



Agenda Item 7.1	27/11/25	Public Board	Winter Planning
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Report Details:	
FOI Status:	Open (Public)
If closed please indicate reason:	NA
Prepared By:	Sarah James, Deputy Chief Operating Officer
Presented By:	Gethin Hughes, Chief Operating Officer
Approving Executive Sponsor:	Gethin Hughes, Chief Operating Officer
Report Purpose	For Approval Endorsing for Approval
Engagement undertaken to date:	Local Authority , including Regional Partnership Lead and colleagues across CTMUHB Care Groups & other directorates

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Quality , Safety and Patient Experience
Related Health and Care Standard	Governance, Leadership & Accountability
Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No – To provide an understanding of the measures the Health board are planning to prepare for winter and manage pressures to existing services
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	The Health Board is planning under the assumption that there will be no available funding to support winter preparedness. Without additional resources, the increased demands of the winter season does pose significant challenges to both Health Board operations and workforce capacity.
Link to Strategic Goals	Sustaining Our Future Improving Care Creating Health

CTMUHB

Planning Together

Winter Preparedness

Operational Plan

25/26

Winter Operational Plan – First Update

The presentation details the operational plans for Winter 2025/26, with a focus on a **comprehensive system-wide approach**. It integrates insights and collaborative input from all Care Groups, Local Authorities (LA), Site Teams and Corporate Services.

This is the **first update** on our winter planning. It is **fluid and iterative** – plans will continue to evolve as we respond to emerging challenges and opportunities.

Planning Framework

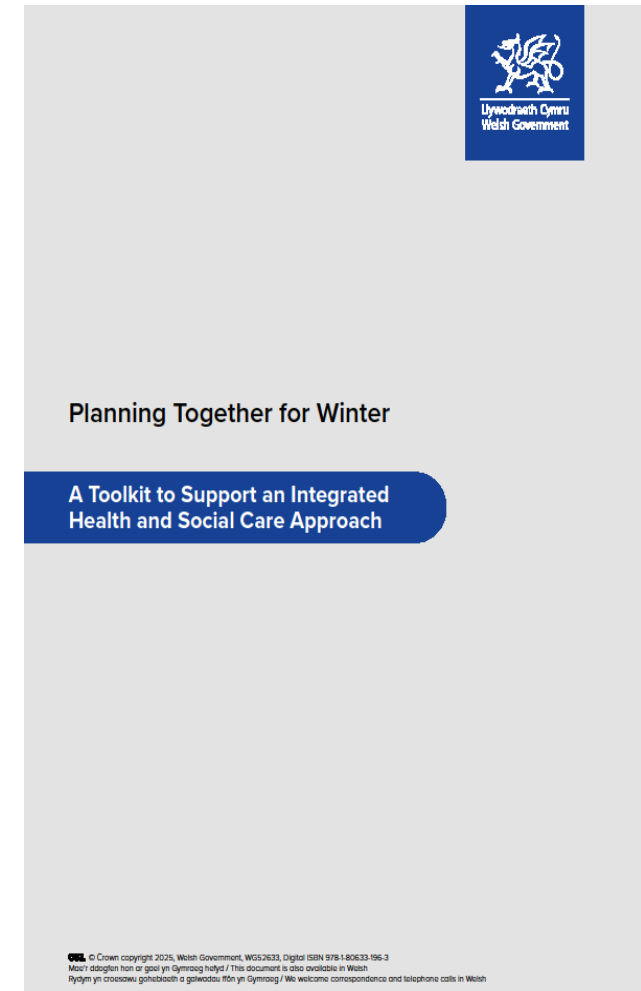
- Led by an **initial multi-agency seasonal workshop (9 Sept)** with LA colleagues
- Aligned to the **'Planning Together for Winter' Toolkit**
- **Public Health Wales** Winter Well-being: Shared Actions and Impact
- Builds on actions agreed at the **National Winter Planning Summit (31 Jan 2025)**
- Focused on **three strategic goals** and **six key actions for respiratory illness**:
 - 1. Strengthen community capacity** – care closer to home
 - 2. Optimise capacity within acute and community hospitals**
 - 3. Ensure effective hospital patient flow** – advance a 'Home First' strategy

Purpose

- Deliver **resilient plans to maintain patient flow and safety** at all times
- Respond to **forecasted peaks in demand** and meet **Duty of Quality**
- Maintain performance in key areas:
 - **Ambulance handovers within 45 minutes**
 - **Reduce patient waits in Emergency Department (ED) longer than 12 hours**
 - **Planned Care targets** – sustaining elective activity and reducing backlog

CTM Approach

- Collaborative planning with Local Authorities and internal teams
- Establishes **shared values, consistent language, and unified goals** across health and social care



Governance Timeline

12 September -
Welsh Government-
self assessment
submission

30 October -
Independent
Members update
winter planning

31 October Welsh
Government -
Winter resilience
submission

27 November
Board - winter
preparedness
update

Winter bed modelling – Current Position and Next Steps

Initial modelling has been completed to inform capacity planning and it has been noted, that the significant service and ward changes over the past year, have made predictions more challenging and less certain. Further modelling feedback session with CGs w/c 3rd Nov

Ongoing refinement through discussions with Care Groups, Site Based Leaderships Teams and Local Authorities to strengthen system-wide response around bank holidays periods for acute, Mental Health and community sites.

Specific operational plans by site across community and acute will be fluid and updated onto this master document held by COO office. Revised Integrated Escalation policy live 3/11, Pre-emptive boarding and surge sequence (existing surge capacity) Standard Operating Procedure (SOP) under review.

High-level Care Group and Site plans included later in this presentation to provide assurance of arrangements and developments as part of ongoing planning process. 6 goals and TRUE Programme work ongoing and central to winter resilience planning.

Site Management and Integrated working

Co-ordinated Actions to Manage Capacity and Demand Across All Sites

Ringfenced Capacity: We will identify and ring fence specific specialty acute and community capacity to ensure the right beds are available when needed i.e. Stroke, Gynaecology, Trauma etc.

Enhanced Rotas: especially over critical periods such as the Christmas season. This includes planning for additional staffing to cover any gaps and ensuring that senior decision-makers are available to support optimal patient flow. Explore opportunity for additional SDMs to support periods of expected surge in demand.

Leadership Availability: Site leadership teams play a crucial role in managing patient flow and co-ordinating actions across the system. We are strengthening our leadership site flow teams and ensuring that there is a robust system in place for escalation and decision-making. Daily senior flow lead rota in place, supported by a new revised Integrated Escalation policy, ED action cards, Senior Manager On Call (SMOC) handbook and pre-emptive boarding SOP.

Promoting and Driving SAFER Actions: This includes Optimise rollout at Princess Of Wales (POW), Royal Glamorgan Hospital (RGH) and Prince Charles Hospital (PCH) and embedding of internal professional standards to enhance patient experience, reduce LOS and maximise discharge opportunities to create continuous hospital flow.

Buddy System for Rotas: agree a buddy system for SMOC and Executive Of Call (EOC) rotas over the Christmas and New year period.

Aligning Surge Capacity: Aligning the use of existing surge capacity with anticipated periods of higher escalation and demand, considering any increase in winter illnesses and Infection Prevention and Control (IPC) constraints.

Strengthening ED Escalation Cards: Strengthening site-based escalation cards with clear trigger points and actions to be taken. Escalation cards operational from 27th October.

Early Planning for Additional WAST (Welsh Ambulance Service Trust) Vehicles: to support timely discharges and reduce hand back frequency.

Site Preparedness: Ensuring site preparedness across estates and facilities and other enabling services such as Digital and Health & Safety.

Acute Sites

	Unscheduled Care Capacity	Planned Care Capacity	Additional
PCH	<ul style="list-style-type: none"> 1 x Ward to be de escalated (24 Beds) All Treatment Rooms de escalated (4 Beds) All Double Boarding de escalated (5 Beds) All Triple Boarding de escalated (4 Beds) <p>Total = 37 Beds</p>	6 x Beds de escalated across each ward on Surgical Floor (24 Beds)	Site Management Rota is currently being drafted, working towards an 8a presence during the Christmas Period as a minimum.
RGH	<ul style="list-style-type: none"> Opportunity to temporarily relocate Ward 4 to Ward 2 to increase cubicle capacity allowing for isolation and respond to demand in Resp illness peak. Opportunity to temporarily relocate SDEC (Same Day Emergency Care) to allow ED surge to meet increased Winter demand / support a CDU model Explore opportunity for additional SDM's to support periods of expected surge in demand Identify ward to be de escalated (24)beds Removal of boarding beds (9 beds) 	<ul style="list-style-type: none"> Utilisation of data within planned care SLT meetings weekly update provided Plan of surge capacity on elective wards with daily updates on capacity available Additional staffing will be requested during peak periods to enable discharge and SDEC flow Christmas plan will be finalised mid-nov utilising elective capacity for surge. 	<p>Opportunity for additional Surge capacity via decommissioned wards – funding and workforce dependent.</p> <p>Develop clinical pathways for patients no longer requiring tertiary care in RGH to release capacity for speciality admission pathway</p>
POW	<p>1 x Ward (Ward 16) to be escalated (16 Beds) De escalate Blue Bay Ward 9 (6 Beds) Boarding to de escalated Ward 15 (1 Bed) *Both Blue Bay War 9 and +1 Ward 15 are utilised to support current demand. Total = 23 Beds * Requires CG approval</p>	POW has 1 surgical ward (Ward 11) with 20 surgical beds fully utilised to support current demand.	Site Management Rota is currently being drafted.

Community Hospitals

Approach

- Community beds will be flexed down in a staggered way to create ring-fenced capacity with a gradual re-opening plan from Dec 28th.
- De-escalation of 25% of predicted discharges ringfenced.
- Beds will be flexibly and dynamically allocated to acute sites based on risk and escalation.
- Capacity for enhanced care will be reviewed and spot purchased beds with LA prioritised.

De-escalation Capacity

- **YCC:** 2 beds per general ward and 2 day rooms and 2 beds ward 6: creating 12 beds
- **YCR:** 3 beds per general ward and 2 day rooms: creating 14 beds
- **YGT:** 5 beds per ward: creating 10 beds
- **Glanrhyd Ward 3:** 2 beds
- 2 beds in commissioned P3 beds Bridgend

Total: 40 beds



Winter Priorities for Joint Working: Health and Social Care

Integrated Discharge Services

- Revised structure and governance of the Integrated Discharge Delivery Board – with revised escalation and accountability structures.
- Closer alignment between PoCD (Pathway of Care Delays) and Discharge Operational delivery with a revised structure of assurance and escalation meetings.
- Senior oversight of stranded escalation panels (Deputy Chief Operating Officer (COO)) and integrated escalation processes in place.
- MDT triage in discharge hub to increase in P1 discharges and associated reduction in P3s
- Aligning community resources to proactively pull delayed patients
- Revised integrated improvement
- Scheduled fortnightly meetings at COO/Deputy COO and LA Director level to unblock any system issues including integrated escalation from IDDB related to PoCD

Integrated Risk and Escalation

- Introducing integrated performance dashboard for discharge delays, one version for health and social
- Revision of the Integrated PoCD/Discharge delay escalation framework in line with new System Escalation Policy for

Reducing Pathway of Care Delays

Reducing assessment delays:

- Introduction of straight to service in MTCBC and BCBC for intermediate care P1
- Full roll-out of P1 crisis response bridging care Nov 25 – with integrated SoP for delegation of duties.
- Digitisation of Nursing Needs Assessment & mapping of Continuing Health Care (CHC) process with clear identification when NNA and DST is needed with reduction of DSTs in acute sites by 10%.

Optimise

- Targeted support programme through Optimise supporting optimal flow and discharge launched in Princess of Wales October 25. Ensuring effective board rounds and compliance with E- White Board data reporting. To be rolled out RGH,PCH also.

Care Homes

- Extending contract with independent sector for Pathway 3 assessment beds.

Admission Avoidance

- Review of front door discharge model with revised standards in line with D2RA (Discharge to Recover and Assess) and crisis response services
- Focus on care homes – clinical pathways through

Care Group - Overviews



Unscheduled Care - Overview

PCH

- Extend Urgent Treatment Centre (UTC) Hours
- Re-set Acute medicine
- Risk assessed surge space x 1 in ED

RGH

- Review further opportunities to divert General Practitioner intake back to POW – Phase 1 complete
- Risk assessed surge space x 1 in ED

POW

- Re-set Acute Medicine – Acute Medical Unit/SDEC – Re-alignment of pathway and workforce
- Optimise across USC launched 6th October 2025
- Expansion/realignment of Acute Care of the Elderly (ACE)
- Ambulatory footprint ED
- Risk assessed surge space x 1 in ED
- Surgical SDEC to be rolled out across all 3 sites : live at PCH and RGH, POW Ambulatory Emergency Surgical Unit (AMU) model under review

Additional actions

- Review data and bed modelling shared 09/09/2025
- Review additional capacity requirements
- Review additional decision makers
- Increased support for discharge at the front and back door with a revised discharge service.

Risks and Issues for discussion

- Clinical pathways - remaining at RGH due to critical incident – Surgery/Urology/Ear Nose Throat (ENT)/Trauma/GP medicine/Stroke
- Workforce and Recruitment



Planned Care - Overview

Elective Capacity

Where possible, the elective programme will be maintained at all sites in line with the ministerial enabler to protect 90% of days planned care inpatient/day-case/theatre recovery capacity from unscheduled care pressures. However, theatre planning will remain dynamic through the 642 scheduling mechanism and a weekly utilisation forum.

Surge

Where necessary, surge into elective capacity will be agreed, and site level surge plans will be identified through planning process.

Critical Care

Escalation SOP agreed, additional L3 bed @ PCH operational.

Staffing capacity / resilience

Peak in the winter months (Nov-Jan) recognised trend, these trends will be used to inform winter plans with proactive health and wellbeing interventions and work redesign, with a proactive focus on maintaining healthy working environments at local level.

In hospital acute bed capacity

Scenario planning with CTM information leads in evolved stages. Currently working within a range of 6% to 20% additional demand on non-elective beds. However, work ongoing re trauma pathway and associated LoS (Length of Stays) opportunity linked to community step down. Additionally, plan to switch full surgical take form POW to RGH approved.

Risks/Issues for discussion

Primary & Urgent Care - Overview

GMS

- Active monitoring of 44 practices through escalation framework
- Commissioning of supplementary services for frailty (16 practices), flu (43 practices)
- OWLs pending funding route as planned care committed
- To encourage GP practices to bring forward repeat prescribing ahead of the Christmas period where this is possible.

Out of Hours

- Consistent shift fill across the 3 Primary & Community Care and home visiting- reporting level 1.
- Extension of navigation hub and care home avoidance on weekends

Urgent Primary Care / Clinical Navigation Hub

- Integrated response with LA mobile responders to attend falls from the ambulance stack.
- Pro-active Physician triage and streaming. Urgent community response and virtual ward Doccla with Hospital@Home
- Breathlessness Pathway – plans to expand
- Admission avoidance – Care Home conveyances and direct access to SDEC.

Staffing capacity / Resilience

Tbc

Optom/Dental

- Continued rollout of Welsh General Ophthalmic Service (WGOS) 4&5
- Core service provision including urgent access

Risks/Issues for discussion

- Observing increase in GP sickness and therefore impact on locum reimbursement costs

Community Overview

Community Capacity

- Hospital@Home registrant recruitment completed by Nov
- Health Care Assistant (HCA) provision to support Bridgend County Borough Council (BCBC) integrated team.
- OOH district nursing capacity supported by additional Registered General Nursing in H@H

Discharge Services

- Rapid implementation of proposed Discharge Service with identified discharge operational lead.
- In-reach pull model from Hospital@Home service
- Developing MDT triage in the discharge hub to reduce delays for assessment.
- Revised model of discharge at the front door – re-alignment of SW@H resources.

Community Beds and Surge Capacity

- 108 Beds Ysbyty Cwm Cynon (YCC) – 4 Surge (potential 14 ward 5)
 - 108 Beds Ysbyty Cwm Rhondda (YCC) – 4 Surge
 - 10 Beds Ward 3 Angelton – 0 Surge
 - 54 Beds – 2 Surge
 - 9 Commissioned beds (Pathway 3) – 0 Surge
 - 6 LA beds (Pathway 2) – 0 Surge
- Total Capacity: 319 beds**

Staffing Capacity / Resilience

- Continued staffing issues Out of Hours (OOH) in Stay Well@Home (SW@H)
- Continued well-being support for staff to avoid staffing gaps
- Staffing issues in Ysbyty George Thomas (YGT)
- Reliant on agency and overtime for surge staffing

Integrated Working with Local Authorities

- Proposed risk and escalation in line with new discharge service
- Straight to service model action plan in place for BCBC
- Integrated winter plan IDDB
- Additional capacity in home care and winter incentives
- ReCD funding from WCA – additional staff being recruited

Risks/Issues for discussion

- Increasing assessment delays – reduce impact of H@H
- Workforce capacity ward 5 – in line with other ward closures
- Appropriate Enhanced Care capacity in community sites – model for YGT

Children and Families - Overview

Total Beds

57 beds across 3 sites

POW: 16 beds (incl. 2 High Dependency Unit (HDU))

RGH: 19 beds (incl. 2 HDU)

PCH: 22 beds (incl. 2 HDU)

PAU Capacity

- PWH: 6 beds + 2 treatment rooms (Mon–Fri only)
- RGH: Temporary 2 beds + 5 chairs; Ward 18 adds 7 PAU beds + 10 booked spaces + safeguarding HUB
- PCH: 12 booked beds; 7 cubicles (flexible use incl. Child Adolescents Mental Health Services (CAMHS) /Additional Learning Needs (ALN))

Surge Response and Additional Capacity

- Twice-daily huddles across 3 sites
- Surge plan: **25% increase = 14 beds** (7 PCH, 4 PWH, 2 RGH)
- 4 extra nurses per 25% increase (bank/agency/overtime)

Staffing and Resources

- Reliant on agency and overtime for surge staffing
- No issues with Health Board (HB) resources (kit, consumables, training)

Care & Clinical Pathways

- Multi-disciplinary agreements for respiratory support & transfers
- Paediatric nurses trained in non-invasive/invasive ventilation (annual update)
- Standard pathways for elective surgery and emergency care remain, subject to capacity

Escalation and Business Continuity

- Escalation policy ensures care close to home; triggers for diverting admissions only when necessary
- Supports local escalation and mutual aid (including external HB if needed)
- Surge plans incorporated into HB business continuity



Medicines Management- Overview

Contractor Engagement

WG incentive scheme for pharmacies:

- Manage sore throat & Urinary Tract Infections (UTIs) via Common Ailment Scheme (CAS)
- “Help Us Help You” campaign
- CAS patient experience feasibility study

Aim: Increase CAS activity for defined period.

Monitoring CAS/PIPS Activity

- CTM to track consultations before & during winter.
- Focus on sore throat & UTI.
- Engage pharmacies with low CAS/Pharmacy Independent Prescribing Service activity.
- Confirm claims via NECAF module.

Professional Development

- Signpost pharmacies to CPW/Welsh Government resources.
- Promote services via social media.
- Update patient-facing website content.

Acute Sites - PCH

- Additional pharmacist on weekend shifts (2–3 hrs/day in ED/Acute Medical Unit (AMU) since September.
- Extra clinical services on bank holiday weekends (voluntary).
- Team-based working with daily huddles (S2S template).

School Vaccine Programme

- Early opening at PCH for vaccine collection (health protection funding).
- Secured funding for extra couriers to speed vaccine transport to schools.
- Central procurement progressing; first stock drop successful.
- Addressing interim ordering challenges via redistribution.

Respiratory Clinics and Care Bundle

- Medicines Management to provide 0.6 Whole Time Equivalent (WTE) for virtual respiratory clinic (proposal in 2 weeks, start early Oct).
- No extra funding; includes follow-up metrics.
- Introduce secondary care respiratory bundle:
 - Steroid & antimicrobial rescue packs
 - Smoking cessation advice
 - Inhaler counselling
 - Medicines optimisation
 - Vaccination

Support for people with chronic respiratory conditions and symptoms of breathlessness:

Summary of the Assessment submitted to WG against the 6 Actions (Sep 2025)

1. Identify and Proactively Support High-Risk Respiratory Patients

Current: Virtual respiratory ward via Navigation Hub; remote assessments and home visits for patients with frequent ED presentations.

Planned: Expand Virtual Ward, introduce Doccla Virtual Ward, add pharmacist support, and implement secondary care respiratory bundles (e.g., rescue packs, smoking cessation, vaccination).

2. Ensure Timely Access to Preventative Interventions

Current: Vaccination plans for Covid, Flu, Respiratory Syncytial Virus (RSV); staff flu programme; household warmth support; smoking cessation services.

Planned: Vaccination bus for outreach, targeted interventions for children, regional tobacco plan, improved nicotine therapy, and strengthened pharmacy delivery.

3. Strengthen Community-Based Care Pathways

Current: Hospital@Home focused on urgent response; additional district nursing resources; care home support via Navigation Hub.

Planned: Embed Hospital@Home, develop "hot clinics," create frailty ambulatory pathways, identify step-up beds, and extend care home reach.

4. Continuity of Care

Current: "Just in time" medication boxes; palliative care pathway; exercise referral schemes; pulmonary rehab; anticipatory care plans.

Planned: Develop ED pathway for rapid discharge with medication supply; promote self-care via Health Board and GP communications.

5. Admission Avoidance

Respiratory: Expand breathlessness pathway beyond Chronic Obstructive Pulmonary Disease (COPD); ensure weekend cover; strengthen community respiratory teams; link with palliative care.

Falls: Single Point Of Access (SPoA) collaboration with mobile responders; care home training and equipment rollout; business case for national funding; pharmacy review post-fall.

Phase 1: Discharge → September

Co-ordinated through the discharge hub.
Links with discharge team.
Patients who are clinically optimised for discharge.
Delivery of 'bridging' care.
Support within 2 hrs for PoCD patients waiting D2RA Pathway 1 or LT PoC.

Phase 2: Early Discharge → Nov

Co-ordinated through the discharge hub.
Links with discharge team and PEoLC.
Patients who need ongoing clinical treatment and oversight but not in an acute hospital.

Phase 3: Admission Avoidance Jan →

Merging of clinical navigation and discharge hub to create SPOA.

2 hr response for hospital@home service (including falls)

Clinical oversight and treatment of patients who can be safely managed in the community as well as step up to community hospitals.

6. Review and Adapt Same Day Emergency Care (SDEC) Models

Medical: Extended hours for Ambulatory Care Units; infrastructure development for POW; aim for >80% same-day discharge.

Planned: Acute Frailty model at front door; enable SDEC booking via Hospital@Home and Navigation Hub.

Surgical: Extended hours and rapid surgical treatment; rollout Surgical SDEC across all sites.

Frailty: ACE unit in POW; ambulatory frailty in RGH; frailty pathway in PCH with community links; 37% of patients supported to return home.

Infection, Prevention & Control

Actions

7-day cover implemented with on-call 8-13 on weekends and BH– Strengthening enhanced support

Extension of hours available, currently live at PCH and will be expanded to other sites once IPC is able to staff adequately to be able to provide this service

Outbreak/PII toolkit in place to streamline outbreak management

Winter pressures IPC training sessions being offered 2xweek through teams (being considered narrated video to reach wider group of staff)

Daily site situation review with shared grid to Head of Nursing (HoN) and Patient flow with IPC input guidance

IPC ongoing monitoring and support of Acute Respiratory Infection

IPC monitoring of National and Regional models and guidance to support the HB

Mortuary and Bereavement

Mortuary and Bereavement Winter Planning

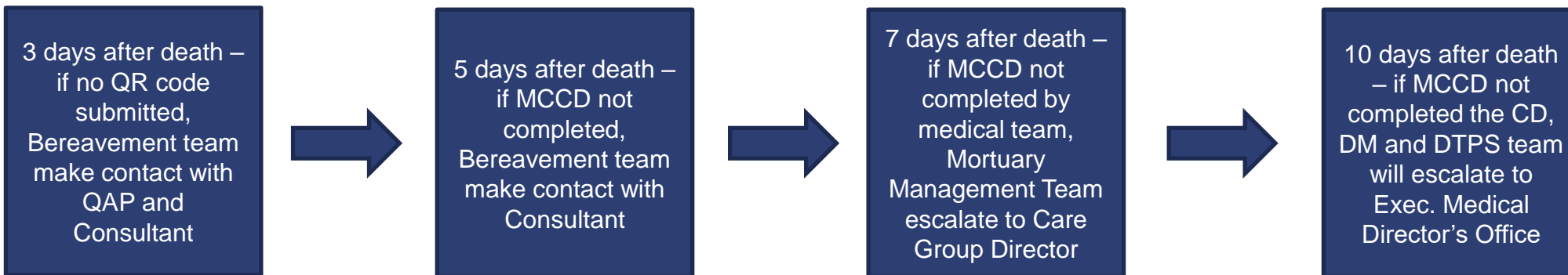
Mortuary winter planning focuses on:

- Minimising delays in death certification processes – During winter 24/25, death certification completion times increased significantly. Reducing these delays will help maintain workflow and improve the experience for the bereaved.
- Implementing a Mortuary Occupancy Escalation Plan – This plan details actions to be taken as mortuary occupancy reaches certain thresholds, ensuring that deceased patients are treated with dignity and in accordance with Regulatory requirements (Human Tissue Authority (HTA)).

Reducing delays in Medical Certificate of Confirmation of Death (MCCD) completion

- The introduction of the CTM QR code to notify the Medical Examiner Service of a death aims to improve the management of MCCD completion. This process has been live in CTM for two weeks (plus a pilot week beforehand) and has recorded 116 submissions so far.
 - No complaints have been received to date, and the Clinical Director has been regularly communicating with mortuary and bereavement staff to identify and address any issues.
- The QR code notifies Bereavement Officers upon completion, providing oversight to ensure timely processing.
- It helps identify alternative potential QAPs involved in the deceased's care, reducing delays.
- The code includes links and guidance to promote a 'right first time' approach.
- It allows for delays in the process to be detected and escalated through an established escalation procedure.
- Data collected through this system is auditable, enabling identification of areas or specialties with poor compliance for targeted interventions.
- Overall, this supports managing mortuary occupancy by decreasing the length of stay.

Proposed Escalation Process for MCCD Completion Delays



Facilities

Weather Warning Organisational Preparations

Yellow

Plan ahead thinking about possible travel disruption or delays;
Monitor the developing weather situation.
Latest forecast for changes in weather and worsening conditions
Review transport requirements
Internal/external gritting teams alerted
CTM Civil Contingencies Manager alerted
Regional Facilities Leads and Hospital General Manager (HGM) alerted

Amber

Initiate Adverse Weather teams and site operational hubs;
Review staff rota's to ensure appropriate staffing levels during period of adverse weather
Put plans into place to support the most vulnerable patients in the community
Notify Executive Team and standby Silver command, and; the Chief Operating Officer will consider if outpatient clinics need to be cancelled?
Review Hospital accommodation to try and accommodate front line key clinical staff that need to stay on sites over night
Review and prepare transport requirements
Internal/external gritting teams alerted
Civil Contingencies Manager alerted
Regional Facilities Leads and ASGM alerted.

Red

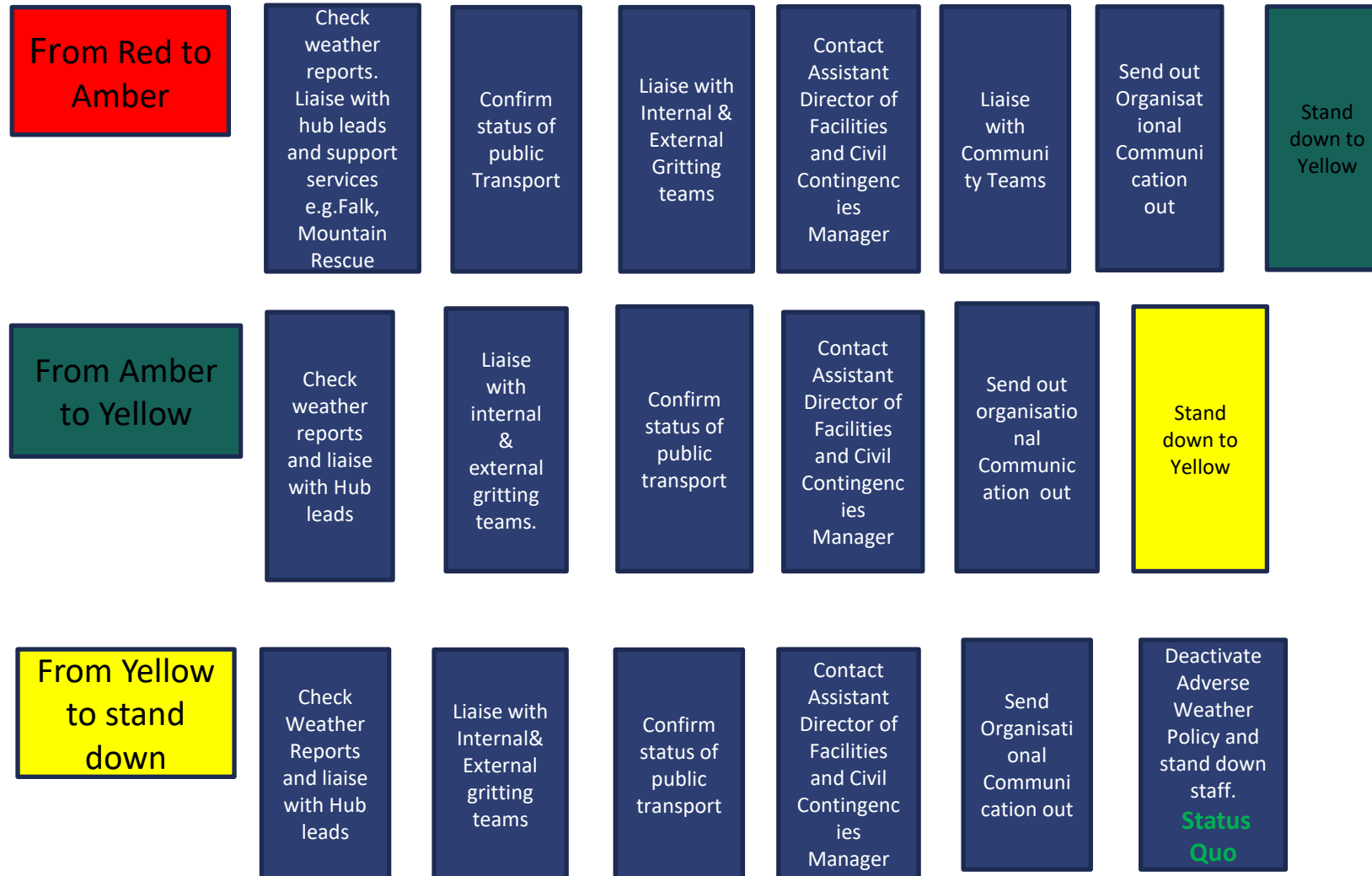
Initiate Adverse Weather teams and hubs
Review staff rotas to ensure appropriate staffing levels during period of adverse weather
Notify Executive team and Gold command activated, and the Chief Operating Officer will consider if site outpatient clinics need to be cancelled
Put plans into place to support the most vulnerable patients in the community
Review Hospital accommodation to try and accommodate front line key clinical staff that need to stay over night
Internal/external gritting teams alerted
Civil Contingencies Manager alerted
Regional Facilities Leads and ASGM alerted
Link in with supporting agencies e.g. Mountain Rescue, Local Authority, Police.

Behind the Scenes-Operational Arrangements

Escalation Process – Intelligence Triangulated from Met Office, Grittit, Local Authorities and Local Observations on the ground



De-escalation Process – Intelligence Triangulated from Met Office, Grittit, Local Authorities and Local Observations on the ground



NEPTS (Non-Emergency Patient Transport Service) – Actions to support efficiency with discharge vehicle processes

CTMUHB are committed to working collaboratively with NEPTS to ensure that discharge and transfer resources are utilised effectively to improve patient experience, improve hospital flow and deliver value for money. Through proactive relationships, a range of actions are being developed and taken to deliver improved outcomes.

Strategic actions:

- NHS Wales Joint Commissioning Committee NEPTS CAG - partnership working between health boards and WAST
- NWJCC NEPTS Vision Group – development of actions aligned to the NWJCC NEPTS Future Vision

Health Board actions:

- Review discharge planning processes
- Development of discharge lounges RGH pilot underway
- Education and training on NEPTS bookings
- Integrating Ambulance Liaison Officers into site meetings
- Reducing on the day booking requests
- Regular review meetings with NEPTS Leads

NEPTS continued

WAST actions:

Digital

- Development of discharge and transfer booking dashboard

Review Workload

- Assess current assignments within locality.
- Identify tasks that can be postponed or reassigned to free up crew capacity.
- Explore redeployment options for underutilised teams.

Crew Coverage for Today

- Check availability of standby or part-time crew members.
- Consider splitting or reshuffling existing crews to cover critical areas.
- Reach out to nearby units for temporary support.

Engage Control and Liaison

- Notify control and liaison teams of the situation.
- Encourage proactive identification of opportunities to use core crews more efficiently.
- Set up a quick coordination call or message thread to monitor developments.

Utilise D&T Resources in Local Health Board Area

- Map out all D&T resources currently active in the LHB zone.
- Reassign or supplement crews where gaps are identified.
- Ensure communication channels are open for rapid redeployment.

Inform LHB Leadership

- Communicate the issue and the steps being taken to mitigate impact.
- Emphasise commitment to maintaining service levels.
- Schedule check-ins throughout the day to reassess and adjust the plan.

Out of Hours & Escalation

Executive Winter Contingency Escalation Arrangements

Executive on-call rota covered 365 days a year

Contingency measures:

Non-operational exec colleagues (corporate directors/deputies)

Senior care group or Chief Operating Officer/Deputy Chief Operating Officer buddy system for bank holidays & high-demand weekends

Escalation Policy:

Enacted Oct 1, 2025 (Operational Management Board (OMB) sign-off)

Supports escalations in/out of on-call roster

45-minute escalation cards now active

EPRR Team Expansion:

Increased to 3 members for winter

Provides exec support in/out of hours

Monitors weather (Met Office), ground conditions (National Resources Wales (NRW)), horizon scanning

Activates **Adverse Weather Policy** per SWLRF severe weather arrangements

Command and Control Hubs - Facilities

Facilities Adverse Weather Contingency

Lead: Deputy Service Director & Head of Facilities & Security
(*supports Director of Facilities & D/COO*)

3 hubs on standby or activated as required:

PCH, Kier Hardy Health Park (KHHP) & YCC: Lead, 2 admin staff, 3–6 trained 4x4 drivers per shift

RGH, YCR & YGT: Lead, 2 admin staff, 3–6 trained 4x4 drivers per shift

POW, Glanrhyd & Maesteg: Facilities & Site Management, 2 admin staff, 3–6 trained 4x4 drivers per shift

Adverse weather rota maintained year-round; staffing scaled to alert level

Out-of-area pickups: Directed to **PCH hub**

Additional 4x4 resources:

Community district nurse teams: (1) vehicle per region

Medical Records Hub (Williamstown): (1) vehicle

GPOOH: (2) vehicles

Central hub transport available for support if required

Communication and Engagement

Proactive

- Launch of “Keeping Winter Well” campaign – focus on prevention, winter messaging and community support
- Development of evergreen messaging (flu, cold weather, access to services, slips, trips and falls)
- Updates to Primary Care webpages
- Staff flu campaign
- Stakeholder collaboration for shared messaging
- Content collation and planning for Primary, Out of Hours and Urgent Care
- Launch of Viva Engage for informal staff wellbeing support

Prevention

- Promote flu vaccination for public and staff
- Launch of “Keeping Winter Well” campaign – focus on prevention, winter messaging and community support
- Encourage warm home practices (layering, reducing draughts, community signposting to support)
- Educational content on minor illnesses and self-care to prevent attendance at ED

Reactive

- Crisis messaging templates (weather, travel, ED pressures)
- “Help Us Help You” messaging during peak periods
- ED video content to discourage inappropriate attendance
- NHS 111 Press 2 mental health support promotion
- IPC advice and guidance – responsible visiting, not attending if poorly
- Real-time social media monitoring and misinformation response
- Amplification of urgent care alternatives (Minor Injuries, OOH)

Escalation

- Stakeholder toolkit using padlet for use / sharing with communities
- Advisory graphics and messaging for busy ED periods
- Continued engagement with partners to adapt messaging
- Operational toolkit for Comms Team (weather, travel, crisis)
- Use of operational data to guide comms focus
- Transparent internal comms to support staff and patients

Risks/Issues/Dependencies

Risk Area	Description	Mitigations
Increased Demand	Surge in respiratory illnesses (flu, COVID-19, RSV) and seasonal infections like norovirus; higher acuity and complexity of patients. May have impact on our de escalation plans over BH ie flu peak Christmas eve predicted	CG plans being developed to address anticipated challenges including service models/staffing and bed capacity and key services such as Nav Hub/Hospital@Home/SDEC.
High Bed Occupancy and Flow Challenges	Persistent bed shortages and difficulty matching patients to appropriate clinical settings; high number of COFD patients and POCD due to social care capacity exasperated by Christmas service shutdowns in LA.	Implement SAFER principles/Optimise rollout to continue/close working with LA partners re discharges/Rapid implementation of proposed Discharge Service with identified discharge operational lead./Developing MDT triage in the discharge hub to reduce delays for assessment/Revised model of discharge at the front door – re-alignment of SW@H resources.
Workforce Pressures	Staff sickness peaks during winter; recruitment and retention challenges; reliance on agency or bank staff. Includes challenges in maintaining adequate GP Out-of-Hours and Navigation Hub rota during peak periods.	Advance rota planning/promotion of well-being policies and support/effective communication channels/
Emergency Care Pressures	Increased ED attendances and insufficient flow across the system resulting in reduced performance for bringing patients in and ED waits.	Implement SAFER principles/Optimise rollout to continue/Nav Hub interventions and SDEC admission avoidance/close working with LA partners re discharges/implementation of the CG plans.
Infection Prevention and Control (IPC) Risks	Need for isolation facilities and co-horting for respiratory illness; managing outbreaks while maintaining elective and urgent care.	Enhanced IPC resilience through extended on-call cover, outbreak management toolkit, regular training, daily site reviews, and continuous monitoring aligned to national guidance.
Surge Capacity Constraints	Due to funding and staffing models for non-commissioned wards.	Early discussions and planning between Sites and Care Groups. Highlight funding constraints internally and with WG.
System Co-ordination	Dependence on joined-up working with Local Authorities and social care; risk of fragmented response if escalation triggers and roles are unclear.	Proposed risk and escalation in line with new discharge service/Integrated winter plan IDDB.
Independent Bed Market	Limited availability and high cost of independent sector beds,	Maximisation of internal bed capacity/early escalation of

Top 5 risks identified by NHS and Welsh Government following the winter review: CTMUHB have reviewed and shared a response with Welsh Government

	Risk	Response
1.	Increasing Vaccination Uptake	Details provided in Respiratory Assessment submitted 12 th September. We can confirm that since active promotion is being undertaken
2.	Proactive support for the 0.5% of local populations at greatest risk of escalation and admission	The Region has determined that the initial focus for targeting the high-risk population is care homes. Care home residents conveyed to hospital can be some of the most challenging and experience some of the longest length of stays.
3.	Improving patient flow / discharge productivity	Plans and assurances provided throughout all plans and responses relating to community discharge services, Emergency Department Flow plans, Optimise Programme and Transformation and Operational Plans. See below further details. *
4.	Delivering 7-day services	Some Care Groups/Services such as Medicines Management have already incorporated 7-day working into their winter planning. This will be further reviewed as part of the broader CTM response as our winter plans mature, taking into account data intelligence, workforce capacity, and budgetary considerations.
5.	Increasing referrals to Enhanced Community Care services (virtual wards) and increasing weekend district nursing capacity	<p>The position in relation to Enhanced Community Care services, Virtual Wards and District Nursing capacity are detailed in the following:</p> <ul style="list-style-type: none"> • Assurances 2 and 5 in the response to Letter 7th October • Assurances in Enhanced management of key areas of urgent and emergency care community demand and Enhanced Community Care responses in the Local health and care system resilience plans for Winter (1 December 2025 – 31 January 2026) WG template • Community and Urgent Care plans of the CTMUHB Winter Plan Slide pack.

High level Summary of Plans re Discharge and Flow

1.	Community Discharge Services	<p>A revised discharge model has been rapidly implemented, featuring matrix management and MDT triage within the discharge hub to reduce assessment delays and improve flow.</p> <p>Collaborative working with local authorities continues to support efforts to reduce length of stay, delayed discharges, and days lost, with activity aligned to national targets.</p> <p>Winter-focused initiatives, including Super Stranded Panels and improved E- Whiteboard Board data quality, are enabling more effective weekly LOS reviews and escalation.</p> <p>Court of Protection delays are being addressed through targeted actions, supported by additional Welsh Government-funded social work capacity.</p> <p>Discharge governance is embedded through daily, weekly, and monthly action reviews via the Discharge Operational Group, aligned with the Optimal Hospital Flow Framework under the Optimise Transformation Programme.</p>
2.	Optimise Programme and Transformation	<p>The Optimise Programme is progressing across all sites, aligned to the Six Goals for Urgent and Emergency Care, with Princess of Wales Hospital identified as a key focus area within the wider transformation programme.</p> <p>Ward teams are supported with SAFER board rounds, Red to Green (R2G) reviews, and Discharge to Recover and Assess (D2RA) principles, underpinned by the updated Escalation Policy.</p> <p>Weekend discharge activity is being proactively managed through criteria-led discharge approaches, ensuring continuity of patient flow outside core hours.</p>
3.	Operational Improvements:	<p>Hospital General Managers continue to emphasise the importance of earlier discharges, with a clear expectation for improved day-before booking of NEPTS transport to support timely patient movement.</p> <p>Festive period planning is underway, with rotas for Christmas and New Year currently under review to ensure appropriate staffing levels and skill mix are in place to meet anticipated seasonal pressures.</p>

High level Summary of Plans re Discharge and Flow

4.

Emergency Department Flow:

Specific actions are in place to reduce 12-hour breaches and long ED stays across all three sites.

The Navigation Hub (SPOA) continues to support admission avoidance and streamline patient pathways.

In line with national priorities, there is a zero-tolerance approach to 45-hour ambulance handover delays, with focused efforts to ensure timely offloading and reduce risk.

NHS Wales Leadership Board - Request for assurance

1.	<p>The Health Board will proactively collaborate with the NHS Wales Joint Commissioning Committee on their forthcoming initiatives aimed at enhancing the efficiency of NEPTS discharge vehicle processes.</p>	<p>We can confirm that CTMUHB and NEPTS are working in partnership to enhance patient experience, hospital flow, and value for money through effective use of discharge and transfer resources. Clear actions have been agreed and are summarised in the CTMUHB Winter Plan Slide Pack.</p>
2.	<p>There are robust health board processes in place to monitor and improve discharge productivity in terms of realising earlier discharges and increasing discharges over the weekend period.</p>	<p>We are progressing with the rollout of the Optimise Programme, aligned to the Six Goals for Urgent and Emergency Care. Princess of Wales Hospital remains a key focus site within the wider Transformation Programme.</p> <p>Hospital General Managers continue to emphasise the importance of earlier discharges, and there is a clear expectation for improved day-before booking of NEPTS transport to support patient flow.</p> <p>Weekend discharge activity will continue to be proactively managed through criteria-led discharge approaches.</p> <p>Rotas for the Christmas and New Year period are currently under review to ensure appropriate staffing levels and skill mix are in place to meet anticipated pressures.</p>

3.	<p>The Health Board is on track to implement plans to proactively support high-impact COPD patients by the end of November</p>	<p>Assurance has been provided by the Clinical lead, Dr Anthony Gibson, that the Cohort has been identified and plans are on track to be implemented to proactively support high impact COPD patients by the end of November.</p>
4.	<p>There are plans to increase referrals to SDEC services and maintain a discharge-on-the-same-day performance of over 80%.</p>	<p>Plans are underway to increase the throughput of suitable patients into Same Day Emergency Care (SDEC), ensuring individuals are assessed and treated in the most appropriate setting at the right time. Opportunities are being actively explored in collaboration with the Nav Hub, alongside a review of wider clinical pathways where changes could benefit both patient experience and reduce unnecessary admissions to the Emergency Department (ED).</p> <p>The service remains committed to consistently achieving a minimum of 80% same-day discharge across all sites. These developments work within the Six Goals for Urgent and Emergency Care Programme and details included within the USC Care Group plans.</p>

**Recommendation:****1. The Board is asked to note the following:**

- the risks/issues/ dependencies on the progression of the plan
- that Welsh Government have requested a series of submissions to provide assurances from the Health Board on their collaboration with stakeholders, resilience and preparedness plans. This was shared with Welsh Government Friday 31 October.
- that the plans are regularly reviewed and a moving plan to manage demand and capacity
- that a series of seasonal planning workshops are now in place throughout the year to support regular planning and preparedness across the year, addressing seasonal pressures and key peaks in demand for the Health Board and their partners.

2. The Board is asked to confirm the following:

- That it is assured by the operational teams that appropriate planning and actions are being taken to manage the seasonal pressures and capacity demands.

3. The Board is asked to endorse the following:

- A proposal to conduct a comprehensive review of CTM's governance and organisational structure related to seasonal planning and submissions. The purpose would be to:
 - identify opportunities for the Health Board and the RPB to streamline and align its response and co-ordination efforts which would also respond to the forthcoming amendment to section 201 of the Social Services & Wellbeing (Wales) Act 2014, effective April 2025.
 - Ensure CTM wide preparedness across all seasons working collaboratively with partners, operational and strategic teams to enhance, standardise, and strengthen our management of seasonal challenges.
 - facilitate effective, high-quality planning for winter submissions.
- The findings of the review will be presented for approval with recommendations and shared with Welsh Government to ensure a streamlined approach upon request of information.