



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE Board Briefing Template

Subject: Winter Plan 2022-23
Submitted for meeting on: 26 October 2022
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Why is this information being brought to the Boards attention? The Winter Plan 2022-2023 was submitted to the Department of Health and the Minister brought the Plan to Government on the 11 th October 2022. The plan was subsequently published.
Is there an action by the Board required, if so please provide detail? For information.
Please indicate which of the Board's objectives this relates to; <ul style="list-style-type: none">▪ The development and implementing of an effective Corporate Governance Framework, incorporating clinical governance and a performance management and accountability system; <input checked="" type="checkbox"/>▪ Developing a plan for building public trust and confidence in the HSE and the wider health service; <input checked="" type="checkbox"/>▪ Ensuring the HSE's full support for and implementation of the Government's programme of health reform as set out in the Sláintecare Implementation Strategy; <input checked="" type="checkbox"/>▪ Exercising effective budgetary management, including improving the value achieved with existing resources and securing target saving, with the objective of delivering the National Service Plan within Budget. <input checked="" type="checkbox"/>
Brief summary of link to Board objectives. <ul style="list-style-type: none">• The Winter Plan 2022-2023 continues to build on the capacity and capability developed through previous annual National Service Plans (NSPs) and recent Winter Plans. This investment has facilitated the development of new services, improvement of existing services and delivery of the emergency response to the COVID-19 pandemic.• The Winter Plan 2022-23 details leadership, governance and accountability structures at both national and local levels to ensure monitoring, reporting and supports to ensure implementation of this plan.• This plan is in line with Sláintecare and recognises the importance of the 'right care, right time, right place' approach. Both national and local initiatives have been developed in an integrated manner to target admission avoidance, facilitate patient flow and egress.
Background <p>Winter planning is a core component of annual operational planning in the health service and is essential to ensure services are prepared for the additional seasonal pressures associated with the winter period. Winter plans should provide for the continuous delivery of timely, safe and appropriate care, in the right setting, and at the right time to patients during the winter months.</p>

In this context, the key focus of winter planning is to mitigate, in so far as practically possible, the additional risks that emerge during this period. To achieve this, service providers must collaborate to develop integrated plans that focus on demand management and prevention, timely access to the most appropriate care pathway and where this needs to involve acute hospital services, effective and timely egress to community services.

The Winter Plan 2022-23 initiatives have been developed in line with the following priorities:

- *Delivering additional capacity in acute and community services:* This will include the ongoing delivery of additional acute and community beds, increasing staffing capacity in line with the Safe Staffing and Skill-Mix Framework and extending the opening hours of a number of HSE local injury units during the winter period.
- *Improving pathways of care for patients:* Alternative patient pathways will be implemented during the winter period to support admission avoidance, patient flow and discharge including Enhanced Community Care (ECC) supports.
- *Roll out of the vaccination programme for Flu and COVID-19:* An influenza vaccination programme and COVID-19 vaccination programme will continue to be rolled out. Targeted communications will be used to increase awareness and uptake for our winter vaccine programmes.
- *Implementation of the Pandemic Preparedness Plan:* The Public Health Plan will be implemented as appropriate which includes a surge and emergency response plan, in the event of a significant surge in COVID-19 infections.

In addition to national initiatives, significant engagement has occurred between the HSE, the Minister for Health, the Department of Health, Hospital Groups and CHOs to develop individual integrated action plans for 28 acute hospital sites and associated CHOs. These local plans have been developed in line with the Five Fundamentals of Unscheduled Care with initiatives targeting: i) leadership, culture and governance, ii) patient flow at pre-admission, iii) patient flow at post-admission, iv) integrated community and hospital services and v) using information to support sustainable performance improvement.

In total, funding of just over €169 million has been assigned to implement these measures over 2022/2023, including the recruitment of 608 posts across a range of services. The Winter Plan 2022/23 will be delivered in tandem with the ongoing implementation of the outstanding components of the 2021/22 Winter and National Service Plans.

Highlight any implications that the Board should be made aware of in its consideration such as;

- Current status
- Budget
- Resources
- Impact to delivery of services
- Corporate Plan
- Slaintecare
- Social factors (e.g., impact on specific area such as the elderly, disabilities)
- Technological factors
- Legal factors

Current status

The Winter Plan 2022-2023 was published on 11th October 2022 and is fully aligned with the Sláintecare vision of 'right patient, right place'. There is ongoing monitoring and reporting on the delivery of outstanding initiatives from the Winter Plans and National Services Plans 2020-2021 and 2021-2022.

The HSE acknowledges that significant challenges will remain this winter; this is evidenced by the increasing and sustained unscheduled care activity levels across the acute hospitals division. When we compare the level of unscheduled care (USC) provided in 2022 to date to 2019 there is a:

- 5.9% increase overall in Emergency Department (ED) attendances;
- 2.5% increase in ED admissions;
- 13.8% increase in ED attendances by those >75 years;
- 9.9% increase in ED admissions by those >75 years.

Despite a significant reduction in the prevalence of COVID-19 in the community, it remains a key risk to the health service. Of particular concern is the risk of a dual influenza and COVID-19 season and the significant pressures this would place on the health service

Budget

The total proposed cost for all initiatives identified for Winter is €169m. Some initiatives proposed by Hospital Groups and CHOs for inclusion in the Winter Plan 22/23 as part of the development of the local bespoke integrated actions plans have been submitted for consideration as part of NSP 2023. The cost and WTE associated with the Winter Plan 2022/23 are summarised in the Table below:

Area	Service	WTEs	Q4 2022 Cost	Q1 2023 Cost	Total Winter Cost	Recurring / Non-recurring
Acute Capacity	Procurement of private capacity		€5,000,000	€5,000,000	€10,000,000	Non-recurring
Acute Services	Safer Staffing Phase 2	62	€1,017,098	€2,718,083	€3,735,181	Recurring
Older People Services	Transitional Care Funding		€6,000,000	€10,000,000	€16,000,000	Non-recurring
Older People Services	Short Stay Respite Services		€2,000,000	€2,000,000	€4,000,000	Non-recurring
Primary Care & Complex case discharges	Aids & Appliances		€2,250,000	€2,250,000	€4,500,000	Non-recurring
Primary Care & Complex case discharges	Enhanced CIT Capacity	28		€2,024,000	€2,024,000	Recurring
Primary Care & Complex case discharges	GP support & OOH		€5,000,000	€5,000,000	€10,000,000	Non-recurring
Community Services	Social Inclusion (Vaccination and Complex Support Packages)		€550,000	€550,000	€1,100,000	Non-recurring
Community Services	Complex packages		€2,000,000	€2,000,000	€4,000,000	Recurring
Community Services	Disabilities		€2,550,000	€2,550,000	€5,100,000	Recurring
Community Services	Palliative care		€250,000	€250,000	€500,000	Non-recurring
Community Services	Mental health placements		€1,500,000	€1,500,000	€3,000,000	Recurring
NAS	Private capacity		€1,500,000	€1,500,000	€3,000,000	Non-recurring
NAS	Rapid HO Teams		€1,900,000	€1,900,000	€3,800,000	Non-recurring
Communication	Proposed Communication Initiatives (TBC)		€1,485,003	€709,997	€2,195,000	Non-recurring
Hospital Groups and CHOs	Emergency Services support - including extension of LIU hours, utilise private capacity		€2,500,000	€2,500,000	€5,000,000	Non-recurring
Hospital Groups and CHOs	Integrated Action Teams Fund		€10,000,000	€10,000,000	€20,000,000	Non-recurring
Bespoke Hospital Group and CHO Initiatives	Local site and CHO responses	447			€35,115,769	Recurring
					€19,696,941	Non-recurring
Emergency Departments	Emergency Medicine Consultant Posts + support	71			€16,345,778	Recurring
Totals		608	€45,502,101	€52,452,080	€169,112,669	

Many of the initiatives both from a national and local perspective are permanent in nature and where put in place will require full year funding in 2023 and beyond. The Department of Health has advised that the planned expenditure should be funded through the existing allocation and the proposed 608 WTEs be funded through existing 6,000 WTEs remaining to be recruited as part of Winter Plans and NSP 2020/21 and 2021/22. The Department has advised that additional non-pay expenditure be addressed in the context of the supplementary funding position.

Resources

Detail regarding the financial resource required in this plan (cost and WTE) and the source of funding as advised by the Department of Health are outlined in the 'Budget' section above.

Impact to delivery of services

As part of the Winter Plan 2022/23 there will be a specific focus on six KPIs. These KPIs alongside current 2022 YTD performance are outlined in the Table below:

Metric	2022 YTD Performance	National KPI
24hr PET	95.7%	97%
24hr PET Over-75	89.5%	99%
DTOC	575	350
Length of Stay	5.1	≤4.8
8am Trolley Count	308	≤236
NAS Turnaround Time	21.6%	80%

As part of the Winter Plan 2022/23 the system will aim to ensure that no patient aged over 75 years is waiting for a bed for more than 24 hours. It is recognised that achieving the KPI targets this winter will be challenging. The initiatives outlined in this plan, in conjunction with a proposed three-Year USC Improvement Programme, which the Minister for Health has requested, will target incremental improvements in these KPIs. Rigorous and regular governance and oversight will ensure that set KPIs are prioritised.

Risks

The Winter Plan details the risks identified in implementing this winter plan. A key risk is related to staff recruitment. Key risks are summarised in the Table below:

Category	Risk description
Workforce	The ability to address and deliver the required WTEs for core and new service developments.
	Staff burnout, well-being and absenteeism due to COVID-19 and influenza during the winter period.
Clinical	The prevalence of COVID-19 and seasonal influenza (flu) presentations and resultant hospitalisations which will place strain on the system and result in a loss of bed capacity.

	<p>Slow or low rate of vaccine uptake for flu and COVID-19 boosters, or limited effect due to new variants.</p>
<p>Systems and process risks</p>	<p>Ongoing need for COVID-19 and non-COVID-19 pathways in acute services whilst addressing care backlog and delivering service enhancements/initiatives.</p>
<p>Structural and capacity risks</p>	<p>The ability to address and deliver the required physical infrastructure. Reduced capacity within existing infrastructure due to IP&C and statutory requirements.</p>
<p>Conclusion</p>	
<p>In conclusion, the HSE Winter Plan 2022-23 will provide for the appropriate, safe and timely care for patients by ensuring, insofar as possible, effective levels of capacity and resources are in place to meet the growth in activity levels. The plan identifies risks in the implementation of this plan.</p> <p>This plan focuses on continuing to build capacity and capability in developing new services and enhancing existing services as initiated in Winter Plans and National Service Plans in 2020/21 and 2021/2022 respectively. The plan focuses on delivering a whole system and integrated approach at both a national and local level which aims to facilitate 'right care, in the right place, at the right time'.</p>	
<p>Recommendation</p> <p>The plan was developed in consultation with and approved by the Department of Health and the Minister for Health. It is recommended that the Board note the Winter Plan 2022-23.</p>	