliver more timely access to services include:

- Reducing the number of patients being admitted to Acute Care/DGH's that could be managed via alternative pathways.
- Working with ambulance services to make sure patients are directed to the best place to meet their needs to reduce delays for ambulances at hospitals.
- Reducing the average Length of Stay in the Community Hospitals.
- Reducing non-Mental Health Delayed Transfers of Care.
- Improving care coordination and community flow, by measuring demand and capacity

## 6.1 Ambulance Services

PTHB will build on the collaborative work with WAST focussing on reducing avoidable call outs in cases where the patient can be safely reviewed by one of the Community Teams. Two schemes have been developed and are in trial phase to determine whether they achieve the desired outcome. A weekday pathway involving a clinician to clinician referral to District Nursing Teams for patients that can be managed in the community has commenced in Montgomeryshire, Rhayader and Llanrindod Wells.

A second trial concentrating on low acuity fallers in residential and nursing homes will commence in North Powys during the late summer/early Autumn using the iStumble algorithm.

Working collaboratively with WAST to focus on residential homes and community teams to develop pathways to reduce avoidable call outs in cases where patient can be safely reviewed by the Community Team.

A business case will be presented to EASC to support an All Wales Advanced Paramedic Practitioner Expansion programme. This plan has been developed to enhance and contribute Welsh Ambulance's role as a community based provider of care across a 5 year programme.

## 6.2 Virtual Ward

The virtual wards are Pan Powys working within GP populations, the emphasis of this GP enhanced service is to prevent admissions and support discharges in turn supporting flow with the introduction of the Powys to assess model this should improve the outcome comes for the patients and enable them to remain at home where possible.

Analysis of winter admissions has identified that Respiratory problems and falls are the top reasons for emergency admissions.

## 6.3 Emergency Pressures Escalation Procedure

The emergency pressures escalation procedure is set out below:

- Open up Health Emergency Control Centre (HECC) to co-ordinate flow and bed capacity supported by key staff – **At What Level do we consider this below actions can be managed from the HUB ?**
- Escalate the position to Social Care / Primary Care/ Third Sector colleagues
- Integrated Clinical Team Managers (ICTM) remain in their areas on respective sites to support flow
- Activate additional internal bed management call to inform national calls
- ICTM's support with the review of all patients to determine those that can have their discharge expedited.
- Liaise with WAST work in collaboration to divert clinically appropriate patients to MIU's avoiding DGH admission
- Consider extending opening times in services where DGH pressure points have been identified e.g. Ystradgynlais MIU with radiology support

- Identify additional bed capacity and review staffing
- Inform TSU of position and potential need for additional staff
- Care Transfer Coordinators (CTC) continue to work with neighbouring Health Boards to identify patients that can be transferred / discharged from DGH to Powys community
- District Nursing (DN) teams advised of high escalation and the need to manage patients at home and via virtual ward to avoid hospital admission
- Liaison between WAST and DN service to identify potential patients triaged to be managed at home
- Document actions taken

<b>DGH Admission Avoidance</b>			
<b>Ref</b>	<b>Action</b>	<b>Lead Organisation</b>	<b>Due Date</b>
6a	Remote monitoring of the stack to help increase H&T processes	<b>WAST</b>	
6b	DNs monitor stack remotely for opportunity to manage the call	<b>WAST</b>	
6c	MIUs to monitor stack remotely for opportunity to manage the call	<b>WAST</b>	
6g	Use paramedic pathfinder as MIU criteria to increase pathway with relevant cases	<b>WAST</b>	
6h	Develop and Implement the Flow Dashboard to better understand and improve patient flow within community hospitals and ensure Flow Boards are utilised to best affect	<b>PTHB</b>	<b>Provisionally March 2019</b>
6i	Implementation of the principles of safer patient flow, utilising Lean methodology to reduce length of stay	<b>PTHB</b>	<b>July 2018</b>
6j	Consistently embed Estimated Discharge Date (EDD) identification and planning process throughout the community hospitals, providing EDD to DGH's to secure timely transfers.	<b>PTHB</b>	<b>Sept 2018</b>
6k	Third sector transport/taxi initiative for low acuity calls	<b>WAST</b>	

## **7. Discharge and Reablement**

### **7.1 Heath & Care Co-ordination Hub**

When requiring secondary care, Powys patients are admitted to any one of the six other health boards in Wales or the two main NHS Trusts in England. This makes the prioritisation and coordination of repatriation complex. The Coordination Hub will ensure a more efficient way of managing the timely repatriation of Powys patients from other health board's DGH / acute hospital beds in Wales and England and manage flow in and out of Community Hospitals in collaboration with Powys County Council. It will increase our ability to ensure the length of stay in a DGH / acute care bed for Powys patients is minimised, as patients who are admitted

will be transferred to the most appropriate setting in a timely way as soon as they no longer need acute hospital care. This will support a 'home first' ethos and a 'discharge to assess' model of care.

The purpose of the Hub is to facilitate the overall coordination of flow across Powys working in partnership with our Social service and 3rd sector colleagues to improve information, communication and flow of Powys residents through our community services.

The Hub will engage daily with stakeholders monitoring the demand and capacity of our community services against predicted discharges, admissions and repatriation from our commissioned DGH's into Powys.

The Hub will hold capacity information for community services to enable people to be supported at home as a first option

The Central hub provides a communication point for our neighbouring DGH's to enable the H&C Hub Lead to assess the demand pressure points for PTHB community services and provide information to the executive on call for all Wales escalation calls. The Clinical lead provides clinical support for the CTC's when exploring discharge options.

## **7.2 Powys Discharge to Assess**

There is on-going multiagency work aimed at expediting discharge covering a range of accommodation solutions, community based services and support to facilitate rapid discharge. At present there are several pathways which support discharge but there needs to be improve coordination and realignment to ensure that patients are assessed in the most appropriate setting. The plan is develop pathways in line with Discharge to assess models created in other NHS organisations promoting the approach of home first and rapid assessment. It is the intention this will be named Powys to Assess and will be led by the new Health and Care Hub, utilising existing services like Reablement, virtual ward specialist nurses, therapies, domiciliary care, PURSH ,Red Cross, third sector connectors and community hospitals.

The scoping over the month August will then develop a plan of implementation reviewing the potential gaps and education of shifting to the home first principles with rapid assessment and provision for short term support ( 6 weeks). Optimising existing services and possible additional funding from ICF.

The Powys to Assess discharge model will focus on an enhancement of the Community Teams which will provide both step up and step down care to individuals requiring support in their own home. The intention will be to provide more rapid access to community based personal care and therefore reduce length of stay.

<b>Discharge and reablement – SAFER Discharge Principles, DToC management, Discharge to Assess</b>			
<b>Ref</b>	<b>Action</b>	<b>Lead Organisation</b>	<b>Due Date</b>
<b>7a</b>	Implement a new joint health and care coordination hub and using utilising Lean methodology: <ul style="list-style-type: none"> <li>▪ Reduce Delayed Transfers of Care (DToC), Improve patient repatriation time and level discharges</li> <li>▪ Assess social care demand and capacity</li> <li>▪ Understand the impact of Community Connectors not just on patients but on reducing LoS, GP contacts and admissions</li> </ul>	<b>PTHB</b>	<b>Dec 2018</b>
<b>7b</b>	Jointly conduct a review of the reablement model and make recommendations for development	<b>PTHB</b>	<b>Mar 2019</b>
<b>7c</b>	Implement the actions identified in the WAO Discharge Audit	<b>PTHB</b>	<b>Dec 2018</b>
<b>7d</b>	Develop and implement a Powys Wide Discharge to Assess model phase 1 'Home First'	<b>PTHB</b>	<b>Dec 2018</b>
<b>7e</b>	Undertake DToC Validation to help embed good discharge planning into daily practice	<b>PTHB</b>	<b>Dec 2018</b>
<b>7f</b>	Enhance management of ED delays in the English EDs either by joining with WMAS or use of Care Transfer Co-ordinators/HCSWs	<b>WAST</b>	<b>October 2018</b>
	Develop a plan to ensure access medicines for inpatients in our community hospitals during inclement weather	<b>PTHB</b>	<b>October 2018</b>

## **8. Civil Contingency Severe Adverse Weather Plan**

PTHB's Inclement Weather and Major Travel Disruption Policy and Procedure (HR025) has been designed to balance the service and business needs of the organisation, against the practical and personal difficulties inclement weather and major disruption to travel presents for its employees. This Workforce and Organisational Development policy, which should be read in conjunction with service level business continuity plans, aims to provide guidance, advice and support to managers and employees in the event of adverse weather conditions which cause major disruption to travel services i.e. rail or road thus severely affecting the ability of employees to travel to or from PTHB premises.

**A link to the policy is available in Appendix**

In addition, PTHB is undertaking further work to develop a Civil Contingency Severe Adverse Weather Plan. The Civil Contingency Severe Adverse Weather Plan will provide an overarching has been developed as a framework for to coordination of PTHB wide resources in the event of severe adverse weather conditions that impact upon the normal operational efficiency of PTHB.

The Civil Contingencies Severe Adverse Weather Plan will not be limited to heavy snowfall events as experienced during winter 17/18, the plan will cover all elements of adverse weather i.e. heavy snowfall, heatwave etc. as referenced within the Dyfed Powys Community Risk Register.

The completed plan will include guidance on the course of action to be undertaken in response to national processes i.e. The Met Office Weather Warnings and will also incorporate relevant links to the Dyfed Powys Local Resilience Forum Severe Weather Plans and procedures.

A link to this plan is available at Appendix (not completed yet)

Whilst it is noted that a link to the plan is available in Appendix.

It is designed to give guidance, advice and support to managers and employees in the event of adverse weather conditions which cause major disruption to travel services i.e. rail or road thus severely affecting the ability of employees to attend work; and /or disrupts the ability of patients and staff to travel to or from PTHB premises; and / or negatively impacts upon the stability of the procurement supply chain.

Many issues can be resolved via existing escalation processes at an operational management level (refer to Section 6 of this document), . Howeverd, dependent upon the nature, scale, severity, and predicted length of the disruption it may be necessary to implement the formal processes normally associated with a major incident.

A link to this plan is available in Appendix.....

Command, Control and Co-ordination are important concepts in the multi-agency response to emergencies. A nationally recognised three tiered structure known as Strategic (Gold), Tactical (Silver) and Operational (Bronze) has been adopted by the emergency services and most responding agencies.

The PTHB Command and Control arrangements are based upon this system. These arrangements help to ensure interoperability between responders and are set out within the PTHB Civil Contingencies Plan.

A link to this plan is available at Appendix Major Incident Plan.

## **9. Infection Control Outbreak Management Procedure**

There is a procedure in place for managing infectious incidences and outbreaks within the Health Board. The investigation and management of clusters of infections associated with health care provision across PTHB is a key part of the work to prevent the spread of infections and disruption of services. This procedure outlines the actions required in the management of infectious incidents under investigation, outbreaks and major outbreaks.

The aim of the procedure is to ensure that all staff of the Health Board understand the implications of outbreaks of infections in health care and are able to contact

the correct personnel in order to manage or prevent an outbreak. Outbreak management is also facilitated through an outbreak control group comprised of appropriate staff.

When patients are admitted with respiratory infections, diarrhoea and or vomiting prompt isolation and segregation of patients is necessary to prevent transmission and bed closures. ICTMs will ensure that clinical areas have adequate stock levels of personal protective equipment to care for patients with infections (e.g. fluid repellent masks, FFP3 respirators, facial protection, aprons and gloves) in order to protect staff from infection.

The target for influenza vaccination uptake for health care staff is set at 60% this year. An effective communication campaign is necessary for staff to understand their responsibility regarding vaccination and to increase staff influenza vaccine uptake.

All infection prevention and control policies can be viewed via the link below:

<http://nww.powysthb.wales.nhs.uk/infection-control-policies-and-guidance>

## 10. Mental Health

Mental Health does not see seasonal fluctuations in demand to the same extent as other services although demand varies for other reasons. As a result there will be normal service provision over the winter months, with the usual liaison and out of hours cover.

## 11. Monitoring and Evaluation

The Oversight and implementation of plans will be monitored through the Unscheduled Care Implementation Group meeting and performance reviews and the regular delayed transfer of care meeting.

Metrics will be developed for the main schemes in addition to the routine measures already in place. A formal, multi-agency review of winter will again take place in May 2019 and reported to the Executive Committee PTHB.

## 12. Actions to Address Key Risks

Winter preparedness is fundamentally about the assessment and management of risk, acknowledging the consequences that insufficient preparedness can bring for the quality and safety of services provided. The list below reflects an assessment of the most significant potential risks identified for winter 2018/19:

No	Theme	Description	Winter Risk Only?	Rating
1	Workforce	Insufficient capacity within community resource teams and social services	No	
2	Workforce	Inability to recruit staff to primary care	No	
3	Capacity shortfalls	Insufficient community bed capacity leading to delays in admission or discharge from	No	

		neighbouring DGHs in Wales and across the border in England.		
4	Capacity shortfalls	ASC capacity for assessment, domiciliary care provision, residential and nursing beds	No	
5	Infection	Significant infection outbreaks	No	
6	Poor Vaccination Uptake	<ul style="list-style-type: none"> <li>There is a risk of influenza outbreak due to sub optimal vaccination uptake which will increase the number of admissions to hospital.</li> </ul>	Yes	
		<ul style="list-style-type: none"> <li>Good staff uptake across PTHB and WAST however, uptake of Influenza vaccination may put patients at risk due to potential of contracting Influenza from staff</li> </ul>	Yes	
		<ul style="list-style-type: none"> <li>Increased risk of staff sickness during the winter period adversely impacting on staffing at ward level</li> </ul>	Yes	
7	Seasonal Increased Demand	There is a risk that the number of admissions to hospital will increase during the winter period due to exacerbations of chronic conditions, seasonal flu outbreak and increased injurious in inclement weather this will impact on available capacity within the hospital and compromised patient safety	Yes	
8	Demand	Significant ambulance turnaround delays	Yes	
9	Demand	Significant increase in demand above projections	Yes	
10	Cold Spells	There is a risk that sudden episodes of extreme cold could precipitate exacerbations in individuals with chronic chest conditions and which would increase demand on acute and community beds	Yes	
11	Severe weather warning	There is a risk that severe weather will present challenges to workforce capacity due to the inability to travel to the hospital and / or to patient's homes to provide essential care resulting in sub optimal delivery of critical patient care.	No	
12	Legislation	There is a risk that expectations to provide social care support by patients, their family / carers and health care staff exceeds that which the Local Authority is able to lawfully provide as outlined in the Social Services and Wellbeing (Wales) Act.	No	
13	Reputational	Reputational risks to partner organisations and Welsh Government	No	

### **13. Conclusion**

A number of specific risks to the delivery of the Integrated Plan outlined above have been identified. They include:

The Powys Integrated Winter Preparedness and Resilience plan has been developed jointly by partner organisations to respond to the assessed risks associated with winter. They are based upon a structured review of 2017/18 and learning from previous winters. The plans are described to mitigate risks and are expected to provide adequate assurance that all reasonable actions are being taken in preparation, recognising there are constraints on each of the partner organisations and not all eventualities can be accounted for.

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## Appendix A **Communications** Plan – Adrian

### To be confirmed

A communication plan for the winter period to help address the issue and support teams in both Primary and Community Care settings is needed.

The plan needs to bring together aligned and complimentary activity and messages for the Out of Hours GP service, pharmacy, optometry and other services, NHS Direct, WAST, PTHB Minor Injuries Unit. It will also need to include escalation plans for communications activity during periods of pressure and link with public health work such as the flu campaign, infection prevention and control and issues around the frail elderly.

Specific schemes are planned for winter are:

- Article on keeping well during cold weather - to be distributed via local media
- Article on most inappropriate uses of A&E and OOH - to be distributed via local media
- Launch of Infection Prevention and Control campaign to limit the spread of infection in hospital
- Encouraging the use of Optometrists for eye health in place of General Practice
- Delivery of Flu Campaign
- Choose well messaging in response to demand / impact on our services.

#### Goals

- More appropriate use of hospital and community services such as the Emergency Unit and Out of Hours GP.
- Better use of pharmacy, optometry and other services.
- Reduced inappropriate use of services.

#### Objectives

- Influencing Patient behaviour
- Influence Service provider behaviour:
- Raising confidence other services and professions
- Gain insight into who is using services inappropriately and why.
- Create a combined communications plan and programme of activity for in hours and out of hours unscheduled care services
- Explore opportunities for further insight to inform future campaigns

#### Strategic Context

The plan supports the following elements of Health and Care Strategy:

**TBC**

It also supports the following strategic objectives:

**TBC**

Approach

High level/general activity

- Campaign on general messages around appropriate use of healthcare services this winter.
- Repeat prescriptions and medication
- Unwell is not uncommon: educating the public about recognising common ailments and how to manage them
- Flu vaccination and public health messaging campaign

Focussed/insight driven activity

- Using data to identify periods for specific problems and using proactive communications appropriately
- Linking with frontline staff to develop communications escalation plan to support periods of high pressure

OOH GP/Community

- Minor ailments campaign
- Promoting eye care in the community
- Medication/repeat prescriptions
- Targeting high use areas/users of the OOH service
- Frail elderly campaign e.g. check on your neighbours, falls prevention

Internal/stakeholder communications

- Making sure pharmacies and other partners are directing the public appropriately to services
- Asking staff to help support and share these

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