THE WELSH NHS CONFEDERATION
CONFFEDERASIWN GIG CYMRU

	The Welsh NHS Confederation response to the Health, Social Care and Sport Committee inquiry into winter preparedness.
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i) Introduction

1. The Welsh NHS Confederation represents the seven Health Boards and three NHS Trusts in Wales. The Welsh NHS Confederation supports our members to improve health and well-being by working with them to deliver high standards of care for patients and best value for taxpayers' money. We act as a driving force for positive change through strong representation and our policy, influencing and engagement work.

2. We welcome the opportunity to contribute to the Health, Social Care and Sport Committee inquiry into winter preparedness. Operational planning processes need to be in place all year round however experience demonstrates that the winter months pose particular challenges for health and care organisations. During the winter the unscheduled care system is faced with increasing activity, patient acuity and complexity of health and social care needs, which is compounded by workforce supply pressures. However, when the Committee considers these pressures and challenges it is vital that the whole health and care service, and not only the acute hospital services, are considered. Unscheduled care performance is a whole-system issue that is significantly affected by community, social care, primary care, domiciliary and residential home care and preventative care services.

ii) Background

3. This winter there has been exceptionally high levels of demand on the NHS across the UK. Winter is always a challenging time for our health and care service and pressures are apparent across the whole system, in GP practices and community services as well as in our hospitals.

4. This winter has been particularly challenging with significant peaks in demand at secondary and primary care levels. While some of this was forecast, several other factors have contributed to demand pressure. The numbers of people with significant flu and flu-like symptoms has added a level of demand which has been difficult to predict; there has been a rise in the number of people presenting at A&E with complex and acute needs; the age of people attending hospital has increased; the number of people with infectious diseases has gone up; and the ability to transfer patients safely from hospital to their place of residence has led to some difficult periods in our Emergency Departments and Medical Assessment Units.

5. These added pressures inevitably mean that patients, and carers, have had to wait longer which impacts on the patient and carers experience and NHS staff morale because it is

much more difficult to deliver the high quality and timely care staff want to provide. Despite these pressures it is testament to the dedication and commitment of all staff that the vast majority of patients have continued to receive the care they needed in a professional and timely manner.

iii) Exceptional levels of demand

6. This winter has been very challenging with our services seeing some exceptional levels of demand. For example:

- December 2017 was the busiest December on record for A&E attendances, with 82,370 patients attending A&E Departments across Wales;
- The average number of A&E attendances per day in February 2018 was 4.5% higher than February 2017 (116 more attendances per day on average);
- Patients waiting over twelve hours in an A&E department before being admitted or discharged in January 2018 was at its highest on record;
- There was an average of 4,773 outpatient referrals per working day in February 2018;
- In February 2018 there was a 13% increase in patients over 75 at A&E compared to the same time last year;
- 999 call demand was 18% higher in January 2018 compared to January 2017 and 9% higher in February 2018 compared to February 2017 (114 more calls per day on average);
- In December 2017 the Welsh Ambulance Services NHS Trust (WAST) received the highest number of Red calls since the ambulance clinical model was introduced in October 2015. January 2018 was the second highest;
- In February 2018 there were 38,323 emergency calls to the WAST, an average of 1,369 per day, which is the second highest average on record;
- Over the Christmas period GPs and primary care services across Wales saw approximately 100,000 patients per day, around double the normal activity;
- There was a reported increase of between 4 – 5% in out of hours activity;
- This flu season has seen the highest rate of illness since 2010/11, increasing pressures on GPs and hospitals; and
- There was a 13% increase in the number of gastrointestinal outbreaks in hospitals and care homes in December and January compared to the same period last winter. Staffing capacity has been affected at times by viral and respiratory illness.

7. Despite the exceptional pressures on the system:

- Over the winter months A&E activity has increased with more patients treated, admitted or discharged within four hours. Whilst activity increased and performance against the 4-hour national A&E target fell in December 2017 when compared to the same month in 2016 – more patients were treated, admitted or discharged within 4 hours than in any of the previous December months going back to 2014;
- Therapy waiting times have improved in February 2018, with the number of people waiting over 14 weeks now at its lowest since October 2011;
- WAST has continued to exceed the 65% national target for Red calls;

- The number of Delayed Transfers of Care (DToC) decreased by 11% in February 2018 compared to January 2018. The total number of delays during 2017 were the lowest since records began 12 years ago; and
- In terms of postponed procedures, the total number of non-clinical postponements was 5% lower in December 2017 than in December 2016.

There are many examples of good practice and initiatives in place across the system, utilising the significant investment made by the Welsh Government through the Integrated Care Fund (ICF), Primary Care Fund, additional winter pressure monies, etc. which are clearly having a positive impact. Some examples are included in the Appendix to this submission on page 13.

iv) Why is this year different?

8. Planning for this winter has been more comprehensive than in previous years and the health and care sector were better prepared going into this winter than in previous years. However, the demands across the whole system have been considerable and this has affected performance.

A&E demand

9. December 2017 was the busiest December on record (since the NHS began reporting differently in 2011) for A&E attendances with 82,370 patients attending A&E Departments across Wales, a 5.4% increase on attendances in December 2016. For January 2018, 81,050 patients attended A&E departments across Wales, a 2.9% increase on January 2017, and for February 2018 76,010 patients attended A&E departments, 4% higher than February 2017.

10. February 2018 also saw a 13% increase in patients aged over 75 at A&E compared to the same time last year. Older patients will often have more complex needs, requiring longer periods of assessment in A&E and if admitted are more likely to have a longer stay in hospital. Over 54% of elderly people who attended A&E have been admitted so far this winter.

11. The number of people calling 999 resulted in a increase in patients arriving at A&E by ambulance, many of which requiring admission and causing added bed pressures across the system. There were nearly 700 ambulance arrivals at A&E departments on 31st December 2017, approximately 15% higher than the average daily number of ambulance arrivals across Wales.

A&E performance

12. While the performance against the 4-hour A&E target to be treated, admitted or discharged within four hours of arriving at A&E has deteriorated, it should be noted that more patients were admitted or discharged within four hours in December 2017 than in any of the previous December months going back to 2014. In December 2017, over 2,100 more patients were admitted or discharged within four hours compared to December 2016. In January 2018, 1,007 more patients were admitted or discharged within four hours

compared to January 2017. In February this year, 1,142 less people were seen than February last year.

13. While performance is disappointing, in view of the substantial and unrelenting pressure, it is testament to the dedication and skill of all A&E staff that the vast majority of patients were treated, admitted or discharged within four hours. The typical time spent in A&E before admission or discharge was just over two hours.

Acuity of patients

14. The pressure on the system is also due to the fact that patients being admitted to hospital are sicker than in previous years and have complex health and social care needs. This is due to the increase in the number of over 85 years old being admitted and the increase in care that they require. As a result, patients are needing to stay in hospital longer, which reduces patient flow through the hospital making it harder to find beds for new admissions.

15. The ageing population has a significant impact on demand for health and social care services all year round, but particularly during winter months. The ageing population, accompanied by increasing co-morbidity, medicalisation, dementia, frailty and social isolation, is a long-term driver of unscheduled care demand. As people live longer but have fewer children, there is an increased proportion of the population who are dependent on care. On average, older people have lower baseline functions, greater frailty and lower resilience. This leads to greater need for support for the activities of daily living, tipping over into acute ill health at a lower threshold, and slower recovery from illness, which places increased demand on health and social care services.

Ambulance Service

16. For the first three months of the winter period, October to December 2017, 999 call demand was 14.4% higher than the previous year. December 2017 was the highest month for Red demand since the new model was introduced in October 2015. The average daily number of red calls in February was 70, the third consecutive month that it has been 70 calls or more. However, it must be noted that during this time the number of conveyances WAST took to District General Hospitals reduced.

17. In January 2018 there was more lost ambulance hours due to handover delays (9,970) than any other month going back to April 2015. There were 39% (2,819) more lost hours in January 2018 than in the same month last year. This recognises the complexity of the patients needing to be seen in hospitals and the variation in activity and processes across hospital sites.

Infrastructure constraints

18. One key aspect of winter planning for this year is the ability to manage surges in activity from the heralded emergency caseload whilst maintaining levels of elective activity. Most hospitals in Wales have very few surge areas available to them during the winter. This limits both the creation of additional bed capacity for winter and the options for managing infection prevention and control outbreaks.

19. Within acute services, difficulties can be encountered with the number of acute emergency admissions presenting and as a consequence the ability to accommodate this caseload alongside planned elective activity. Furthermore, available bed capacity often becomes compromised by bed closures resulting from infections, particularly of a viral gastrointestinal nature.

Influenza and infection control

20. Hot and cold weather are both associated with increased demand for unscheduled care services. Respiratory illnesses have a distinct seasonal pattern, with an increase in winter largely due to influenza infection leading to hospital admission and excess winter mortality. Other viral infections, such as norovirus, are also common in the winter. Both viruses can place significant short-term strain on unscheduled care services.

21. This flu season has seen the highest rates of illness since 2010/11 which has placed extraordinary demands on the NHS. While not quantified, this will have inevitably impacted on the availability of beds in wards and specialist critical care, and may have affected the speed with which beds can be accessed from A&Es. Flu also affected staff in care homes and the community as well as NHS Wales and Local Authority staff.

22. Winter stomach bugs such as Norovirus place additional strain on the NHS and this winter has been no different. There was a 13% increase in the number of gastrointestinal outbreaks in hospitals and care homes in December and January compared to the same period last winter.

Primary care

23. It is well recognised that GP services, both in and out of hours, and primary and community services are under increasing pressure. The period following Christmas was particularly challenging with anecdotal information indicating that GPs and primary care services across Wales had seen approximately 100,000 patients per day. This was a significant spike and around double the normal activity. Action has been taken to relieve pressure on GPs by relaxing the Quality and Outcomes Framework (QOF) element of the GP contract. The action enabled GPs and practice nurses to manage their most vulnerable and chronically sick patients during the winter period.

24. Pressures on GP Out of Hours Services is a UK wide issue. The majority of Health Boards experienced increased activity over the winter period but they all adopted strategies to mitigate the impact e.g. using nurses who are able to prescribe to provide cover, nurses and paramedics to cover home visiting and drawing in additional vehicles, call handlers etc.

Workforce

25. The NHS ability to respond to winter challenges is constrained by a number of factors, including the NHS workforce. Recruitment issues exist within all staff groups and core medical, nursing and therapy workforce capacity impacts on the NHS ability to find the increase in the workforce required during the winter. In some Health Boards workforce

capacity remains fragile in areas such as ED, Acute Medical Services and District Nursing, despite proactive recruitment at home and overseas, and introducing changes to workforce models to provide sustainability.

26. While workforce strategies, including overseas recruitment for nursing/therapies, are in place recruitment and employment processes have been, and continue to be, challenging. For example, nursing and senior nurse cover are co-ordinated to ensure robust arrangements are in place, however this is always challenged by sickness and vacancy impacts, and can lead to an increased use of agency and bank staff. The availability of bank and agency staff can be limited during peak holiday periods and experience has proven that the reliability of agency staff attending for their shifts can be problematic for some Health Boards.

Social care provision

27. A great deal of social care resource has also been targeted at enabling people to return home or to a care home following admission to a hospital bed. This has, at times, meant there has been additional pressure on social care capacity in the community.

28. In order to ensure a smooth flow of people through the care system (primary, community and acute health and social care), it is imperative that all patients are able to be transferred or discharged in a timely fashion when their episode of care is complete. Winter demand for social care, particularly home care services, has been very high. Social services are supporting people through interim arrangements, either reablement services or step-down beds, wherever this is feasible, and right for the individual.

29. One way of measuring flow efficiency, particularly between various parts of the care system, is to measure delayed transfers of care. Increased delays due to patients awaiting social care arrangements accounted for 31% of all delays in February 2018. However, delayed transfers of care (DToC) has reduced. From a full year perspective, the total number of DToC in 2017 was 750 (13%) lower than in 2016 and the lowest full year total recorded in the 12 years that DToC statistics have been collected. In February, DToC decreased by 11% in February 2018 compared to January 2018. A key priority for next winter will be a specific focus on Health Boards working with Local Authorities to increase access and availability of domiciliary care packages to enable people to leave hospital and return home without delay.

30. What was very clear in December 2017 and January 2018 census periods was that the problems in meeting demand for home care packages in several Health Board areas had worsened despite the improvement that followed from remedial action taken when the issue first became apparent in late summer. The indications are that the Local Authorities concerned are not failing to meet previous levels of demand but are experiencing difficulties with the pace of increased demand, coupled with some instability in the domiciliary care market. There has been a high demand for domiciliary care, especially where both formal and informal carers have been impacted by flu and other sickness.

v) Key actions taken by the NHS

31. NHS Wales is better placed to deal with these challenges. We take a systematic and collaborative approach, operating in an environment of integration, robust common commissioning structures with more information available to inform decisions, than any other part of the UK.

Winter planning

32. As part of their Integrated Medium-Term Plan (IMTP) process, Health Boards and Trusts review previous winter plans and performance each year and then develop plans for the forthcoming winter with Local Authority partners. This includes implementing their unscheduled and urgent care improvement plans and considering the priorities that have been confirmed as part of their individual IMTP process for 2017/18.

33. The health and social care sector have continued to work closely together, and with Welsh Government, in preparation for winter, including holding national planning events where key NHS Wales and Local Authority staff met to discuss their plans, share learning and examples of best practice to inform planning. Similar to recent years, NHS Wales and Local Authorities developed integrated winter plans with an emphasis on collaboration and taking a whole-system approach.

34. This year, the Welsh Government developed an Integrated Winter Resilience Planning Checklist, which was distributed to all relevant organisations as an aide-memoire to support local integrated planning.

Programme for Unscheduled Care

35. The National Programme for Unscheduled Care is working in partnership with Health Boards, WAST, Public Health Wales NHS Trust and Welsh Government. Together they have developed a strategic programme of work aimed at reducing the demand of the top five unscheduled care conditions, promoting resilience and the use of community services in line with prudent healthcare, and supporting the population of Wales to live happier, healthier lives.

36. The programme has supported NHS Wales in alleviating some of the pressures on unscheduled care, through a stepped patient pathway that recognises that actions taken outside of an emergency facility impact on the demand for, and use of, the facility. This reflects the approach that Health Boards have adopted in recent years where their Unscheduled Care Improvement Plans have prioritised:

- Providing services that reduce unscheduled care demand in the first place, especially for emergency care; and
- Ensuring that once an acute episode of care is complete, the transfer back to the community is timely and safe.

37. Increased collaboration has also been key to ensuring improvements. Overall, Health Boards and Trusts have a positive track record of joint working to manage the pressures facing health and social care during winter. Collaboration takes place throughout the year

to enhance joint activities to support and improve service delivery and reduce system pressures. Through working collaboratively Health Boards and Trusts have ensured that actions within the plans are implemented to manage surges and variation in demand, enable improved flow across the system, and maintain service levels in all areas to improve access for patients.

Bed capacity

38. A wide range of positive actions have been planned to further improve local and national resilience, including an increase in available bed capacity both in hospital and in the community to mitigate against the anticipated rise in the number of patients with multiple conditions who require admission to hospital over winter. Across Wales, there are almost 400 additional beds or bed equivalents identified for last winter.

Elective activity

39. In anticipation of increased pressures and as part of their planning Health Boards will often consider reducing their elective inpatient activity, over the festive period in particular, to create capacity to meet the increase in urgent and emergency demand. These planned reductions in elective activity will often be in relation to routine elective inpatients, and not those requiring urgent or emergency treatment such as people needing cancer treatment or day surgery where a bed is often not required.

Postponed operations

40. The number for non-clinical postponements at short notice was 1% lower in December 2017 than in December 2016 and the total number of non-clinical postponements was 5% lower in December 2017 than in December 2016. During December 2017, more than half of all postponements were by the patient and a further 9% were by the hospital for clinical reasons.

Virtual wards

41. Almost all Health Boards are working to some degree on Virtual Ward based services to improve patient experience, helping people to be successfully treated in their own home and reducing the need for them to be admitted into hospital.

42. The Virtual Wards have been created after it was noted that patients were being unnecessarily admitted to hospitals as emergency and that earlier support and treatment was needed to prevent these admissions occurring. Virtual Wards tend to be focussed on conditional specific populations, such as respiratory disease. Virtual Wards brings health, social services, GPs and the voluntary sector together to ensure seamless services to help people in their own homes.

My A&E Live

43. The 'My A&E Live' online tool went live on 12 December 2017 and Google analytics data indicates that the live A&E waits page had almost 2,000 hits up until 3rd January. An evaluation of the tool will be undertaken by 1000 Lives during 2018.

The ambulance service (WAST)

44. The ambulance clinical response model was designed to ensure that those patients with the greatest clinical need received a response first. This prioritisation is essential when demand outstrips the availability of resource, when resources are lost to hospital handover delays, and the clinical model has achieved this for the WAST. While the 95th percentile response time for Amber calls is gradually increasing, WAST has ensured the appropriate prioritisation of Amber 1 patients.

45. Significant additional resources have been invested in the ambulance service in the last few years and these have been targeted at ensuring that the number of frontline staff are increasing both in the control centres and on the road. There are a record number of staff employed in the service.

46. The ambulance service has put additional hospital ambulance liaison officers at seven major A&E departments in March and April 2018 to help reduce handover delays. Ambulance liaison officers were at the University Hospital for Wales, Princess of Wales, Morriston, Royal Gwent, Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor hospitals. The role of the ambulance liaison officer is being evaluated currently.

WAST Hear and Treat

47. The Hear and Treat service means clinicians in WAST control rooms (clinical desk, NHS Direct Wales, 111) assess patients over the telephone, giving them advice or directing them to alternative healthcare providers such as GPs, community nurses or pharmacies. Clinicians use their expertise to reassure patients and make sure they get the right care for their condition. If working effectively, the Hear and Treat service should also release emergency ambulance capacity for those patients who are seriously ill or are suffering life-threatening conditions, with ambulances more readily available to respond.

48. There has been a marked increase in Hear and Treat since the implementation of the new Computer Aided Dispatch (CAD) system. This is due to clinicians working from a set queue which is only visible to the Clinical Support Desk. Clinicians have more time to triage calls that have been deemed as appropriate for secondary triage without the inappropriate dispatch of emergency resources. This has led to improved efficiencies and a increase in the number of patients being discharged with self-care advice over the phone, the number of patients referred to primary care, the number of patients advised to make their own way to hospital and the number of taxis arranged as alternative transport.

Escalation levels

49. The escalation levels reported provide a clear indication that hospitals are under a great deal of pressure, and more so than last year. The hospitals reported escalation level 4 for 21.3% of December 2017, an increase of just over 2% when compared to December 2016. Escalation levels for Decembers 2016 and 2017 were significantly above the level reported in December 2015.

50. Despite these increased levels of pressure and additional challenges, the services have indicated that the protocols have supported them in their response to escalating and de-

escalating pressures. The implementation of their winter resilience actions has supported resilience and while there were times of high escalation, services found that they would recover from significant spikes in pressure more quickly.

Immunisation

51. The table below highlights that uptake of flu vaccination rates in at-risk groups has improved on last year.

Key Group	At 31/01/17	At 30/01/18
Over 65 years	66.1%	68.3%
Under 65 years at risk	46.2%	47.6%
Pregnant women (number)	12,098	12,470
NHS staff (direct contact)	48.6%	56.7%
Children 2 & 3 years	44.9%	49.2%
Children in primary school	65.8% -67.8%	67.0% - 69.9%

111 and NHS Direct Wales

52. The NHS 111 Wales telephone helpline for people needing access to urgent health care advice and support is an example of the provision of a more modern approach to healthcare provision. 111 currently operates in the ABMU and Carmarthenshire area and will be rolled out across Wales by 2021.

53. NHS Direct Wales provides health advice and information service 24 hours a day, seven days per week. During the quarter ending 31 December 2017, 76,200 calls were made to NHS Direct Wales and 1,787,884 visits were made to the NHS Direct Wales website during January – March 2018.

Choose Well campaign

54. The Choose Well campaign was developed in 2011 and aims to help people get the best treatment, in the right place and at the right time to improve experience and outcomes, and ease pressure on ambulance services, GP services and A&Es.

55. In November 2017, a new element to the Choose Well campaign, My Winter Health Plan, was launched. My Winter Health Plan is a simple person-centred document that helps people share key information about their health condition and support network with attending health and care staff. It can be used by anyone but is particularly beneficial for those living with a chronic condition; mental health needs; older people with health needs or anyone who may need support from visiting practitioners over the winter period.

56. In addition to the Choose Well campaign, the Welsh Government has introduced Choose Pharmacy. Choose Pharmacy has already highlighted several positive outcomes, including improved patient access, better use of pharmacists' skills and resources, and improved public understanding of the support available at their local pharmacy.

NHS Wales Employers

57. New Health and Wellbeing guidance has been developed in collaboration with Trade Unions and was launched in January 2018. The guide provides practical materials to encourage staff to improve their health and wellbeing and helps to promote healthy lifestyles and prevent ill health. In addition, the guides recognise that it is the joint responsibility of managers and individual employees to work together to encourage healthier lifestyles and life choices and support each other in the work place.

Social care

58. The additional £19 million recurrent funding from the Welsh Government is supporting the provision of good quality social care services and to help manage the impact of the increase to the National Living Wage (NLW). This is intended to improve workforce conditions and build increased stability and resilience into the home care sector, which should reduce the incidence of patients who are delayed in hospital, while waiting for home care services.

Integration and collaboration

59. Integration across health and social care is key. The health and well-being of the population is not the sole responsibility of the NHS - everyone must come together to play their part. To provide patient-centred care, collaborative working is vital. Integration needs to happen, both within and outside the health service. The NHS will not be able to rise to the challenges it faces without the help of our colleagues in other sectors, including housing, education and, in particular, those in social services.

60. The Public Service Boards (PSBs), introduced as part of the Well-being of Future Generations (Wales) Act 2015, enable public services to commission and plan collaboratively, ensuring that services are integrated and that care and support provided improves health and well-being outcomes for the local population through the PSBs Well-being Assessments and Well-being Plans.

Self-care

61. The vision for unscheduled care in Wales is that people should be supported to remain as independent as possible, that it should be easy to get the right help when needed and that no one should have to wait unnecessarily for the care they need, or wait to go back to their place of residence. The NHS in Wales will achieve this by working with patients and carers as equal partners to provide prudent care.

62. We need a much more sophisticated and long-term conversation with the population of Wales to understand expectations, inform service design, affect behaviour change and truly coproduced sustainable unscheduled care services. Self-care plays an important role in helping to reduce demand on over-stretched primary care and emergency departments during periods of increased demand. Self-care can prevent ill-health in the long-term, and can help reduce the burden on general practice in the winter. Furthermore, there is a need for an open and honest conversation with the public about what the NHS can provide in the future. While the NHS is free at the point of contact, it is not free of obligation, and the public will need to be supported in taking more responsibility for their own health. Patients need to become partners in managing and improving their health,

rather than passive recipients of healthcare. However, increased use of self-care and its promotion should only be one of many measures taken to increase the resilience of the NHS to beat the effects of winter pressures.

vi) Conclusion

63. Demand has increased across the system and the NHS has responded to this through planned work and by working in partnership. However, lessons from this winter need to be considered to inform planning for future winters, improve patient care and experience, reduce the pressure on staff, and deliver improved and sustainable levels of performance.

64. The NHS in Wales continues to work in an integrated and planned way to alleviate the pressures and challenges that it faces, especially during the winter period. In order to adequately respond to the pressures that health and care services are facing, it is vital that there is sufficient capacity across the entire health and social care system, including accident and emergency departments, general practice and social care provision.

APPENDIX

Good Practice on improving patient flow and managing emergency demand pressures

Abertawe Bro Morgannwg University Health Board (ABMU)

Improving Patient Flow and Discharge: **Transfer of Care and Liaison Service (multi-disciplinary) – TOCALS**

The aim of the project was to improve the flow of patients across ABMU;

- To promote direct discharges from the acute site within ABMU; and
- To maximise capacity and through put via the assessment beds at Plas Bryn Rhosyn, (PBR - POBL facility).

The TOCALS project meant that the assessment of patients with a Neath Port Talbot (NPT) address were transferred to Neath Port Talbot Hospital (NPTH) for ongoing medical care, complex discharge planning or ongoing occupational therapy (OT) and physiotherapy. This included direct discharging from the acute sites through liaising with Local Authorities, 3rd sector and families. The Health Board identified safe and timely pathways to discharge and the OT assessment and follow up occurred on discharge. This service was successful when implemented in Morriston in June 2017 and was rolled out to Singleton as part of the winter plan.

The outcomes of TOCALS included:

1. Decreased total length of stay in hospital - reduced Average Length of Stay from 43 to 33 on medical wards;
2. Increased numbers of patients discharged from the acute sites – from 24 per month to 80;
3. Reduction in bed days lost for patients requiring transfer to NPTH – from 24 per week to 16 per week;
4. Reduced demand on domiciliary care packages against baseline at the project initiation; and
5. Improved utilisation of the assessment beds and a reduced length of stay whilst at the unit.

Aneurin Bevan University Health Board (UHB)

Discharge Co-ordinators-DisCos

The aim of the project was to improve the patient pathway and create capacity in a time responsive way through the development of Discharge Co-ordinators. This is a non-clinical bespoke role to complement and enhance the multidisciplinary team at ward level. Whilst managed centrally by the Patient Flow Team they have been allocated to specific wards (1-2 wards per DisCo) and are directed on a daily basis by clinical teams. The purpose of the role is to minimise delay in the patient pathway utilising a check, chase and challenge approach to the discharge plan.

There are many things which have the potential to cause delay and unnecessarily prolong a patient's stay in hospital. Standardising the approach to the organisation and delivery of care for every patient every day must be adopted consistently to manage a patient's hospital stay safely and efficiently. A safe, effective and timely discharge with minimal delay is the optimal quality outcome for all patients.

The measures of success for the DisCo have been identified as reduction in the length of stay and an increase in the number of patients discharged before noon. The average reduction in the length of stay across wards with discharge co-ordinators has seen a reduction of 17%. The average early in day discharge has seen a reduction of 4%.

Betsi Cadwaladr UHB

Patient Safety Huddle

The aim of the project was to ensure health system risks were understood and mitigated each morning, and to have a plan for the day to provide safe, timely patient care by expediting flow. The Patient Safety Huddle implementation in Fife was explored in detail, and the lessons learnt incorporated into a model for North Wales.

Training was provided for all senior staff identified to chair the Safety Huddles, as well as those managers designated as 'controller' to oversee the daily plan, and for senior nursing staff responsible for providing daily information on ward status and discharges. A comprehensive information pack was developed and rolled out to all Betsi Cadwaladr UHB hospital sites, including information and guidance, templates for ward information, and standardised documentation/templates for the morning huddle meeting. Early Safety Huddle meetings were used as a proof of concept, with changes made as necessary to the script/structure of the meeting, templates and information packs, and method if information sharing, to ensure the model works as effectively as possible for Betsi Cadwaladr UHB.

The Safety Huddle model is now embedded successfully on all three major acute sites in North Wales, and forms a cornerstone of managing operational risk and service delivery. Meetings are held daily to identify and mitigate risk, discuss patient flow, and a plan developed and overseen by the daily controller. There is an increased emphasis in all wards on ensuring obstacles to timely patient discharge are discussed, alleviated and escalated where necessary. The Safety Huddle model provides the mechanism for this, by ensuring representation from all staff groups involved in patient care to ensure a solution is quickly identified.

Cardiff and Vale UHB

Cardiff Community Assessment Unit (Residential Discharge to Assess), Cardiff & Vale University Health Board.

The aim of the project is that this Unit provides additional capacity within a care home setting by which to support patient discharge and/or divert Emergency Unit (EU) admissions for patients whose ultimate aim is to remain in their own home (e.g. not for patients requiring long term care home placement). The Unit was originally opened in December 2016 and is funded via Integrated Care Fund (ICF).

Across the year, 6-8 beds are used, profiled to meet anticipated growth in demand over Winter period. A further 2 beds were commissioned (e.g. 10) from November 2017 to March 2018. The Unit is intended to provide short stay (up to 14 days) accommodation for patients on transition from hospital/EU to their own home. The key aim of the unit is to provide an additional discharge route for patients (aligned to the Cardiff Community Resource Team (CRT)) and provide an environment where their ongoing support needs can be better assessed before final discharge home. It also provides an opportunity to divert admissions where clinically appropriate. The Unit also helps the Cardiff CRT to manage its demand better and maintain response times at peak periods.

As part of the Cardiff and Vale UHB:

1. Scoped capacity in the care home market to develop the unit;
2. Met with interested parties and identified a home;
3. Jointly developed an operational policy;
4. Identified key staff to manage the project from within Cardiff CRT;
5. Commissioned GP support to the Unit;
6. Prepare information for patients and ward staff re the unit;
7. Arranged transfer transport in conjunction with Patient Access;
8. Opened the unit on a phased basis over the course of 4 week;
9. Arranged monthly review meetings; and
10. Re-tendered for the beds as required.

The outcomes included;

- 182 patients admitted to the unit April 2017- March 2018;
- 44% of patients were from Medicine Clinical Board and 45% were from Surgical Clinical Board;
- Average length of stay was 13.5 days;
- 70% of patients who completed their stay in CAU, had either no ongoing care needs or reduced care needs based on the anticipated levels of support needs as identified on referral to the unit;
- 17 admission avoidance patients;
- 17 readmissions over course of the 12 months- new acute problems; and
- CRT response time remained reasonably static over Winter period.

Cwm Taf UHB

Stay Well @ Home Team

The aim of the project was to improve communication and performance of health and social care services at the critical interface that occurs during presentation at A&E and hospital admission through to discharge.

The SW@H service has been developed to undertake:

- Initial assessments and commission/provide health, social care and third sector community support to facilitate safe and timely return home from A&E and the Clinical Decision Unit (CDU), preventing unnecessary admission; and

- Integrated complex discharge assessments for those patients who are admitted, applying the default position that individuals are supported to return to a community setting.

The SW@H Service provides for the residents of Rhondda Cynon Taf and Merthyr Tydfil and consists of a multidisciplinary hospital based team (Social Workers, Occupational Therapists, Physiotherapists and Therapy Technicians), sited within the acute hospitals of Prince Charles (PCH) and Royal Glamorgan (RGH), and a range of community based responses across health and social care.

The service is operational 7 days a week, 365 days a year, between the hours of 8am and 8pm and provides a 4-hour response between the hospital based team, support @ home/initial response and nursing @ home. Below outlines the different services areas and their phased implementation during the first 12 months:

The scheme is delivered by the following areas of service which have been operational since April 2017:

- SW@H hospital based team (RGH & PCH);
- Nursing @Home;
- RCT Support @Home;
- Initial Response MTCBC
- Medication Support @Home has required an incremental implementation but will be fully operational by June 2018; and
- Third Sector - Age Connect Supported Discharge Service.

The outcomes were

- There has been a slight increase in the total number of emergency admissions for patients aged >61+ over the last three years. This is consistent with patients aged >75.
- There has been measurable improvement for patients aged > 61 who have a zero length of stay. The data suggests that a change has occurred in the performance of the system, which we believe is related to the introduction of the SW&H service.
- There has been slight improvement for patients aged over 75 who have a zero length of stay.
- There has been measurable improvement for patients aged over 75 who have a 1-2 day length of stay which demonstrates a change in the system. Therefore, in relation to the over 75 who have a zero length of stay it may be that for this more elderly cohort, the benefit of SW@H service is being felt slightly later in the pathway.
- There has been measurable improvement for patients aged>61 who have a 5+ day length of hospital stay (LOS).
- There has been measurable improvement for patients aged over 75 who have a 5+ day LOS.
- There has been a measurable improvement (reduction) in average LOS for patients aged >61 who stay more than 5 days.
- There has been little change in the numbers of patients being placed on the transfer list for community hospitals; although we note two months of special cause variation in July/August 2017. This will need further analysis over a longer period of time.

Hywel Dda UHB

Prince Philip augmentation of the Transfer of Care and Liason (TOCALS) & Daily Frailty clinics.

The aim of the project was to improve the quality of care for complex frail patients admitted to Prince Phillip Hospital increasing the number of frail patients discharged in 3 days or less. The Hospital has benefited from a Transfer of Care and Liaison Service (TOCALS) for 3 years which provides OT, Physio and social work assessment and intervention at the front door to avoid admission to a ward bed.

During the pilot project this service the TOCALS service was augmented with additional consultant, therapy and community input for a 2-week period starting 8th January. Consultant led Multi-Disciplinary Team Frailty clinics were held daily to allowed frail patients to be discharged with a consultant follow up later in the week.

During the pilot period there was in increase in the proportion of over 75 year old patients discharged within 3 days, from 35% to 47%. Other benefits include the number of unnecessary capacity assessments and social worker referrals avoided

Powys Teaching Health Board

Joint Powys Health & Care Coordination Hub

The purpose of the Health & Care Co-ordination Hub is to facilitate the overall coordination of patient flow for Powys residents, working in partnership with Social Services and the Third Sector to improve admission, discharge, inter-hospital transfers and case management. Previously the coordination of patient flow was managed in two localities. In situations of high escalation and unscheduled care pressures, however, a centralised approach is activated, as per the Powys response action cards.

Through a centralised approach in high escalation, it was recognised that having a daily visual log of available beds within the County and demand internally and externally there was more effective management and prioritisation of patient flow, taking account of national pressures and the escalation levels for English partners.

The idea of a permanent joint Health & Care Hub was crystallised and the additional funding available from Welsh Government to support patient flow was utilised to set up a joint hub, in a three-month timescale.

A Clinical Lead was identified, with project management support. A physical space for the hub was sourced, kit ordered and the recruitment process activated to appoint a Hub Coordinator. In tandem, a tendering exercise was completed to secure support for the improvement in patient flow, embracing Lean methodology.

The project has two distinct phases:

- Improve Hospital Flow & inter-hospital transfers; and
- Improve Care Coordination and community care.

The specific benefits for phase 1:

- An effective visual hospital approach to effectively manage patient flow, demand and capacity based on risk and clinical prioritisation.
- Improved repatriation time for Powys residents and prioritised inter-hospital transfers from Welsh providers.
- Maintenance of low levels of unscheduled care pressures and escalation levels.

Phase 2 will involve multi-agency care coordination, working jointly with Adult Social Care and the Third Sector to promote safe admission avoidance with a home first ethos, together with Virtual Wards & identification of community capacity.

The Health and Care Coordination Hub commenced on 12th March 2018. It is too early to provide validated data but improvements have been noted to include:

- Early indication show an increase in discharges and admissions for April 2018.

Month	Discharges	admissions
Nov 17	94	115
Dec 17	82	110
Jan 18	126	138
Feb 18	87	102
March 18	110	141
April 18	130	149

- Feedback from Executive Team and Senior managers is that the information for the all Wales National Unscheduled Care Call is more robust with accurate demand and capacity identified.
- Improved communication and working relationships with neighbouring District General Hospital's (DGH's).
- The length of delay for DToC has reduced and numbers of DToC has reduced in April 2018 and May 2018.
- Powys remained at low escalation levels, mostly Level 2, during the significant national pressures.

WAST

Betsi Cadwaladr UHB Area and Welsh Ambulance Services Advanced Paramedic Pilot Scheme

Recognising the pressures in Secondary Care the WAST tested an innovative framework that supported the effective utilisation of Advanced Paramedic Practice (APP) resources. The framework placed APPs within a rotational model, of operational delivery and clinical despatch within the Clinical Contact Centre (CCC). The aim of which was to safely reduce conveyance to Emergency Departments through the effective use of extended skills and alternative pathways. Validation was necessary to show that the model worked as intended and that the setup properly supported the process within WAST and the Betsi Cadwaladr UHB area.

Over the five-month period of the pilot the team of 10 Advanced Paramedic Practitioners worked 12 hours 7 days per week, and were targeted at calls where it was believed they could positively impact on patient outcomes using their extended skills.

The 10 APP's, rotated between working on two Rapid Response Cars and then spent time despatching their colleagues of the same skill set within the CCC. They attended a total of 1045 incidents.

The following results were evidenced at the end of the pilot.

- Only 30% of patients attended the Emergency Department (ED) compared to pre-intervention of the norm of 69%.
- Of the 70% of patients who did not attend the ED, 33% of these cases were closed with no further referral to other healthcare resources.
- Of the 1045 patients attended, only 13% were subsequently transported to the ED.
- Compared to the standard management the additional 307 patients managed at home by the APP's saved 732 ambulance hours.
- Patient's satisfaction was very high with the average patient's satisfaction score of 9.82/10.
- Re-contact rates remained below 5% after a 48 hours period.

In terms of a safe and sustainable reduction in conveyance rates to Emergency Departments from WAST resources the pilot has been seen as a great success and has exceeded the expectations from the trial.