Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National HSE Winter Plan 2019-20

November 2019

Contents

Introduction

While service providers are now experiencing high demand on a year round basis, it is reasonable to expect, and therefore essential to plan for, a more intense peak during the winter period. A prolonged holiday period, severe winter weather, seasonal influenza and the spread of norovirus in conjunction with other healthcare associated infections are examples of such pressures that increase during this period.

Since 2009, the number of people aged 65 years and older has increased by 35%, consistently higher than the European Union average of 15% over the same period. With this trend set to continue over the coming years, increased demand for services will occur as the population increases in age.

An ageing population, while good for society, results in increasing demand for services as patients get older. For example, compared to people aged 64 years and younger, use of inpatient hospital care is over seven times greater among people aged 65 years and old and over 14 times greater among people aged 80 years and older. Such increases in demand for services is heightened during winter.

The purpose of the National Winter Plan 2019-20 is to provide additional supports and measures to address the anticipated surge in activity during the winter months in hospitals and across the community. Building on lessons learned from last winter, a number of initiatives are planned to support the system this winter with a particular focus on mitigating against significant egress challenges.

To this effect, a 'lessons learned' session was held with the Winter Action Teams in April 2019, a Winter Preparedness guidance document was released to the system in August and each Winter Action Team submitted an Integrated Winter Plan to provide assurance in terms of their preparedness for Winter 2019-20 and inform the development of this plan.

This document sets out the current and projected demand and activity expected during winter 2019-20 and outlines the proposed approach within the system to deal with same.

Overview of Unscheduled Care Performance

Winter 2018-19 Vs Winter 2017-18 (Oct - Mar)

ED Attends	ED Attends (75+)	ED Admits
662,969	**179,934**	**79,924**
+33,397 (5.3%)	+8,010 (4.7%)	+2,131 (2.7%)
on last winter	on last winter	on last winter
ED Admits (75+)	**8am Trolley Count**	**Delayed Transfer of Care**
45,359	**51,069**	*(*weekly average)* **581**
+825 (1.9%)	-5122 (9.1%)	+44 (8.3%)
on last winter	on last winter	on last winter

ED attendances have increased year on year over the past two winters (October to March) as outlined at Figure 1. This growth trend significantly outstrips the mean projected growth in population of 1.3% per annum (2017 to 2020).

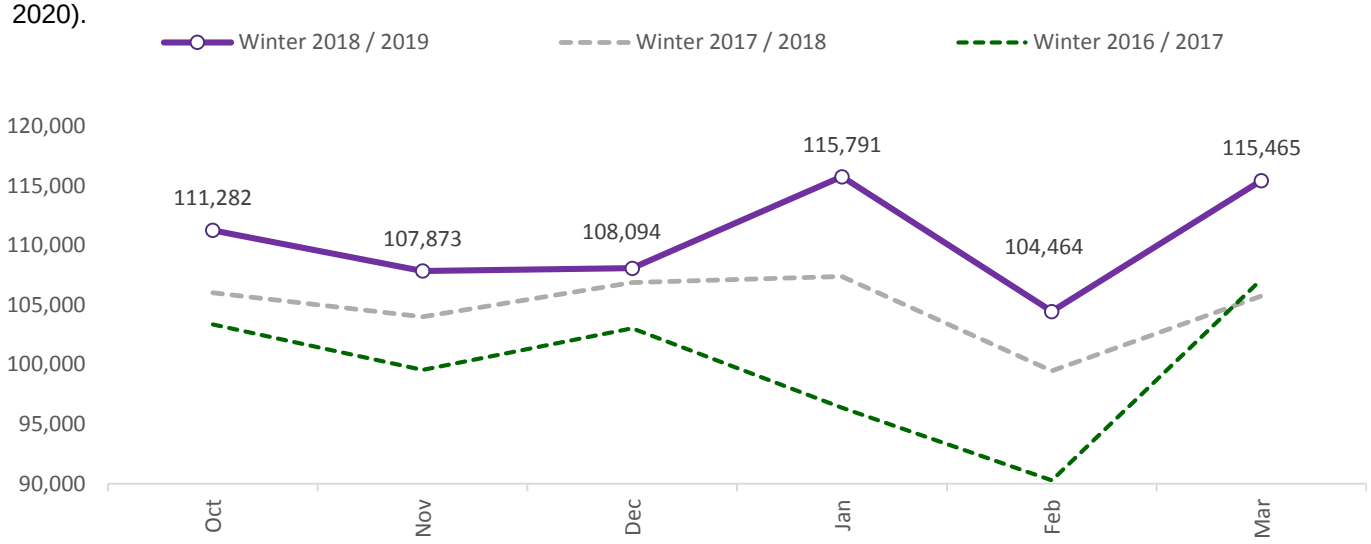


Figure 1: ED attendances – Winter 2016-17, 2017-18, 2018-19

Figure 1 can be misleading in assessing the consistency of the pressure during the winter period in terms of the volume of days each month. At a glance, it would appear that there is significant variation each month from December to March in terms of volume. Figure 2 below displays the same metrics under the guise of the average number of daily attendances each month during winter. This eliminates the variance in the number of days per month and displays a trend of more consistent pressure.

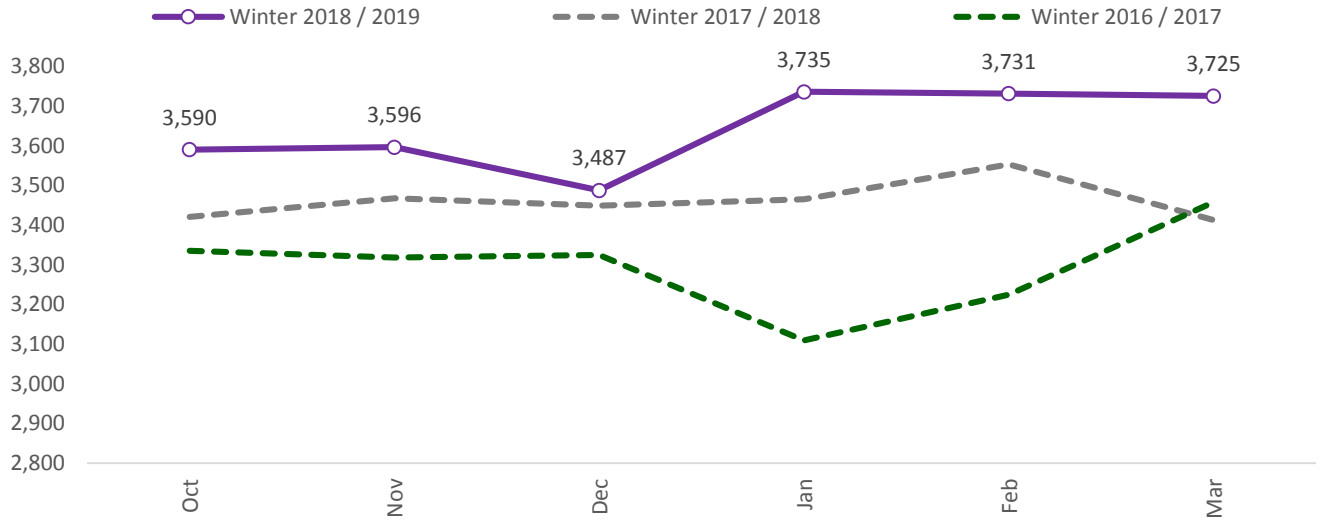


Figure 2: ED attendances (daily average) – Winter 2016-17, 2017-18, 2018-19

Overview of Unscheduled Care Performance

This demand trend for ED attendances is reflected at Figure 3 with similar annual growth rates recorded in ED admissions however it is of note that the rate of growth reduced slightly during winter 2018-19, despite further increases in ED attendances. This could be related to a milder winter with lower levels of reported influenza and Norovirus in the system.

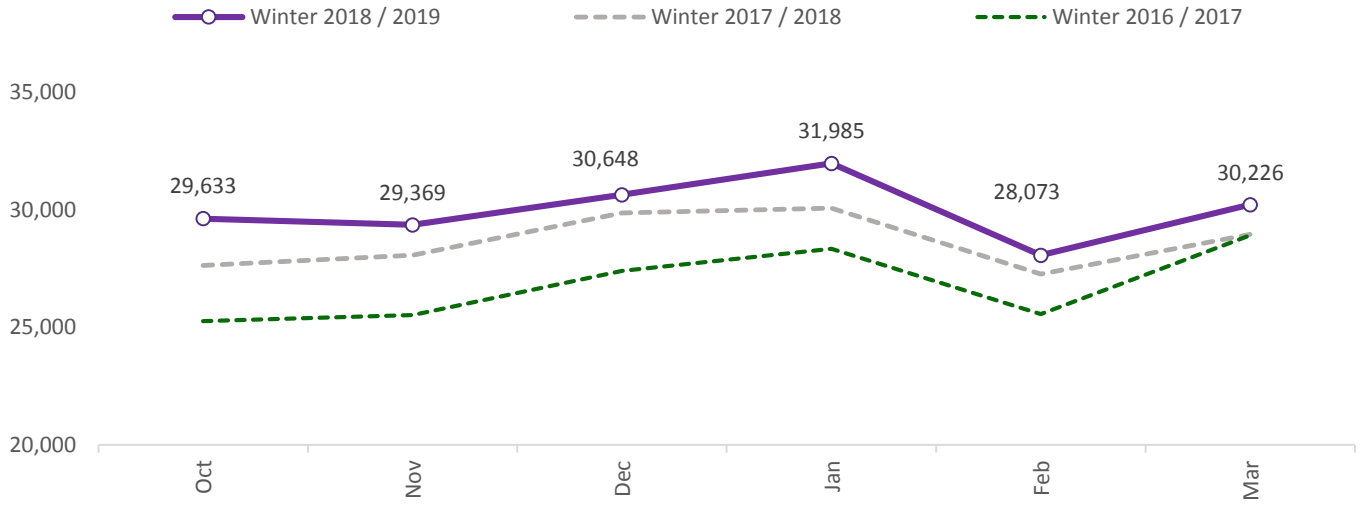


Figure 3: ED admissions – Winter 2016-17, 2017-18, 2018-19

The overall 8am trolley count also improved significantly by -5,122 (-9.1%) during winter 2018-19 when compared to the previous winter (2017-18) which recorded a slight dis-improvement on winter 2016-17 of +1,226 (+2.2%).

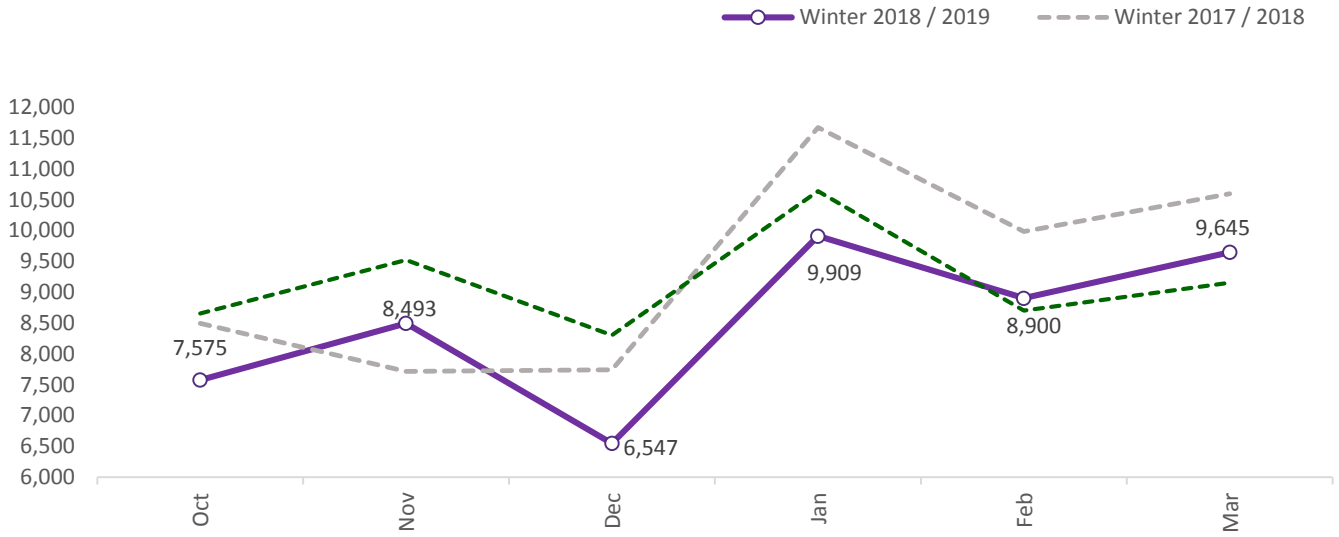


Figure 4: 8am trolley count – Winter 2016-17, 2017-18, 2018-19

Overview of Unscheduled Care Performance

Figure 5 below illustrates the average daily number of trolleys per month over the past three winters. It outlines the true trend in trolleys in Q1 as opposed to figure 4 by eliminating the variance in number of days per month.

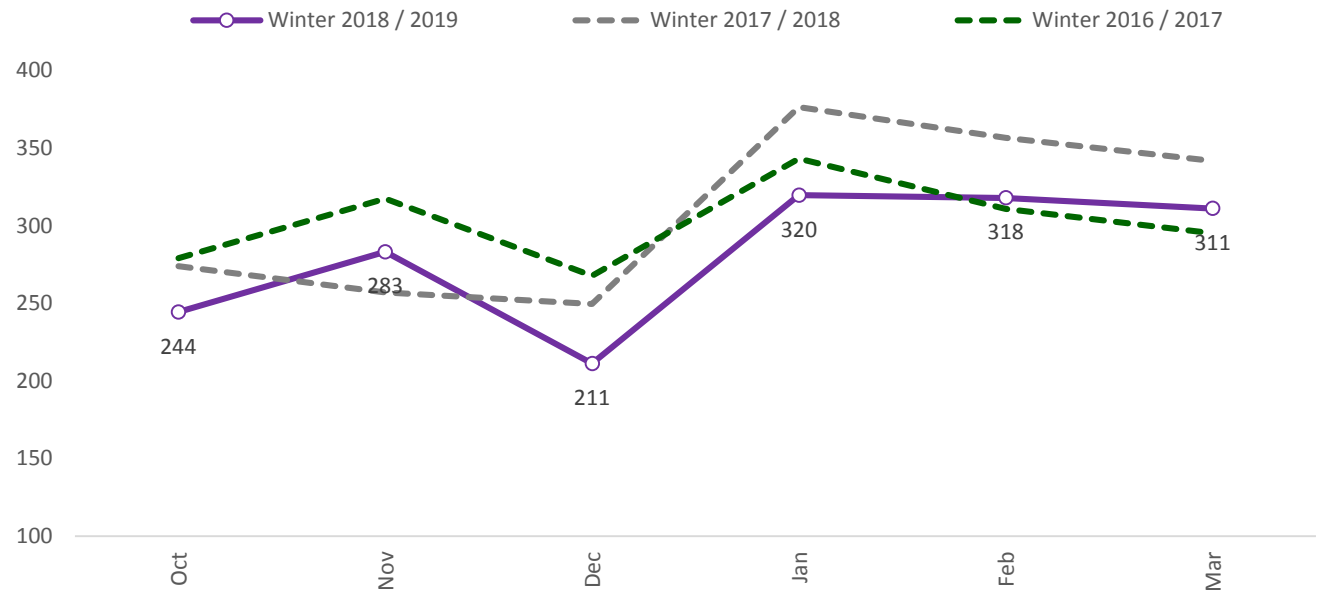


Figure 5: 8am trolley count (daily average) – Winter 2016-17, 2017-18, 2018-19

Delayed Transfers of Care (DTOC) tracked significantly higher during Winter 2018-19 when compared to Winter 2017-18. Of note the number of DTOCs during Winter 2018-19 was higher on each corresponding week when compared to the winter before.

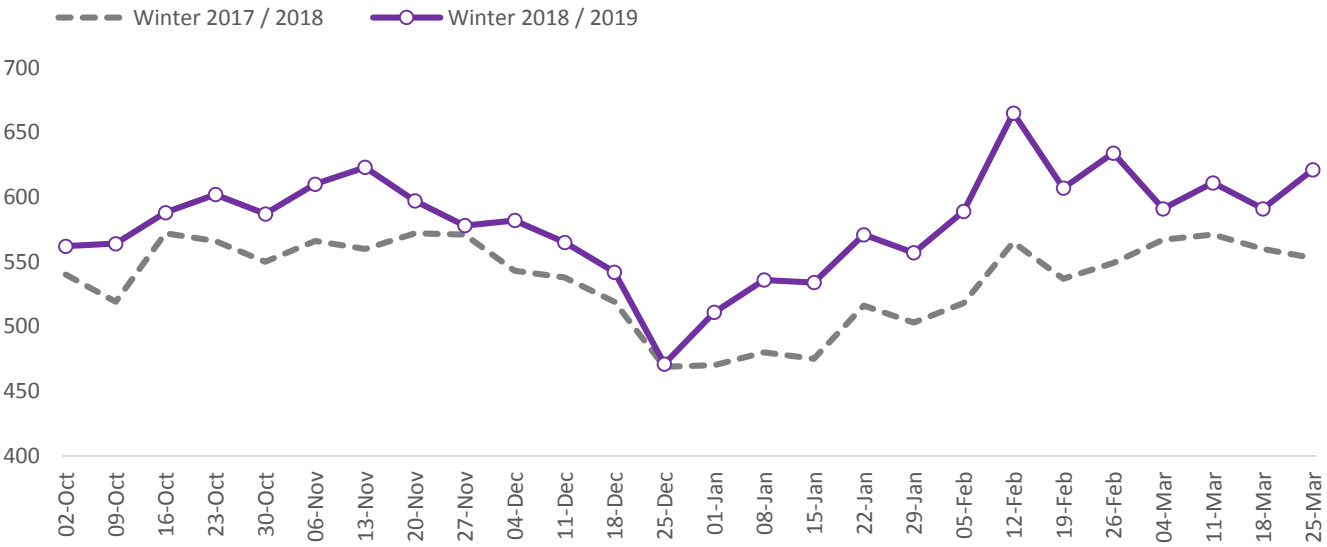


Figure 6: DTOCs Winter 2018 / 2019 Vs Winter 2017 / 2018

While the number of patients listed as DTOCs is sensitive to the impact of increased funding in terms of additional home support hours, as reflected in the historical downward trend toward the Christmas period, the level of activity has significantly increased in terms of the number of patients being added and removed from the list each week.

Overview of Unscheduled Care Performance

September 2019 (Year to date) Performance

	Sept YTD 2019	Sept YTD 2018	Diff (no.)	Diff (%)
ED Attends	1,006,196	976,421	29,775	+3.0%
ED Admits	262,683	259,056	3,627	+1.4%
8am Trolley Count	80,809	75,521	5,288	+7.0%
Avg. Weekly DTOCs	633	559	74	+13.2%

In terms of trends, year on year increases recorded in ED attendances for 2019 (YTD) can be attributed to significantly higher levels in Q1 and early Q2 2019. Towards the end of Q2, the trend in ED attendances has moderated when compared to the same period in 2018 as illustrated in the graph below (Figure 7), whilst still remaining above profile for the actual population growth.

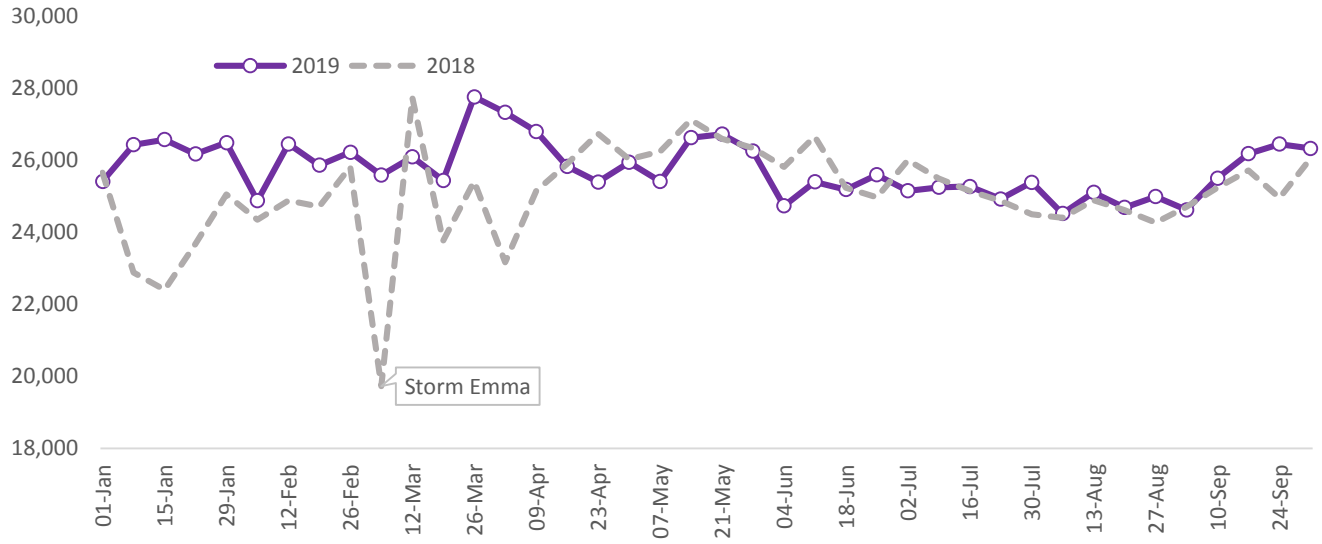


Figure 7: ED Attendances – September YTD 2019 Vs 2018

Figure 8 indicates the levels of sentinel GP reported influenza like illnesses over the past two winters and highlights the low levels reported during Winter 2018-19 – the lowest recorded since Winter 2011-12.

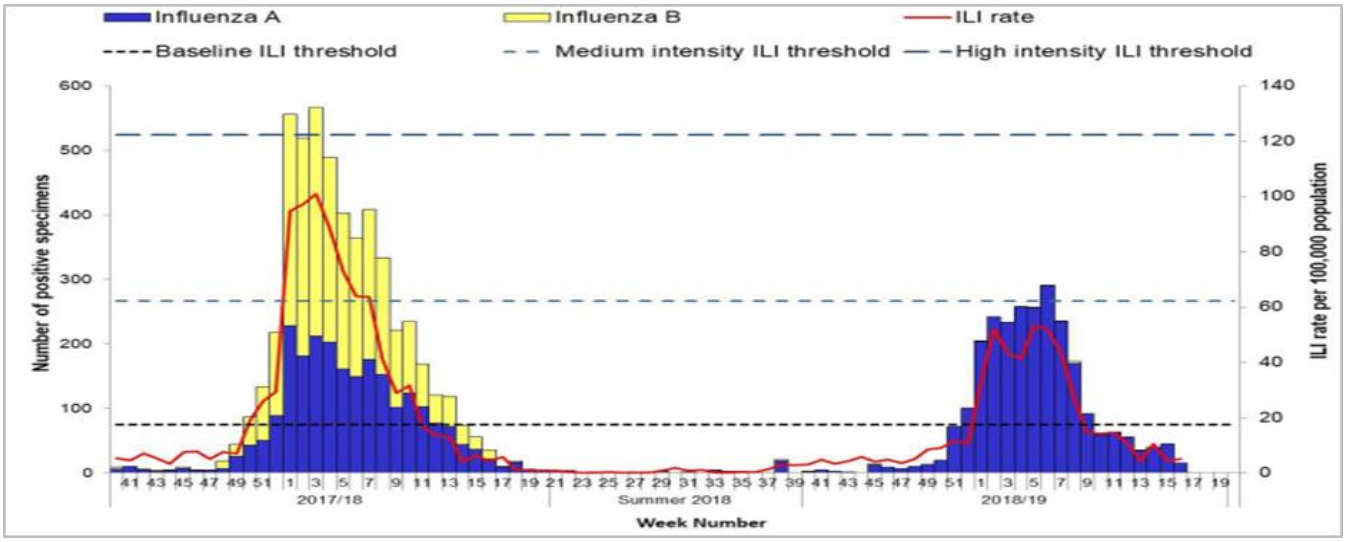


Figure 8: ILI sentinel GP consultation rates per 100,000 population, baseline ILI threshold, medium and high intensity

Overview of Unscheduled Care Performance

The influenza-like illness (ILI) rate has been below the Irish baseline ILI threshold (17.5/100,000 population) since week 9 2019 (week ending 3rd March 2019). ILI rates were above the baseline threshold level for eight consecutive weeks (weeks 1 – 8, 2019) and have remained below the medium intensity ILI threshold all season. Influenza A (H1N1) pdm09 has been the dominant circulating virus in the 2018/2019 season overall. Results showed that the vaccine was a good match for the circulating influenza A(H1N1)pdm09 viruses in 2018/2019.

The run rate for DTOCs remains significantly higher during 2019 (YTD) when compared to 2018 (YTD).

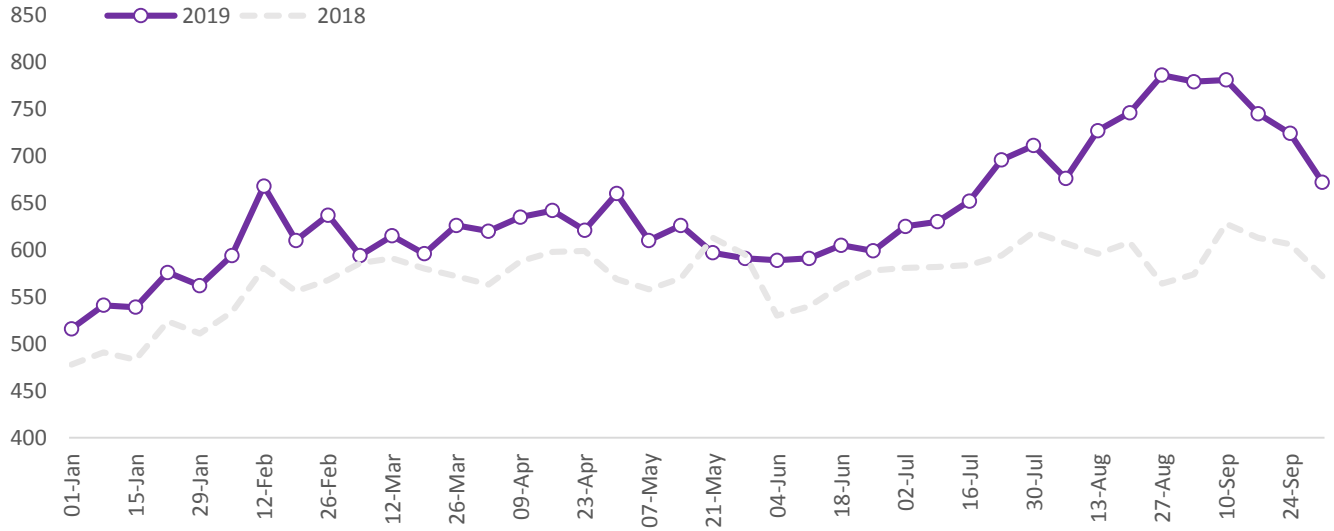


Figure 9: Delayed Transfer of Care - YTD 2019 Vs 2018

Summary

At a national level, a significant increase is noted across ED attendances, admissions, 8am trolley counts and delayed transfers of care (DTOC), when comparing September 2019 Year to Date (YTD) to the same period in 2018. In 2019, ED attendances and admissions increased by 3% and 1% respectively, with a 7% increase in the 8am trolley count, when compared to the same time in 2018. September 2019 YTD saw the figure for ED attendances surpass 1 million, with a differential no of 29,775, since the same time in 2018. The average number of weekly DTOCs during September 2019 YTD is 13% higher than the average reported during the same period in 2018.

The operational flow effects are Acute Hospitals operating close to or above 100% occupancy, high levels of surge in use, and increased delayed transfers of care (+13.2% increase), a pressurized workforce and challenges to improve patient experience times across the system.

Projecting Demand for Winter 2019-20

The Irish population has increased by an average of +1.25% annually over the period 2015 to 2018. The growth in ED attendances over the same period has outstripped this trend growing by an average of +3.75% annually. Taking a view of Winter 2019-20, this section sets out our approach to modelling the potential growth in demand in Emergency Departments for the season.

Population Growth

Method - M1F1	2015	2016	2017	2018	2019	2020	2021
All ages	4,687,800	4,739,597	4,803,510	4,865,573	4,926,992	4,987,719	5,047,468
Difference (no.)		51,797	63,913	62,063	61,419	60,727	59,749
Difference (%)		+1.10%	+1.35%	+1.29%	+1.26%	+1.23%	+1.20%

The projected growth in the Irish population recorded from 2015 to 2021 as per the Central Statistics Office. As stated, the Irish population is expected to grow by a minimum of 1.10% annually using the M1F1 methodology from the period 2015 to 2021. With these projected growth models, Figure 10 below outlines the proportional split by age category.

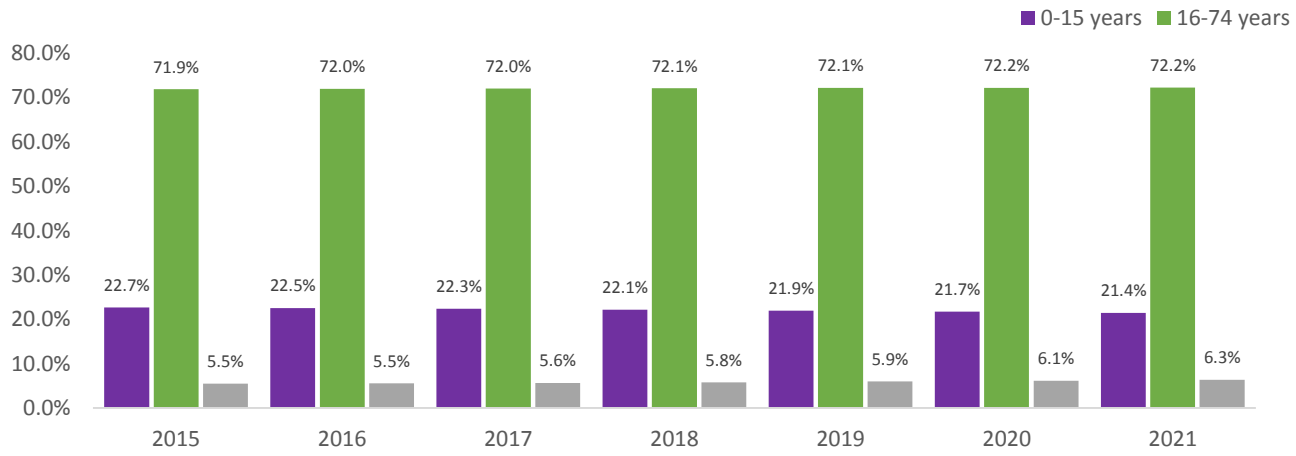


Figure 10: % proportion of population by age category

In terms of growth rates for the age categories, the 0-15 years old category is projected to grow by a mean of 0.3%, the 16-74 years old category is projected to grow by a mean of 1.3% and the 75+ years old category is projected to grow by a mean of 3.8% over the recorded period.

ED Attendance Growth

Method - M1F1	2015	2016	2017	2018	2019	2020	2021
ED attendances	1,155,323	1,208,830	1,246,607	1,290,091			
Difference (no.)		53,507	37,777	43,484			
Difference (%)		+4.63%	+3.13%	+3.49%			

Projecting Demand for Winter 2019-20

The table above outlines the actual growth in ED presentations recorded from 2015 to 2018. The annual growth rate in ED attendances outstrips the projected growth rate in the Irish Population by an average of +2.50% annually over the same period. Figure 11 overleaf outlines the proportion of ED attendances per age category, noting the increase in the 75+ years old proportion when compared to the proportion for the same cohort in terms of population at Figure 11.

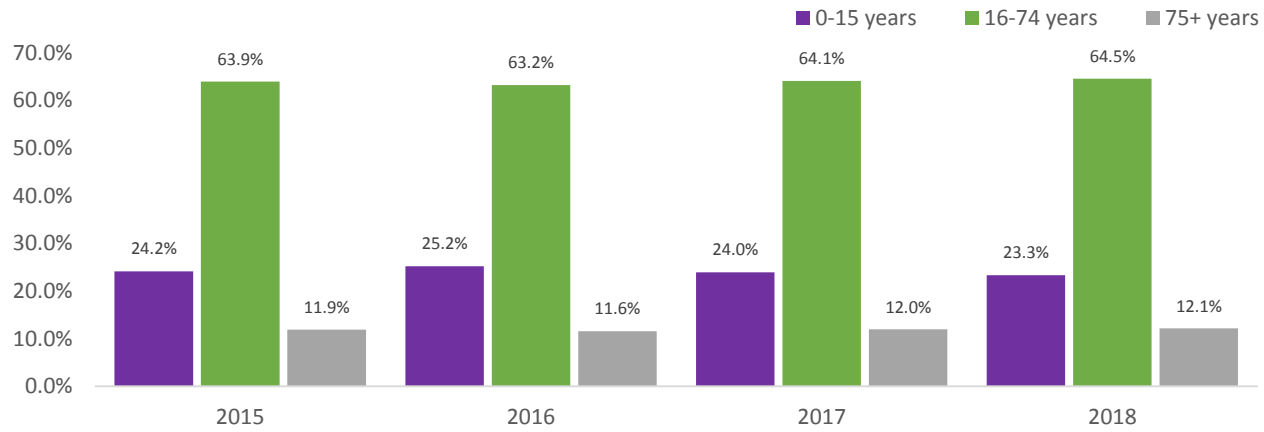


Figure 11: % proportion of ED attendances by age category

In terms of growth in ED attendances by age category, the 0-15 years old category increased each year by a mean of 2.7%, the 16-74 years old category increased by a mean of 4.1% and the 75+ years old category increased by a mean of 4.5% over the recorded period.

Forecasting Model Methodology

	2016	2017	2018	2019
Annual growth in Irish population	+1.10%	+1.35%	+1.29%	+1.26%
Annual growth in ED attendances	+4.63%	+3.13%	+3.49%	
(A) Difference (%)	+3.53%	+1.78%	+2.20%	
3 year average (A)				+2.50%
Projected growth rate for Winter 2019-20				**+3.76%**

Approach to Winter 2019-20

During the 2018-19 season, the introduction of a Winter Oversight Group and nine focus site Winter Action Teams (WATs) for an enhanced focus period provided the system with a strong grip on operations in terms of oversight, management and response. The Winter Oversight Group provided clarity on leadership and governance to assist in delivering sustainable improvement in unscheduled care (USC) performance across the patient flow continuum for the winter period. The WATs ensured a structured project management approach and planning across all HGs / CHOs in assisting to drive and sustain improvement in USC for the focus period. Based on the learning from Winter 2018-19, it is proposed to implement this process over the entire winter period for 2019-20.

Aims and Objectives for Winter 2019-20

The aim is to ensure that service providers are prepared for the additional external pressures associated with the winter period. The increased pressures include a prolonged holiday period, severe winter weather, seasonal influenza, the spread of norovirus and other healthcare associated infections. Winter Plans will 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.

Individual CHOs and Hospital Groups have developed Integrated Winter Plans that will focus on demand management and prevention, timely access to the most appropriate care pathway for patients as well as provide appropriate timely egress from acute hospitals.

The local Integrated Winter Plans will be delivered by the local WAT that are jointly led by CHOs and Hospital Groups with support from national functions and the National Ambulance Service (NAS). Integrated Winter Plans have supported the development of this single overarching strategic level Winter Plan for the HSE.

Winter Oversight Group

The Winter Oversight Group has convened fortnightly since the 8th July 2019 to lead the Winter 2019-20 Planning Process. The Winter Oversight Group is chaired by the Chief Operations Officer and its membership consists of senior HSE staff across the relevant divisions. The Chief Operations Officer will be responsible for Winter 2019-20 with responsibility for co-ordination of Winter Planning and execution tasked to the National Services Division.

The membership of the Winter Oversight Group is outlined below:

- Chief Operations Officer (Chair);
- National Director, Acute Operations;
- National Director, Community Operations
- National Clinical Advisor and Group Lead, Acute Operations;
- National Director, National Services;
- Head of the Special Delivery Unit (PMIU);
- Assistant National Director, Acute Operations (Scheduled Care);
- Assistant National Director, Acute Operations (Unscheduled Care);
- Chief Clinical Information Officer;
- Assistant National Director, Community Operations (Older People);
- Assistant National Director, Community Operations (Primary Care);
- Winter Communication Lead;
- Assistant National Director, Emergency Management;
- Assistant National Director, Public Health;
- Director, National Ambulance Service; and
- Head of Corporate Affairs.

The Winter Oversight Group will convene weekly from November in the Dargan Building in Heuston South Quarter with more frequent meetings scheduled as required.

All Winter Action Teams will report into the Winter Oversight Group at National level and this process will be co-ordinated by the National Services Division of the HSE.

Winter Action Teams

This winter, there are nine WATs, each aligned to a Community Health Organisation and associated Acute Hospitals and Hospital Groups covering the entire population base as outlined overleaf.

Approach to Winter 2019-20

Winter Action Teams (cont'd)

Winter Action Team 1

- Saolta Hospital Group: Letterkenny, Sligo
- RCSI Hospital Group: Cavan
- Community Healthcare Organisation 1

Winter Action Team 2

- Saolta Hospital Group: Galway University Hospitals, Mayo General, Roscommon, Portiuncula
- CHO West

Winter Action Team 3

- UL Hospital Group: Ennis, MWRH Limerick, MWR Maternity, Nenagh, MRW Orthopaedic Croom, St. Johns
- CHO Midwest

Winter Action Team 4

- South/Southwest Hospital Group: CUH, Mercy, Kerry
- Cork Kerry Community Healthcare

Winter Action Team 5

- South/Southwest Hospital Group: UHW, South Tipperary
- Ireland East Hospital Group: St. Luke's Kilkenny, Wexford General
- Southeast Community Healthcare

Winter Action Team 6

- Ireland East Hospital Group: SVUH, St. Michael's, St. Columcille's
- Community Health Organisation 6

Winter Action Team 7

- Dublin Midlands Hospital Group: Tallaght, Naas General Hospital, St. James's
- Community Healthcare Organisation 7

Winter Action Team 8

- Ireland East hospital Group: MRH Mullingar, Navan
- RCSI Hospital Group: OLH Drogheda
- Dublin Midlands Hospital Group: Tullamore, MRH Portlaoise
- Community Healthcare Organisation 8

Winter Action Team 9

- Ireland East Hospital Group: Mater
- RCSI Hospital Group: Connolly, Beaumont
- Community Healthcare Organisation 9

The WATs have been in operation since the beginning of October 2019 and will continue to convene over the winter period with enhanced oversight and management around the Christmas holiday period.

To ensure an integrated and coordinated approach to this period the membership of each WAT will, comprise of the following key stakeholders at a minimum:

- CHO Chief Officer – Co-Chair;
- HG CEO – Co-Chair;
- Aligned Hospital CEOs and COOs;
- Senior decision makers from the local acute and community setting; and
- Senior NAS Manager.

Each WAT has prepared an Integrated Winter Plan and are tasked with the provision of leadership and governance within its area. The WATs are responsible for the coordination of a range of integrated hospital and community actions on a daily basis as well as the application of agreed additional surge actions in response to escalating demand pressures within the local health system.

It is responsible for the integration of the internal and external communications plan so as to ensure messaging is fit for purpose.

Each WAT will conduct an evaluation of all the factors that will help identify the important local considerations that need to be addressed to assist in the decision making process and the subsequent actions effected toward a local response.

The early use of Data and Business Intelligence is essential so that relevant information and data can be accessed and shared in a timely and robust manner in respect of the 'Inflow', 'Throughput' and 'Egress' of patients across the local health system.

Expediting and increasing the efficiency of the 'system' during the period is a priority but must not come at a cost to the service user or patient. All WATs will ensure focused measures are in place to improve the experience and welfare of all service users and patients.

To support integrated planning, it is essential that all elements of the local health system have a knowledge and visibility of all available and planned capacity as well as expected and predicted demand. In preparation for the surge period, all elements of the WAT will have engaged in joint planning and preparation activities to ensure that required escalation and surge actions are implemented as needed.

Approach to Winter 2019-20

WAT Oversight and Reporting Arrangements

Each WAT will report to the Winter Oversight Group on a weekly basis during the Focus Period with enhanced reporting by sites in particular difficulty or at times of exceptional pressure. This process will be coordinated by the National Services Division. The Co-Chairs of each WAT will be required to detail the current levels of USC demand, key causal factors, challenges, risks and the mitigating actions in place to include any external messaging that is being undertaken at a local level.

The Winter Oversight Group may direct alternative actions based on the known national performance and / or may provide additional resource to supplement existing actions underway at local level.

WAT Performance will be monitored by the Winter Oversight Group on a daily basis via the SBAR portal and site communications as required and on a weekly basis via weekly national metrics reports and bespoke BIU data streams.

Moreover a representative of the PMIU will join each WAT meeting to provide support and escalate any issues to the National Oversight Group as required.

The 3 overarching aims of each WAT will be:

1. **Demand Management** - Seek to reduce ED attendances and admissions through the delivery of care in the most appropriate setting, i.e. at the first point of contact
2. **Operational Flow -** Maximise patient flow through from community to hospital and appropriate discharge as well as maintaining optimal length of stay for all inpatients in both acute and community settings
3. **Egress Management** - Optimise integrated working and ensure a joint approach to patient flow.

To this end, Key Service Level Metrics developed by each WAT will be monitored weekly during the winter period.

Integrated Winter Plans

The Integrated Winter Plans are collaborative whole system business continuity plans developed by the WATs. They provide a detailed response to unscheduled care over the winter to supplement existing year round plans. In the development of the plans, WATs reflected on the learning from previous years and focused on their ability to meet the variation in seasonal demand. Integrated Winter Plans have been received from each of the WATs as set out in the table overleaf.

Moreover, each Integrated Winter Plan includes service level metrics for Unscheduled Care performance which have been developed based on past experiences, own local knowledge and leveraging the demand and activity analysis included in the Winter Preparedness Plan. The key metrics to be monitored during the winter period are outlined below.

Service Level Metrics
24 Hour PET
9 Hour PET (75+ years old)
8am trolley count
Delayed Transfers of Care
CIT approvals
TCB approvals
HSP approvals
NHSS approvals

NTPF Support for Winter 2019-20

The National Treatment Purchase Fund (NTPF) will assist the HSE to deal with the increased demand projected for this winter by providing additional diagnostics and other hospital treatments for patients. This support will complement the existing measures identified by the HSE. The level and type of support for individual hospitals will vary depending on demand and will provide access to additional diagnostic capacity both at local hospital level as well as outsourcing to private facilities.

Seasonal Influenza

Ireland has changed from using trivalent vaccine to using quadrivalent vaccine for the 2019/2020 influenza season. Quadrivalent vaccines include a 2nd influenza B virus in addition to the 2 influenza A viruses found in trivalent vaccines. The WHO vaccine strain selection committee recommend that quadrivalent vaccines for use in the 2019/2020 northern hemisphere influenza season contain the following:

- an A/Brisbane/02/2018 (H1N1)pdm09-like virus;
- an A/Kansas/14/2017 (H3N2)-like virus;
- a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
- a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

The approach for this winter includes:

1. A HSE national flu planning steering group is in place and meets monthly.
2. Each Hospital Group and CHO has provided a flu plan as per a template (based on the evidence of last season's successes and areas of concern) for the upcoming season

Approach to Winter 2019-20

Seasonal Influenza (cont'd)

3. A HSE Communications Plan has been developed and agreed and the campaign will launch on the 10th of October 2019.
4. The weekly flu report will recommence for the flu season and this year flu vaccine uptake rates by Hospital Group and CHO will be presented.
5. A schedule of surveillance reports on influenza vaccine uptake in healthcare workers, over 65s, long-term care facility residents and those in risk groups for flu will be issued as data becomes available.
6. Influenza vaccine uptake in acute hospital based HCWs was **53.2%** in 2018/19 compared with **44.8%** in 2017/18. There has been a significant increase in uptake in acute hospital based HCWs over the past three influenza seasons.
7. Influenza vaccine uptake in LTCF based HCWs was **42.2%** in 2018/19 compared with **33.1%** in 2017/18. There has been a significant increase in uptake in LTCF based HCWs over the past three influenza seasons

Communications

A key objective of the Winter Plan is to encourage people to prepare for and stay well during winter. Our pharmacist and GP colleagues are helping us with this work and are actively involved in delivering our public winter communication campaigns again this year.

A comprehensive communications plan is being developed to support delivery of the Winter Plan 2019/20. The plan is focused on providing:

- Expert advice and information to the public on keeping well during the winter.
- Providing timely and accurate public information on service activity and performance throughout the winter.
- Maximising uptake of flu vaccines, in the public and among our healthcare teams.
- Providing information and advice on common winter illnesses, self-care and being winter ready
- Using the right services e.g. Injury Units, GP Out of Hours , local pharmacists etc.

It is intended to use four main channels for winter campaigns; national and regional radio, press, social media and digital display or search advertising. These channels will work together to build general awareness, and to support people at the time they are searching or browsing on line (social and search).

In line with Winter 2018-19, regular updates will be provided to press and media throughout the winter from the National Oversight Groups via press conferences, interviews and updated statements. Local communications plans will also be put in place by the Winter Action Teams as part of their winter plan.

National Ambulance Service

A key component of this year's winter planning and management will be the NAS's input to the process. Following on from last year's, NAS adopted an inclusive systems approach to winter and will be fundamental to supporting the business intelligence and decision making capability of the Winter Oversight Group.

In this regard, the dynamic reporting dashboard developed by the NAS will support the Winter Oversight Group meetings by providing regular updates including inter alia existing levels of service, demand management and inter-facility transfers.

Strategic objectives

- Protect service and patient care delivery
- Protect the welfare and safety of NAS staff, patients and other stakeholders.
- Ensure consistent service delivery
- Coordination and Management of all NAS resources to deal with core activities in a timely, effective and above all, safe way.
- To ensure effective command, control and provision of ambulance services in the event of a major incident occurring at any event. This will be achieved by initiating the NAS Major Incident Plan.

NAS will experience challenges in increasing capacity, capability and resilience in response to the anticipated increase in activity, as will the wider HSE. However, the focus this will be to maintain delivery of a safe service throughout.

NAS will engage with stakeholders within the hospital groups in relation to turnaround and bi-directional flow challenges. It is envisaged that a heightened level of awareness and focus will be in operation continuing an enhanced engagement through the local, and Unscheduled Care Governance Groups.

Winter 2019-20 Funding

HSE Winter Funding 2019 / 2020

The HSE was allocated €26m on 8th October 2019 on a once-off basis to support HSE plans to manage the known increase in demand that our health service will experience over the winter months. This funding included €5m from the Department of Health assigned on 14th September 2019. The priorities for additional resources this winter is outlined as follows:

1. Funding requirements to year end to reduce the additionality in the Delayed Transfers of Care (DTOC) outturn year to date to a figure of 450 at year end by supporting the NHSS, Transitional Care and Home Supports.
2. Funding requirements for specific local initiatives to support the Winter Action Teams in managing unscheduled care performance.
3. Funding for aids and appliances to support older persons.

2019 Winter Funding

a) Funding requirements to year end 2019

Metric	€ million	€ million
Egress Initiatives		
NHSS - reduce period awaiting funding to four weeks until 31st December 2019	13.000	
Transitional care funding required to support egress from Acute Hospitals	4.200	
Home Support Packages to support DTOC & Community Waiting List	**2.000**	**19.200**
Winter Action Team Initiatives, funding to be distributed based on population size		**6.800**
Total funding required to year end 2019		**26.000**

In terms of the €6.8 million allocated to Winter Action Team Initiatives, each WAT has submitted funding proposals as part of their Integrated Winter Plans to support Unscheduled Care Performance during the Winter Period. The funded initiatives are outlined in the next section, “Winter Action Team Initiatives”.

Winter Action Team Initiatives

Winter Action Team	Funded initiatives
1	Added Medical Registrar for improved medical cover
	Rapid flu testing to reduce TAT to 2 hours
	Additional cleaning services to improve bed TAT out of hours
	Reablement programme to decrease presentations and admissions
	Additional aids and appliances to facilitate timely discharge
	Implement hospital avoidance measures to reduce the number of patients admitted for assessment
2	Additional portering to assist with ED flow and MRI capacity and evening lists to facilitate discharge
	Protect LTC seating initiative funding to reduce length of stay in acute hospital
	Provision of required equipment to facilitate rapid discharge
	Added Registrar On Call on weekends to assist with flow in main hospital
	Open weekend capacity to eliminate overcrowding in the ED and assist with patient flow
	Additional rapid flu testing kits and local PCR Flu testing to reduce length of stay, facilitate diagnosis and treatment of Flu patients, reduce isolation demand, and reduce impact of outbreaks.
	Additional aids and appliances to facilitate discharge
3	Additional home support hours to facilitate early hospital to community transfers
	Additional aids and appliances to facilitate early hospital discharges and ED avoidance
	Mobile doctor service units to manage increase demand for home visits and facilitate ED avoidance
	Low-level Domiciliary Rehab team in Limerick city to facilitate early discharge and ED avoidance
	Added Triage nursing support in Shannondoc to support ED avoidance
	Added SHOs and Registrar in UHL to assist in addressing workflow and improve PET times
	Added HCA support in UHL to provide staffing at ward level to support additional surge patients
4	Purchasing of private community and acute beds to facilitate timely discharge and increase bed capacity
	Added aids and appliances to assist in timely discharge
	Development of frailty area to identify and facilitate early discharge
	Added Registrars in EDs to support patient flow, reduce PET, increase rounding frequency and support non-conveyance pathways
	Added spend for improved medical cover
	FIT Team funding
	Discharge coordinator to facilitate patient flow processes
5	Additional medical, nursing, therapies support, pharmacy and lab staff to improve patient experience time, improve senior clinical decision making, reduce length of stay, diagnostic time and to facilitate weekend discharges
	Comfort measures for ED Patients to improve PET
	Additional HSCP input to mobilise patients and reduce length of stay
	Purchase of Aids and Appliances to reduce delayed discharges
	Provision of Step down beds to aid Patient Flow and reduce delayed discharges

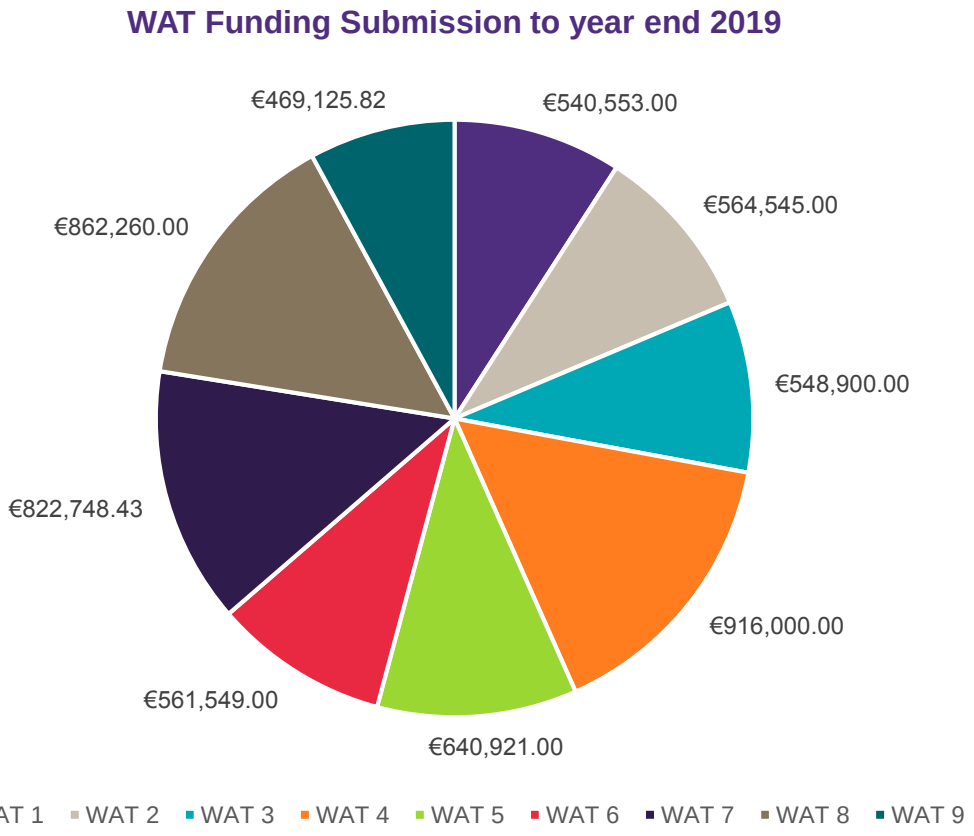
Winter Action Team Initiatives

Winter Action Team	Funded initiatives
6	Added Senior decision maker in community to facilitate timely discharges
	Additional Aids and Appliances to facilitate timely discharge
	Additional transport for patients to reduce delayed transfers of care
	Additional Cleaning, Phlebotomy, Admin support and Portering to improve PET
	'Transition to Care' bridging funding to reduce delayed transfers of care
	Implementing Frail Intervention Therapy Team (FITT) for admission avoidance and reduce admission of patients 75years+
	Enhanced Home Support for the Integrated Care Team to reduce delayed transfers of care
	Additional Flu testing kits to improve PET
	Children's Health Ireland - Contribution to opening of 8 beds and discharge lounge to improve PET in CHI
	Enhanced OPRAH & Integrated Care to improve PET
7	Purchase of Private Nursing Home Beds to improve patients flow
	Operation of Medical Ambulatory Care Suite to improve patient flow
	Additional capital equipment to improve patient flow and improve patient egress
	Additional staffing to improve patient flow and PET times
	Enhanced COPD Outreach to improve patient flow and PET times
	Access to offsite beds and supports to allow early discharge
	Additional Aids and Appliances to improve patient egress
	Added communications to facilitate admission avoidance
8	Additional staffing to improve PET and ensure service delivery
	Increase diagnostic capacity (flu/CPE) to improve PET
	Opening of surge bed to reduce the number of patients on trolleys
	Additional aids and appliances to support rapid discharge, hospital avoidance and support patient care
	Implementation of Rapid Assessment Treatment to improve PET
	Assistance with discharge team to improve bed turnaround
	Discharge planning to facilitate hospital avoidance and timely discharge
	Additional Adastra licenses to ensure service delivery
	Communication to facilitate hospital avoidance and public health awareness
9	Improved Access to GPs for Diagnostics to reduce ED attendances
	Increase Aids and Appliances to improve patient flow
	Operation of Short Stay Unit & Discharge Lounge to improve patient flow
	Increased access to short stay beds in private and public sectors to improve patient flow

Winter Action Team Initiatives Funding Breakdown

Proposed breakdown of Winter Action Team Initiatives[1]

WAT Area	Population	% of total population	Allocated Budget
1	391,281	8.2%	558,753.93
2	453,109	9.5%	647,045.05
3	384998	8.1%	549,781.73
4	690,575	14.5%	986,149.33
5	510,333	10.7%	728,761.61
6	393,239	8.3%	561,549.98
7	697,644	14.7%	996,243.95
8	619,281	13.0%	884,340.65
9	621,405	13.0%	887,373.75
Total population	4,761,865	Total Budget	6,800,000.00



[1] *Population figures based on CSO Census 2016*

Appendix 1

Lessons Learned from Winter 2018-19

The 2018/2019 winter plan focused on nine hospital sites with associated Community Health Organisations (CHO). An integrated Winter Action Team (WAT) was established on each site that reported to the National Winter Oversight Group. The key findings and recommendations of Winter 2018/2019 are as follows:

Leadership and Governance

The National Winter Oversight Group provided leadership and governance for unscheduled care during the winter period. Local leadership at the nine focus sites was provided by the WAT with site level unscheduled care leads who were accountable for management of unscheduled care. The recommendation is to extend this model to include all hospital groups and CHOs involving aligning the WATs with the CHO areas rather than individual sites.

The approach taken by WATs should be maintained throughout the year with a targeted focus on the full winter period. Equally, there is a requirement for further promotion and use of an agreed set of metrics to monitor, manage and evaluate operations across the spectrum throughout this period. Communication channels should be strengthened by providing early expert advice and information to the public on keeping well during winter and provide timely and accurate public information on service activity and performance throughout the winter.

Patient Flow at pre-admission

There was more timely and appropriate streaming of patients at the point of access on acute sites. The introduction of Frailty Assessment Therapy (FIT) Teams had a big impact of across sites by using admission avoidance strategies. Increased access to Community Intervention Teams (CITs) was an enabler in both pre and post admission phases. Sites deployed improved diagnostics access for hospitals and GPs using insourcing, outsourcing strategies as well as available community capacity, including extending laboratory services from five to seven days on some sites. Additional senior medical decision makers and Health & Social Care Professionals were deployed to EDs and AMAUs on some sites which helped improve patient experience times (PET) as well as admission avoidance.

Patient Flow at post-admission

A range of patient flow strategies were deployed across all sites including extending Patient Flow / Discharge Planning working hours, some sites extending to seven days. Additional staff were recruited across all sites to assist patient flow (e.g. additional Registrars, Cleaning & Portering Staff). There was increased bed capacity available in public and private hospitals as well in the community, however there were recruitment challenges experienced on some sites to enable opening some of the funded beds. Some planned inpatient activity was curtailed to create capacity for emergency demand. There was an integrated approach taken between sites and the National Ambulance Service (NAS) to enable timely transport of patients from the acute sites.

Integrated Hospital and Community Services

There was good evidence of whole system engagement to ensure care was delivered in the most appropriate setting in a timely manner delivering safe integrated care. Some WATs continued to operate following the completion of the focus period. There was a visible presence of community stakeholders on hospital sites. The targeted increase of home supports (n=550) was reached by end January 2019. There was €4m allocated for additional aids and appliances which aided timely discharge from hospitals. Further development of an integrated approach should consider aligning demand and capacity across the patient continuum.

Using information to measure and monitor performance improvement

The provision of data from Hospital Groups, Hospital Sites and CHOs was variable from hospitals and limited from CHOs due to the lack of technology capability. WAT updates were included in the daily Situation Background Analysis Reports (SBAR). A national dashboard was developed but due to the short lead in time further work and validation was required. Data from the BIU, SBAR, National Ambulance Service (NAS) and Health Protection Surveillance Centre (HPSC) was effective, measuring daily, weekly and monthly performance. There is a need to improve the availability of performance data to support real-time decision making and local and national level.