

HSE Winter Plan 2018 / 2019

4th December, 2018



Meitheal Speisialta Spriocanna
Special Delivery Unit

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1.0 Introduction

Winter planning is a core component of annual planning in the health service and is required to ensure that the system is prepared for the additional external pressures associated with the winter period.

While the system now experiences high demand on a year round basis, there is a more intense peak during the winter period, with a particular challenge in the period immediately post-Christmas and into the New Year. A prolonged holiday period, increased presentations of older persons, severe winter weather, seasonal influenza and the spread of norovirus and other health care associated infections are examples of such pressures that increase during this period.

Following on from winter planning discussions last year the HSE developed a 3 Year Plan for Unscheduled Care, which comprised two parts, Part A. Capacity and Part B. Improvement.

Part A., the Capacity Proposal, was submitted to the Department of Health in June of this year. This proposal set out comprehensive proposals for additional acute and community capacity over the 3 year period 2018 – 2020, with the 2018 component viewed as additional capacity for winter 2018 / 2019.

This early submission was in response to the recognised need for additional beds in the system as identified in the Health Service Capacity Review 2018, which concluded, amongst other key findings, that there was a need for an immediate injection of 1,260 beds in the system. Funding has not yet been allocated to the HSE for the Capacity Proposal.

In respect of Part B. Improvement the HSE has developed the ‘Five Fundamentals Improvement Programme for Unscheduled Care’.

Central to this programme are five core elements deemed to be the essentials in terms of optimal management of patient flow, namely:

1. Leadership and Governance
2. Operational Processes and Pathways pre Admission
3. Operational Processes and Pathways post Admission
4. Integrated Working
5. Data and Business Intelligence

The ‘Five Fundamentals’ as developed is reflective of national and international best practice and is similar to the ‘Six Essential Actions’ in NHS Scotland, an improvement programme that has been in existence for over fifteen years and continues to be implemented.

As at the 7th of November 2018 the ‘Five Fundamentals’ has been developed, peer reviewed and piloted in the South South West Hospital Group and Cork Kerry Community Healthcare.

Arising from the work to date, Cork University Hospital, University Hospital Kerry and Mercy University Hospital each have completed their self-assessment and now have a Quality Improvement Plan for Unscheduled Care. Each site has identified improvements that require resource as well as some cost neutral improvements.

Funding has been allocated to the South South West Hospital Group and to Cork Kerry Community Healthcare for Quality Improvement and Data Analytics resource for the programme and the next steps will see progression of the Quality Improvement Plans in the pilot sites together with roll out to the remaining sites in the Hospital Group, namely University Hospital Waterford and South Tipperary General Hospital. It is also planned to commence roll-out to the Dublin Midland Hospital Group in Q1 2019.

Implementation of improvement programmes takes consistent focus over an extended period to yield tangible results. This is the first ever national improvement programme for unscheduled care and the programme will require significant support to enable sustained improvement in flow. It is further recognised that 'improvement' and 'capacity' go hand in hand.

On the 19th of October 2018 the HSE was notified of an additional €10m in once-off funding via Supplementary Estimates to support the HSE plans to manage the known increase in demand that our health services will experience over the winter months.

In the context of this funding this document sets out the agreed approach for winter 2018 /2019.

2.0 Context

Total population growth for 2018 – 2019 is projected to increase by 1% (n=50,463). During this period, adults aged 65 years and over are projected to increase by 3.3% (n=21,969) and adults aged 85 years and over are projected to increase by 4.3% (n=3,116). The 0-5 year age cohort is projected to fall by -1.8% (n=6,823) and the 18-64 year age cohort is expected to increase by 0.9% (n=25,303) in the same time period.

Total population growth for 2018 – 2021 is projected to increase by 3% (n=146,796). During this period, adults aged 65 years and over are projected to increase by 10.1% (n=68,462) and adults aged 85 years and over are projected to increase by 13.9% (n=10,064).

From 2018 – 2021 there is an annual increase of between 1.7-1.9% in adults aged 45-64 years, with adults aged 18-64 years in the same time period increasing annually from between 0.8-0.9%.

Our demographic profile has changed, our life expectancy has risen and premature mortality has reduced but there is greater prevalence of chronic conditions. Some 60% of those aged 50 years and over have at least one chronic condition.

Many of these conditions require preventative care and ongoing management, services that are generally provided closer to home, in the community. However, our system remains overly hospital-centric, with hospitals representing the first port of call for many patients, while community-based services are fragmented and underdeveloped. Slaintecare seeks to address a shift in the delivery of care to support a more community based service.

Services across all areas of our health system are stretched, with demand far outstripping supply. Hospitals are operating at maximum capacity, with occupancy rates across the country at 95% - 100% and wait times and hospital waiting lists under significant pressure.

Constraints are also evident in community-based services, with significant wait times for many primary care services and high levels of unmet need for homecare and other social care services.

References:

Planning for Health – Demographic Cost Pressure on Public Health Services Estimates Paper 2018-2019, July 2018
Slaintecare Implementation Strategy and Next Steps Government of Ireland

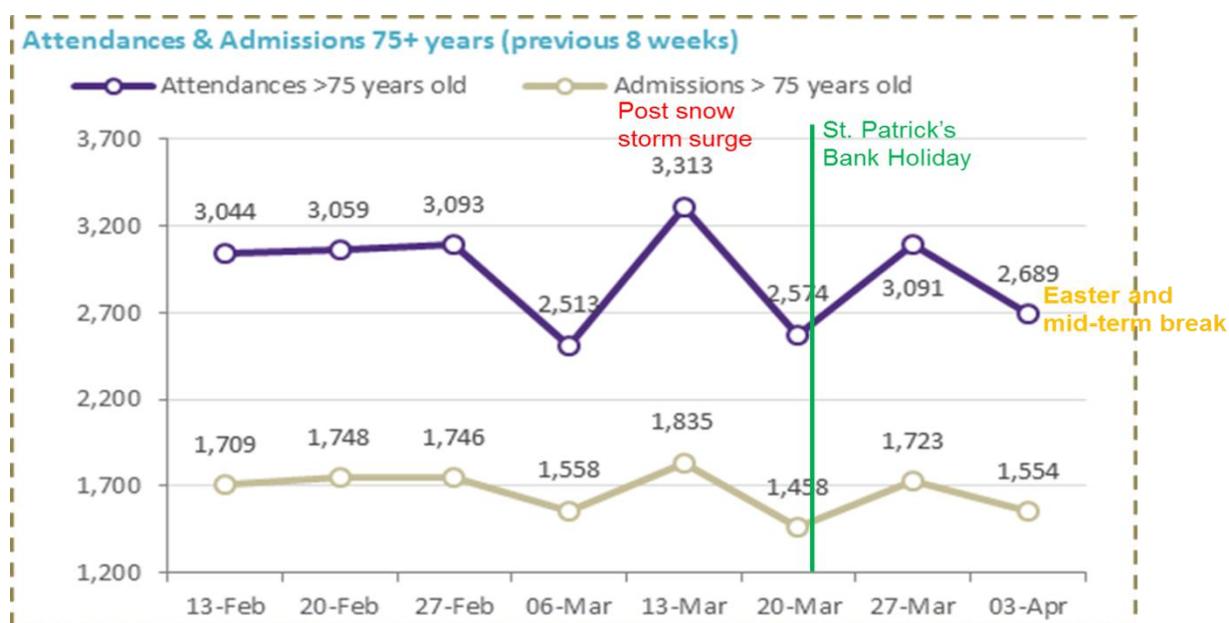
3.0 Winter 2017 / 2018 (October 2017 – March 2018)

€40m in additional funding was provided to the HSE for Winter 2017/ 2018. The aim of the associated Winter Plan was to provide additional support through the provision of specific funded measures to alleviate the anticipated surge in activity that is experienced during winter.

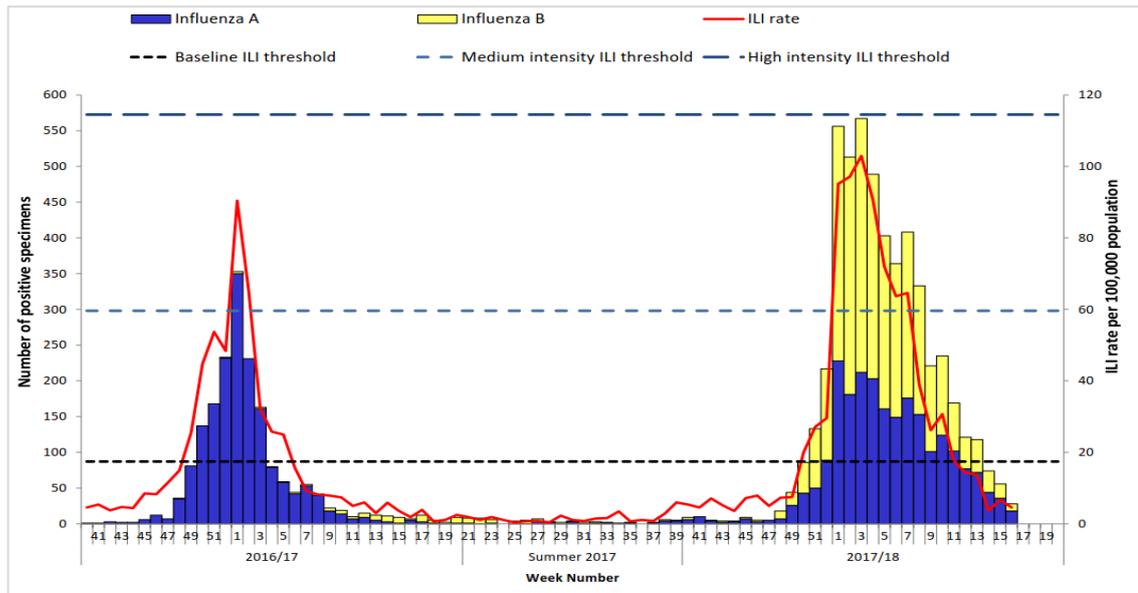
The plan contained a number of measures including additional acute capacity, and measures to expedite discharges from the acute setting. It was implemented through a specific and detailed planning process implemented in Hospital Groups and Community Healthcare Organisations across the country.

Two extreme weather events occurred during Winter 2017 / 2018, namely ‘Storm Ophelia’ and ‘Storm Emma’. The severity of such storms and their effects on the Healthcare system were profound. Such weather events greatly exaggerate congestion in the hospital system due to an inability to discharge patients during times of ‘Red’ weather warnings and a subsequent sharp influx of post-storm presentations on an already congested system. In spite of the commendable work of healthcare staff, particularly those working in front line services, the resultant system pressures required an extended recovery period, which included the cancellation of scheduled procedures to enable the system to return to normal daily operations.

The graph below reflects the erratic nature of attendances and admissions over the 8 week period from the middle of February 2018 to early April 2018. While protocols can be put in place to plan for such events, the nature of the variation in the decline and subsequent surge in presentations post-event is extremely difficult to manage.



Seasonal Influenza during Winter 2017 / 2018 was at its highest level since the 2011/2012 season. This was further compounded by a prolonged season, and the prevalence of influenza ‘Type B’ which typically results in more hospitalisations than ‘Type A’ influenza. This resulted in peak influenza like illness rates exceeding 100 per 100,000 population during the 2017/2018 season (90 per 100,000 during 2016/2017). Furthermore, there were 4,680 confirmed influenza hospitalisation cases notified during the 2017/2018 season compared to 1,425 in the previous year.



It is clear that had winter measures not been taken, the situation across our services could have been much worse given the unique pressures experienced.

4.0 Overview Key Activity Metrics - Winter 2017 / 2018

Attendances and admissions			
ED Attendances 625,033 ↑ +28,848 (+4.8%) on winter 2016/2017	ED Attendances (75+ years old) 76,414 ↑ +4,807 (+6.7%) on winter 2016/2017	ED Admissions 171,341 ↑ +5,836 (+3.5%) on winter 2016/2017	ED Admissions (75+ years old) 44,061 ↑ +2,668 (+6.4%) on winter 2016/2017
Patient Experience Time at the end of October 2017			
24 Hour Patient Experience Time 96.7% ↑+0.2% on the same period last year	9 Hour PET (75+ years old) 60.2% ↓ -2.4% on the same period last year		
Patient Experience Time at the end of March 2018			
24 Hour Patient Experience Time 95.5% ↓ -1.3% on the same period last year	9 Hour PET (75+ years old) 57.2% ↓ -4.4% on the same period last year		
8am Trolley Count		Delayed Discharges	
56,191 Trolleys recorded at 8am this winter +1,177 (+2.1%) on last winter		545 Listed as delayed discharges at the end of April 2018 (↓ -14) on April 2017 +1,177 (+2.1%) on last winter	

5.0 Approach for Winter 2018 / 2019

In line with current governance arrangements, all winter related issues and actions will be managed by the Senior Operations Team which comprises the Deputy Director General for Operations, the National Director for Acute Operations, the National Director for Community Operations and the National Director for National Services.

Request for Winter Plans

Following on from the detailed Capacity Proposal as submitted to the Department of Health in June 2018, singular integrated winter plans were requested from Hospital Groups and Community Health Organisations.

In terms of winter preparedness, Hospital Groups and Community Healthcare Organisations were asked to collaborate and develop an integrated winter plan for the period October 2018 – March 2019 to provide assurance that robust and integrated plans are in place at site, group and community levels.

Hospital Groups and Community Healthcare Organisations were asked, at a minimum, to reflect on the following core elements, and provide summary status of preparedness under each heading:

1. Planning and Escalation
2. Operational Management of Patient Flow
3. Maintaining Public Health

Planning and Escalation encompasses **Escalation Plans, Surge Capacity, Integrated Cross-Divisional Activity Plans for Winter Months, Staffing Capacity Plans and Rosters, Dealing with the impact of Severe Weather and Agreed Weekly Egress Requirements.**

Patient Flow Operations Management addresses **Leadership and Governance, Use of Data and Information to Measure and Monitor Performance, Engagement and Integrated Planning across all services and Operational Processes and Pathways.**

Maintaining Public Health includes **Effective Preparation for Seasonal Influenza and Effective Preparation for Norovirus and other Healthcare Associated Illnesses.**

Review of Winter Plans

Integrated Plans were received from all Hospital Groups and Community Healthcare Organisations.

These plans were initially reviewed by the Special Delivery Unit with clarifications and amendments / additionality sought as appropriate.

Review sessions were then undertaken to formally assess the winter plan against the guidance issued and to advise on the status of the Capacity Proposal and in turn discuss the proposed targets, given that they were based on Capacity Proposal assumptions.

Each Hospital Group CEO and the associated CHO Chief Officer(s) was allocated 90 minutes for the review, with same undertaken by the Senior Operations Management Team.

The final formal review meeting was completed on Thursday 11th of October, 2018.

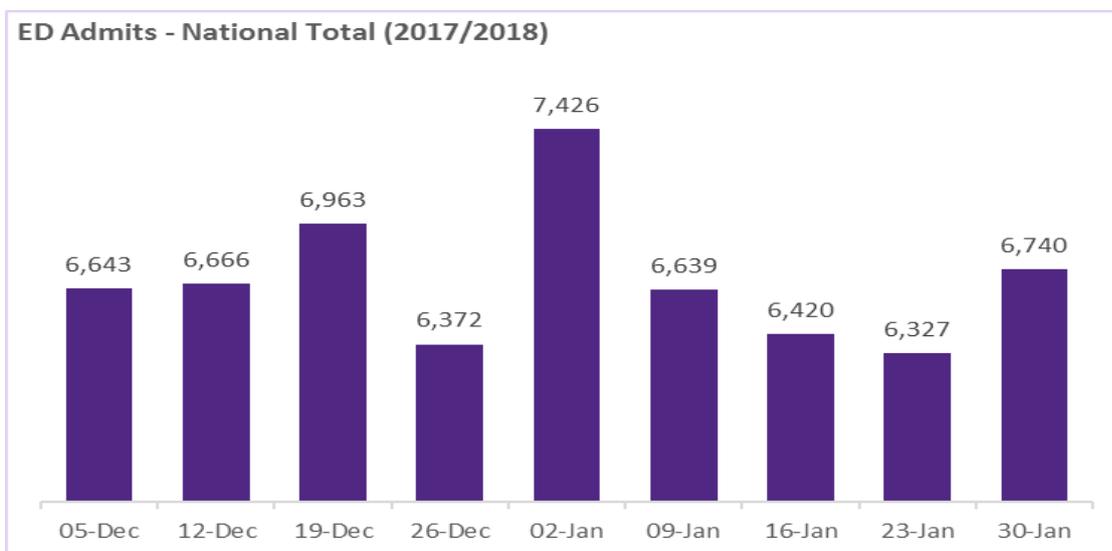
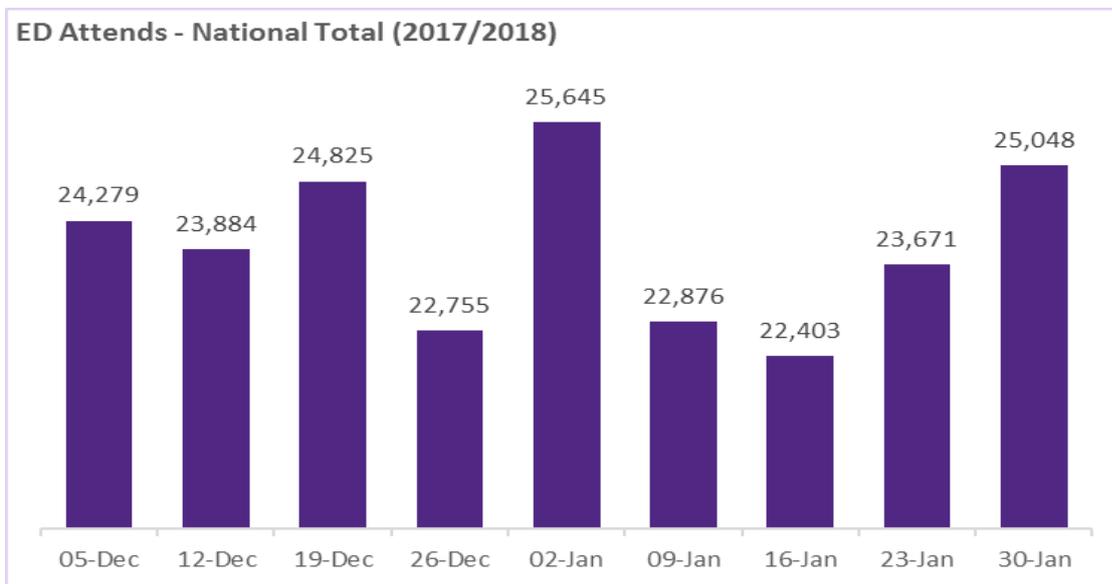
Given the absence of clarity in relation to additional funding for capacity and / or winter proposals, in advance of the formal review sessions, the HSE was unable to confirm additional funding and proposed improvement targets at these sessions.

National Winter Planning Meetings

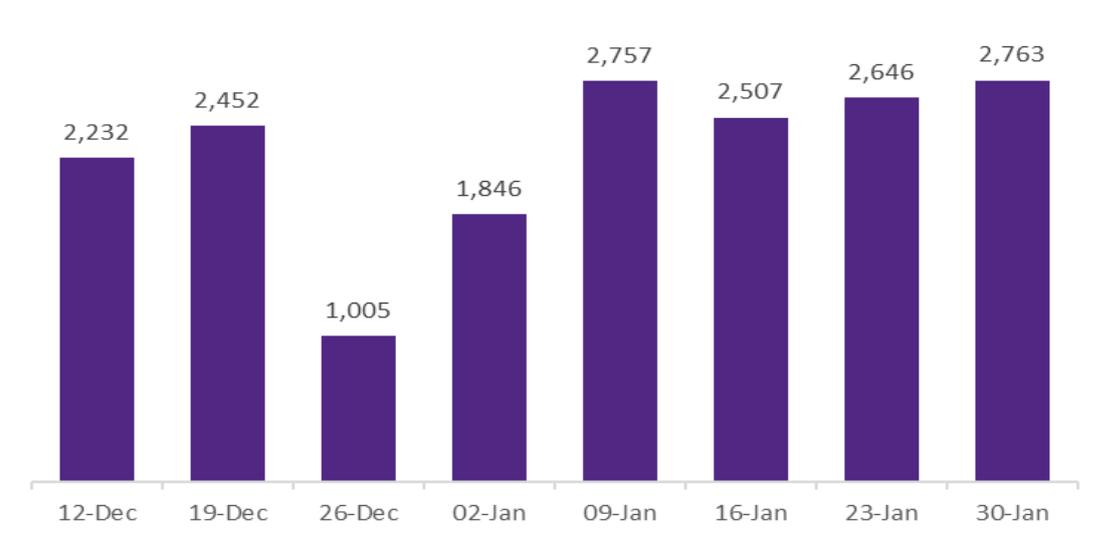
In parallel to the planning and preparedness at local level, national weekly meetings, convened by the Deputy Director General Operations are ongoing, focussing on proposed intensive management and monitoring arrangements for this winter.

Analysis Winter 2017 / 2018

The national team has undertaken detailed analysis of Winter 2017 / 2018, and prior years which confirms a common pattern of activity with pressure building in the system in advance of Christmas. This is followed by significant reduction in activity, and then significant increase in activity after St. Stephen’s Day, with attendances and admissions then reducing before steadily rising towards the end of January. Key activity for Winter 2017 / 2018 is as follows:



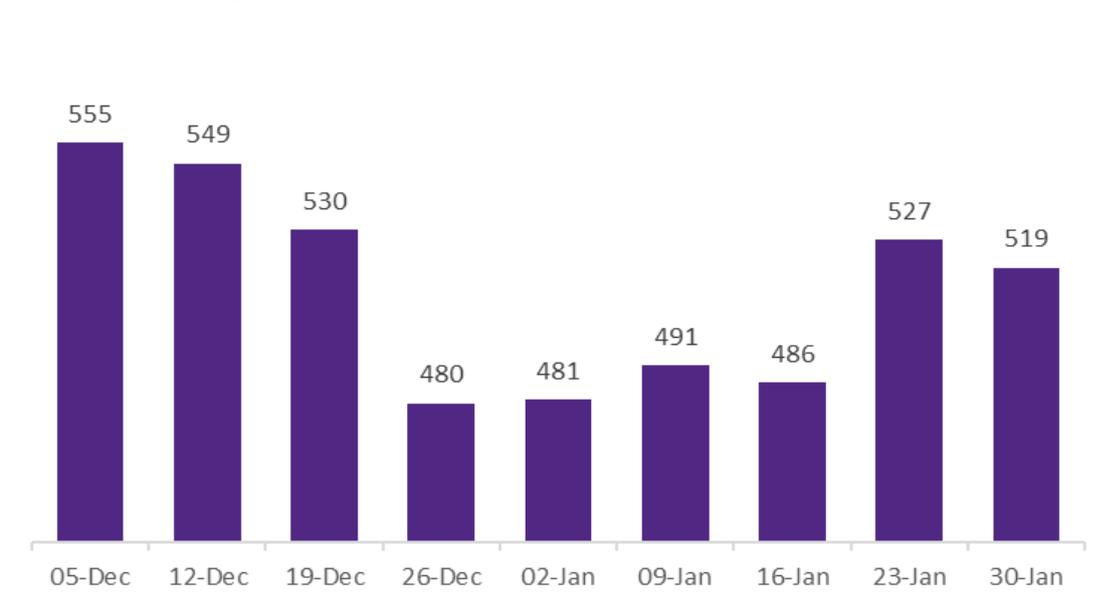
Trolley Count (Daily Avg.) - National Total (2017/2018)



In respect of Delayed Discharges, the 2017 / 2018 analysis also reflects a reduction in advance of Christmas followed by a steady rise to the end of January. This is reflective of the increase in older persons presenting to Emergency Departments, and requiring community supports on discharge from the acute setting.

Of concern in November 2018, is that the current level of Delayed Discharges is already at a higher level than that of December 2017, with Home Support recognised as a significant challenge.

Delayed Discharges - National Total (2017/2018)



Inpatient LOS Winter 2017 / 2018

SURGICAL AVLOS (EXCL. >30 DAYS)

Winter 2017/2018

	OCT	NOV	DEC	JAN	FEB	MAR
Beaumont	5.9	6.3	5.8	5.9	5.7	6.0
Cavan	2.9	3.2	2.8	2.8	3.0	2.8
Connolly	3.9	4.4	4.2	4.1	4.0	4.1
CUH	5.1	5.1	5.1	5.0	4.9	5.2
Galway	4.2	4.1	4.2	3.9	3.9	4.0
Kerry	4.9	4.4	4.8	4.7	5.0	5.0
Letterkenny	3.5	3.8	3.5	3.4	3.4	3.5
Limerick	4.3	4.7	4.2	4.3	5.0	4.4
Mater	5.0	4.6	4.5	4.4	5.0	4.7
Mayo	3.7	3.9	3.9	4.6	4.9	6.3
Mercy	5.2	5.1	4.8	4.3	4.8	4.8
Mullingar	3.4	3.1	3.0	2.7	2.7	2.7
Naas	4.0	3.3	4.6	3.6	4.6	4.1
Navan	5.2	4.0	3.9	4.4	4.0	4.5
OLOL	2.9	3.3	2.9	3.5	3.2	2.8
Portiuncula	3.3	3.1	3.0	4.0	2.9	3.8
Portlaoise	2.6	2.7	2.5	2.6	2.4	2.3
Sligo	4.0	3.1	3.2	3.4	3.8	3.5
South Tipp.	3.9	4.0	3.4	4.3	3.8	3.3
St. James's	5.5	6.2	5.9	5.9	6.2	6.5
St. Luke's Kilkenny	3.3	3.3	3.8	3.0	3.1	3.2
St. Vincent's	4.5	4.5	5.0	5.2	4.6	5.0
Tallaght (Adult)	5.1	5.3	5.3	5.9	5.5	5.3
Tullamore	3.5	3.2	3.6	3.8	3.4	3.5
Waterford	4.6	4.7	4.3	5.0	5.3	5.0
Wexford	3.9	3.3	2.9	4.1	2.8	2.4

*** Note: The above is not adjusted for patient acuity

MEDICAL AVLOS (EXCL. >30 DAYS)

Winter 2017/2018

	OCT	NOV	DEC	JAN	FEB	MAR
Beaumont	7.7	7.5	7.5	7.9	7.7	7.4
Cavan	4.1	4.0	4.2	4.1	4.0	4.0
Connolly	4.1	4.1	4.1	4.9	4.6	5.7
CUH	4.9	4.8	4.5	4.9	4.7	4.9
Galway	4.6	4.6	4.1	4.5	4.7	4.9
Kerry	4.1	4.4	5.3	5.3	5.0	5.1
Letterkenny	5.6	5.7	5.7	6.1	5.4	5.6
Limerick	4.8	4.8	4.7	5.1	5.3	5.0
Mater	5.1	5.1	4.9	5.4	5.0	5.4
Mayo	4.5	4.1	4.4	5.9	6.8	8.4
Mercy	6.2	6.7	5.9	6.3	6.1	6.0
Mullingar	3.8	3.6	5.1	5.1	5.0	4.0
Naas	4.6	4.9	5.2	4.9	4.7	5.1
Navan	3.2	3.4	3.6	3.8	4.1	4.4
OLOL	3.7	4.3	4.0	5.4	4.6	3.9
Portiuncula	4.7	4.9	4.8	5.2	4.5	5.4
Portlaoise	3.6	4.2	3.7	3.9	4.0	3.8
Sligo	4.2	5.4	5.1	5.7	6.5	5.4
South Tipp.	6.8	5.3	5.4	5.5	5.9	6.3
St. James's	5.9	6.2	6.3	6.4	6.1	6.3
St. Luke's Kilkenny	3.1	3.2	3.5	3.7	3.5	3.9
St. Vincent's	5.8	5.4	6.3	6.5	6.5	6.1
Tallaght (Adult)	5.8	6.0	5.7	6.4	6.8	6.7
Tullamore	5.9	5.9	5.2	5.9	6.1	6.4
Waterford	6.1	6.5	5.8	6.9	6.4	6.9
Wexford	3.8	3.2	3.7	3.6	3.0	2.3

*** Note: The above is not adjusted for patient acuity

Key Sites of Concern

9 sites, on the basis of trolley performance in recent winters, together with performance year to date, have been identified as key sites of concern for Winter 2018 / 2019:

- Mater Misericordiae University Hospital
- St. Vincent's University Hospital
- Tallaght University Hospital
- Naas General Hospital
- Midland Regional Hospital Tullamore
- Galway University Hospital
- University of Limerick Hospital
- Cork University Hospital
- University Hospital Waterford

ED attendances at these high trolley sites have been analysed by referral type. The analysis identifies 'GP' and 'Self' as the high volume referral paths, and identifies that the majority of ED Attendances for this time period were triaged as either category 2 or 3.

6.0 Winter 2018 / 2019 – A Different Approach!

The 13 Priorities for Winter 2018 / 2019 are agreed as:

1. Ensuring integrated working between acute hospitals and the community over the winter period to ensure optimisation and alignment of existing resources and pathways.
2. Ensuring robust integrated preparedness plans encompassing all agreed arrangements in respect of Planning and Escalation, Operational Management of Patient Flow and Maintaining Public Health.
3. Ensuring de-escalation pre the Christmas period, to include a significant reduction in Delayed Discharges, closure of surge capacity and of inpatient beds, a reduction in Outpatient and Elective activity for the period, additional diagnostic capacity to ensure optimal patient processing and a review of all inpatients to ensure PDDs are in place to support discharging over the holiday period.
4. Awareness of GP and GP out of hour's arrangements and ensuring agreed working arrangements for the holiday period.
5. Awareness of Nursing Homes arrangements and ensuring agreed working arrangements for the holiday period.
6. Ensuring availability of staffed acute and community bed capacity for 1st of January 2019
7. A focus on ambulatory patients that present to Emergency Departments either as GP or Self Referrals by the establishment of alternative streaming options / pathways of care.
8. A focus on older and at risk patients in the community to support them at home and a focus on reablement and home support for those discharged from acute and community settings
9. A focus on admission avoidance / alternatives to admission, Rapid Access Clinics, consideration of Discharge to Assess models, use of community facilities as appropriate and a focus at community level on better supporting the acute hospital system.
10. A focus on implementation of the SAFER bundle in acute hospitals (wards and clinical support services) to ensure a Plan for Every Patient, GREEN days and early and 7 day discharging.
11. Ensuring a robust communications campaign.
12. Ensuring a robust Influenza campaign.
13. Ensuring the values of Patient Dignity and Respect are upheld at all times, especially at times of overcrowding.

7.0 How will we deliver on our Winter Plan?

Integrated Preparedness Plans & Local Oversight Team

Integrated preparedness plans as submitted by Hospital Groups and Community Healthcare Organisations have been approved. These plans confirm preparedness in respect of Planning and Escalation, Operational Management of Patient Flow and Maintaining Public Health, at site, group and community levels.

Planning is ongoing in November to finalise arrangements with local teams in respect of readiness and availability of aids and appliances and home support etc. with a view to active implementation of the winter plan from the 1st of December 2018.

This year, as with prior years, Community Healthcare Organisations and Hospital Groups have been tasked with the establishment of a local oversight team to ensure appropriate governance of the implementation of their winter plans. This team will ensure local appropriate authority and decision making and will facilitate escalation outside of the local areas as required.

A subset of this local oversight team will operate as a Winter Action Team in relation to the Focus Period 17th of December 2018 – 13th of January 2019 for the nine key sites and associated community partners, see page 17.

Cross-Divisional Senior Operations Management Team Leadership and Oversight

Weekly meetings are in place chaired by the Deputy Director General – Operations.

Members of the Senior Operations Management Team, together with additional senior colleagues will comprise a daily rota for the period 1st of December, 2018 – 31st of March 2019 with a named individual identified as the Daily Lead for Winter. This Daily Lead will also be the singular point of contact for any urgent issues arising out of hours and at weekends.

The HSE will have a daily rota in place that identifies:

1. The Senior Daily Lead for Winter
2. The SDU Improvement Lead on duty each day
3. The Media Link / Spokesperson each day

Daily and Weekly Performance Monitoring, Reporting and Communications

A National Performance Monitoring and Reporting Protocol has been developed in partnership with the Department of Health. This Protocol sets out the agreed arrangements for this winter in terms of daily monitoring and reporting arrangements, including arrangements for when the system is in escalation. This is distinct from the HSE's Communications Plan for Winter 2018 / 2019.

In addition to the aforementioned, which encompasses the period from the 1st of December to the 31st of March, and in recognition of the significant challenges for this winter, the HSE is planning a 4 week Enhanced Focus Period from the 17th of December 2018 – 13th of January 2019.

Focus Period - 17th of December 2018 – 13th of January 2019.

Arising from the learning associated with previous winters as well as from the Papal Visit, a need for a 4 week enhanced focus period pre and post Christmas has been identified. This period will run from Monday 17th of December 2018 to Sunday 13th of January 2019.

This Focus Period will see a suite of enhanced measures targeted at the 9 identified sites and their associated community healthcare organisations for the period 17th of December to the 13th of January inclusive.

Improved integrated working and enhanced community supports are central to the Focus Period. Planning is ongoing and a National Framework is in place.

At a high level, the potential enhanced actions for consideration by each site, together with their community partners, are as follows:

1. 'Winter Ready' services targeted at at-risk groups, i.e. older persons and persons with chronic disease, they would be available from early December offering a range of services including flu vaccine, winter ready advice and routine health checks.
2. Expanded services in Local Injury Units, Minor Injury Units and key Primary Care Centres – in looking to reduce those presenting to Emergency Departments it is intended to extend the opening hours in alternative settings where possible and appropriate to do so, and also to expand the range of services available where possible, i.e. diagnostics.
3. Increasing Diagnostic access for GPs for acute presentations, and extending hours of service in acute hospitals – in looking to reduce those presenting to Emergency Departments it is intended to increase access to diagnostics for GPs where possible as a means to potentially reducing admissions.
4. Arrangements with Private Providers in terms of access to diagnostics and access to inpatient beds for post-trauma surgery patients and for stepdown patients, this measure will require locally agreed arrangements and oversight. Increasing access to diagnostics for scheduled or unscheduled patients will have a positive impact on flow in our hospitals, and given our capacity challenge, securing additional capacity from the private sector would potentially support some of the larger urban sites. Based on previous experience it is accepted that the private sector can best support us in capacity terms for post trauma surgical patients and stepdown patients. The HSE has also engaged with the NTPF in terms of further supporting this enhanced measure.
5. Enhanced Senior Decision Making presence at the front door and in AMAUs with corresponding enhanced arrangements in Diagnostics (Radiology & Cardiology) – to support admission avoidance and an overall reduction in admissions, the HSE is seeking to enhance senior decision making presence at the 'front door'.

6. The provision of Frailty Intervention Team (FIT) in Emergency Departments or in Community facilities has been identified as a key support for this winter. It was equally identified at the recent Unscheduled Care Forum as an enabler to flow. Effective FIT teams impact positively on admissions and support the principle of 'keeping patients well at home'. This measure, similar to the 'winter ready clinics / services', will largely require the reorientation of existing scheduled services.
7. Upholding the values of patient dignity and respect, especially at times of overcrowding, ensuring that individual patient needs are met in respect of hygiene, nutrition and environmental factors.
8. Curtailment of outpatient, elective inpatient and day case, and routine community activity – in order to create additional 'capacity' for unscheduled care; the HSE is examining options to curtail scheduled / routine activity over the focus period, with a noted requirement to curtail elective activity for the first two weeks in January 2019.
9. Curtailment of 'scheduled' diagnostics to create capacity for 'unscheduled' diagnostics – the curtailment of associated diagnostics (where clinically appropriate to do so) has the potential to create additional capacity for 'unscheduled' demand.
10. The scheduling of additional emergency theatre lists is being examined as a planned action over the focus period; it is proven that early access to theatre impacts positively on length of stay. This measure recognises the likely increased demand for trauma and orthopaedics over the winter months and looks to enable the 'responsive hospital'.
11. Enhanced Senior Decision Making presence at ward level / specialty consults to support improved flow, including out of hours and at weekends to facilitate discharges.
12. Reducing surgical inpatient capacity to enable medical short stay – if sites can reduce surgical inpatient capacity for a period to enable medical short stay, i.e. < 48hrs, this can positively impact on available capacity.
13. Redeployment of staff from 'scheduled' activity – curtailment of scheduled activity provides potential for redeployment of staff to support unscheduled demand.
14. The assignment of a staff member to identify patients for CIT / OPAT – Having a person dedicated to finding patients suitable for CIT / OPAT is proven to be a powerful tool in optimising this resource for admission avoidance / early discharge.
15. The assignment of a staff member as Liaison for Nursing Homes – Having a person dedicated to liaising with Nursing Homes can support admission avoidance / ensure that the patient is seen in the right place, at the right time by the right healthcare practitioner, noting the importance of messaging in times of outbreaks.

16. Having a Community representative person on site in acute hospitals for the focus period is one the core actions for this winter. The HSE has identified ensuring integrated working between acute hospitals and the community over the winter period as a key priority. Having a community representative on-site will ensure prompt streaming / referral as appropriate and will equally support safe and timely discharge where community supports are required.
17. Having daily visibility of all available capacity in Model 2 sites and available capacity in the community was identified as a key support for this winter and same is being actioned.
18. Increased provision of HSP, TCB, CIT, OPAT etc. was highlighted by all Hospital Groups and Community Healthcare Organisations for this winter given the ever increasing demand. Increasing this provision is contingent on additional resource being allocated; all options continue to be explored.
19. The National Ambulance Service (NAS), to focus on the optimal usage of the Clinical Hub and the Hear and Treat Facility within, with the intention of ensuring the appropriate pathway for patients is utilised within the available services. The NAS will engage with all locations to optimise the use of the Intermediate Care Service, (ICV,) ensuring bidirectional flow and inter-facility transfers are completed in a planned and coordinated manner.
20. Optimising the use of Day Hospitals – for patients in the community the local Day Hospital is often key to their health and well-being at home and options are being explored to maintain Day Hospital service over the Christmas and New Year period.
21. Optimising PHN engagement to maintain patients in the community, existing resource to be orientated towards those patients most in need – again for patients in the community this is an essential resource and from an acute hospital perspective the PHN is key to knowing whether a patient can be discharged with supports.
22. Optimising HSCP engagement to maintain patients in the community and / or facilitate early discharge – similar to the previous action HSCP involvement with patients in the community can make the difference between maintaining patients at home or admitting them to an acute facility. In addition having HSCP involvement with patients post discharge can enhance the discharge experience and positively impact on readmission rates.

Governance & Oversight of 'Focus Period'

The agreed governance and oversight for the Focus Period will see the establishment of a **National Winter Oversight Group** as well as a number of **Regional Winter Action Teams** who will monitor activity and performance at local level and communicate with the National Oversight Group / National Coordination Team in terms of intervention and support.

The objective of these teams is to ensure close operational coordination between acute hospital and relevant community services during the surge period to maximise application of a range of demand management, admission avoidance, patient flow and egress options.

The geographic area of the Community Healthcare Organisation will be used to define the area of responsibility and focus for each **Winter Action Team** (WAT).

In preparation for the 'surge' period all members of the WAT should have engaged in joint planning and preparedness activities to ensure that required escalation and surge actions can be implemented as needed.

Each WAT will be co-chaired by the Community Healthcare Organisation Chief Officer and Hospital Group Chief Executive Officer, and will be expected to report to the National Winter Oversight Group on a regular basis, especially during times of escalation.

These teams will be located in jointly agreed locations throughout the country and will be supported by live dashboards for this period. These dashboards, supported by the Office of the Chief Information Officer (OoCIO), will display real-time data by site in terms of patients in the Emergency Department by category, Ambulance activity, PET times, discharges effected and underway, beds available etc. The dashboards will enable timely oversight at both regional and national levels.

Proposed membership of each WAT is as follows:

1. CHO Chief Officer – Co-Chair
2. HG CEO – Co-Chair
3. Head of Social Care
4. Head of Primary Care
5. GP / GP OoHrs Representative
6. Hospital CEO / COO
7. Hospital Group Clinical Director / Hospital Clinical Director
8. Group Director of Nursing
9. Public Health Doctor
10. NAS Representative
11. Community Communications Lead
12. Hospital Group Communications Lead

The target date for completion and sign-off of all arrangements pertaining to the Focus Period and associated Coordination Teams is Wednesday 5th of December.

Public Campaigns

There are 4 campaigns planned for this winter, namely:

- Winter Wellness
- Flu Vaccine
- Under the Weather
- Promotion of Injury Units and patient advice on Emergency Departments

The 'Winter Wellness' campaign involves a simple umbrella design for all health messages this winter which will unify all the campaigns using a design to be shared on social media, digital platforms and on any and all press releases.

The annual 'Flu Vaccine' campaign seeks to further promote the uptake of flu vaccine among at-risk groups, of note is that this campaign has had significant positive impact over the last two winters with a notable increase in uptake. The campaign will include media relations, photo calls with the Minister, Health Care Workers leaflets and posters for at-risk groups. In addition promotional materials will be distributed to health facilities nationwide.

The 'Under the Weather' campaign, undertheweather.ie is an on-line companion through a range of common illnesses, helping people with advice and to get better at home without antibiotics. The campaign also includes planned media events, spokespersons for interviews as required, posters and leaflets and social media content.

The final aspect of the campaign involves promotion of our 11 Injury Units, raising awareness in the respective catchment areas of the range of care provided and to whom and details on opening hours etc. and in turn media relations featuring clinical spokespersons highlighting the services and delivering messages about Emergency Departments, how to prepare for a visit to the Emergency Department and what to expect when you present at an Emergency Department.

This latter campaign will work closely with the Patient Advocate Liaison Service to ensure that comfort and environmental factors are managed when Emergency Departments are overcrowded.

The HSE in its Capacity submission in June 2018 identified the need for a range of additional capacity across acute and community services. Phase 1 of this Capacity Proposal set out specific requirements in terms of winter 2018 / 2019.

In the absence of this Capacity Proposal being funded, the HSE has developed a Winter Plan aimed at supporting service delivery in Winter 2018 / 2019, in the knowledge that ED Attendances and Admissions are increasing month on month, with the >75s cohort identified as a significant challenge given likelihood of admission and of extended length of stay.

The HSE's Winter Plan 2018 / 2019 comprises three interdependent components:

1. Preparedness across the full system for the period 1st of December 2018 to 31st of March 2019 – optimising existing resources.
2. Enhanced Home Support and Inpatient Capacity, both of which require additional funding.
3. A 4 week focus period of intense monitoring and oversight with a suite of enhanced measures in place targeted at the 9 identified sites of concern, to improve integrated working across acute and community services, some of the measures will see reorientation of existing resource whilst others require additional funding.

8.0 Summary & Conclusion

Integrated Winter Preparedness Plans were submitted by Hospital Groups and Community Healthcare Organisations and have been approved by the Senior HSE Operations Management Team. These plans set out preparedness to meet the anticipated winter surge, and are reflective of the optimisation of existing resource in the context of:

1. Planning & Escalation
2. Operational Management of Patient Flow
3. Maintaining Public Health

This preparedness planning continues to the end of November to ensure readiness and availability of aids and appliances, home support providers etc., with agreed commencement of the Winter Plan from the 1st of December.

The second component of the Winter Plan is that of an 'Enhanced 4 Week Focus Period', which is based on the learning from previous winters together with the experiences of the recent Papal Visit, and is reflective of the stated priority to ensure improved integrated working between acute and community colleagues. Planning is ongoing in respect of the Focus Period with enhanced measures by site and by Community Healthcare Organisation to be agreed in early December.

Given the current challenges and the increasing demand there was a significant ask from the system in terms of additional monies for winter to support a reduction in delayed discharges, to provide additional capacity (acute and community) and to effect alternative streams and pathways for this winter.

The proposed use of €30m winter funding (€10m once-off Q4 2018 and €20m 2019) seeks primarily to provide supports for older persons and to create some additional capacity for the system.

In terms of supports for older persons, 300 additional Home Support Packages will be issued to year end 2018 with a further 250 additional Home Support Packages provided in 2019, €4m has been provided for Aids and Appliances and €1.5m has been allocated to Transitional Care.

In terms of additional capacity the proposal reflects the following:

- 18 Community beds – full year
- 40 Community beds – coming on stream end Q1
- 8 Community beds – ½ year cost
- 75 Acute beds – ½ year cost
- 4 Rehab beds – full year
- Total – 145 beds

In the event of sites being unable to open the additional beds in Q1 2019 funding will be reallocated to sites that submitted proposals but which were not funded as part of this proposal. The remaining funding is targeted at enhanced measures and services, expanded services and other flow initiatives.

A 'Performance Monitoring and Communications Protocol' has been developed in partnership with the Department of Health.

The HSE Senior Operations Management Team, in line with this Protocol will monitor and report on Winter 2018 / 2019 in line with this Protocol. END