



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf  
University Health Board

**AGENDA ITEM 4.7**

**31 May 2018**

## University Health Board Report

### WINTER PLANNING EVALUATION REPORT 2017/18 AND PREPAREDNESS FOR WINTER 2018/19

**Executive Lead:** Chief Operating Officer

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## Purpose of the University Health Board Report

The purpose of this report is to provide the University Health Board (UHB) with an evaluation of the robustness of the winter plan for 2017/18 and to set out the next steps to ensure that lessons are learnt in readiness for next year.

## Governance

### Link to Health Board Strategic Objective(s)

The Board's overarching role is to ensure its strategy outlined within 'Cwm Taf Cares' 3 Year Integrated Medium Term Plan and the related organisational objectives aligned with the Institute of Healthcare Improvement's (IHI) 'Triple Aim' are being progressed, these in summary are:

- To **improve** quality, safety and patient experience.
- To **protect** and **improve** population health.
- To **ensure** that the services provided are accessible and sustainable into the future.
- To **provide** strong governance and assurance.
- To **ensure** good value based care and treatment for our patients in line with the resources made available to the Health Board.

This report focuses on outlining the operational impact of all of the objectives above.

### Supporting evidence

This report is prepared in light of a recent multi-agency review of the UHB's winter plan to determine areas of success and where modifications may be required in advance of next year.

<b>Engagement – Who has been involved in this work?</b>						
Deputy Chief Operating Officer, Welsh Ambulance Services NHS Trust, Rhondda Cynon Taf Local Authority, Merthyr Tydfil Local Authority, acute, locality and primary care staff and a representative from Cwm Taf Community Health Council.						
<b>University Health Board Resolution To:</b>						
<b>APPROVE</b>		<b>ENDORSE</b>		<b>DISCUSS</b>	✓	<b>NOTE</b>
<b>Recommendation</b>	The University Health Board is requested to: <ul style="list-style-type: none"> <li>• <b>DISCUSS</b> and <b>NOTE</b> the content of the report.</li> </ul>					
<b>Summarise the Impact of the University Health Board Report</b>						
<b>Equality and diversity</b>	There are no specific equality and diversity issues highlighted within this report					
<b>Legal implications</b>	There are no legal implications highlighted within this report.					
<b>Population Health</b>	This report does link to population health.					
<b>Quality, Safety &amp; Patient Experience</b>	Unscheduled care pressures during the winter months have a huge impact on all sections of the health care system and this can impact of the quality and safety of the patient experience.					
<b>Resources</b>	Increases in unscheduled care attendances, alongside an increase in the number of patients attending acute services with multiple core morbidities, challenge the system during the winter months. The Welsh Government made additional resources available this year as set out in the report.					
<b>Risks and Assurance</b>	The report highlights a number of risks related to the operational delivery of services at times of increased pressure.					
<b>Health &amp; Care Standards</b>	<p>The 22 Health &amp; Care Standards for NHS Wales are mapped into the 7 Quality Themes: Staying Healthy, Safe Care, Effective Care Dignified Care; Timely Care; Individual Care; Staff &amp; Resources</p> <p><a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a></p> <p>The work reported in this summary takes into account many of the related quality themes including safe and effective care.</p>					
<b>Workforce</b>	A number of workforce challenges were experienced during the winter period and action was taken to mitigate the associated risks as far as possible.					
<b>Freedom of information status</b>	Open					

# **WINTER PLANNING EVALUATION REPORT 2017/18 AND PREPAREDNESS FOR WINTER 2018/19**

## **1. SITUATION / PURPOSE OF REPORT**

The purpose of this report is to provide the University Health Board (UHB) with an evaluation of the robustness of the winter plan for 2017/18 and to set out the next steps to ensure that lessons are learnt in readiness for next year.

## **2. BACKGROUND / INTRODUCTION**

The annual winter delivery plan sets out the UHB seasonal planning and delivery arrangements for unscheduled care (including mental health) and seeks to provide assurance to the Board that the organisation has robust plans in place to respond to anticipated increased pressures and seasonal risk factors during the winter period.

The plan is intended to provide assurance that we will preserve elective capacity as far as possible to allow scheduled care services to continue during the winter months as set out in the All Wales Delivery Framework and meet the legal requirements of the Mental Health Act.

The plan was developed in collaboration with key partners including the Welsh Ambulance Services NHS Trust, Merthyr Tydfil County Borough Council and Rhondda Cynon Taf County Borough Council. It aims to demonstrate how joint plans will ensure the delivery of safe, high quality services to the population during potential periods of increased pressure.

The Winter Planning and Preparedness Plan:

- reflects a whole system approach to the delivery of services over the winter period
- builds upon lessons learnt within Cwm Taf over recent years and the best practice, knowledge and experiences of our peers
- identifies the potential risks and sets out options and solutions to mitigate against them.

It is vital that the standard of care, quality of services and legal requirements are maintained even during the most challenging of situations. The potential impact on the patient experience is considerable and during the winter period we aimed to ensure:

- no avoidable deaths, injury or illness
- no avoidable suffering or pain
- no unnecessary waiting or delays
- no inequality of access to our services
- no referral to high cost mental health placements.

This paper reflects on the winter delivery plan for 2017-18, highlighting areas where there has been success and areas where there is a need to refocus when setting out the UHB plan for the next winter period.

### **3. ASSESSMENT / GOVERNANCE AND RISK ISSUES**

The key risks associated with planning for the winter period relate to the following areas:

- cold weather and the associated respiratory infections
- older people and chronic medical conditions
- influenza and the potential for pandemic outbreaks
- infectious disease outbreaks including diarrhoea and vomiting and noro viruses
- major incidents and escalation
- capacity and the need for surge planning to meet increased pressures
- extreme weather events linked to climate change e.g. heavy snow falls, flooding
- staff availability and sustainability during long periods of pressure
- maintaining patient dignity at all times regardless of the level of pressure
- the ability to meet the legal requirements of the Mental Health Act and prevent out of area high cost placements.

There are a number of policies and procedures in place to mitigate against these known risks, which are tested each year and amended as a result of any learning. The following sections provide a summary of a collaborative review of the 2017-18 winter plan, which in the main has delivered against the key aims set out above.

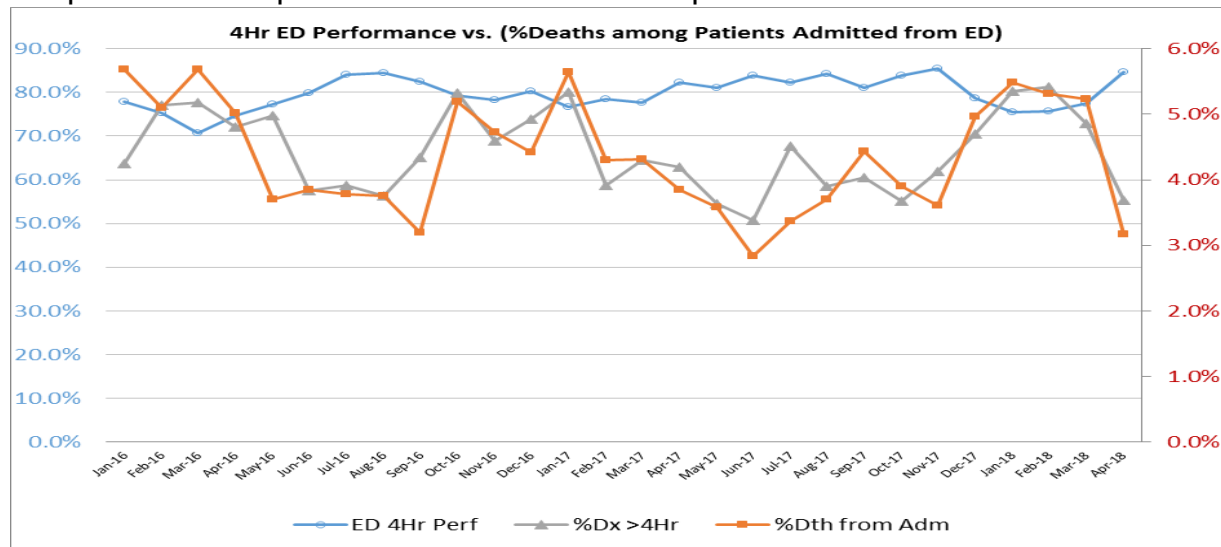
## **WINTER PLANNING EVALUATION REPORT 2017/18**

### **Volume and Acuity Challenges**

Colleagues will be aware from recent media stories that the first week after Christmas saw the pressure on services reach extreme levels across the UK. For Cwm Taf UHB this meant that we had over 500 additional attendances at the emergency departments and from 8 January to the end of the month, there were an additional 244 major cases. GP urgent cases tripled during this first full week in January with high levels of A&E attendances. This increase in attendances equates to more than 32 additional patients each day and we have seen the main increase in the 65-85 age group.

More patients have been admitted during this winter period compared to last. We can show improvements in the length of stay throughout the last year linked to our improved productivity, however average length of stay increased in January and February due to the increased demand.

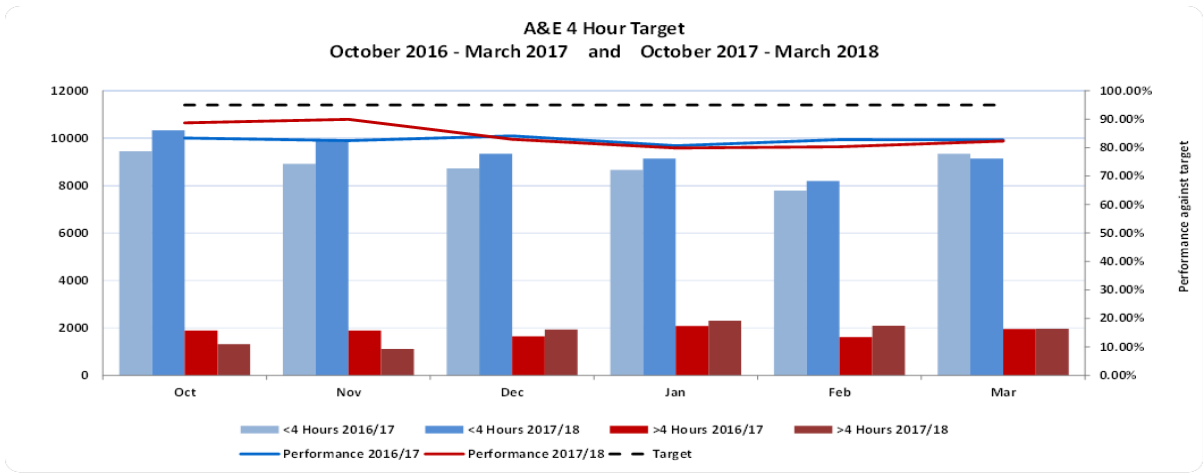
There are a number of challenges in meeting high levels of demand, especially during winter months where many of the patients who require care, treatment and support have increasingly complex needs and acuity. The most significant issue is not always the numbers of people presenting at emergency departments but also the complexity and severity of conditions of those admitted, the ability to transfer patients safely from hospital to their place of residence and to prevent readmission.



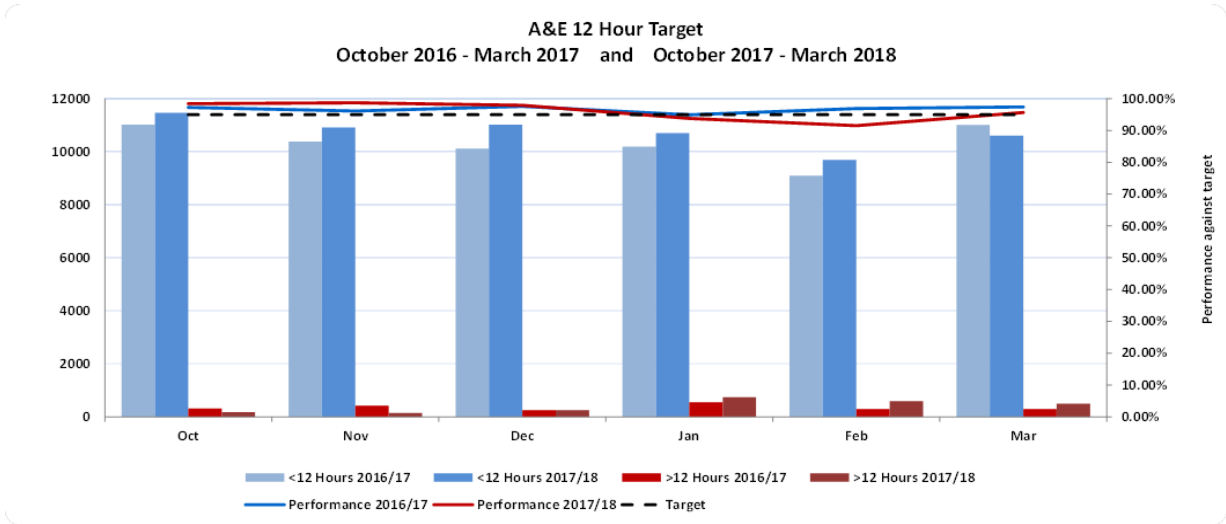
The above Warwick chart is reviewed on a monthly basis, and compares mortality rates against 4 hour performance on the date of attendance at the emergency departments. Over the past three years the mortality rate has reduced in overall terms but clearly demonstrates seasonal variation. The above also appears to reflect the acute nature of the winter pressure encountered this year across Cwm Taf.

During this time the UHB has maintained its zero tolerance approach to ambulance handover delays at our emergency departments. The UHB continues to perform well in this area, which in turn supports the Welsh Ambulance Services NHS Trust (WAST) with its ongoing delivery of red 1 calls performance within the Cwm Taf UHB area. Our continued zero tolerance approach to ambulance handover delays has been kept under constant review with daily operational management and improvement reviews where necessary. Our approach continues to be recognised as best practice across NHS Wales by WAST and the Welsh Government (WG).

Performance against the tier 1 targets for the emergency departments has deteriorated during the winter months with a significant dip in achievement of the 4 hour performance target during January and February 2018. The performance prior to December remained well above the previous year's performance reflecting a more resilient system, which is in part as a result of the integrated service developments we have implemented with local authority colleagues. This also appears to be influencing the UHBs ability to return to a stable state of delivery post the winter period.



Performance against the 12 hour performance target was also maintained in the later months of 2017, with performance dipping in February as a result of the acute level of pressure at this time. The UHB continued to undertake a senior review on a case by case basis of all patients who remained in the emergency department over 12 hours to ensure care and treatment was delivered in line with medical and nursing plans.



As mentioned above, the UHB has now returned to a stable state of delivery post the winter period and the first 18 days of May saw 91% performance against the 4 hour target (2017 was 85.4%) and 98.98% performance against the 12 hour target (2017 was 98.8%). The number of 12 hour breaches has reduced from 89 patients in 2017 to 70 patient this year and this is against an increase in attendances. The contribution of our winter plan to this ongoing sustained improvement should not be underestimated.

## **Managing Demand at the Front Door**

A number of key initiatives were in place across Cwm Taf to manage the high levels of demand and complexity of the patients attending our emergency departments during winter and these included:

- Increase in the hours covered by acute physicians to integrate with the emergency departments to support more effective front-door decision making
- Dedicated space on each district general hospital site to protect minor injuries stream
- Ambulatory care facilities aligned with the emergency departments on both acute sites with read across to the Stay Well @Home services
- Pilot project with St John's Practice in Aberdare and the WAST for the virtual ward
- Development of a number of cluster schemes around chronic conditions management
- Patient pathways in place with the WAST to reduce the ambulance conveyance rates
- Psychiatric liaison and crisis resolution services.

The **Stay Well at Home Team** was established in April 2017. The SW@HT includes a skill mix of social workers, occupational therapists, occupational therapy technicians and physiotherapists, working 7 days a week to undertake assessments at the emergency departments and support individuals to be discharged home. The SW@HT can access a four hour response from social care and the nursing @home service to ensure appropriate support can be provided in the community to ensure a safe and timely discharge. This service has been incrementally implemented across the CTUHB footprint with some aspects of the service yet to be rolled out fully e.g. medicines @ home.

The **Early Supportive Discharge Support Service** provided by Age Connect Morgannwg is in operation across two district general hospital sites to assist in unlocking additional capacity by speeding up hospital discharge, in a supportive way for patients and families. This service links seamlessly with the Stay Well @ Home service.

The **Virtual Ward** concept at St Johns Surgery in Aberdare continues to be developed with proactive support from community paramedics, occupational therapists, physiotherapists and other key professionals and discussions are underway to develop the next phase of this initiative for roll out across the Cwm Taf area.

In the cohort of 150 complex patients identified within the ward there was a 60% decrease in GP appointments, 80% decrease in hospital admissions and a 90% reduction in OOHs demand (currently being validated).

Robust plans were implemented to ensure the provision of **GP Out of Hours Services** with additional GP support over Christmas / New Year and other peak times during the winter. New clinical roles, such as advanced nurse practitioners and community paramedics were developed and worked alongside the GPs in the clinical team. The Christmas shift fill stabilised at over 80%, with 4,500 patients seen over three weekends with an average of 3.5% conversion to A&E. Where the GP fill rate was not 100% we secured additional Advanced Nurse Practitioner and Specialist Training Year 3 (ST3) doctor cover and increased coverage in other areas to compensate.

### **Delayed Transfers of Care (DToC)**

The DToC position in Cwm Taf saw a dramatic reduction from 43 cases reported in October 2017 to just 16 cases identified in March 2017. The total number of delays during 2017 were the lowest on record since records began 12 years ago and the DToC figure in January 2018 was the third lowest January in the last 13 years. This can in part be attributed to the focused efforts during the period of Gold Command as set out later in the report.

### **Infection Prevention and Control**

An increase in Influenza cases was evident this year in particular across the Merthyr Tydfil and Cynon area during January and February. We saw a sharp increase in admissions with suspected influenza in January and a cohort area consisting of 2 bays and 3 side rooms was introduced on ward 11 on the 15 January 2017. Ward 11 was used as a cohort area and was needed until 5 February with suspected and confirmed cases of influenza admitted to this area. The plan worked well and prevented the spread of cases across the hospital site. The admissions were also kept to a minimum with most patients being managed in a primary care setting.

From 1 January to 31 March 2018, we had a total of 109 suspected cases of influenza who attended the emergency department and paediatric ward or were admitted to PCH - 64 of those were confirmed influenza. Influenza has caused less disruption at the Royal Glamorgan Hospital and we did not need to cohort patients in one area and managed to isolate patients in single rooms. From 1 January - 31 March 2018, 84 patients attended the emergency department and paediatric ward or were admitted with suspected influenza - 28 of those were confirmed.

### **Flu vaccination rates**

The school vaccination programme saw the highest percentage uptake in Wales during 2016/17, and the UHBs nursery pilot moved the vaccination of 3 year olds to an increase in uptake of almost 30%. The pilot won the Beat the Flu Award for most innovative flu campaign.

This year saw the implementation of a scheme where midwives vaccinated pregnant women in one of our community hospitals.



The pilot commenced very late in the season (January) with 20+ women project vaccinated and the results are awaited. Frontline staff uptake decreased by 3% this year, which was disappointing and plans are underway to increase this rate for the forthcoming winter and to also consider a joint approach with key partners such as the local authorities and WAST.

### **Maintaining our Capacity for Elective Operations**

During the winter period – 1 October 2017 to 31 March 2018 - 167 elective cases were cancelled due to winter bed pressures. This was an improvement on last year and the lowest number of cancelled operations in the last 7 years as illustrated below.

2011/12	361
2012/13	886
2013/14	176
2014/15	605
2015/16	1114
2016/17	399
2017/18	167

It is clearly evident that there has been a significant reduction in cancellations this year, enabling achievement of the scheduled care year end position.

### **Staffing Profile and Surge Capacity**

The availability and sustainability of staff over the winter period was a key challenge for the UHB and workloads were prioritised on a daily basis to ensure that patient flow was maintained. We continued to engage with staffing agencies to ensure that areas were staffed appropriately however on occasion our challenging staffing position worsened due to lost agency shifts.

The availability of suitable staffing also impacted on our ability to increase the level of surge capacity on our acute and community hospital sites and this, on occasion, had an impact across the whole of the system.

Due to extreme pressure on the emergency departments we utilised all additional surge capacity during the winter period including the use of treatment rooms and day rooms, additional patients into clinical decisions units and opening additional areas. Despite this we remained at high levels of escalation for a number of weeks with the demand for inpatient beds far outreaching our capacity at certain points during the period.

## **Snow Plans and Adverse Weather**

The significant snowfall in early March had a big impact on access for all of our hospital sites. Whilst the demand pressures on our district general hospitals settled down as a result of the snow, increased efforts were needed using the combined resources of the WAST, Mountain Rescue Services, Fire & Rescue and Police Services and some volunteers to help us discharge medically fit patients and to move staff off or onto the sites.

We cancelled some outpatient and elective activities although we managed to complete urgent cancer electives and some other procedures. Remarkably we managed to avoid losing too much referral to treatment time target (RTT) activity through rebooking and the shifting of some activities into next weekend, thanks to the efforts of our management teams and the support of our clinicians.

Primary care demand was down and about half of our practices and community pharmacies remained open during the snow and our district nursing teams made home visits on foot throughout the region. Local authority services and domiciliary care services were heavily compromised by the weather, but colleagues were supportive in continuing to review care packages and also in terms of targeting gritting and supplementary transport activities to help us.

Our support services teams in catering, housekeeping, transport and other estate and facilities functions were absolutely remarkable in the way they sustained their support for colleagues. We have completed a robust review of the plans in place to respond to adverse weather events such as snow and the agreed actions have been incorporated into the overall plans for the next winter period.

## **Allocation of Additional Funding**

In January 2018, the Director General of NHS Wales advised all health boards of the allocation of additional funding in recognition of the exceptional levels of demand on unscheduled care services. The UHB allocated this money to some additional measures to enable greater resilience across the unscheduled care pathway over winter including:

- Opening surge capacity across both acute sites
- Increased nurse staffing levels to care for corridor waits
- Increased medical cover for the emergency departments out of hours
- Increased occupational health physician cover
- Additional funding to Care & Repair for small adaptations
- Continued provision of local authority reablement services
- Extended pharmacy provision on Sundays
- Employment of additional clinical support staff such as phlebotomists
- Commissioning additional transport services for hospital discharges and transfers.

## **Operating a Gold Command**

In early February 2018, the Chief Operating Officer instigated a Gold Command group for the Cwm Taf unscheduled care system. This group involved representatives from both local authorities plus officers from the acute, community, primary care, mental health and operational teams. The decision to enact a Gold Command sought to restore sustainable operational flow across the whole system.

A daily tasking environment was established by:

- Including community and primary care colleagues in the routine 10.30am daily conference calls
- Running an end of day call at 5pm every week day with local authority extended membership
- Running a daily deep dive meeting with local authority colleagues to ensure that we were expediting care packages
- Holding a weekly face to face meeting on a Wednesday to review the first half of the week and prepare for the second half
- Deploying senior executive and management leads to sites to provide leadership and support.

We ensured that key officers within the health board and local authorities had senior management contact details to facilitate the early resolution of any challenges and we ensured that robust on call arrangements were in place including arrangements to enhance the senior nurse presence on our acute sites at the weekend. The evaluation of the period of Gold Command is included in the next section that sets out the plans to ensure additional resilience in the system as we approach the next winter period.

## **WINTER PLANNING AND PREPAREDNESS FOR WINTER 2018/19**

Following the winter period and the adverse weather we have completed a number of review meetings with colleagues from the local authorities, Welsh Ambulance Services Trust and Community Health Council. These reviews have been consolidated into the following key themes with clear actions identified in preparedness for the next winter period.

### **Communications and Co-ordination**

Communication is key during periods of continued high escalation and adverse weather events and as always this is an area that can be improved.

The following actions are being taken to ensure that system and process issues are refined:

- Establish Gold Command earlier following consistent deterioration in the levels of escalation and increasing number of 12 hour waits in the emergency departments. Gold Command will include the establishment of clear communication protocols with local authority and WAST colleagues utilising social media and innovative channels where

possible; establishment of a recognised hub on each site with dedicated senior manager support; senior deep dives on each acute and community hospital site; clear communication protocols (automated where possible) to relay key messages across the sites and to receive early escalation of issues.

- Escalate and plan earlier when there is a “red” weather alert and this should include the instigation of a Gold Command.
- Update the staff policy related to adverse weather conditions and include a one page briefing note to clarify staff expectations re attendance at other sites, ability for agile working, and accommodation options.
- Implementation of an automated emergency department system to facilitate live data input and the sharing of “live” situation reports across the organisation.

### **Redesigning Service Delivery**

During the winter period it became clear that a number of service redesign issues needed to be progressed as a priority to ensure that we can meet the expected demand on services across all settings. Key actions include the following:

- Phase 1 of the Stay Well @Home service (SW@H) has been in place for the last year and evaluation has shown that it has been successful in improving discharges from the emergency departments and supporting earlier discharge following admission by providing responsive community services and avoiding unnecessary admissions. As part of the planned roll out of this initiative, phase 2 is a proposal to respond to community professionals (GPs, GP out of hours, WAST and district nurses) to provide them, following their assessment, with an alternative to sending people to A&E. Providing a rapid community response service to maintain people in their own homes. The introduction of phase 2 of the SW@H is a key priority for preparedness prior to the next winter period.
- Redesign of primary care and community based services needs to take into account the roll out of the virtual ward model, full utilisation of the @home IV service, maximised use of advanced care planning, enhanced support for care homes, development of a community communications hub for co-ordinated triage, full utilisation of WAST care pathways, review of multi-disciplinary working, robust arrangements for the GP out of hours service, and the development of step up capacity in the community hospitals.
- Clarification of the roles and responsibilities of the discharge co-ordinators, discharge liaison nurses, senior nurses and social workers

to ensure that the patient flow processes are clear particularly in relation to implementation of the Choice Protocol and interim placements for patients in dispute or going to Court of Protection for a decision.

### **Transport Arrangements**

Transport was a key challenge over the winter period and this was heightened during the snow period. The WAST was unable to prioritise inter hospital transfers due to the high levels of escalation within the Trust and the need to respond to red emergency calls. During the snow transport was key to allow staff to get to the sites to maintain services. The following key actions are now being taken forward in readiness for next winter:

- Commission non-emergency transport services from additional providers and ensure that plans are in place to facilitate the discharge and move of patients between sites during times of high escalation and adverse weather.
- Each directorate needs to identify a list of 'essential' and non-essential staff for transport prioritisation during adverse weather and this needs to be discussed with the facilities team. The plans need to take into account the need to utilise locally based staff where possible, special needs of individuals due to a disability, pregnancy or home location; the ability for agile working; and the skeleton staffing profile needed to maintain essential services.
- Continue to develop and train the network of drivers who can be called upon for support during adverse weather and consider the establishment of a combined public sector fleet in the Cwm Taf area with a 5<sup>th</sup> transport hub based at Ty Elai.

### **Cross Boundary Working**

Further thought needs to be given to the opportunities for joint working initiatives across organisational boundaries prior to the next winter period and areas for consideration include the following.

- Impact of the proposals to change the boundary alignment of Bridgend County Borough Council and the management responsibility for the Princess of Wales Hospital.
- The ability to utilise staff from other Health Boards who present at our sites during severe weather conditions.
- Robust processes for the repatriation of patients back to Cwm Taf and back to the local areas with particular issues identified for residents from the Gwent valleys and Creigiau area of Cardiff.

## CONCLUSION

Whilst this report focusses on an evaluation of the plans in place for winter 2017/18 and the organisational readiness as we approach the next winter period it is important to note that many of the process issues and planned service redesign are not specifically related to the winter.

Many of the identified actions will improve the system resilience and ensure that patients flow across the whole integrated pathway in a timely manner and therefore have been adopted into current mainstream operational working.

The Health Board can be proud of the improvements made in this cycle of winter planning and is very grateful for the huge commitment of its staff and many peer and supporting organisations across the public and voluntary service that worked with us throughout winter 2017/18.

## 4. RECOMMENDATION

The University Health Board is requested to:

- **DISCUSS** and **NOTE** the evaluation of the robustness of the winter plan for 2017/18 and the plans in place to ensure that lessons are learnt in readiness for next year.

<b>Freedom of information status</b>	Open
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