GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

BRIEFING PAPER FOR THE HEALTH, SOCIAL CARE AND SPORT SELECT COMMITTEE OF WELSH GOVERNMENT

19 JULY 2018

WINTER REVIEW 2017/18 AND PREPAREDNESS 2018/19

1) INTRODUCTION

This briefing paper provides an overview of Hywel Dda University Health Board's experiences in managing care services through winter 2017/18 and the planning direction being employed in preparation for the winter period 2018/19.

2) WINTER 2017/2018

a) General

The Health Board's winter planning round for 2017/18 commenced when it undertook a rapid review of the previous winter's experience in order to inform preparations for 2017/18. Guidance on resilience was issued by WG in the summer and the integrated winter plan was finally submitted to the Board in October 2017.

b) Planning and Preparation

Learning from Experience

Planning for winter 2017/18 started with an evaluation of the Health Board's experiences of 2016/17 using rapid review techniques which involved collecting submissions from each of the four acute hospitals operating within the Health Board together with the same for the county based community teams. Added to this the Health Board commissioned an independent review from its University partner at Swansea University which aimed to test the planning assumptions employed in preparation

for 2016/17 and in particular the bed modelling and demand projections used to inform the plan.

Financial Assumptions

Throughout the planning process confirmation of external financial support specifically to tackle winter pressures remained absent and hence the winter plan was developed using two approaches.

The first assumed no targeted financial support and hence scope to identify effective additionality became limited as a consequence. The Health Board was however able to make limited internal financial support available and this was targeted for use at Withybush Hospital based on the experiences of winter 2016/17. Given this support was made available early it was activated in readiness for the demand intensification that manifested in October.

The second assumed that capacity shortfalls identified in the plan's capacity/demand analysis would be met through targeted external support.

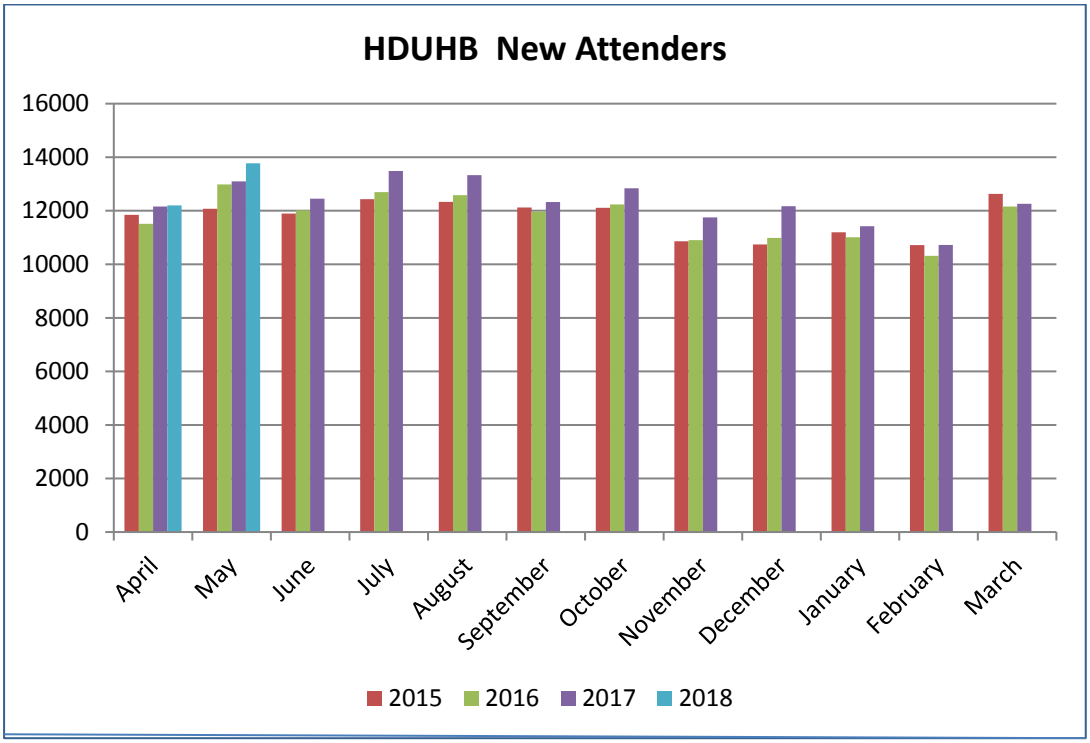
Demand/Capacity Planning

The bed modelling approach employed for winter 2016/17 left the Health Board with an unrealistic deficit to understand and manage and the learning from this was applied to the 2017/18 winter plan. The approach to demand/capacity planning used in 2017/18 therefore used the actual data seen in the previous three years' winters. This approach was endorsed by the Swansea University evaluation work.

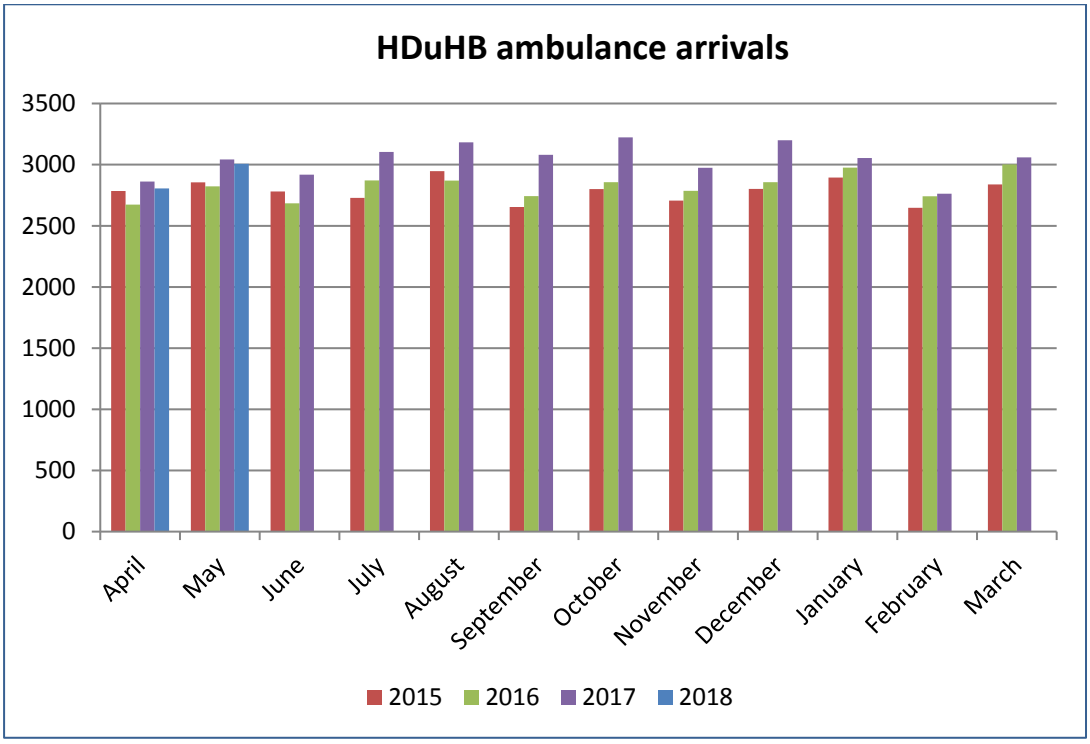
c) Emergent Themes from Winter 2017/18

Demand at Acute Hospitals

Evaluation of 2017/18 data shows that the Health Board's emergency departments' new attenders at its four acute hospitals, over the period October 2017 to March 2018, were 5% higher than the same time in the previous year. This profile aligns with the same increase seen over the full year. However, the daily fluctuation in numbers attending emergency departments was notably different and it is this variation, it is believed, was at the centre of the most severe winter pressures. This is continually witnessed, on all sites throughout the year.



During the same period, ambulance arrivals showed an increase of 6%, marginally less than the year-on-year increase of 8%. Likewise, the number of ambulance delays over 1 hour almost tripled to 1,368 during winter 2017/8 compared to 550 in the previous year.



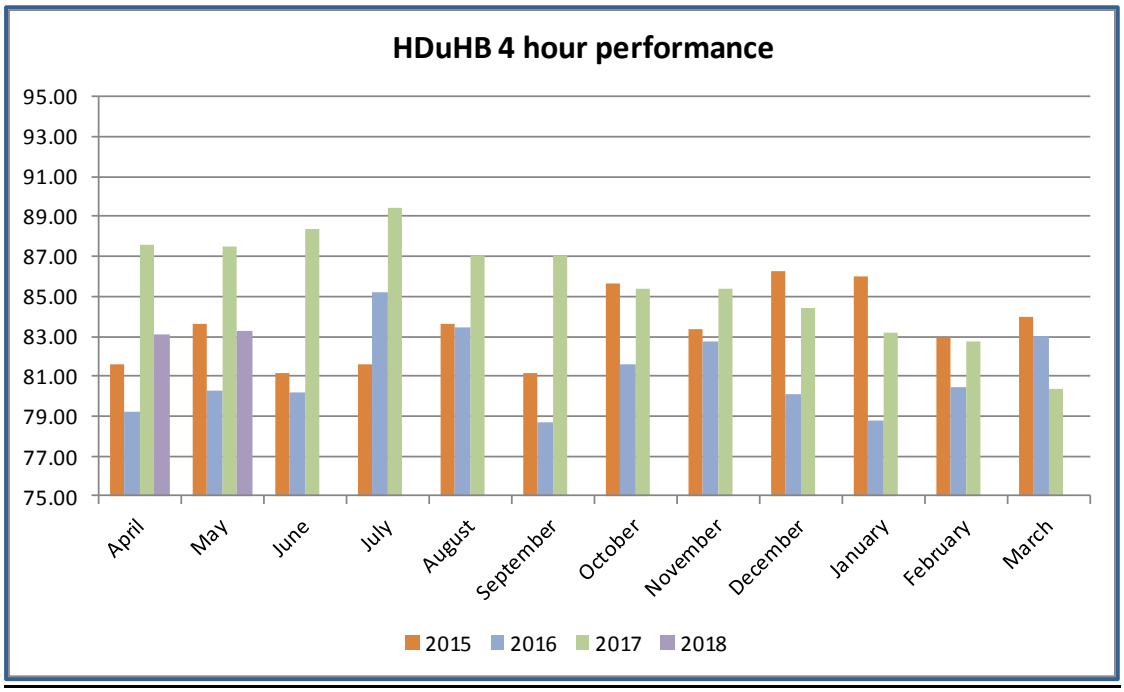
The GP out of hours service saw higher levels of calls during the winter period; 2,691 more than the same period in the previous year equating to

a 10% increase, with high points in December 2017 (17%) and March 2018 (22%). It should be noted that Carmarthenshire Clinical Advice includes calls advised by both '111' clinicians and HDUHB doctors. Analysis shows that the number of advice consultations satisfied by Health Board clinicians increased considerably in Carmarthenshire since the inception of '111' which was as a direct consequence of reductions in home and face to face visits.

Performance

The 4-hour performance showed signs of decline as early as October 2017 and this compared unfavourably with the previous two years; this trend continued throughout the winter period and is continuing into early summer.

The 12-hour performance followed a similar pattern with breaches increasing significantly compared to the previous two years from October and this pattern has continued. 12-hour breaches over the winter period showed a 53% increase with 1,480 breaches compared to 951 the previous year.



Influenza

The volume of influenza cases and the intensity of activity in 2017/2018 was higher than in any season since the 2010/2011, with more time spent above low levels of activity than any time since that year. It was also the only season since 2010/2011 where GP consultations reached the highest

levels of intensity nationally in relation to flu (almost exceeding the threshold for very high levels at the peak of the season).

In primary care there were 2,083 Hywel Dda patients diagnosed with influenza like illnesses. 513 of these were confirmed with influenza at Hywel Dda hospitals and 40 with confirmed influenza in intensive care unit settings.

Medically Fit

The number of patients occupying in-patient beds and no longer requiring medical care (medically fit patients) significantly increased over the 2017/18 winter period.

Bronglais Hospital

Medically fit patients peaked at 22 patients, compared to a daily average of 12, over the winter period, representing 22% of the unscheduled care bed base.

Glangwili Hospital

Medically fit patients rose to a peak of 83 patients at the end of January before settling back again to around 60 patients, with a daily average of 50 patients, which represents 16% of the overall bed numbers for Glangwili Hospital.

Prince Philip Hospital

Medically fit patients peaked at 50 patients, with a daily average of 37 patients, representing 18% of the bed base.

Withybush Hospital

Medically fit patients peaked at 44 patients, with a daily average of 22 patients, representing 11% of the bed base.

Medically fit numbers remain high within the Health Board. Analysis suggests this is for a number of reasons including:

Therapies provision

Therapies capacity on wards remains sub optimal, and during the winter period the situation became further impaired due to the number of additional patients at hospitals. It is well-evidenced that delays in therapy assessments results in longer patient lengths of stay.

Social services provision

Patients experienced delays waiting for packages of care and re-ablement services. Every effort was made during the winter period to alleviate this. Perfect weeks in the lead up to the Christmas holiday

identified those who may require support on discharge, this fully utilised all available capacity and resulted in a lack of re-ablement and domiciliary care services for patients identified early in the New Year. Capacity challenges remain for all Local Authority partners.

Care home Provision for 'elderly mentally infirm' (EMI)

A lack of EMI beds led to extended waits resulting in longer lengths of stay for patients. It was recognised that activity was far higher than in the previous winter with added increases in acuity. Often these were patients with complex needs for which residential beds were not suitable and nursing/stroke EMI beds were required to support these patients whilst ongoing full assessment.

Cardiac Waits

Over the last financial year the number of patients, awaiting transfer to Morriston Hospital increased significantly. The most significant impact was in March 2018 with numbers increasing across all acute hospitals. Withybush Hospital experienced the largest increase with 5 patients waiting for angiography at Morriston Hospital at the start of the winter period to 18 patients by March. 90%, of the Withybush Hospital Cardiology Ward, (ward 8) beds were consumed with patients waiting for transfer to ABMU Health Board; the longest being 34 days for a transfer to Morriston Hospital.

Impact on Elective Work

Demand pressures and the lack of bed availability, led to the Health Board cancelling not insignificant amounts of elective activity over the winter period. Elective weekend work was also affected due to beds being taken up by medical patients resulting in further lost opportunities. At Prince Philip Hospital the elective orthopaedic ward (28 beds) was converted into an emergency medical ward for a 2-3 week period and these remained unavailable, in part, to surgery well into March 2018. A number of outpatient clinics were also cancelled to enable consultants to focus on in-patient care.

Workforce

It could not be said that staff did not surpass expectations in fulfilling their duties over the winter period. The extended Christmas holiday weekend added further pressure to the system but staff made themselves available for the sake and safety of patients.

Managers working on-call were doubled up to add further resilience and this offered much needed support during the most pressured of times. An arrangement which made provision for continuity of the executive on-call over the first two weeks in January had a definite positive impact on managing pressure in the system.

Nurse Staffing

Workforce issues directly affected the discharge profile, over the winter period. The principle of planning for how and when a patient leaves hospital should begin on the day of admission. The biggest factor that inhibits this is staffing levels on the wards. Ward sisters who are pivotal to ensuring discharge plans are in place, were left with little or no management time as they covered front line nursing vacancies on their respective wards. The impact of these vacancies meant that staff were fatigued and morale was affected negatively.

During the winter period acute hospitals faced staffing deficits in their emergency departments and acute wards and surge that was opened in response to high demand remained a constant in an effort to maintain some level of flow.

Bronglais Hospital had 60 WTE registered nurse vacancies across its acute wards, with 3 wards (1 of which was surgical) having a vacancy rate of over 45%.

Glangwili Hospital had 62 WTE registered nurse vacancies within unscheduled care.

Prince Philip Hospital had 22 WTE registered nurse vacancies across its wards.

Withybush Hospital had 66.76 WTE registered nurse vacancies.

Medical Staffing

Glangwili and Withybush Hospitals continued to experience staffing deficits in both medicine and emergency units at middle grade and consultant level. Whilst every effort was made to recruit to the posts, the majority of candidates were from overseas and the recruitment process was not helped by the very lengthy process of Visa application and GMC registration. This resulted in several posts remaining vacant over the winter period.

Prince Philip Hospital had issues with staffing of its GP rota in the minor injuries unit. The GP rota is designed so that there are two GPs available in the afternoon when demand peaks. Due to difficulties in recruiting enough GPs to fully staff the rota it was not possible to

always have two GPs working the afternoon shift. This resulted in considerable waits for patients whose needs were beyond the competencies of the ENP role.

GP Out of Hours experienced gaps throughout the winter period, and this continued into spring / early summer 2018. These staffing deficits are not just a factor within Hywel Dda but are consistent with GP out of hours services across Wales. The impact of these gaps is a demand increase in both ambulance conveyance and emergency department attendance. March saw particular difficulties with gaps in service; there were ongoing gaps in Carmarthenshire including one Sunday when there was no service at either Llanelli or Carmarthen. Bronglais was adversely affected by GP gaps in Gwynedd, (Dolgellau out of hours service).

Patient Experience

Whilst it is not always straightforward to categorise complaints due to their complexity the number of complaints across the Health Board relating to issues linked to the seasonal pressures reduced from 189 in the previous year to 99 over the winter period 2017/2018; a reduction of 48%.

At times of highest escalation and to alleviate the impact on patients who might have found themselves in less than favourable environments additional hotel services support was provided.

Complaints specifically related to unscheduled care services also reduced during the same period from 18 in the previous year to 10 in 2017/18; a reduction of 45%.

However, the number of serious incidents reported was marginally higher with 15 in 2017/18 compared to 13 in the previous year. This increase was in the main due in-patient falls which increased to 10 from 4 in the previous year; an increase of 250%.

WG Targeted Financial Support

On the 10th January 2018, NHS Wales received an allocation from a £10m budget provided by the Cabinet Secretary in recognition of the exceptional demands being placed on health and social care services over the immediate preceding weeks. The Hywel Dda University Health Board received £1.05m. Each county was awarded an allocation based on additional actions that could be put in place from January 2018 until the

end of March 2018 to help alleviate winter pressures coming to bear on frontline staff across the health and social care system.

All acute hospitals were able to put in place additional actions, in the main to support an increase in timely discharge from acute in-patient beds. The enhanced levels of service remained in place through to the Easter weekend at the end of March.

The themes targeted for financial support included:

- Additional resources provided at weekends, on all acute sites, to support safe discharge and to provide additional senior review at the front-door, which did in-turn, reduced admissions;
- Increased pharmacy/phlebotomy/ therapies support, at Glangwili and Withybush Hospitals over the weekend period to increase discharges and hence avoiding bottlenecks on Sundays;
- Dedicated and additional senior doctor – focused on weekend discharges at all sites where internal locums could cover;
- Glangwili Hospital positioned a Respiratory / Acute Medicine Consultant into A&E, from January to March 2018, with the provision of hot clinics. Respiratory Specialist Nurses provided in-reach to the Clinical Decision Unit over the bank holiday period;
- Prince Philip Hospital augmented the Transfer of Care and Liaison service (TOCALS) with an additional consultant, therapies and community input for a 2 week period starting 8th January 2018. In addition daily frailty clinics allowed frail patients to be discharged with a consultant follow up later in the week. Initial analysis shows that there was an increase in the number and percentage of over 75s discharged within 3 days;
- 7-day turnaround services Multi-Disciplinary Assessment and Support Team (MAST)/ Assessing Alternative to Admissions (AA2A) services at the front doors of Withybush and Bronglais Hospitals;
- Spot purchase of additional community beds where capacity was available in all 3 counties.

<u>Additional Capital Monies</u>

Capital investment was made into the hospital estate across three of the acute hospitals during the last winter period with the following projects coming on line before the end of the winter period:

Glangwili Hospital Minors Area

A new minors area for the Emergency Department opened 4th December 2017 and operates 10am until 10pm. This has provided an

additional dedicated space for patients in the category to be seen. However due to the acuity of patients seen over the winter months the facility had little impact on the overall 4 and 12-hour wait performance. However there have been no minors' breaches during the opening hours of the unit and it is believed that without the new unit there would have been a far worse 4-hour breaches position. An average 45-50 patients are seen in this unit each day.

Withybush Hospital Ambulatory Emergency Care Unit (AEC)

The Ambulatory Care Unit in Withybush opened on the 15th January 2018 and is a newly developed area alongside the existing Acute Clinical Decisions Unit, which is adjacent to the Emergency Department. The unit has 6 stations and a designated treatment room that is open from 10am to 6pm Monday to Friday. The unit operates using identified pathway protocols that both push and pull through from the Emergency Department. The Unit has proved enormously successful with 72% of admissions being discharged directly from the unit on the same day. The pathways and operating procedures are developing daily and have been refined to improve the patient experience and outcomes.

The impact of the unit on winter demand and the continuing site pressures has proved invaluable and will further improve as the model develops.

Bronglais Hospital Y Banwy Surge Area

The Y Banwy escalation unit opened in January 2018. The intention was for the dedicated 6-bedded escalation area at Bronglais to replace existing, sub optimal escalation options, which were necessary prior to the dedicated area coming on line.

The unit provided some additional capacity, though in addition, the site has also at times escalated overnight in to the minors department in A&E and day surgery unit. The level of day surgery unit escalation has however been less than previous years.

Given the higher demand and acuity seen throughout the winter and the incidence of flu, which occurred earlier in Ceredigion, it is believed that the situation could have been worse had this surge capacity not been available

Summary

a. Demand increased significantly on previous years. The system had no capacity to cope with such variability in demand. Escalation levels were higher than expected.
b. Performance significantly deteriorated and manifested acutely in 12-hour waits and ambulance delays.
c. Acuity was anecdotally higher.
d. Influenza was higher than in any season since 2010/2011.
e. Medically fit patients were significantly higher and options to tackle these numbers outside of hospital, through assessment beds, packages of care etc. were inadequate due to capacity challenges.
f. Delays in cardiac patients awaiting transfer to ABMU Health Board increased.
g. Elective cancellations were excessive.
h. Workforce gaps continued to run at high levels and recruitment of overseas doctors resulted in inevitable delays in the recruitment process.
i. Out of hours was significantly more fragile than it was the same time in 2016/2017 with a number of shifts/ and sometimes centres not covered.
j. Complaints related to unscheduled care reduced by 45%, however a number of patients were bedded in escalation areas. Serious incidents relating to falls increased.

3) PLANNING FOR WINTER 2018/19

a. General

Planning for winter 2018/19 commenced in May when an internal lessons learnt exercise was undertaken on the experiences of managing unscheduled care in through the winter 2017/18. The learning from this work will be added to the documented learning that emerged from winter 2016/17. A WG event hosted by the Delivery Unit was provided in May and brought all Health Boards and Welsh Ambulance Service Trust together to help set the scene.

Following the May event further information has been provided to the Welsh Confederation on initiatives undertaken within the Health Board that have had a proven impact on delivery of USC services during a winter of particular high demand. These include:

- Introduction of iStumble falls assessment algorithm across nursing and care homes throughout HDUHB in partnership with colleagues at Welsh Ambulance Service Trust.
- Augmentation of the Transfer of Care Advice and Liaison Service and daily frailty clinics at Prince Philip Hospital
- Senior consultant physician input at the front door in Glangwili Hospital.

More generally, the Health Board plans to work closely with the Welsh Ambulance Service with a renewed focus around ambulance handovers, as improving this will unlock several opportunities to do things better for our patients.

The quality and safety agenda will also need to factored into the planning and be adequately calibrated against the other competing priorities.

Escalation plans will remain a key feature of the winter preparations and will form the basis of a fall back position should demand outstrip capacity beyond the Health Board's scope of planning.

b. Planning Process

The Health Board's winter plan will maintain the additionality only factor that was applied in 2017/18 and rationalise the initiatives within a manageable cohort of themes. As with the 2017/18 plan the approach follows two financial scenarios; being zero targeted support and full support to cover the capacity deficits identified.

Locally a draft format based on last year's plan has been developed and aligned to the unscheduled care 7-component pathway. This draft format was presented to the integrated winter planning group, on the 22nd June 2018, with representation from acute, community primary care, public health and local authority services, for discussion. Further engagement with partners including primary care clusters will follow.

The preparatory work in drafting this year's plan has included the following;

- Review of actions from the last 2 years' plans, 2016 and 2017; agreement of those actions of most benefit that will be applied in 2018
- Review of key risks; ensuring consistency with unscheduled care risk register and actions to mitigate risks;
- Review of key data sets;

- Updating of the communication plan with lessons learnt from previous winters aligning with other major communication initiatives for example the flu immunisation programme.

The planning approach also includes a simpler form of risk based planning as the risk themes remain broadly consistent year on year. The key to this will be through review of lessons learnt from the 2016/17 and 2017/18 years which will include determining those initiatives that worked well and discounting those that did not.

Key lines of approach incorporated into the plan include:

<u>Integrated Pathways for Older People (IPOP)</u>
Hywel Dda University Health Board, in partnership with social care colleagues, is currently piloting the **I**ntegrated **P**athway for **O**lder **P**eople (IPOP) on behalf of the National Programme for Unscheduled Care (NPUC).

In the context of winter the Health Board believes that to effectively manage seasonal demand when it is at its greatest the plan must ably cater for the over 75s. The IPOP pathway supports this.

The national IPOP is a six component pathway and the first pathway for integration developed as a part of the NPUC and the NPUC Board. It has been developed by an expert reference group (ERG) and been supported by the National Director for Primary Care and the Primary Care Reference group for the National Primary Care Board.

A integrated seven component pathway has been used as the foundation framework within our Health Board as a part of our local Unscheduled Care Programme for the last 2 years; with the addition of a component 7 '*Continue to care for me'* and the acute component 5 broken down further to components '*Front door'* (5a) and *'inpatient services'* (5b).

The winter resilience planning cycle provides an opportunity for the integrated Unscheduled Care Programme to utilise this framework as the single mechanism for service planning, winter resilience planning, reporting and performance management across the 'whole system'; this seven component pathway has already been used as part of the annual plan and is work is ongoing to utilise this framework as part of the integrated medium term plan (IMTP).

As such, the detail of the winter resilience plan is tied back to the relevant component steps within the pathway to ensure that any additional actions address all the components.

Influenza Plan

The Seasonal Influenza Plan for 2018/2019 has highlighted a strategic aim of preventing respiratory illness in the Hywel Dda population; this requires that the Seasonal Influenza Plan and Winter Resilience Plan be closely aligned to ensure a consistent and robust approach to addressing winter pressures. A first meeting has been held and joint actions agreed.

Unscheduled Care Programme

The draft winter resilience plan was discussed at the integrated Unscheduled Care Programme Board in June and agreement given that the Health Board with local authority partners and Welsh Ambulance Service Trust would co-produce a regional integrated winter resilience plan. This plan would then be approved by all parties through the regional partnership board.

This Unscheduled Care Programme Board have agreed to focus on a limited number of high impact actions, delivered in partnership, that address all the component steps within the USC pathway. These include:

Admission Avoidance - components 4 & 5

- Home First – a 'hearts and minds' campaign to encourage all staff to be thinking about home first option for patients, this will ensure that expectations are correctly set at the outset of the patient journey throughout our services. This work will be delivered with support from colleagues from the Welsh Government Delivery Unit and Emergency Care Improvement Programme.
- Alternative pathways – working with community, 111, GP Out of hours and Welsh Ambulance Service Trust colleagues to ensure

utilisation of current pathways is optimised and wherever possible development of new pathways.

- Acute Frailty Network Project – implementation of the principles of the Acute Frailty Network, part of NHS Elect in England at Withybush Hospital, supporting people with frailty and urgent care needs to get home sooner and healthier. This will be the first acute site in Wales to implement these principles that are focused on the first 72 hours of the elderly persons' pathway in an acute setting.
- Health Care Professional conveyance rates by GP cluster / practice – working with Welsh Ambulance and Primary Care colleagues to undertake a full evaluation of the conveyance rates to understand the variance, if any, between clusters and roll out examples of best practice to other clusters.

Making Every Contact Count - components 1, 2 & 3

- Flu immunisation campaign – working with public health colleagues to ensure a consistent and robust approach to addressing winter pressures.
- Choose Well – further development of our Choose Well campaign, helping the population of our region to make informed decisions when seeking medical attention.

Bed Configuration - component 5

- Elective capacity – understanding the demands on the elective bed base, ensuring alignment to the Health Board's RTT plans.
- Critical care capacity - understanding the demands on our critical care bed base, and what actions that can be taken to ensure capacity throughout the winter period
- Community care capacity - understanding the demands on the critical care bed base, and what actions that can be taken to ensure capacity throughout the winter period.

Discharge to Assess – component 6

Development of the Health Board's discharge to assess model; ensuring that patients who no longer require an acute hospital bed receive their assessment for longer-term care and support needs in the most appropriate setting and at the right time for the person.

The Health Board is also changing the way our Long Term Care Specialist Nurses deliver care to patients. The support they provide will start as soon as a patient is identified as requiring Long Term Care and the Specialist

Nurse will then be supporting and advising staff, patients and their families through this complex process. With their extensive knowledge and experience of the independent care home sector they will be able to offer the patient and families in-depth knowledge about the care home chosen, what to expect when they move in and the finer details that really matter to patients to support a structured and well controlled transition in partnership with the Independent Care Home. This will ensure that patients requiring long term care planning are identified at the earliest stage of admission.

Other Actions

An evaluation of the effectiveness of the perfect week initiatives that Glangwili and Withybush Hospital undertook in the weeks leading up to and post the Christmas holiday period demonstrated the value of this initiative and recommended that this was undertaken again in the lead-in to Christmas and that there would be value in undertaking a perfect week in the 2nd week of January.

Last year saw annual leave restrictions in place over the Christmas and New Year period and it is recommended that this be implemented again this forthcoming year, with a view to extending the period to the first 2 weeks of January, as this historically has been a period of higher escalation.

This winter resilience group will now continue to meet regularly in the run up to the commencement of winter to develop more detail around these high impact actions and ensure robust integrated county operational plans are in place. The Health Board will also continue to work with Welsh Government and other Health Boards to implement identified best practice where possible.