Cardiff & Vale University Health Board Submission to the Health, Social Care and Sport Committee Inquiry into Winter Preparedness

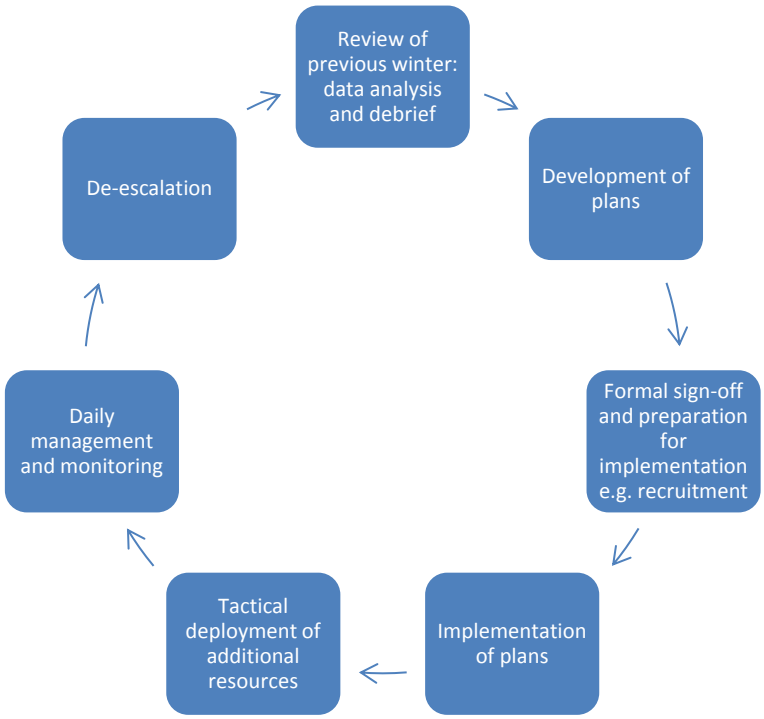
1. Introduction

1.1. 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 Cardiff and 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 the Health Board for the forthcoming winter.

1.2. The UHB has contributed to and received the NHS Confederation response to the committee. This submission therefore supplements that response with a local perspective and has avoided repeating observations where possible.

2. Background

2.1. Three years ago the UHB introduced a planning cycle for winter preparedness designed to bring forward the design and implementation of winter plans, enhance governance, maximise opportunities for integrated working with partner organisations, and promote learning. A high-level diagram of this planning cycle is shown below:



2.2. This continues to be the approach taken by the UHB with refinements and improvements made each year. This methodology has supported an overall improvement in both unscheduled care performance and specifically winter resilience up to winter 2017/18.

2.3. Our experience of planning for winter is that there are a number of essential components, all of which are connected by the common theme of the UHB's design principle 'home first':

- GP out of hours (OOH) resilience particularly over the Christmas and New Year period
- Promotion of flu vaccination
- Additional senior decision-makers at the 'front door' (the Emergency Unit and Assessment units, both adults and paediatrics), to promote early assessment and treatment to minimise the need for admission
- Enhanced support for patient flow management and discharge
- Resilient domiciliary care services
- Plans developed in partnership working with WAST, the local authorities and the third sector
- Increased medical bed capacity, particularly on the acute sites, and equivalent bed capacity in the community (e.g. CRT capacity, discharge to assess units etc.)
- Effective internal and public communication strategies

3. Unscheduled Care Performance ahead of winter

3.1. Winter preparedness is of course not an isolated task, it forms part of a wider programme of improvement for the unscheduled care system. The UHB and partners introduced a wide range of service initiatives over the past 12 months to support resilience and efficiency in the unscheduled care system, which contributed to the region's preparedness for winter. These included:

- Remodelling of the Emergency General Surgery
- Investment in and redesign of the GPOOH service
- Establishment of a Community Assessment Unit (residential discharge-to-assess unit)
- Establishment of an ambulatory emergency care unit
- Development of pathways with WAST
- Work with care homes to reduce unplanned hospital admissions
- Focused piece of work on reducing medical length of stay at UHL

3.2. These improvements were reflected in the UHB's activity and performance statistics up to the end of November 2018, demonstrating that despite sustained growth in demand performance had improved against all the key metrics:

Pre-Winter activity and performance *(April-November)*	**2016-17**	**2017-18**	**Year on year change**
EU attendances (total)	93548	97207	3.9%

EU attendances (majors)	44677	48008	7.5%
4-hour performance	84%	86%	1.5%
Number admitted or discharged within 4 hours	78885	83233	5.5%
Number over 12 hours in EU	354	278	-21%
Ambulance lost hours	4950	3768	-24%
Delayed Transfers Of Care (number)	651	473	-27%
Delayed Transfers Of Care (bed days)	17719	13008	-27%

4. Winter Planning 2017/18

4.1. A comprehensive review of winter 2016/17 was undertaken along with a multiagency winter debrief session which enabled the Health Board to evaluate what went well and identify the key learning points to inform the development and improvement proposals for the 2017/18 integrated winter plan.

4.2. The initial winter schemes were developed and approved early in the year (July 2017) and included:

- Increased capacity of the GP OOH service aligned to peaks in demand over Christmas and New Year
- Additional Acute Care Physician sessions
- Additional Paediatric consultant
- Extra Trauma SPR in the Emergency Unit on weekends
- Enhanced site management
- 24 additional medical beds
- Dedicated medical outlier team
- Additional two discharge to assess beds
- Transfer team and discharge lounge extended opening
- 'My winter health' & 'Choosewell' advertising
- 7 days no delays

4.3. Following notification of the additional winter funding available from Welsh Government the UHB introduced a number of further initiatives including:

- ACS pathway
- Additional trauma and emergency surgery list at weekends
- St John's clerical support in discharge lounge
- Dedicated senior nurse for stroke
- Flu based molecular point of car testing
- Additional SHO cover (medicine)
- Emergency Unit and WAST hospital avoidance team
- Additional therapies support

5. Key reflections 2017/18

5.1. A comprehensive review of winter has been completed and presented to our

Board. The review is part of our regular planning cycle for winter and summarises some of the key activity and performance measures for the 2017/18 winter period with comparisons to previous years. The review is also informed by a multi-professional and multi-agency debrief of winter, conducted in May, to gather feedback from clinical boards and partners on their experience of the 2017/18 winter, the effectiveness of the various initiatives and to inform the development of the 2018/19 integrated winter plan.

5.2. The UHB's key reflections on last winter are as follows:

a) ***Advanced Planning -*** Our internal preparations for winter began early, with the development and sign-off of the winter initiatives completed in July 2017. This allowed the maximum time for implementation and consequently, despite significant workforce and infrastructure challenges, the UHB was able to implement all of its original schemes as planned and on time. The additional funding received from Welsh Government in January was welcome and allowed the UHB and partners the opportunity to test new initiatives which we will consider as part of future winter plans and the development of our unscheduled care system.

b) ***Demand Increases and levels of acuity -*** The challenge of winter is not so much anticipating an increase in demand but the variability of that demand change from one year to the next. It is clear from our local data and the pattern across NHS Wales that the December to March period saw unusually high levels of demand, combined with higher levels of acuity.

c) ***Variability in the demand pattern -*** The *volume* of demand is clearly an important metric for each part of the unscheduled care system, however the timing of when that demand occurs can be equally important. The UHB flexes its capacity on a daily basis, anticipating the likely demand patterns for each service. In the pre-Christmas period winter was following a fairly typical pattern and the UHB was utilising its capacity accordingly, including where possible 'flexing down' or delaying the deployment of capacity (e.g. beds) in preparation for the January surge. Consequently the UHB was approximately where it expected to be heading into the Christmas period, including having 66 beds empty in addition to the 24 dedicated winter beds and a further 12 surge beds available, i.e. a total of 102 beds available to be deployed. The UHB then experienced two atypical periods, firstly between Christmas and New Year, followed by an unusually busy February.

d) ***Sequence of Exceptional Circumstances*** – The high levels of demand and acuity coincided with the highest influenza rates since 2010 and extreme weather conditions, testing the resilience of the system to the limit.

e) ***Reduced Unscheduled Care Performance -*** For Cardiff and Vale UHB the trend over recent years has been one of improving winter performance, reflecting a combination of greater preparedness and comparatively mild winters. However this winter the UHB had, in general, lower performance than the 2016/17 winter but improved performance on 2015/16.

f) ***Areas where performance continued to improve*** - It is important to acknowledge that, despite the significant challenges this winter, the UHB and partners maintained or improved performance in a number of areas:
   - GPOOH urgent calls responded to within 20 minutes
   - WAST 8-minute performance
   - Cancer performance
   - RTT performance
   - Diagnostics performance
   - Therapies performance
   - Delayed Transfers of Care
   - Postponed Operations

g) ***Resilience of our staff -*** Despite the exceptional pressures our staff remained resilient and continued to deliver high levels of care in very difficult circumstances. This was particularly evident during the extreme weather conditions.

6. Demand and Acuity

6.1. The UHB experienced significantly higher demand in most areas this winter. GPOOH calls were 4% higher than last year; the Emergency Unit (EU) attendances increased by 3% overall; and Medical admissions were up 4% (December to March). The two significant exceptions to this were ambulance conveyances (see section 11) and surgical admissions (down 7%). The reduction in surgical admissions follows a significant redesign of the Emergency General Surgery model from October 2017.

6.2. In addition to an increase in the volume of demand there were indications that the acuity of patients also increased this winter: referrals from GPOOH to secondary care were up 5%; EU 'majors' attendances increased by 6% and critical care bed days increased by 9%.

6.3. During winter 2017/18 fewer patients over the age of 65 were admitted per head of population compared to 2016/17 and 2015/16. Despite this the combination of a growing and ageing population meant 40% of emergency medical beds were occupied by patients over 85 years, an increase of three percentage points compared to the same period last winter.

7. Variability in the pattern of demand

7.1. In the pre-Christmas period the Health Board's preparations for winter were progressing as planned – all the winter schemes were in place or ready to be deployed, demand had followed a relatively familiar pattern and the hospital bed position was ahead of the bed capacity deployment plan (66 beds empty on 24th December, plus 24 'winter' beds and the option of a further 12 surge beds).

7.2. As described above the UHB experienced significantly higher demand across the whole winter period, but in addition to this the UHB saw two periods of

atypical demand patterns – firstly between Christmas and New Year and secondly during the month of February.

7.3. Between the 24th December and the 2nd January there were 289 (9%) more EU attendances than the same period in 2016/17, of which 201 were in the 'majors' category, an 11% increase. Three days in particular stand out – the 24th (22% increase), 30th (14%) and 31st December (26%). This increase in attendances translated in to an increase in medical admissions, 46 (12%) higher than the same period last year. Critically this meant that the number of beds occupied by a medical patient increased by 135 in this nine day period, subsequently peaking at its highest point for three years on the 8th January.

7.4. The typical pattern of winter is that the first week of January is the most challenging with gradual easing of the pressure from that point onwards (however there is often variation from this general trend). This year, as stated above, the first week of January proved to be a very difficult period followed initially by some improvement. The month of February however saw significantly higher demand and acuity, summarised in the table below:

Emergency Department Attendances	**Feb-17**	**Feb-18**	**+/-%**
Total ED Attendances	10664	11412	7.0%
Resuscitation Cases	487	552	13.3%
Majors	5518	6107	10.7%
Minors	2850	2878	1.0%
Paediatric	2296	2427	5.7%
Resus/Majors cases Age 65+	1693	1923	13.6%
Resus/Majors cases Age 85+	478	549	14.9%
Emergency Admissions Activity			
Emergency Medical Admissions	1464	1634	11.6%
Emergency Surgical Admissions	608	593	-2.5%
ITU Bed days utilised	848	926	9.2%
Total Elective Activity			
Total Elective Procedures	5958	5907	-0.9%
GP OOH Activity			
Calls to OOH	8641	8978	3.9%

8. Performance

8.1. Following significant year-on-year improvement up to November 2017 the 4-hour, 12-hour and ambulance lost hours performance deteriorated from December-March. As a result the full-year performance of the UHB ended as no change against 4-hour performance, a deterioration in 12-hour performance

and a 5% improvement in ambulance lost hours. The “Did not wait” performance was 4.5% for January-March, a small increase on the rest of the year but below the 5% target overall. These performance figures are in the context of 2017/18 being the busiest year ever for EU attendances, a 3.2% increase on 2016/17 and 5.9% increase on 2015/16.

8.2. Other unscheduled care process indicators showed greater resilience. The proportion of urgent GPOOH calls responded to within 20 minutes increased by 7% on 16/17; the number of DTOCs was on average 29% lower; length of stay reduced for surgical emergencies and there were fewer delays in discharge from critical care.

8.3. Despite the significant pressure on the unscheduled care system, it is testament to the professionalism and commitment of our staff that the UHB maintained and improved performance in many of the planned care services. The number of RTT patients waiting over 36-weeks continued to reduce throughout the winter period, reaching the lowest point since August 2010. Similarly the number of patients awaiting a diagnostic over 8 weeks reduced to its lowest point since May 2010. Overall, the total waiting lists reduced by 8000 patients between October 2017 and March 2018. 31-day cancer performance improved on winter 2016/17 and exceeded the Welsh Government target, whereas 62-day performance remained at the same level.

8.4. In summary, the UHB’s mitigating actions allowed elective services to continue to function throughout the period (with the exception of the days affected by heavy snow). This was in contrast to many other parts of the UK where elective surgery was cancelled on mass, delaying vital operations. Nonetheless, we did not reach the level of unscheduled care performance we expect as a Health Board and there are important lessons for us to consider in our planning for future winters.

9. Influenza and infection control

9.1. This year Cardiff & Vale community flu vaccine uptake exceeded the Wales average for both under and over 65s with levels slightly higher than last year (this year <65 at risk was 49.0% and >65 was 71.0%).

9.2. The uptake for frontline staff saw an 11.7% improvement on 2016/17. Feedback suggests the rise may be due to the increased use of Flu Champion Peer Vaccinators model and weekly reporting of statistics at Clinical Board level.

9.3. This season the circulation of flu was high intensity and the highest since 2010-11. The peak for first GP consultation was seen in the second half of January after which intensity did not decline to low intensity until March. Flu was therefore a significant contributing factor to February being a particularly challenging month.

9.4. Despite high levels of flu and diarrhoea and vomiting during winter 2017/18, the number of bed days lost was minimised through cohorting patients to avoid bed

closures. This was helped by the 'flu based molecular point of care testing' which allowed patients tested positively for flu to be cohorted as appropriate. The scheme also allowed a quicker risk assessment enabling wards to be reopened earlier and beds to be used which would previously have been closed as a precaution.

9.5. Whist the organisation was successful in minimising the number of beds days lost, the closure of beds inevitably places restrictions on where patients can be placed adding an additional complexity to managing flow through the hospital. This contributed to a significantly higher volume of 12-hour breaches seen this year.

10. Primary care and Community

10.1. Following investment into GPOOH services there was overall improvement in the percentage of urgent OOH calls logged and returned within 20 minutes, with a 7% increase from 2016/17 and a 13% increase from 2015/16. The percentage of routine OOH calls logged and returned within 60 minutes was broadly consistent with last winter but a significant increase of 16% from 2015/16.

10.2. A Community Pharmacy Common Ailment Service was established ahead of this winter. This is a scheme encouraging patients to consult a community pharmacy rather than their GP for a predefined list of common ailments. The pharmacist will then supply medication, advice or a referral to the GP if necessary.

10.3. The Community Resource Teams consistently achieved 35-40 new patients per week, albeit overall slightly below the weekly target of 40 slots. For the past two winters this service has been operational seven days per week, supporting flow across the critical weekend period.

10.4. As part of the ICF investment the region has invested in residential discharge to assess beds in both Cardiff and the Vale of Glamorgan. During the winter period an additional two beds were commissioned, supporting the early discharge of patients.

11. Ambulance services

11.1. The total number of lost ambulance hours was 5% higher than 2016/17 but 3% lower than 2015/16. Lost hours peaked in February but there was significant recovery in March.

11.2. 8-minute performance did reduce over the winter months but remained above the Welsh Government target.

11.3. As part of the additional Welsh Government funding the UHB and WAST piloted a Hospital Avoidance Project. The review of the project identified a reduction in conveyances and work is now ongoing to consider how this can be developed into a core part of the unscheduled care service.

12. Social care provision and DTOCs

12.1. 2015/16 saw significant issues in the domiciliary care market in Cardiff. Following ICF investment into the Bridging Team, domiciliary care was less problematic this year.

12.2. Delayed Transfers of Care (DTOCs) decreased in December and reached 39, the lowest figure for the two previous years. The number of DTOCs increased slightly between January to March but remained 23% below the year previous and 28% fewer bed days lost.

12.3. Local Authorities received separate Welsh Government 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.

13. Post-winter

13.1. The winter challenges continued into April before improving throughout May. The UHB de-escalated all of its winter plans in line with the original schedule.

13.2. Most recently the unscheduled care performance has returned to an improving trend, with the four-hour performance currently above 90% for the month of June, the highest performance since January 2014.

14. Preparations for Winter 2018/19

14.1. Preparations for winter 2018/19 commenced immediately following the end of winter 2017/18. In May the UHB formally reviewed last winter and all Clinical Boards were requested to develop their plans for 2018/19. The first drafts of these plans were received on 4th June 2018 and have been refined through June. The proposals will be taken to the UHB's Management Executive over the next few weeks for formal approval and will form the basis of the UHB's winter plan. The full integrated plan will be developed with the support of partners including WAST, social care services and third sector organisations, and be presented to the UHB Board in September. The timetable of planning activities is shown at the end of this document.

14.2. It is likely the winter plans for 2018/19 will include additional resilience for the GP out of hours service, senior decision makers at the front-door, additional critical care and ward bed capacity, and enhanced CRT and discharge-to-assess capacity. The UHB will continue to work with WAST to develop alternative pathways.

14.3. In addition to the specific winter plans, the UHB and its partners are working on broader system improvements for implementation through the summer and autumn of 2018 which will add resilience through the winter period. These include:

- the roll-out of multi-disciplinary teams to add capacity and resilience to primary care
- the development of a domiciliary discharge-to-assess service in Cardiff
- the expansion of the First Point of contact service to support early hospital discharge
- length of stay reduction initiatives at both acute sites and community hospitals to reduce the requirement for beds
- implementing a live ‘patient flow’ information system for unscheduled care – to identify constraints in key patient streams at the earliest opportunity
- maximising the benefits from the new Emergency General Surgery model
- review of the Emergency Unit flows

SEASONAL PLANNING CYCLE