Health, Social Care and Sport Committee – 19 July 2018

Winter Preparedness

Aneurin Bevan University Health Board Response

A) Background

1. The Health Board welcomes the opportunity to provide evidence to the Health, Social Care and Sport Committee on our analysis of our Winter Plan for 2017/18 and describe how we are preparing our plan for 2018/2019.

2. The Health Board, together with Welsh Ambulance Services NHS Trust, the five Local Authorities, voluntary and independent sectors collaborated in the production of a single plan aiming to use data intelligence and learning from previous years to ensure robust arrangements for winter 2017/18.

3. The Health Board's Winter Plan set out the key partnership actions, timescales and resource requirements to effectively manage the predicted challenges associated with the winter period and build on the integrated approach to winter planning that has been used by the health community in recent years.

4. The Winter Plan set out a range of key objectives, such as:

   a) Improving access to services and ensuring effective communication with patients to ensure they have clarity about different entry points and options to access services.

   b) Pre-planned system escalation – (Breaking the Cycle events) clear focus on increasing bed capacity, reducing diagnostic delays for primary care and integrated management of heath professional calls.

   c) Prioritising more clinical capacity in our whole system to the urgent care pathway at forecasted times of increased pressure.

   d) Clear pathway of care for patients not requiring an acute hospital stay through alternative use of increased community beds and 'Green to Go' wards.

e) Improved access to social and community services through development of local integrated plans and care capacity.

5. The plan also identified high level risks around extreme demand pressures, particularly out of hours/weekend, nurse staffing, Local Authority capacity, achievement of Referral to Treatment (RTT), extreme weather and the impact on staff.

B) Evaluation

Urgent and Unscheduled Care Demand

6. A review of urgent and unscheduled care demand activity and performance for the winter period identified the key indicators and trends which have enabled us to better understand the impact of our actions and also the causes of pressure in the system.

7. Key headlines:

a) Emergency Department attendances continued the trend we have seen over the past few years which is an overall decrease.

b) Despite an overall decrease we continued to see an increase in those patients assessed in the Emergency Department as 'major cases' and 'resuscitation cases' (the most unwell patients).

c) Ambulance arrivals were 15.5% lower than the same time period in 2016/17, again this is a trend we have seen over the past year. However numbers of 999 calls increased by 3.4%.

d) Whilst we have seen a 2% reduction in overall attendances, we have seen 3% increase in self presenting patients, and admissions from this group of self-presenting patients has increased by 15% (730 additional admissions).

e) Emergency medical admissions ie patients admitted to a hospital ward (regardless of route of referral) increased by 7.7% when comparing February 2018 with the same period last year.

f) Over the past year GP referrals into assessment units have been fairly static, but increases were reported in demand in both January and February.

g) The presentation times at our acute hospitals showed a shift in attendance to weekends and evenings. This presents a further challenge for us as we try to reshape our system and redeploy our resources across the 24/7 period.

h) The Quality Improvement Measure for 4 hour stroke compliance (a measure which combines admission to a stroke bed and swallow screen within 4 hours) showed a deterioration in performance, against an increased number of patients admitted to hospital with confirmed strokes.

i) A number of events were held over the winter period to coincide with expected peaks in demand, these included a full audit of patient pathways and removing barriers to discharge or pathway continuation. We also reintroduced a practitioner team to improve the Elderly Frail Unit pathway to avoid unnecessary stays within the Emergency Department.

Primary Care Out of Hours

8. The actions outlined in the Winter Plan focused on delivering a service that resulted in increased access for patients and improvement to the timeliness of responses, providing a more sustainable service in the Out Of Hours period.

9. Implementation of the overnight nursing team continued to support the Urgent Primary Care Out-of-Hours Service during a period of significant difficulty in filling medical rotas. The overnight nursing team responded to circa 500 calls per month, a number of which would otherwise require attendance from a GP. The increase in total activity between 2016/2017 and 2017/2018 represents a 10% growth which is a significant increase for our Primary Care services.

Health Care Professional Calls and District Services

10. As well as hospital site pressures, we placed operational support nurses to work alongside the Welsh Ambulance Service Trust (WAST) Clinical Team Leaders. Primary Care nurses worked alongside the Out Of Hours and WAST teams, reviewing jointly the WAST Waiting Queue within the Clinical Support Desk. From this review, patients who could potentially be triaged/seen by nurses were allocated. For example, on one afternoon, 6 cases were seen. One case was a pre-arranged ambulance admission, one required hospital admission and the nurses arranged non-WAST transport, and the remaining four were assessed by the nurses and avoided WAST response/admission.

11. This arrangement was considered to be very successful as an escalation measure and further work is being undertaken with WAST to consider how this approach might be deployed on a more regular basis. There is also work being undertaken by the Emergency Ambulance Services Committee to identify other learning from winter initiatives that could help provide an appropriate response to demand.

Performance

12. Achieving the Welsh Government access targets for patients in our urgent care system was a key focus for the Winter Plan. However, overall performance across 4 hour performance, patients waiting more than 12 hours and ambulance waits declined considerably in the period January to March 2018. Whilst overall activity was not above last year's levels, there have been significant changes in both the patterns of demand and the acuity of patients who self-presented to the Emergency Departments to include Stroke patients and those requiring Critical Care.

13. The Winter Plan had identified key pinch points in terms of activity and performance in the latter parts of the winter period and we initiated a number of actions to mitigate this. The plan had highlighted the risks associated with extreme weather and periods of prolonged cold weather which were then experienced during the January to March period. This had a significant impact on activity within the emergency and assessment areas with high levels of acuity and peaks in demand for services following the extreme weather events.

14. Despite the great efforts of all of our staff, we experienced significant staffing challenges throughout the winter and staff sickness, associated with coughs, colds, flu and respiratory issues, was higher than predicted and higher than in previous winter months.

15. The additional actions put in place to overcome the impact of demand and the consequences of the bad weather included:

    a) Changes to management and senior nurse rotas to support business as usual approach to Out Of Hours periods and improve the operational management of the sites. There was an increase in the junior medical staffing cover at all of our acute sites alongside additional nursing cover within the Emergency Department and Medical Assessment Unit to enhance patient safety. There was a further roll out of the discharge co-ordinators across all acute sites to support clinical teams to plan and drive discharges in a timely and effective manner.

    b) Winter incentive payments to encourage our staff to care for our patients by working additional shifts and/or working hard to fill shifts.

    c) Between the period December 2017 and end of March 2018, an additional 100 beds were opened as planned to respond to the demand. However, for long and sustained periods, the Health Board was in the highest level of escalation which did not allow us to manage the patient flow or de-escalate fully.

d) This level of bed occupancy and escalated bed state had a significant impact on the ability of the Health Board to continue to provide elective surgical services through January to April 2018. This enabled us to focus services on emergency patients and maintaining cancer treatments.

Integrated Care Fund (ICF)

16. During the Winter period we saw official Delayed Transfer of Care numbers at levels which were 26% above last year, accounting for around 95 beds over the period. This had been highlighted as a risk within the plan. Through the Integrated Care Fund (ICF) partners developed a programme of integrated activity to support winter resilience and these included the following:

a) Discharge to Assess at Nevill Hall Hospital - the service has been provided by an independent care provider adding additional assessment and discharge capacity within the system. During the winter period the service discharged 52 patients within 8 hours of referral back to their home with a time limited package of care.

b) Increased Social Assessment and Support Capacity - provided additional capacity over weekend periods for assessment and carer support in order to expedite discharge.

c) Care Home In Reach Service - support has taken a number of different forms, most notably the further development of the i-stumble risk tool and the Falls Response Service (FRS). The FRS has continued to work with care homes to provide initial response to those that have fallen ensuring that citizens receive care in the least restrictive place. The FRS had involvement with 177 patients who had fallen during the winter period and who had contacted 999, of which 32% of patients required admission into MAU, this is compared to 78% for the previous year.

d) Therapy Led Ward in Newport - developed within St Woolos Hospital, providing additional rehabilitation services within a community hospital setting. Ensuring that patients who no longer required acute care within a District General Hospital had clear care pathways, supporting the patient flow.

Quality and Patient Safety

17. Despite the pressures experienced, departments have worked hard to maintain the key safety quality indicators such as the prevention of falls, pressure ulcers and sepsis. Falls and fractures associated with falls have been reducing through 2017 and did not show an increase through the winter period which demonstrates the focus of clinical teams on safe care.

Patient Experience

18. Delays caused by ambulance handover, waiting for a bed, delayed discharges meant that experience for these patients and their families was not the experience we would want for our patients. We have reviewed both the complaints and compliments to ensure we learn the lessons and listen to the voice of the patient.

Seasonal Influenza Vaccination Programme

19. From January 2018, we carried out 989 flu samples, 380 were for inpatients and we had 141 confirmed flu cases. Flu vaccination uptake in the community increased across all ages compared with the end of the flu season last year. However, more work is needed to reduce the inequality in uptake. For example, this year the uptake in 2 and 3 year olds ranged from 37.6% in Blaenau Gwent East to 58.9% in Torfaen South.

20. The Health Board uptake of the Staff Flu Immunisation Programme amongst all staff was 58%, this represents considerable improvement on the previous season of 52% and saw initiatives to recognise the best performing Divisions and strong visible senior leadership.

21. However, despite the improving level of staff immunisation, we saw significantly higher levels of staff absence during the winter period for reasons related to colds, coughs and flu. We also saw a 13% increase in those staff who were absent from work due to sickness. We typically report 63% of staff with no sickness, this year our performance reduced to 50%.

Financial Resources

22. An allocation of £0.55m was funded from reserves to support the increase bed capacity on all hospital sites for January – March 2018. Welsh Government also allocated £10m of winter monies in January of which £1.818m was allocated to the Health Board. Funding was used for additional Emergency Department cover, increased beds, discharge and home support and other preventative measures.

Communications

23. The Health Board developed a strategy for keeping staff and public informed of this year's plans. The 'Be Winter-Wise' campaign is a campaign that uses existing national level communications and literature related to winter advice and incorporates them into a single area. Central to the communication message is the 'Choose Well' Campaign, which is a national approach to informing patients of how to best access healthcare. All elements of the communication plan

were delivered successfully. In addition to the winter plan communications programme, the supplementary £25k Primary Care monies that was provided by Welsh Government supported a very successful social media campaign with new videos, road maps, leaflets and new infographics and reached 2.1 million social media users.

C) Winter Planning 2018/2019

Approach

24. The Health Board will take a collaborative approach to this year's plan alongside our partners in the Welsh Ambulance Services NHS Trust, the five Local Authorities, voluntary and independent sector to produce a single plan using evidence, data and learning from previous years to ensure robust arrangements for Winter 2018/19.

25. A number of the schemes from last year were assessed as essential to supporting core delivery and as such are now embedded into core service. These include the Discharge Co-ordinators (DISCOs), the Transfer Team, Safety Huddles ED and Board Rounds. These schemes will be revisited though the summer months to assess their effectiveness and maximise their potential for Winter.

26. The Health Board will use the learning from last Winter to inform the plan going forward. The structure of our plan will be in line with our priority areas within the IMTP and in particular around our Service Change Plans.

27. The Health Board will use a planned Executive led Winter Planning Workshop on 24 July 2018 to discuss learning from 2017/18, but also to share some wider learning from other Health Boards. This will allow for discussion, the generation of ideas and our proposals for this coming Winter. The Aneurin Bevan Continuous Improvement Team (ABCi) and Service Planning will support to ensure that we have a project management approach and that we develop a suite of measures to understand the impact of the actions. We will also review our plans against the best practice set out in Good Practice Compendium produced by the Welsh NHS Confederation.

28. Some of the schemes which we will explore are listed below. These will developed into a first cut plan for submission to the Executive Team by the first week of September and will set out the financial impact assessment, deliverability, risks to implementation and success measures.

Strategic Change Plan 1 – Improving Population and Wellbeing

a) Working with Primary Care and Public Health colleagues to develop schemes for the continued focus on flu vaccination for at risk

patients, staff, particularly those in the front line and vulnerable inpatients.

b) Explore point of care testing for early diagnosis and infection control management of any cases of flu.

c) Using our Communication Strategy for Winter, we will assess the impact of last year's messages and build on those with the most successful impact (Dr Olivia videos, Choose Well).

Strategic Change Plan 2 - Delivering Integrated System of Health Care and Wellbeing

a) Work with the Neighbourhood Care Network (NCN) we will be preparing winter resilience plans which will include additional support and increased community resilience.
b) Primary Care nursing teams will work more closely with WAST and Out of Hours, and we will build on the learning.

c) We will explore the Stay Well at Home service used in other health boards to work alongside the new Elderly, Frail Unit (EFU) which will maximise care closer to home reablement.

d) The Health Board will review the potential to purchase step up/step down beds in available nursing and residential care homes with appropriate protocols for access by community services and Primary Care.

e) During the Winter, we will look to extend the capacity and scope for the Discharge to Assess project which will have been in place with Local Authority colleagues.

f) As in last year's plan, we intend to increase Social Assessment and Support Capacity to provide additional resources over weekend periods in order to expedite discharge.

Strategic Change Plan 3 - Management of Major Health Conditions

a) Revisit the virtual inpatient ward model and capacity and consider whether they can support additional patients with exacerbation of chronic conditions.

b) We are currently working with WAST to review the scope of the Falls Service and building on the success to explore opportunities for maximising the impact and reach of this service.

Strategic Change Plan 5 - Urgent and Emergency Care

a) The Health Board will explore how the public can access information about current waiting times in the Emergency Departments and

Minor Injury Units so that they can make choices about when and where they access care.

b) We have already undertaken some early collaborative planning with WAST colleagues to understand data around conveyances, Hear and Treat and "scheduling" unscheduled care demand. Exploring the impact of the role of the Advanced Paramedic Practitioner based in the Emergency Department at times of peak demand and also the role working on the Clinical Desk and the Physician Response Unit.

c) We are planning work with WAST and community teams to explore pre-screening of the Health Care Professional calls on the WAST stack.

d) We will ensure early planning for the resourcing of additional inpatient capacity in both the acute sites and community hospitals, using the successful staffing model delivered this year.

e) An urgent action is to review whether additional Assessment Unit/ambulance space to off load can be made available on the ground floor at Royal Gwent Hospital, based on the fact that we are an outlier with regards to trolley and cubicle facilities per 100,000 population.

f) Clinical streaming of patients at the front door is part of our Urgent Care Plan to reduce variation, waste and double handling of patients and getting them to the right specialty first time.

g) We are currently exploring the implementation of direct admissions from the Emergency Department for accepted conditions (by pathway and protocol), e.g. Paediatrics.

h) Our Breaking the Cycle programme has continued to be successful and will be refreshed and reintroduced. A Breaking the Cycle rota will be prepared in advance of Winter to ensure maximum impact and resilience in both acute and community settings.

i) Our Senior Nurse and Senior Management support will be strengthened to cover Out of Hours and weekends.

j) Our Infection Control Team will refresh training and processes which are in place to identify any early potential infectious outbreaks with robust infection control measures.

k) Where possible, support Emergency Departments and Assessment Units with additional junior doctors.

l) We are seeking to secure additional Clinical Site Manager cover to support operational flow which should be in place before winter.

D) Summary

29. The Winter of 2017/18 was extremely challenging for the Health Board. Despite proactive planning of innovative and successful initiatives to manage the known risks, the change in demand and acuity, as well as the patterns of presentation there were times when the Health Board was compromised and there were unacceptable delays for patients and our partners in accessing our services.

30. The extreme weather saw significant dips in temperature and given that we know this contributes to a whole range of health conditions and together with our population demographic, this resulted in older and frail patients presenting with more complex needs and a higher level of demand for hospital services.

31. Our quality markers evidence that we did keep patients safe and incidents have been appropriately reviewed by the Health Board and WAST colleagues.

32. The planning is well underway for the coming Winter and the Health Board will work in partnership with colleagues to improve the robustness of our approach this year.