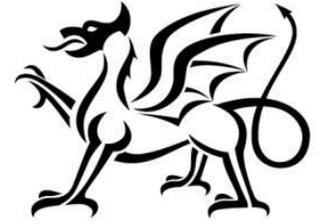


**Cyfarwyddwr Gweithrediadau, GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol**

**Director of Operations, NHS Wales
Health and Social Services Group**



**Llywodraeth Cymru
Welsh Government**

To: Local Health Boards and WAST

**Chief Executives
Chief Operating Officers
Directors Of Planning**

Our Ref: NHSWPG0922

23rd September 2022

Dear colleagues

**Urgent and Emergency Care: Increasing system operational resilience for
Winter 2022/23**

The NHS continues to respond to COVID -19 and recovery of services as set out in the NHS Planning Framework [nhs-wales-planning-framework-2022-2025_0.pdf](#). The winter ahead presents similar challenges to last winter with continued pressures across the health and care system.

Planning for seasonal peaks in pressure is a year-round exercise and development of interventions that will enable additional resilience we know commenced many months ago. This winter planning guidance is issued to NHS Wales organisations and copied to Regional Partnership Boards to support the planning, with the objective to increase system resilience of the urgent and emergency care services this winter. The £146 million of regional integration fund is in the system to support a coordinated social care and NHS response to key priorities. It is clear that system resilience of the health and care sector is one of those priorities.

The ask on NHS organisations and partners is to build on and enhance the local urgent and emergency care plans presented at the National Urgent and Emergency Care Six Goals board in quarter two of this year through delivery of the actions set out in annex 1.

The alignment with the 6 goals for Urgent and Emergency Care(UEC) recognises that £25 million additional funding has been distributed to the health and care system from beginning of this financial year. Those monies allocated should be

utilised to deliver the objective and detail set out through this letter.

<https://gov.wales/six-goals-urgent-and-emergency-care-policy-handbook-2021-2026>

In addition, NHS Wales local health boards and local authority partners should reflect in their planning the increase in community capacity work they are developing at a local level. The steering board will have oversight of this process through the reporting mechanisms outlined in email correspondence on the 16th of September 2022. (See annex2)

In terms of modelling for the winter months, information is attached to this letter. A reflection of the scenarios should be evident in your planning particularly in terms of capacity and workforce response to times of increasing stress on the system.

In addition to the guidance set out in annex 1 the following objectives will need to be planned for and delivered. Given the ongoing pressures much of this work has commenced although the delivery progress will need improvement over the next few months.

- **NHS Wales ambulance delivery plan.(EASC Action Plan)**
Health boards and WAST are expected to deliver against the improvement trajectories agreed. This will be monitored through fortnightly interactions between organisations and the Chief Ambulance Commissioner and reported through the Welsh Government.
- **Fit to Sit implementation across all acute hospital sites**
As an action from 8th June 2022 meeting chaired by the Director General HSSG/CEO NHS Wales with NHS Wales Chairs and CEO's this action was agreed. All local health boards should update Welsh Government on completed roll out of this action.
- **Critical care services**
Ensuring capacity is planned and delivered reflecting on the modelling and elective care activity. Plans should be enhanced and evaluated to ensure delays out from critical care environments are kept to a minimum and in line with local policies.
- **Children and young people services (CYP)**
Ensure CYP elective surgery, critically ill children, and emergency, general and specialist services are maintained.
- **Elective care**
Deliver the milestones set out in the Transforming and Modernising Planned Care and Reducing Waiting Lists <https://gov.wales/transforming-and-modernising-planned-care-and-reducing-waiting-lists>
Specific focus on maintaining day case activity through times of peak pressure. Focus on balancing activity of urgent need and those that have waited the longest as set in the recent correspondence to health board CEO's from the Planned Care Improvement and Recovery team.

- **Cancer delivery**

Deliver the waiting time reduction for those waiting cancer treatments. Organisations should present their backlog improvement trajectory in October 2022 integrated quality, planning and delivery (IQPD) meetings with Welsh Government and NHS Wales Delivery Unit.

NHS Wales organisations will receive additional information from Welsh Government on other key issues for this period which will require a separate response namely respiratory virus guidance [Winter respiratory vaccination strategy update: 22 September 2022 | GOV.WALES](#) and vaccination strategy.

There will also be a review and sharing of the local options framework as well as increasing the visibility of primary and community care services on the daily escalation and response calls with NHS organisational leads.

To support the system the **HSSG System Resilience Planning and Response Group** will expand its focus and remit on wider system resilience and mitigation of risks. The Group will continue to provide that strategic focus bringing together NHS, social care and HSSG senior representatives to monitor system pressures and risks and respond as necessary, including escalating issues to the NHS Leadership Board and the HSSG Executive Director Team Contingency Group.

As with previous winter planning it is expected that plans are considered at regional partnership boards and approved by Local Health Boards and Trusts. Welsh Government will dedicate time in **October 2022 IQPD** to receive progress presentations on plans, following up where necessary on areas of concern.

Whilst the forthcoming months ahead presents increased risks the response of the NHS and partners during the previous 2 years presents a template of how working collaboratively and effectively strengthens the system response to challenges in supporting our staff and meeting our population needs.

Yours sincerely



Jeremy Griffith

**Director of Operations
NHS Wales**

Cc. RPB Chairs; NHS Wales national programme directors; HSSG Executive Directors Membership; Planning and Transformation NHS Wales Delivery Unit.

3	Clinically safe alternatives to admission	Robust triangulation of clinical care and handover between GMS / 111 / UPC OOH services	Sue Morgan / Richard Bowen
		Use of the Urgent Primary Care Centres and evaluation to inform Health Board planning	Richard Bowen /Sue Morgan
		Health Board implementation of the Community Nursing Specification	Sue Morgan
		The Delivery Unit report published in April 2022 on step up Intermediate Care sets out clearly the projected number of intermediate care visits / teams that would be needed based upon figures that had been supplied and modelled. Health Boards and Local Authorities should have a clear plan in response to this work	Sue Morgan
		Seven-day same day emergency care services throughout winter period	Adele Gittoes / SDEC Clinical Lead
4	Rapid response in crisis	Health Boards to optimise use of Mental Health crisis response transport pilot (delivered by St. John)	Shane Mills
		Continued expansion of remote clinical support services through the consolidation and expansion of the use of 'ECNS' and 'PTAS' Models, to ensure that patients awaiting an emergency ambulance response are clinically assessed within 20 minutes of their call.	Stephen Harray
		Enhanced delivery of EASC improvement plan actions (WAST)	Stephen Harray
		Enhanced delivery of ambulance patient handover improvement plan actions (Health Boards)	Stephen Harray
5	Optimal hospital care and discharge practice	To embed v1 of the optimal patients flow framework at ward and hospital level and commence national reporting against agreed measures	

	from the point of admission	(the measures will be determined as part of the expert group work over the next 3 months)	Adele Gittoes
		Consistent delivery of new repatriation policy following publication in January 2023	
6	Home first approach and reduce risk of readmission	Consistent reporting of Delayed Transfers of Care	
		Increased compliance with D2RA Pathways	
		Current Interim Placements reviewed and Step Down to Recover Rehabilitation Implemented to support better outcomes for the person	
		Step Down to Recover Community Bedded Facilities developed and operationalised. Workforce key roles recruitment campaign and options delivered	

Annex 2

Increasing Community Capacity - Monitoring Framework

Dear Colleagues

Thank you for submitting your Locality and Regional completed plans. The plans were presented to the Steering Board on Monday (CEO Led) and the Care Action Committee (CAC – Ministerial led) yesterday. All parties acknowledged the work undertaken to progress the development of these plans at pace and are pleased with the progress. Both Steering Board and Care Action Committee have been fully briefed of the risks associated with these plans and the longer-term capacity and sustainability. As we all recognise delivery is now the crucial component!

To support assurance for delivery, a monitoring framework has been developed which was discussed and agreed at the Care Action Committee yesterday.

I attach the core framework and provide some clarity below:

- Locality and Region Plans – this is partially pre-populated based on the plans you submitted (these plans are now referred to as the baseline plans) and any changes will be reconciled against this baseline.
- You are required, by cop on Thursday 29th September to complete the trajectory for your plans to enable us to report plans, delivery and variation monthly.
- Bi-weekly you will be requested to complete actual delivery against trajectory and confirm the reasons for any variation (inc any National support required). This forms the basis of future bi-weekly assurance meetings.
- The second sheet sets out the core metrics which will be used to measure impact (as discussed and agreed at Steering Board and CAC). Much of this will be pre-populated for you from National data (>21 days nationally reported from October and Social Care Check Point *which* is being re-launched from October).
- The delayed discharge times (which is not available nationally since DTOC reporting was paused at the start of the pandemic), will need to be populated by yourselves. This is the total delayed discharge number reported by yourselves for the relevant period broken down **by time period waiting since they became a delay** not total LOS per patient.
- It is fully recognised that we need to move to a more sophisticated National mechanism to measure impact (inc agreement of measures and a platform for electronic reporting) but in the absence of such a mechanism at present these measures were agreed.
- Reporting to CAC will be monthly, but bi-weekly monitoring will be undertaken and will inform the bi-weekly assurance meetings with Regional Executive leads and Steering Board reporting.
- It should be noted that this reporting will be used to report progress, improvement and risk of locality and regional plans but will not be used for benchmarking or comparison purposes at this point.
- It is essential that your Executive teams and RPBs are fully briefed on the progress of your plans and the reported position to ensure absolute alignment with what is being reported Nationally to the Minister and Deputy Minister.
- The current bi-weekly meetings in the diary will be re-arranged as I have been made aware by some Regions that the dates the meetings are scheduled for will consistently clash with other Executive commitments. These meetings will be scheduled Mon-Wed biweekly. At-

tendance from all partners (UHC and SC) is essential at these meetings and thus if you cannot attend, I would be grateful if you could send a deputy with the relevant delegated authority.

You will receive an email for your Region early next week from Richard Griffiths. This will provide the template for your Region with a request at this point to split your plans over Oct 2022-Mar 2023 by cop Thursday 29th September. Richard's email will also include bi-weekly reporting timeframes for your Region as this will be driven by the dates of your bi-weekly assurance meetings.

If you require any further clarity around the framework/process, then please contact Richard Griffiths or Luisa Bridgman.

Kind Regards

Adele Gittoes

Adele.Gittoes@wales.nhs.uk