

**ABMU Health Board Written Submission:
Health, Social Care & Sport Committee Inquiry into Winter Preparedness
Thursday 19th July 2018**

ABMU Summary

Despite a comprehensive winter planning process which included partner organisations in WAST, our three Local Authorities and the third sector, the winter period of 2017/18 was particularly challenging, with some services seeing exceptional levels of demand and reported increases in patient acuity.

There were a number of factors which represented a change in the demand experienced in the winter of 2018/19.

Although the overall number of attendances to our Accident & Emergency departments and minor injuries units was largely consistent with the demand presenting the previous winter, variation in daily demand was a challenge at times in terms of our ability to respond within the staffing resource and capacity available.

The prolonged winter was a key factor, which continued well into April, and which tested the resilience of services and staff across the system.

Flu prevalence was significantly higher than in previous years and had a significant impact on patient flow and capacity from January onwards. At the same time we had our highest recorded ambulance red conveyance demand - a 24% increase in red conveyances to our hospitals through the winter. We also saw during times of exceptional system pressure, an increase in the number of patients who self-presented at our emergency departments.

In spite of these challenges, our staff worked extremely hard over the prolonged winter period to maintain services across the whole of the unscheduled system, and the flexible use of surge bed capacity supported flow across all acute sites. We maintained our ability to perform elective operations for the vast majority of patients, reducing cancellations for bed capacity reasons by 19% on the previous year.

The Health Board used the winter period to test new pathways and models of care to improve patient flow and patient outcomes. For example, pilots in Singleton and Princess of Wales Hospitals avoided hospital admissions and delivered reductions in lengths of stay; and the joint working between our Acute Clinical Response Team and WAST enabled patients to be treated at home, avoiding unnecessary hospital admissions.

The Health Board has started to plan for the next winter period using a multi agency approach. This includes learning lessons from 2017/18, as well as the development of more sustainable models of care and capacity to respond to the changing demands on the wider unscheduled care system all year round. We will focus on maintaining patient safety and patient flow using the SAFER bundle approach and will continue to develop our frailty services with therapy and reablement resources to support admission avoidance and more timely discharge. We will continue to prioritise early intervention by developing models that deliver care closer to home by an appropriate care professional at the time it is needed.

A more detailed report evaluating winter 2017/18 and describing how we intend to develop our 2018/19 plans has also been provided.

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Winter 2017/18 Evaluation / Winter 2018/19 Planning

Introduction

1. The Welsh NHS confederation has prepared a paper on the key issues and challenges faced by NHS Wales over the winter of 2017/18, as part of the evidence gathering process to feed into the Health and Social Care and Sport Committee inquiry into winter preparedness on 19th July 2018. As part of the development of this paper by the NHS confederation, the Health Board submitted examples of the positive impact of its approaches implemented over winter 2017/18, some of which are included in the paper.
2. The Chief Operating Officers for ABMU University Health Board and Cardiff and Vale University Health Board will be representing their respective Health Boards at the inquiry on 19th July 2018, and have a shared time slot for this purpose. This paper forms the ABM University Health Board's written submission to the inquiry, presenting key messages and learning from the evaluation of the winter of 2017/18, together with outline plans to enhance system resilience within ABMU Health Board for the forthcoming winter.

Background

3. Despite a comprehensive winter planning process which included partner organisations in WAST, our three Local Authorities and the third sector, the winter period of 2017/18 was particularly challenging and prolonged. The Health Board experienced significant patient flow pressures, significant variation in demand, high flu prevalence, and the adverse weather conditions experienced at the end of February and into early March, presented further challenges to the unscheduled care system which was already under considerable pressure.
4. The Health Board allocated £1.2million to support the winter pressures experienced in 2017/18. The Health Board also received confirmation in January 2018 of £1.7million additional Welsh Government non-recurrent funding, to support the management of winter pressures.

Demand

5. The Health Board experienced a challenging winter with some services seeing exceptional levels of demand and increase in patient acuity. For example:
 - The GP out of hours/ 111 service across ABMU Health Board saw an 8.5% increase, equating to 4,585 patients, during November 2017 – March 2018 when compared to the same period the previous year.
 - Although the overall number of attendances to our Accident & Emergency departments and minor injuries units was consistent with the demand presenting the previous winter, there were a number of factors which represented a change in the demand we saw last winter and impacted upon our performance.

- Attendances at our two major emergency departments between November 2017 and March 2018 increased by 2.2% compared with the previous year, whilst attendances at our minor injuries units reduced by 7.7%.
 - Daily variation and unpredictable peaks in demand were difficult to respond to within the physical environmental and staffing capacity available in our emergency departments.
 - The number of patients who were conveyed by ambulance in the red or life threatening category between November 2017 and March 2018 increased by 24% when compared with the previous year, whilst our amber and green categories conveyance reduced by 10% and 15% respectively. March 2018 saw the highest recorded red conveyance demand for ABMU Health Board.
 - Emergency medical admissions in the >80 age group increased by 10.8% in February 2018 and by 8.6% in March 2018 when compared with the same months in 2017.
 - The bed days lost associated with delayed transfers of care in non-mental health services increased by 3% between November 2017 and March 2018 when compared with the same period in the previous year.
 - Flu prevalence was significantly higher during the winter of 2017/18, which has a significant impact on patient flow and capacity.
 - High demand and ongoing growth for cardiology and stroke services was experienced across the Health Board.
6. Despite the significant pressures on the system:
- Cancellation of patient operations for bed reasons reduced by 19% between October and March compared to the same period in 2016/17.
 - There was a reduction of 9.5% in the number of medical outliers in 2017/18 compared to 2016/17.
 - Our staff vaccination rates were the highest achieved with over 9500 (58.5%) of our staff vaccinated across the Health Board, making this our most successful campaign to date.
 - Our increased focus on delivering higher levels of activity through ambulatory and day of surgery models of care contributed to reduced lengths of stay.
 - A surgical assessment area trialled in Princess of Wales Hospital's Emergency Department demonstrated performance gains (5% against 4hrs) and also reduced emergency surgical admissions.
 - In Singleton Hospital an acute frailty model was piloted which resulted in 38% of patients being discharged directly from the assessment unit, and a 9.55 day reduction in average length of stay for patients.
 - Neath Port Talbot Hospital (NPTH) implemented a range of measures which enabled increased patient flow from acute sites by 20%.
 - The Gold Command arrangements implemented in response to the adverse weather conditions at the end of February and early March demonstrated strong multi-agency working and a positive whole system responses at times of exceptional pressures.
 - The implementation of good infection control measures and practice contained the spread of infection for patients attending our hospitals with suspected and confirmed flu.

Performance

7. Following improved 4 and 12 hour performance in the summer of 2017, the 4 and 12 hour A&E performance for the Health Board deteriorated during the winter period. There was a particular increase in the additional time patients spent in our Emergency Departments resulting in an increase in the number of patients who were treated and also discharged from the Emergency department due to unavailability of beds within our hospitals.
8. Our ambulance handover times also deteriorated over the winter months and contributed to increased ambulance lost hours. At times of exceptional system pressures it was also noted that there was an increase in the number of patients who self-presented at our emergency departments, as a result of prolonged ambulance response times.

Acuity of patients

9. Whilst the overall number of emergency medical admissions in the >80 age group was comparable with the previous winter, the number increased by 10.8% in February 2018 and by 8.6% in March 2018 when compared with the same months in 2017.
10. The number of patients who were conveyed by ambulance in the red or life threatening category between November 2017 and March 2018 increased by 24% when compared with the previous year, whilst amber and green categories conveyance within ABMU Heath Board reduced by 10% and 15% respectively. In relation to the amber conveyances however, data suggests that amber 1 conveyances are seeing an increasing trend whilst amber 2 conveyances are reducing.
11. Our critical care units in Morriston and Princess of Wales Hospitals treated 6.5% more patients in the period between November 2017 – January 2018 than they did in the same months during 2016/17.
12. The number of stroke admissions presenting at our major hospital sites increased by 9% between November 2017 and March 2018, when compared with the same period in the previous year.
13. High demand and ongoing growth for cardiology services was experienced at Morriston hospital in particular.

Ambulance Service within ABMU Health Board.

14. There has been a changing dynamic in relation to the prioritisation of patients conveyed. The number of patients who were conveyed by ambulance in the red or life threatening category between November and March 2018 increased by 24% when compared with the previous year, whilst our amber and green categories conveyance reduced by 10% and 15% respectively. In relation to the amber conveyances data suggest that amber 1 conveyances are seeing an increasing trend whilst amber 2 conveyances are reducing.
15. A joint programme of work implemented with WAST during 2017/18 resulted in a reduction in lower acuity conveyances. This programme of work involved:

- NPT and Swansea Acute Clinical Teams based in the community responding to appropriate patients who entered the 999 system. This project resulted in most of the patients who were seen by the ACT avoiding admission to hospital unnecessarily through timely access to the provision of the appropriate support in the community, as well as releasing ambulance personnel/capacity. 92% of patients treated remained at home (average age 81 years).
- The i-stumble training programme being delivered to care homes in the three localities to avoid and reduce the number of falls conveyances to hospital.
- Frequent attender work has continued and continually reduces the unnecessary impact on both WAST and ABMU Health Board Emergency Departments. Within ABMU Health Board, the percentage of frequent attenders reduced from 11.1% in January 2018 to 7.1% in March 2018.
- The compliment of Advanced Paramedic Practitioner (APP) within the Health Board increased to 3 at the early part of 2018, resulting in an increase in the number of patients who were not conveyed to hospital following the assessment and intervention of these health care professionals. By April 2018 71.32% of patients were not conveyed to hospital following an assessment by APPs.
- WAST worked closely with GPOoH/111 service whereby paramedics attended to patients on behalf of the GP. As a result of the positive impact of this model, the Health Board has now funded 3 posts to support the recruitment / provision of paramedics in the OOH service 7 nights a week.

Influenza & Infection Control

16. The 2017/18 winter period saw higher rates of influenza activity compared with previous influenza seasons. The number of cases identified within the Health Board during January 2018 was four times higher than the previous year. This significant level of influenza activity had a direct impact on daily operational service delivery across all of the acute hospital sites.
17. A structured debrief on the influenza season was undertaken in April 2018. This debrief looked at the challenges experienced over the winter in detail, it considered how we responded and the impact of the season on our services. The debrief enabled us to capture the learning from the full influenza season which has informed the development of a plan in preparation for the next flu season.
18. Appendix 2 provides graphical information to demonstrate the operational impact of flu over the last winter.

Primary Care

19. The GP out of hours/ 111 service across ABMU Health Board saw an 8.5% increase, equating to 4,585 patients, during November 2017 – March 2018 when compared to the same period the previous year.
20. The GP OOH workforce was more fragile than in previous years. However the service worked increasingly closely with the 111 service to jointly manage service / sustainability challenges through further workforce redesign and increased use of other health care professionals to support and manage appropriate calls, such as paramedic and pharmacist roles.

21. Working with voluntary organisations, Primary Care services in ABMU were able to commission Community Companion schemes, Red Cross initiatives to support discharge of patients and to provide supportive equipment in frail older peoples' homes.
22. Around 2500 "My Winter Health" packs were issued to citizens/patients within the Health Board.
23. Close working between acute and community staff at every level resulted in increased patient throughput at our 2 community hospitals compared with the previous winter.
24. Increased community pharmacy capacity was implemented to improve access to advice and treatment for patients with minor illnesses and ailments.

Workforce

25. Workforce was a risk identified within our winter plans and capacity has been a key constraint and challenge in key areas - across medical, nursing and therapies, primary and hospital services and in domiciliary care as a result of recruitment and also retention issues .
26. Whilst the Health Board continues to develop different approaches and new workforce models to mitigate some of these challenges, some of our services remained fragile over the winter period as a result of workforce capacity issues.
27. In spite of these challenges our staff worked extremely hard over the prolonged winter period to maintain services across the whole of the unscheduled system.

Social care provision

28. Domiciliary care provision within parts of the Health Board continues to be fragile, and was identified as a risk in our winter plans. As an example of this one of the care providers in the Health Board area handed back their contract to the Local Authority prior to Christmas, which impacted on overall capacity.
29. The Breaking the Cycle (BTC) period involved our local authority partners who fed back significant improvements in communications and the value of senior social services managers to be on site forging closer links and support to manage pressures across the whole system of health and social care, including flexing capacity to respond to increased demands where possible.
30. Local Authorities received separate WG non recurrent investment to support the winter pressures in early 2018, which was targeted at supporting additional packages of care where possible and also in providing equipment to support hospital discharge and to prevent hospital admission.

Winter planning 2017/18

31. The winter plan for 2017/18 is attached in Appendix 1.

32. The plan was developed on the basis of the emerging themes from the National evaluation of the winter in 2016/17, our own learning within ABMU Health Board from previous winters, from shared learning from other Health Boards within Wales, and on the principles agreed by the Executive team to focus on targeting frailty services, enhancing ambulatory care services, strengthening pre-hospital pathways and services, and implementing the Breaking the cycle approach in early January, as previous experience and data suggested that this was one of the most challenging periods across the unscheduled care system.
33. Our plan built upon the changes implemented earlier in the financial year in relation to the development of frailty and ambulatory care models and improvements in pre –hospital pathways, and pathways to improve patient flow across the unscheduled care system. The plan also recognised the need to allocate additional resource to enable temporary increases in bed capacity to be implemented over the winter months, in recognition of expected changes in our demand profile.
34. A number of actions were implemented to reduce the demands on our acute services over the winter months. These included:
- Development of a comprehensive flu plan which further engaged primary care and local authorities in promotion of uptake of the flu vaccine. 58.5% of our front line staff received the vaccination.
 - Targeted use of additional Intermediate Care Funding to increase support and capacity for our frailty services through the development of the acute clinical response teams and the development of the frail older persons pathway in Neath Port Talbot.
 - Continuing to maximise the benefit of the urgent Primary care service (111/ out of hours) within ABMU. As described above, the winter period saw much higher patient numbers being seen by the OOH service and greater support from the 111 service.
 - Various additional measures were planned and implemented in primary care – including the roll out of the telephone first model to practices, implementation of the directed enhanced service for Care Homes, implementation of a new community based IV pathway in community hospitals, and increased community pharmacy capacity.
 - Various joint initiatives with WAST as outlined earlier.
35. The following measures were implemented and specifically targeted at the “Big 5” demand areas:
- Health Care Professional (HCP) referrals to hospital
- TOCALs team from NPT discharged an increased number of frail older people from the ED at Morriston – including non-injury falls patients.
 - Strengthened frailty models at the front doors of Princess of Wales and Singleton Hospitals.
 - Acute Care Teams supported admission avoidance – see joint working with WAST below.
 - Green HCP call conveyances within ABMU reduced compared with the same period in 2016/17, indicating the alternative pathways developed to respond to minor calls were implemented and successfully avoided hospital attendances.

People who have fallen

- Winter plan – additional monies plan led to RN and OT support within the community team in the management of non-injury falls patients.

People who are experiencing chest pain

- There was a planned change to the duties of cardiology nurse practitioners at the Princess of Wales Hospital to reduce the amount of co-ordination of ward flow activity. Redirecting these staff to the front door for early assessment of patients/triage of patients needing to be seen by a cardiologist and those who need to be seen in emergency access cardiology clinic. This was to enable quicker discharge of patients earlier in the day.

Respiratory complaints

- At the Princess of Wales Hospital changes took place to secure additional equipment and staffing to ensure specialist expertise was available for patients with respiratory conditions who were previously receiving non-invasive ventilation.
- Additional “hot clinics” were implemented to improve access to specialist advice and input.
- GP practices and community pharmacies prioritised all at risk groups to target vaccination.

Mental Health

- A mental health pathway with WAST is in place, enabling direct conveyance to mental health units.
- Health Care Support Workers were provided by Mental Health services to support patients with dementia on acute hospital sites – for example where additional 1:1 nursing support was required.
- Extended hours of psychiatric liaison support were provided within the two major acute sites.

36. The initial winter plans identified potential additional bed capacity of 66 beds (+14 at weekends) across all sites. Based on the pressures experienced during November and December 2017, it was necessary to bring forward the additional capacity plan and implement the extra capacity earlier than planned on all sites.
37. Additional bed capacity plan was reviewed again in mid-December 2017 and further adjustments were subsequently implemented to respond to the pressures at the time. This resulted in changes being made to the Singleton hospital capacity plan and also access to 10 additional beds in Tonna hospital above our planned winter capacity to support the interim placement of patients pending discharge. A ward at Singelton Hospital was re-designated a swing ward which helped to better manage/balance elective and emergency pressures, and a Theatre admission unit was created at this hospital to increase day of surgery admissions, and to support elective activity.
38. As part of the learning taken from the national evaluation of the winter plan for 2016/17, the Health Board adopted the Executive led ‘breaking the cycle’ approach between 8th -22nd January 2018. A full evaluation of the impact of this was undertaken and the benefits included:
 - Engaging and enlisting support from staff who would otherwise not be involved in patient flow;

- Releasing staff time through cancelling non-urgent meetings, to provide increased leadership and support to staff at ward and departmental level;
 - Improved communication and greater understanding of roles, services and processes across the system.
 - Reduced levels of escalation across the unscheduled care system and improved recovery times following periods of high demand.
39. Other key actions taken by the Health Board, and by Local Authority partners to improve resilience and flow included:
- Increased non-emergency patient transport capacity.
 - Increased access to the community equipment store.
 - Communications with carers association and 3rd sector to support winter plans.
 - Ongoing and rapid reviews of packages of care.
 - Introduction of new flexible resource service in mental health services to support patients with mental health issues on acute hospital wards in Swansea.
 - Increased hours of the acute psychiatric liaison teams in our emergency departments.
 - Targeted increased support from therapies to support the front door.
 - Additional CEPOD capacity being implemented in Morriston and Princess of Wales hospitals to support emergency flow in surgical specialities.
 - Strengthened weekend pharmacy cover at Morriston and Princess of Wales hospitals.
 - Review of consultant job plans to enhance consultant presence on ward rounds and to support the front doors of our hospitals.
 - Improved escalation and management on call arrangements and capacity.
40. The winter period also demonstrated joint working with other Health Boards – for example, through the Critical Care Network during periods of pressure in units along the M4 corridor, during times of high pressure there was regular communication around management of ambulance flow across health board boundaries, and regular communication to support the timely repatriation of patients between Health Boards. However capacity challenges experienced across all Health Boards in Wales hampered the opportunities for mutual support at times.
41. The Health Board's 2017/18 winter plan identified key risks as workforce and system capacity, and the impact of infection on capacity and patient flow. These were risks which all materialised over the course of the winter period with varying degrees of impact on patient flow. Further consideration around reducing the impact of these risks is included within the 2018/19 winter planning section later in this document.

Unscheduled care - Planning for Next Winter

42. An evaluation of the winter plan for 2017/18 has been undertaken on a lessons learnt basis, and this information was shared with WG colleagues in February and April 2018. Additionally, separate feedback was also provided to Welsh Government colleagues on the impact of the Breaking the Cycle approach that was implemented across the Health Board in early January 2018, as this was an approach that was promoted and encouraged by WG as part of the learning from the winter of 2016/17.

43. ABMU Health Board was well represented at the National Winter planning event arranged by Welsh Government on 1st May 2018, and the ABMU team also included representatives from WAST and the three local authorities. This event was positively received in that it:
- provided opportunities to share learning from organisations across Wales,
 - provided time for the ABMU HB team to discuss and reflect upon the learning from our winter plans, to inform the development of plans for 18/19,
 - reinforced the need for a system wide approach to managing the additional seasonal pressures which the winter months bring,
 - reinforced the need to move away from pilots and to focus on a smaller number of priorities that increase resilience across the system all year round, and not only for the winter months.
44. As a result of the learning from 2017/18, the Health Board has supported the development of front-door frailty models that were introduced at Singleton and Princess of Wales Hospitals during the last winter period. These models are now being implemented on a sustainable basis. Further service change projects being progressed ahead of the next winter period include:
- A COPD early discharge scheme which will support the discharge of respiratory patients from Morriston and Singleton Hospitals into the community.
 - Further implementation of SAFER flow bundles.
 - Remodelling and enhancing the frailty service at Singleton and Gorseinon hospitals.
 - Roll out of Transfer of Care and Liaison Service at Neath (TOCALs) to Singleton Hospital.
45. The increased prevalence of influenza in our communities in the 2017/18 winter, and the snow/ adverse weather experienced at the beginning of March, both had a significant impact on the resilience of our unscheduled care system. Consequently separate de-briefing sessions have taken place on the Health Board's flu plan and the adverse weather plan. Lessons learnt from both sessions are being fed into the development of our winter plans for 2018/19.
46. An ABMU multi agency winter planning group, chaired by the Chief Operating Officer, has already met to start the development of the winter planning response for 2018/19, recognising that winter planning is one part of the development of all year-round sustainable and integrated care models to improve patient flow across the unscheduled care system.
47. The following areas have already been highlighted as having the potential to increase system wide resilience and will be developed as part of our planning:
- The ongoing implementation and development of models of care in our frailty services together with increased capacity to support more timely patient discharge for the frail older person. Learning from within our own Health Board and from other organisations, has demonstrated that these models have resulted in improved patient flow, patient access and patient outcomes. This includes reviewing our therapy and rehabilitation resources to support admission avoidance and more timely discharge.

- The Bevan exemplar pilot implemented between WAST and our acute clinical response teams in the winter months, evidenced a reduction in the conveyance of frail older people to hospital. The pilot demonstrated the potential to make a significant impact on reducing demands on our hospital system through earlier intervention, and by supporting this group of people at home, with the right care, at the right time by an appropriate care professional. Constraints on the capacity within the Acute clinical response team affected their ability to support additional numbers of patients during the pilot, and will be considered by the Primary and Community services delivery unit as part of the wider service redesign proposals.
- The learning from the Breaking the Cycle approach will also be incorporated into our winter plans for 2018/19, with a key focus on maintaining patient safety and patient flow using the SAFER bundle approach. The Health Board is also currently working with the Delivery Unit on the implementation of the Safety Huddle approach over the summer months which will compliment and enhance the SAFER bundle model of care.
- It is intended to repeat the Breaking the Cycle approach in the early part of January 2019.
- To reduce the risks associated with domiciliary care providers over the winter period, our plan for 2018/19 and beyond, includes exploring the development of different models of care to provide more resilience with this sector, and will also include opportunities to increase the support of the Third sector, particularly during the Christmas and New Year period when domiciliary care capacity is at a premium.
- Our plans for 2018/19 will reflect the benefits associated with implementing Gold Command and the multi-agency response implemented at times to deal with exceptional pressures in the winter of 2017/18, alongside a review our escalation processes across primary and community and local authority services to provide earlier warnings and responses to changes in demand.
- ICNet enabled earlier access to flu test results which informed quicker actions to be taken, and aided patient flow.
- Greater involvement of Public Health colleagues in anticipating changes in demand.
- A wider communications strategy for the public on the unscheduled care system and managing patient expectations.
- Improved operational processes particularly where patients are transferred between statutory organisations to reduce patient transfer times.
- Continued development of pathways and services that improve the management of patients in the 'Big 5' category.
- Joint work between ABMU and Hywel Dda Health Boards has commenced to review capacity, demand and solutions to manage the ongoing growth for cardiology services within Morriston Hospital.
- Planning for the provision of additional short term bed capacity above our baseline bed compliment to manage the predicted change in the demand for inpatient services over the winter months.

48. The Health Board's RTT delivery plans factor in the need to maximise efficiency from our core capacity, and also recognise the potential impact of winter pressures on elective activity. Our previous winter plans have included plans to mitigate the impact of winter pressures on elective activity, and as a result the Health Board has been able to evidence a year on year reduction in elective cancellations as a result of bed pressures over the winter months. However, our RTT delivery plans

for 2018/19 also include bringing forward elective activity where possible into the first 9 months of this financial year.

49. Clinical and managerial colleagues from the Health Board, Local Authorities and WAST will also be meeting with WG colleagues in two winter resilience summits – one in August and one in November. The aim of these summits is to review lessons learnt, to discuss the development of our plans for 18/19, and to identify any support required from national organisations to assist in the preparation of our winter plan.
50. One of the key learning points however was that whilst the additional non recurrent winter pressures funding received in January 2018 was welcomed, the confirmation of this funding late in the financial year did not enable Health Board to realise the full potential of this resource before the end of March 2018, due to lead in times to implementation and workforce capacity and constraints. Should this central funding be available in 2018/19, the earlier notification and allocation of funding would be particularly helpful in planning and shaping our arrangements for 18/19.

Appendix 1 – ABMU Winter Plan September 2017



Winter Plan
September update 2

Appendix 2 – Operational Impact of Influenza



Operational Impact
of Influenza in ABM