

Meeting	Health Board Meeting 31st January 2019	Agenda Item	3.1
Report Title	Interim Review Winter Plan 2018/19		
Report Author	Jan Thomas, Assistant Chief Operating Officer		
Report Sponsor	Chris White, Chief Operating Officer		
Presented by	Chris White, Chief Operating Officer		
Freedom of Information	Open		
Purpose of the Report	The report summarises comparative demand and performance for November and December 2017 and 2018, and also provides a progress update against implementation of the main winter planning initiatives.		
Key Issues	<ul style="list-style-type: none"> • Whilst overall attendances at our emergency departments and minor injuries units have reduced compared with November and December 2017, the number of patients requiring an emergency admission to hospital have increased; • The number of patients remaining in hospital and reported as a delayed discharge has seen a significant increase compared with 2017. • Flu prevalence to date has been lower than the levels experienced in 2017. • Performance against the 4 hour, 12 hour and ambulance handover waits have all improved when compared with 2017. 		
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance
			✓
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the report 		

1. Introduction

This report provides a brief overview of the winter so far. The paper summarises comparative demand and performance for November and December 2017 and 2018, and also provides a progress update against implementation of the main winter planning initiatives.

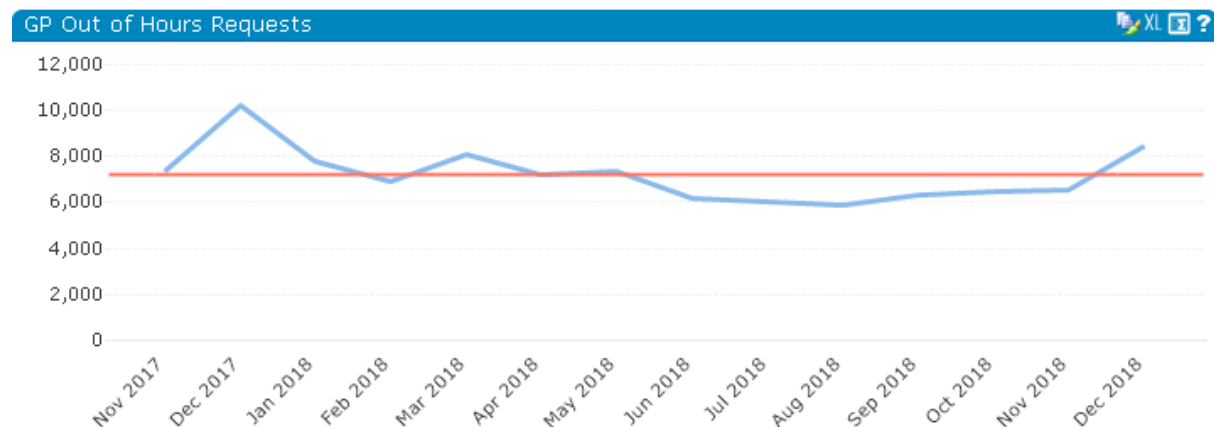
2. Demand

2.1 Attendances at Emergency Departments and Minor Injuries Units

There were 1940 fewer attendances at our hospital front doors in November and December 2018 when compared with the same months in 2017. It should be noted that the temporary closure of the minor injuries unit at Singleton hospital in early November has contributed towards this reduction as 1051 patients were managed through the minor injuries service in November and December 2017.

However taking account of this temporary change at Singleton, overall attendances were lower in 2018. Patients have been actively encouraged to 'Choose Well' and to access and utilise alternatives services to ED, such as the common ailment service now being offered in 95% of community pharmacies within the Health Board.

2.2 GP Out of Hours



The number of contacts with the GP out of hours service also reduced when comparing November and December 2018 with 2017. There were 2515 (14%) fewer contacts in these months in 2018. However, in December 2018 the GP out of hours service saw the highest monthly demand than that experienced during the whole of 2018. Capacity within the out of hours service was well placed to respond to the increased demand during December.

2.3 Emergency Admissions

Whilst the number of attendances at our ED's, minor injuries and out of hours services was lower in November and December 2018 than in 2017, the number of patients who subsequently required an emergency admission to hospital increased by 508 patients (+ 4%) in November and December 2018 when compared with 2017.

The main specialities driving this increased demand were as follows:

Speciality	Increase in admissions	Percentage increase
Paediatrics	+106	4%
Medical	+101	2%
Surgical	+285	12%

Despite the increased number of admissions however, the overall average length of stay for patients admitted as an emergency was 1.14 days lower in November and December 2018 when compared with the same months in 2017.

2.4 Ambulance Demand

The number of patients conveyed to hospital by an ambulance fell from 7105 in November and December 2017 to 6793 in November and December 2018. This represents an overall reduction of 222 patients (-3.2%).

As part of the winter plan, 2 falls vehicles have been commissioned by WAST within ABMU HB. 228 patients have been assessed and managed through this revised service model between 1st November and 12th January, with 86 of these patients ultimately conveyed to hospital. Therefore, this service has resulted in a non patient conveyance rate of 63%. The majority of patients seen by this service are in the over 65 age group.

Whilst the overall number of patients arriving by an ambulance has reduced, the number of patients conveyed as a result of a red call response increased by 72 patients in the 2 month period in 2018 when compared with 2017, which represents an 11.6% increase. Red ambulance demand is one indicator of patient acuity.

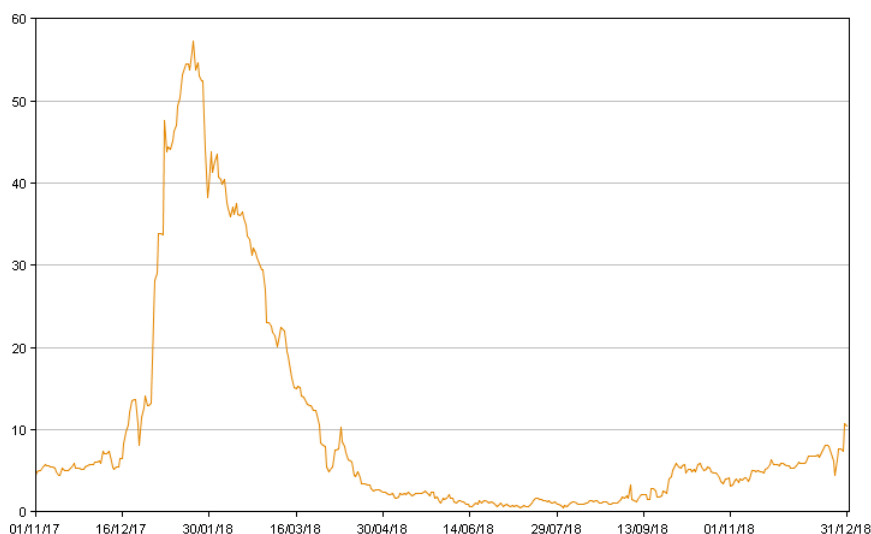
3. Delayed Transfers of Care

November and December 2018 saw the highest number of patients reported as a delayed transfer of care in our hospitals within ABMU Health Board. A total of 293 patients were recorded as a delayed transfer in November and December 2018, compared with 154 patients in the same period in 2017. This represents a 90% increase, with the majority of delays being experienced in our acute hospital services. The main reasons contributing to the delays in discharge were limited capacity in the community, as the domiciliary care market is fragile and under significant pressure, from both a community and hospital demand perspective. Capacity in care homes has also been an issue with a couple of homes in escalating concerns in the NPT locality during December, affecting overall capacity.

4. Influenza

Whilst it is still early on in the flu season, the in hours flu rates for primary care indicate a lower level of flu in November and December 2018 when compared with the same months in 2017.

Primary Care In Hours Flu Rates



Information shown above is the **weekly rate** for the selected demographic.

The weekly rate for each selected demographic is the number of consultations for the past 7 days per 100,000 population, i.e. the previous day plus the 6 days prior. It therefore represents a 7 day period and rolls on a daily basis so that the effect of weekends is smoothed.

Flu rates have however seen an increase in early January 2019, and all preventative measures are being implemented to manage and contain the spread of infection.

5. Comparative Unscheduled Care Performance in November and December

Comparative performance is summarised below against the key indicators:

	Nov- Dec 2017	Nov – Dec 2018	Change
4 hour	74.5%	76.6%	+2.1%
12 hour	1746	1423	-323 (-18.5%)
>1 hour ambulance handover waits	1680	1494	-186 (-11%)

Performance has improved against all three key measures in November and December 2018 when compared with the same period in 2017.

The reduction in the patients waiting more than 12 hours for transfer from the Emergency Department to an inpatient bed is viewed as a positive improvement from a quality and patient experience perspective. Constraints on inpatient cubicle capacity have however contributed at times to long delays for patient transfer from the emergency department owing to the need to isolate patients to prevent the spread of infection.

6. Winter Plan

The Health Board developed a winter plan to manage the anticipated winter pressures with the aim of reducing patient and system risk and maintaining performance at times of increased system pressures.

The main elements of the Health Board's winter plan are summarised below, together with an update on the implementation of the key elements of the plan:

- **Opening additional surge inpatient bed capacity**

In the first week of January an additional 60 beds had been opened and staffed against the baseline inpatient bed provision. As a result of increased pressures however, further additional surge capacity beds have been opened on all our main hospital sites in order to respond to the pressures experienced in the early part of this month. Some of this additional capacity has been supported at times with premium cost agency to secure the required level of nursing cover. Capacity in the early supported discharge service at NPT has also been increased owing to the challenges associated with accessing packages of care to enable patient discharge.

- **Enhanced medical, nursing and therapy staffing in our Emergency departments and specific services such as respiratory, to increase capacity and resilience**

The majority of this additional support has been initiated, although cover is variable at times owing to the temporary nature and availability of this additional workforce (bank and agency). Lead in times to recruitment and workforce availability have however meant that some additional capacity is unlikely to come on stream until mid January – February.

- **Enhanced capacity in the community to support patient discharge**

Local Authorities have been funded to provide additional reablement capacity in the community from Quarter 4 (10 beds in NPT and Swansea) and additional domiciliary care capacity in Bridgend, and to increase community equipment to facilitate patient discharge. Some of the specific proposals to enhance capacity from a LA perspective have not yet been implemented ie the social worker in Swansea to review existing packages of care and additional staff in the acute care team at Bridgend, as they are still undergoing recruitment.

- **Enhanced capacity in support services to support patient flow and quality of care**

Additional capacity in support services such as discharge vehicle capacity, flu testing capacity, patient flow co-ordinators, mortuary capacity and the WAST patient liaison role are all now in place.

7. Summary

- Whilst overall attendances at our emergency departments and minor injuries units have reduced compared to November and December 2017, the number of patients requiring an emergency admission to hospital have increased.
- The number of patients remaining in hospital and reported as a delayed discharge has seen a significant increase compared with 2017.
- Flu prevalence to date has been lower than the levels experienced in 2017.
- Performance against the 4 hour, 12 hour and ambulance handover waits have all improved when compared with 2017

8. Recommendation

Health Board members are asked to note the summary of the initial findings in terms of the assessment of the winter experience in November and December 2018 when compared with the previous year.

A full evaluation of the winter position and the impact of the winter planning arrangements will be undertaken in April 2019.

Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce
			✓				Embedding effective governance and partnerships
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
	✓	✓	✓	✓	✓	✓	✓
Quality, Safety and Patient Experience							
Winter planning is one part of the wider planning process to develop all year round sustainable models of care to improve patient flow and patient experience. However, the winter months do present additional challenges, which the wider unscheduled care system needs to plan for, to improve resilience to respond to the anticipated increased pressures over the winter period.							
Financial Implications							
The Health Board has set aside a £2million reserve to support the management of the anticipated winter pressures.							
Legal Implications (including equality and diversity assessment)							
There are no legal implications contained within this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.							
Staffing Implications							
Anticipated increases in staff resources to support additional capacity over the winter period.							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
There are no direct implications on the Well-being of Future Generations (Wales) Act. However, the specific updates in this report will be subject to full impact against the act where necessary.							
Report History	Winter plan for 2018/19 – approved by the Board in September 2018 Performance and Finance Committee – September and October 2018 Winter Assurance Plan – approved by the Board in November 2018.						
Appendices	None.						

