



Cardiff & the Vale of Glamorgan Integrated Winter Preparedness and Resilience plan 2019/20

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1. Introduction

The purpose of this document is to provide assurance to the respective boards of the partner organisations in the Cardiff and Vale region that a robust Integrated Winter Preparedness Plan is in place for winter 2019/20. The development of the Integrated Plan has been led by Cardiff and Vale University Health Board (UHB) and produced in collaboration with key partners including the Welsh Ambulance Services NHS Trust, Cardiff Local Authority, the Vale of Glamorgan Local Authority 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.

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.

Within the Health Board, winter preparedness and resilience planning forms part of the broader Seasonal Preparedness Cycle, which encompasses bank holiday planning and other cyclical demand increases. This process commenced immediately following the end of winter with a formal review of activity and performance undertaken in May 2019 and submitted to the Health Board. This was followed by a multi-agency stakeholder debriefing event held in early July 2019 to gather feedback from key stakeholders on what went well during winter 2018/19, what was challenging and importantly, what the key learning points were to inform the development of the 2019/20 winter plan.

Over the summer months, system-wide improvement work has been underway to review and enhance unscheduled care pathways. This work will be augmented by a range of additional winter-specific schemes designed to bring further resilience to the system during this period.

This document has been developed jointly by the partner organisations and summarises the key actions in place in support of winter preparedness.

2. Key Areas of Risk

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 2019/20:

- Insufficient acute adult medical bed capacity (excluding critical care) leading to delays in admission, an increase in outliers and cancellation of elective admissions
- Significant increase in demand for primary care out of hours (OOHs) services and/or out of hours failure
- Significant ambulance turnaround delays
- Significant overcrowding of the A&E department
- Insufficient critical care capacity leading to sub-optimal care and cancellation of elective admissions
- Insufficient capacity within community resource teams and social services, leading to patients spending more time in hospital than is clinically necessary
- Significant delays accessing CEPOD and trauma theatre
- Increased paediatric demand leading to delays in assessment and admission
- Significant increase in demand above projections
- Significant outbreaks of infectious diseases (ward closures and staff absence)
- Insufficient staff in key services, e.g. ward nursing, primary care out of hours
- Disruption of services caused by adverse weather

A risk assessment of the above points is available in [Appendix 1](#).

3. Seasonal Flu Campaign

Immunisation

A systematic programme to encourage uptake of seasonal flu vaccine among eligible members of the public, as well as eligible health and social care staff, including adult care home staff, will commence in September 2019.

The community campaign this year while encouraging uptake among all eligible groups including pregnant women and people aged over 65 years, will focus on increasing uptake among people aged under 65 in clinical risk groups, particularly those with respiratory conditions, and uptake among all primary school and pre-school aged children. We will continue to make primary care aware that we will expect all eligible patients to be formally invited for vaccination by personal text, letter or phone call, and that we will be formally auditing this through Read codes at the end of the season. We will also encourage uptake by using local targeted social media advertising and raising awareness through local third sector organisations who work with at-risk groups. Like last year, school uptake will be supported by a more streamlined delivery pathway and individual school immunisation profiles will be published to raise awareness of the programme with school staff and governors.

For health and social care staff, following excellent flu vaccine uptake rates for the previous two flu seasons, we will be building on the Flu Champion peer vaccinator approach, with named leadership in each Clinical Board. We will also be trialling a new incentive approach that will provide a donation to local food banks for every staff vaccination given. Our communications for this year's programme will continue to encompass social media, intranet messaging, visible senior leadership and a prominent poster and TV screen campaign will contribute as in previous years. Clinical Board-level uptake data and flu virus surveillance data will be shared with Clinical Boards on a regular basis and at Executive level, and regularly monitored through the Executive Performance Review meetings.

4. Emergency Preparedness

Civil Contingency Severe Adverse Weather Plan

This Civil Contingency Severe Adverse Weather Plan has been developed as a framework to coordinate resources in the event of severe adverse weather conditions that impact upon the normal operational efficiency of Cardiff and Vale UHB. A link to the plan is available in Appendix 2.

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, road or air thus severely affecting the ability of employees to attend work; and /or disrupts the ability of patients to travel to or from UHB 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. However, 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.

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 UHB Command and Control arrangements are based upon this system. These arrangements help to ensure interoperability between responders and are set out within the Cardiff and Vale UHB 2017 Major Incident Plan, Section 5. A link to the plan is available in Appendix 2.

BREXIT Preparations

We have worked closely with Welsh Government and other partners across health and social care in preparing for EU withdrawal, including for the possibility of a 'No



Deal' BREXIT. The focus of the preparations has been on ensuring the maintenance of high-quality and safe healthcare.

As is the case for all Health Boards, CVUHB has a nominated Executive Director acting as the Senior Responsible Officer (SRO) overseeing the preparations locally, and contributing to a national group of SROs.

CVUHB has actively participated in regional and national planning events to ensure our local plans are as robust as possible, receiving positive feedback from Welsh Government on its planning arrangements.

Since autumn 2018, the CVUHB has had a task and finish group to coordinate business continuity, emergency preparedness and risk management of any potential fallout impacting on staffing, services or supplies. It has maintained a live database of all of the potential risks identified by Clinical and Service Boards in order to determine the potential impact, and where necessary enhance existing business continuity arrangements to support any response.

This approach will continue over the winter period; and the UHB will continue to monitor its state of readiness for the potential of a 'No Deal' BREXIT.

5. Primary and Community Care

Primary and community services operate year-round, providing a range of services which are delivered in a variety of settings, including patients' homes and within their local community. During the winter period these services have a vital role in providing timely care to the population of Cardiff and the Vale of Glamorgan, particularly in ensuring patient flow throughout the entirety of the healthcare system is managed.

In acknowledgement of the additional pressures facing healthcare services during the winter period, the Primary, Community and Intermediate Care Clinical Board have developed robust planning arrangements to allow services to meet increased demand during this time.

Primary Care Services

GP services remain a highly visible part of the health system which experiences significantly increased demand and pressure during the winter period. GP contractors are supported during this period primarily through demand management, via communication regarding utilising health services appropriately and enabling patients to self-care where suitable.

The sustainability of GP services has been of significant concern in recent years, reflecting the pattern across the UK. In response to this the UHB has developed a

number of support mechanisms including investing in the roll out of the First contact Practitioner Physiotherapists and Mental Health Liaison Model. Musculoskeletal conditions account for approximately 20-30% of the overall general practice caseload and Mental Health presentations account for approximately 19% of GP workload. Implementation of the MSK and MH models will provide practices with a more efficient way of managing this workload which will release capacity (around 65,000 appointments per year) for GPs to deal with those who most need to be seen by their GP. At present these services have been rolled out to five of the nine Cardiff and Vale clusters.

In addition, the UHB operates its own Urgent Primary Care Out of Hours service (OOHs) which provides urgent care to patients during periods that GP surgeries are not open (evenings/nights, weekends, Bank Holidays) via a telephone triage system, face-to-face consultations, and home visiting. This ensures patients do not access other aspects of the unscheduled care system such as A&E unless required. This service experiences a significant increase in demand over the winter period and therefore has implemented several strategies to manage demand on an ongoing basis as well as specifically for the winter period.

The Urgent Primary Care Out of Hours service has developed an MDT approach during 2018/19 to ensure appropriate clinicians are available to patients. This MDT approach has been informed by significant demand and capacity modelling undertaken within Cardiff and Vale, which has also informed our workforce requirements for the winter period. By ensuring the service is staffed by a range of healthcare professionals we are able to ensure that we can align clinical staff to best meet the specific needs of patients. The service is also linking with WAST to discuss joint working over the winter period and ensure patients are directed to the most appropriate services.

Under winter planning arrangements, the primary care OOHs will have increased capacity during winter 2019-20. This will be achieved through increased shifts for triaging and Clinical Practitioner shifts on weekends to deal with lower acuity patients. In addition, home triaging equipment will be sourced to allow some GPs to work from home via the secure network, enabling the service to be flexible and more responsive in the event of circumstances which could disrupt the service such as adverse weather.

Patient Information and Education

One of the key approaches being undertaken year-round is supporting and educating patients on self-care options and the use of wider healthcare services, such as community pharmacies, for advice and information. The Choose Pharmacy platform has been rolled out to 100 pharmacies across Cardiff and the Vale of Glamorgan, and pharmacies can be accessed across Cardiff every day of the week and until 10.30pm. Additional opening hours have been commissioned to ensure

community pharmacies can be accessed by patients in Cardiff and the Vale of Glamorgan on all Bank Holidays over the winter period.

Communication to the public about the appropriate use of health services will be achieved through the continued use of the “Choose Well / Dewis Doeth” campaign information on the UHB website and via social media. There is ongoing work to ensure information regarding GP opening times over the winter period is communicated to patients in a timely manner, and this information will be available via the UHB website and social media streams in addition to many practices maintaining this information on their own websites.

The Primary Choices campaign was launched in June 2019, see: <http://www.cardiffandvaleuhb.wales.nhs.uk/primary-choice>, with further promotion of this campaign throughout the winter period.

Enabling patients to maintain their current health status and prevent instances of ill-health is a key function of many primary and community services within Cardiff and the Vale of Glamorgan. Respiratory tract infections increase significantly during the winter period and put pressure on many services. The continuing education of patients on how to self-treat coughs, colds and sore throats is key in ensuring services such as GPs and the primary care Out of Hours service maintain capacity during the winter period. In addition, each winter there is ongoing work across the entire health service to vaccinate vulnerable patients.

Flu vaccination

Community flu vaccination is an important feature of winter planning and ongoing work is taking place to ensure robust implementation plans are established. Patients identified as belonging to a vulnerable group will be invited to participate in the vaccination programme, which will be driven in large part by individual GP practices and GP clusters, but other services will also provide appropriate support. District nurses will work with GP practices to vaccinate housebound patients on their caseload, and the Cardiff Community Resource Team will provide vaccinations to patient-facing employees of Cardiff Council such as care home staff. We will also look to support vaccination for patients in nursing homes, whilst community pharmacies will play a key role in offering vaccinations to eligible groups such as carers.

Care Homes

Whilst the winter period presents risks to many patients, via increased respiratory tract infections, influenza outbreaks, the increased risk of falls due to weather, and the resulting implications of suffering a fall during wet or cold conditions, we recognise that patients living in care homes may be particularly vulnerable. The Cardiff Care Home Integrated Support Team (CHIST) service aims to enhance the care provided for residents through a proactive, holistic coordinated model of care,



will continue to proactively work with a number of Care Homes in Cardiff including trialling more proactive MDT working in Care Homes and monitoring their impact, with the aim of reducing calls to WAST/OOHs and GPs, reducing EU attendances, and ultimately reducing admissions from high referring Care Homes in Cardiff.

Community Services

Within Cardiff there will be additional residential discharge to assess capacity through the Community Assessment Unit (Ely Court) which will support secondary care by enabling early discharges and will allow patients to receive appropriate care outside of a hospital setting. Core CRT capacity will be increased in Cardiff and the Vale to allow additional reablement support in the community, which will also enable early discharges. PCIC will continue to work with WAST to roll out the Rapid Response Falls Pathway to enable WAST and EU to refer suitable patients directly into the CRT, thus preventing admissions/conveyances. This pathway would be supported through additional CRT capacity during core hours.

In recognition of the impact that falls can have on emergency care capacity, WG Primary Care Pacesetter funding has been secured to establish the Collaborative Community Falls Clinic (to be known as Stay Steady Cardiff). This network of community based falls clinics within Cardiff will be accessible for individuals who are at lower level of falls risk and who would benefit from a multi-factorial assessment, and would aim to reduce their risk of falling in the future. These clinics will be in place until the end of March 2020.

Whilst many primary and community services will be enhancing their provision over the winter period, there are some services which will be able to support patients via their established provisions, including District Nursing Services across Cardiff and the Vale which will continue to operate a 24/7 service 365 days a week to ensure that vulnerable patients continue to receive care in their own homes.

Primary and community services operate year-round, providing a range of services which are delivered in a variety of settings, including patients' homes and within their local community. During the winter period these services have a vital role in providing timely care to the population of Cardiff and the Vale of Glamorgan, particularly in ensuring patient flow throughout the entirety of the healthcare system is managed.

In acknowledgement of the additional pressures facing healthcare services during the winter period, the Primary, Community and Intermediate Care Clinical Board have developed robust planning arrangements to allow services to meet increased demand during this time.

6. Ambulance Service

For winter 2019-20 the majority of the focus is on an increased cover in the Clinical Contact Centre. This initiative is primarily focusing on more availability on the Clinical Desk (for secondary triage by a Nurse or Paramedic in order to intelligently task the right vehicle to the right patient at the right time).

Hear and Treat services are also looking to increase their referral rates to over 12% consistently (again right patient, right place). We have also engaged with the GP Cluster groups across the localities to reinforce the 'what ambulance do you need' information and to ensure that our GPs have the right contact information for urgent versus routine responses.

Capacity within the localities remains unchanged for Emergency Ambulances (EAs), Rapid Response Vehicles (RRVs) and Urgent Care Service (UCS). However, we will provide additional resources for key periods over the winter periods, to include events, black Friday, Christmas and the New Year periods, as well as continuing to provide support to the Alcohol Treatment Centre when it is open.

Key programmes include the Cycle Response Unit (CRU) deploying to the City Centre on key dates and our foot patrol medics (MRT) for the same area. This will see the patient experience improve for calls with the City Centre boundary whilst freeing up our resources to 'push out' to the surrounding areas.

Key to our performance and delivery will be our continued good relationship with the Health Board and, especially, the Emergency Care Directorate at UHW.

7. Hospital Assessment and Inpatient Processes

The learning from previous winters has consistently highlighted that senior decision makers are key to maintaining flow at the front-door of the hospital. As a result the Health Board is increasing provision in this area throughout the winter period and enhanced at key times:

Medicine

- Additional consultant cover in the Emergency unit
- Additional senior decision makers in the assessment unit at UHW for peak times to manage increased demand
- Additional senior decision makers in the assessment unit at UHL for peak times to manage increased demand
- Outlier Team at UHW to proactively manage medical patients on Surgery and Specialist wards 7 days per week



- The roll-out of Red 2 Green and SAFER has been completed, improving the management of patients whilst there are inpatients and reducing delays

Surgery

- To support the timely assessment of Trauma patients the UHB has recently opened a new Trauma assessment unit at UHW
- From 2nd December the Surgical Assessment unit at UHW will open at weekends, to support the flow of emergency surgical patients to the most appropriate setting and provide timely assessment
- As previously, there will be an additional Trauma Specialist Registrar present in the Emergency Unit (EU) during weekends to support timely decision making
- A dedicated Urological Surgeon on call remains in place and will also support both EU and Surgical Assessment Unit (SAU) decision making
- The Emergency General Surgery (EGS) pathway will continue to provide a second dedicated Consultant General Surgeon during daytime hours to support both EU and SAU. They will also provide additional triage of GP calls during periods of high demand which may reduce the demand on the Welsh Ambulance Service
- As part of the EGS pathway the additional emergency theatre (CEPOD) capacity will remain in place
- Senior management presence at all scheduled Patient Access meetings and point of contact for troubleshooting, escalation and liaison with Directorates and Clinical Board throughout the day. Call and co-ordinate SCB FOIL meeting, including Surgery Patient Access Nurse, as required, identifying clear actions for the relevant Directorate teams
- The roll-out of Red 2 Green and SAFER is now taking place across the surgical wards and will be completed ahead of winter

8. 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 Cardiff and Vale UHB 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.



The target for vaccination uptake for health care staff is set at 65% this year. An effective communication campaign is necessary for staff to understand their responsibility regarding vaccination and to increase staff influenza vaccine uptake by staff. Each Clinical Board will have flu champions in place to facilitate vaccination in their areas.

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. If there is a high influx the Health Board will explore the possibility of using a cohort ward/s to manage the demand. Clinical Boards 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, eye protection i.e. visors/goggles, aprons and gloves) in order to protect staff from infection.

The full Infection Control Procedure can be accessed via the link in appendix 2.

9. Flexing of Ward Bed Capacity

Each year the Health Board undertakes an analysis of the potential bed requirements associated with winter pressures. Experience from recent years has shown this assessment to be reasonably robust, however some winters can of course bring significant variation from the average pattern.

It is typical for bed demand to start to rise from November and through December, before dropping significantly in the days immediately preceding Christmas. From Boxing Day it normally 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, however the peak of winter can occur at any point up to the end of April. The bed modelling undertaken for 2019/20 has identified that an average winter will lead to a demand for circa 50-55 additional adult medical beds between January through to March.

Last year the Health Board opened, in a phased manner, 31 additional 'winter' beds at UHW. The actual use of the beds was determined daily in response to operational demand, flexing down bed capacity where possible throughout the winter period.

The bed plan for winter 2019/20 allows for up to an additional 50 beds to be opened at UHW, recognising the change in the core bed base during this year and the importance of reducing outliers and delays in admission for patients in the assessment unit. The UHB will again deploy this capacity in a tactical way, flexing bed capacity up and down both in-week and across the whole winter period. It is expected the first cohort of beds will open in a phased manner between mid-November and mid-December with the second cohort of beds opening in early



January and the final cohort in late January. The intention will be to again flex down a number of beds in the days preceding Christmas, allowing some additional surge capacity between Christmas and New Year aligned to the typical demand patterns described above.

Despite more winter beds being available this year the additional capacity is in line with the lower end of the demand assessment and therefore it is possible that during the busiest periods the number of medical outliers may increase. This risk is mitigated through investment in additional senior clinical decision-makers at the front-door, a dedicated clinical team for outliers, extra CRT and community assessment unit capacity, and on-site senior management to maintain flow at busy periods.

10. Emergency Pressures Escalation Procedure

In 2015 the Health Board undertook a comprehensive review of its Emergency Pressures Escalation Procedure, supported by the Delivery Unit. This review was revised in 2016 and remains in place. It was shared with WAST colleagues in autumn 2016. Ahead of winter, the Health Board is undertaking a further review of a number of the component parts of its escalation procedures to ensure they are fit for purpose and in line with national guidelines. The Health Board recognises that winter brings pressure across the whole health community so our escalation reflects the inpatient services; critical care and theatres; UHW, UHL, Children's Hospital for Wales and primary and community services; as well as emergency services, including WAST. The escalation procedure supports the need to maintain elective care during the busy winter period.

The Cardiff and Vale site team meets four times daily, seven days per week and requires senior clinical and managerial representatives to attend. The meetings are focussed on identifying and taking actions in a timely manner to reduce risk. The report from each meeting is sent to all senior staff in the UHB, as well as Executive colleagues.

11. Critical Care

In previous winters critical care has been a significant pressure for the UHB, frequently exceeding the commissioned bed capacity due to year-on-year demand increases.

In response to this the UHB, supported by the Welsh Government, opened an additional six level 3 beds in two phases over last winter. This funding has now been secured on a permanent basis and therefore this capacity will be available



throughout winter this year. In addition the UHB is preparing for the introduction of the South Wales Major Trauma Network, within which UHW will be the Major Trauma Centre. This will necessitate a further increase in critical care capacity from April 2020.

The Critical Care Escalation Policy has recently be revised which provides guidance both in and out of hours. Consultant cover for Critical Care will continue 24/7 ensuring that timely review of ward and EU referrals and discharges or transfers to other units is maintained both in and out of hours and ensures frequent and on-going decision making.

12. Diagnostic and Support Services

Diagnostic and support services will make a significant contribution to service delivery over the winter period. Individual departments have refreshed their business continuity plans in order to mitigate the predicted effects of winter pressure. This applies to the following areas:

- Radiology
- Pathology including mortuary
- Pharmacy
- Phlebotomy

The primary focus of the support services is to ensure that resources are deployed to support increases in capacity by other clinical areas.

Throughout the winter there will be a dynamic process of risk assessment undertaken of the resource allocation within the Clinical Board. This will ensure that resources are deployed as appropriate to areas of greatest need during times of pressure. This will include flexing support between wards and EU as required.

13. 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. The Mental Health Clinical Board has extended the EU provision to later in the evening and will provide intensive support to the additional winter ward from the Older People's liaison service. The RAID liaison team have extended its' capacity of Health Care Support Workers during the winter months, working 8am until 5pm on week days.

Mental Health is currently rolling out a primary care mental health liaison service to the clusters to improve primary care resilience. This roll-out will continue through this year's winter months reducing the numbers of people with mental health problems reaching crisis.

14. Home First – Integrated Care

The Cardiff and Vale Regional Partnership has continued to invest in additional community pathways via the Integrated Care Fund (ICF) and Transformation Programme.

This continued investment is supported internally by the implementation of the 2019/20 “Get Me Home” work programme which focuses on reducing length of stay.

There are two main, now well established, projects. First Point of Contact (FPOC) “Get Me Home” hospital based discharge support service, is aimed at providing earlier, more rapid intervention and access to local authority provided services. The second, which started in January 2019, is a domiciliary discharge-to-assess model “Get Me Home Plus” (GMH+) focussing on an enhancement of the Community Resource Team to provide step down care and assessment for long term care to individuals requiring support in their own home.

The additional investment in the third sector frail older person's assessment and liaison (FOPAL) team will continue to provide support to individuals who do not require hospital admission but do require on-going support to return to their own home.

The ICF funded Bridging Team continues to provide personal care support to individuals held within the Community Resource Team (CRT), assessed as requiring on-going personal care packages. This will optimise the availability of CRT, leading to more rapid discharge of patients who require on-going community reablement or rehabilitation.

There is currently a review of CRT provision which is anticipated to streamline the process and increase throughput, alongside this work there will be an increase in the number of patients discharged via CRT over the winter months and the GMH+ service will also increase its capacity over the winter months.

There is continued on-going multiagency work aimed at expediting discharge covering a range of accommodation solutions. The two local authorities and the UHB are working to ensure maximum benefit from the step down properties available across the region.

Furthermore the number of (residential discharge-to-assess) beds in the Cardiff Community Assessment Unit will increase from six to twelve offering step-up and step-down residential reablement.

A significant element of the Get Me Home plan includes implementation of Red to Green and the SAFER principles .This is now being rolled out across the Surgical Clinical Board following successful implementation in medical wards.

Both Cardiff and Vale Local Authorities are reviewing their internal and external domiciliary care capacity which is anticipated to enhance the provision of care over the winter period.

The weekly confirm and challenge meetings continue to discuss and action discharge constraints. More recently there has been a significant reduction in 14+ length of stay, this will be monitored closely over the winter period to measure the impact of new initiatives.

15. Third Sector

During the winter period, flu and other vaccinations will be promoted via the Cardiff Third Sector Council (C3SC) Cardiff Health, Social Care and Wellbeing Network, the Glamorgan Voluntary Services (GVS) Vale Health, Social Care and Wellbeing Network, the Cardiff and Vale Carers Support and Information Network Group (CSING facilitated by GVS), the Cardiff and Vale Voluntary Sector Network for Older People, the Cardiff and Vale Advocacy Network, the C3SC run Cardiff Children, Young People and Families Network and the Mental Health Forum and other Forums facilitated by Cardiff and Vale Action for Mental Health (Cavamh).

The third sector networks and forums mentioned above are also used to promote NHS campaigns such as Choose Well and disseminate public health campaigns such as Keep Well This Winter, healthy eating, physical activity etc. Information about the most appropriate NHS service to access, and when it should be used, can also be promoted this way so that people utilise services in the most effective way.

This information is promoted via the GVS, C3SC and Cavamh websites, GVS weekly e-bulletins and C3SC monthly e-bulletins. This means that information is disseminated to a wide range of third sector organisations and via them to people who access their services. Information can also be targeted to specific service users, for example flu vaccination provision for carers is promoted directly to organisations which support carers via CSING.

Falls prevention initiatives are promoted in the same way and also via local and regional Ageing Well Planning Groups. This includes information about current and



new services provided by Care and Repair Cardiff and the Vale, Age Connects Cardiff and the Vale, Age Cymru, the Vale and Cardiff 50+ Forums and a wide range of other third sector organisations such as Dinas Powys Voluntary Concern, Elder Fit and Action for Elders.

Information about third sector services are included in a range of directories, including the website Dewis Cymru. GVS has recently updated the Cardiff and Vale Directory of Services for Carers and the Cardiff and Vale Directory of Services for Older People. Cavamh produces directories of mental health services and Directions which is a directory and handbook for older people with mental health problems, and their carers. These are widely circulated to health and social care staff.

GVS, C3SC and Cavamh also jointly produce an annual list of third sector services that are open over the Christmas and New Year period for older people, carers and vulnerable people, some of which are open on Christmas day. This will help people to access groups and support in the community where appropriate.

The United Welsh Wellbeing 4U service, which is co-located with GP surgeries in Cardiff and the Vale, and funded by Cardiff and Vale University Health Board, provides a social prescribing service which helps people achieve their health goals through a flexible service that is tailor made for them. They can help improve immunisation uptake, increase uptake of exercise and support people to socially connect with their communities to reduce loneliness and isolation.

Other links between health, social care and the third sector include Age Connects Cardiff and Vale co-location with the Community Resource Team in Cardiff, the British Red Cross co-location with the Community Resource Service in the Vale and an Age Connects Third Sector Broker in the Contact1V centre in the Vale and GVS Community Liaison Officers in Contact1V. All of these support increased partnership working and more effective referral to third sector and community services.

GVS, C3SC and Cavamh utilise existing links with GPs to keep them up to date with third sector services which support vulnerable people during winter; this will include supporting third sector organisations to have stands in GP surgeries as appropriate. Wherever possible, this will link to flu clinics.

Other specific initiatives are facilitated by a range of funding sources. For example, the Integrated Care Fund (ICF) is utilised to support the piloting of new or additional third sector services via the ICF Vale Older People's Preventative Intervention Fund and the ICF Capital Investment Fund.

Mental health

Cardiff and Vale Action for Mental Health ensures that flu information and key public health messages are promoted via the Cardiff and Vale Mental Health Forum and its BME, counselling, housing and young people's interest groups, Nexus and Sefyll newsletters, (mental health /dementia service users and carers), Cardiff and Vale Action for Mental Health website and e-bulletins.

Cardiff and Vale Action for Mental Health also works with GPs and produces a range of information resources, e.g. Directions handbook for older people, 'How to Access Mental Health Support in a Crisis', and other service leaflets which help health and social care staff signpost people to services in the community. Cavamh has a Mental Health Services directory for Cardiff and the Vale of Glamorgan online at www.cavamh.org.uk.

16. Development of a Workforce Plan

The plans contained within this document have been developed in recognition of the challenging workforce environment in many areas. This has, where possible, minimised the reliance on initiatives which would have a high risk of delivery due to staffing constraints. Nonetheless every service is of course highly dependent upon its workforce and therefore the effectiveness of the mitigating actions described in this document is inevitably conditional on adequate staffing levels. The three most significant workforce risks have been identified as ward nursing (medicine) and domiciliary care staff:

Ward nursing (medicine) – The bed plan this year is to provide 50 beds on the UHW site. This is challenging given there are already a significant number of qualified vacancies in Medicine and in other Clinical Boards. Earlier this year the UHB initiated a programme of overseas recruitment to improve the overall vacancy position in a number of key areas, with the first cohort of staff due to take up post from October. The Executive Nurse Director has taken the lead in facilitating cross Clinical Board discussions to safely open the winter beds

Medical staffing – The nature of seasonal pressures requires the workforce to flex in line with demand. Senior clinical decision-makers are, inevitably, critical to the safe and timely provision of services and this applies right across the pathway of care - GPs, Emergency and assessment unit doctors, consultant cover for wards etc. As previously mentioned the UHB has taken mitigating actions in key areas, e.g. in hours and out of hours GP recruitment, but the availability of medical staff is likely to remain a limiting factor throughout the winter period



Domiciliary care staff – The Bridging Teams remain a key priority and are in place to ensure flow is maintained even with fragility in the market place. Whilst this has increased resilience it is recognised that this area of workforce remains a risk

17. Communications

The winter period is incredibly challenging for Cardiff and Vale unscheduled care services, both in and out of hours. Part of this activity is potentially through the inappropriate use of services by the public. An effective communication plan can support members of the public to access the most appropriate services and support teams in both hospital and community setting.

The plan needs to bring together aligned and complimentary activity and messages for the Emergency Unit, the Out of Hours GP service, pharmacy, optometry and other services, NHS Direct, WAST, GP and Barry 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.

Building on the existing schemes which were successful last winter, the following specific schemes are planned for winter 2019/20:

- Video content will be developed with key clinicians on common illnesses based on last year's figures and how to self-care (Coughs, colds and respiratory)
- Videos to be developed to educate the public on the role of the community pharmacy, optometrists and OOH Urgent Care Service so that patients make the most appropriate choice
- Winter Wellbeing page to go live on 1st November on UHB website with patient information and signposting
- Social Media cards to be developed to share on UHB screens and social media channels
- Printed graphics on common illnesses for GP surgeries and community pharmacies to give to patients
- Slippers for Christmas falls prevention campaign to be launched in December

18. Monitoring and Evaluation

The implementation of plans will be monitored through a dedicated fortnightly Health Board winter planning meeting and performance reviews, fortnightly WAST- Health



Board meetings and the regular delayed transfer of care meeting. Oversight of the plan will be provided by the Strategic Leadership Group.

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 Health Board's Board meeting and the Strategic Leadership Group.

19. Risks to Delivery and Conclusion

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

- Inability to recruit staff to key areas (in particular ward nurse staffing)
- Significant external factors (such as snow or infection outbreaks)
- Insufficient time to implement agreed initiatives (this is mitigated through early planning and decision making, in some cases at financial risk)

Each of these risks is mitigated by the actions contained within this plan, however they cannot be removed entirely.

CONCLUSION

The Cardiff and Vale 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 2018/19 and learning from previous winters including demand assessments in key areas. The plans are described to mitigate these 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.

The plan will be considered and approved through the Strategic Leadership Group and the respective Boards of the partner organisations.



20. Appendix 1 - Assessment of Key Winter Risks

Risk	Likelihood	Impact	Total Score	Residual risk after mitigation
Insufficient acute adult bed capacity (excluding critical care) leading to delays in admission or cancellation of elective admissions	5	4	20	12
Insufficient critical care capacity leading to sub-optimal care and cancellation of elective admissions	4	5	20	16
Insufficient paediatric assessment capacity leading to delays in EU or the Children's Assessment Unit	4	3	12	6
Insufficient capacity within community resource teams and social services	4	4	16	9
Significant ambulance turnaround delays	5	4	20	12
Significant overcrowding of A&E department	4	4	16	12
Significant delays accessing CEPOD and trauma theatre	4	4	16	12
Significant increase in demand for OOH services and/or OOH failure	4	4	16	9
Significant increase in demand above projections	4	4	16	9
Significant outbreaks of infectious diseases (ward closures and staff absence)	4	5	20	16
Insufficient senior management presence	4	4	16	12
Insufficient staff in key services, e.g. ward nursing, GPOOH	4	4	20	16



21. Appendix 2 – Relevant procedures and plans

Civil Contingency Severe Adverse Weather Plan:

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Adverse%20Weather%20Snow%20Plan%20hsm%20SUBMISSION%20FINAL%20%28HR%20Link%20updated%2031.01.19%29.pdf>

Major Incident Plan:

http://nww.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/POLICY_PAGEGROUP/OTHER_DOCS/8B%20MIP_REVIEW%20%202016%202017%20MIP%2020170319%20FINAL%20FOR%20BOARD.PDF

Infection control procedure:

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/IPC%20Infectious%20Incidents%20%26%20Outbreak%20Procedure%202016.pdf>

