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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	19 th June 2018	Agenda Item	6a	
Report Title	Summary of impact - allocation of winter pressure monies			
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Report Sponsor	Jan Thomas, Assistant Chief Operating Officer			
Presented by	Jan Thomas, Assistant Chief Operating Officer			
Freedom of Information	Open			
Purpose of the Report	This paper summarises the allocation of additional monies to deal with winter pressures in 2017/18 - including feedback from Units on the impact of additional funds and where further support for the 2018/19 winter period would be beneficial.			
Key Issues	<p>The winter period of 2017/18 was particularly challenging. Despite the development of comprehensive winter plans, unscheduled care pressures across the NHS were exceptional.</p> <p>Allocation of additional funds to support Health Boards was confirmed by Welsh Government in January 2018. Whilst this was welcomed, the timing of the allocation limited implementation of some of the Health Board's proposals to support patient flow.</p> <p>The proposals focussed on enhancing multi-disciplinary capacity to promote earlier and more rapid patient discharge. They also delivered additional capacity to deal with periods of increased demand via a combination of extended surge capacity and additional staffing. A number of the proposals also enabled alternatives to hospital attendance/admission to be implemented through increasing community and home-based provision of care and/or support.</p> <p>Early confirmation of any similar allocation to support the 2018/19 winter period will enable a planned response to be more effective.</p>			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
	✓			
Recommendations	Members are asked to note the report.			

SUMMARY OF IMPACT – ALLOCATION OF WINTER PRESSURE MONIES

1. INTRODUCTION

This paper summarises the allocation of additional monies from Welsh Government to deal with winter pressures in 2017/18 - including feedback from Units on the impact of additional funds and where further support for the 2018/19 winter period would be beneficial.

2. BACKGROUND

The winter period of 2017/18 was particularly challenging, with exceptionally high levels of demand - partly due to increased flu prevalence - and significant patient flow pressures. These challenges were compounded by an extended period of wintery conditions lasting into March and early April.

Despite a comprehensive winter planning process and implementation of our plans through the autumn and winter, demand across the Health Board was exceptional and availability of domiciliary / social care presented further challenges.

The allocation of non-recurrent winter pressures funding to support Health Boards was confirmed by Welsh Government in January 2018. This initiated the development of further proposals to support patient flow across the Health Board. As a result, ABMU Health Board received £1.7 million of additional funding.

3. ASSESSMENT OF IMPACT

Proposals developed by each of the Health Board's Delivery Units focussed on enhancing multi-disciplinary capacity to promote earlier and more rapid patient discharge. They also delivered additional capacity to deal with periods of increased demand via a combination of extended surge capacity and additional staffing. A number of the proposals also enabled alternatives to hospital attendance/admission to be implemented through increasing community and home-based provision of care and/or support.

In reality, implementation of some of the proposals developed by the Units proved challenging due to staffing capacity and an inability to secure locums for short periods of time. This resulted in a proportion of winter pressures funding being spent on what was possible given time limitations, rather than the measures the Delivery Units would have designed with sufficient opportunity to plan.

Singleton:

<u>Additional Winter Pressure Funding Plans</u>	<u>Impact</u>
Plans focussed on increasing the Unit's ability to reduce lengths of stay and to manage an increase in inpatient demand. Proposals included continuation of an acute frailty service pilot, extended arrangements for surge capacity, opening of discharge lounge and additional medical/nursing/support staff to support patient flow measures.	The acute frailty pilot resulted in 38% of pts being discharged directly from SAU and a 9.55 day reduction in average length of stay of admitted patients (outcomes resulting from the full pilot scheme and not just the period of winter funding). Investment in patient pathway co-ordinators had a positive impact on patient flow and length of stay.

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NPTH:

<u>Additional Winter Pressure Funding Plans</u>	<u>Impact</u>
The priority measure here was to pilot a partnership model for discharge. Other plans targeted increasing patient flow, allowing for quicker turnaround of patients and reduction in delayed transfers of care achieved through increased therapies and pharmacy support.	Measures implemented were successful in maintaining flow into NPTH and dealing with increased flow from acute sites by 20%. 8 x additional surge beds were fully utilised enabling timely transfer of patients to continue from acute sites. Extending community nursing provision strengthened weekend care provision and aided direct discharges and community follow up of patients. Extended therapy and pharmacy provision across all sites improved patient flow by reducing lengths of stay.

POWH:

<u>Additional Winter Pressure Funding Plans</u>	<u>Impact</u>
Plans focussed on improving ED flow, avoiding admissions and managing increased inpatient demand. Largely through additional medical/nursing and support staff resources but also through the development of a surgical assessment unit in ED.	Actions that materialised enabled a far more flexible approach to utilisation of Bridgend Clinic/Short Stay Unit to balance case-mix of patients and acuity. The surgical assessment area in ED demonstrated performance gains (5% against 4hrs) and also reduced emergency surgical admissions by 20 against the number expected. Other benefits of the additional monies were gained through improved staffing levels and additional equipment which enabled the increase in inpatients to be safely managed.

Morrison:

<u>Additional Winter Pressure Funding Plans</u>	<u>Impact</u>
Proposals targeted improvement to patient flow throughout the hospital and increase in capacity to offload in ED. These would be achieved through investment in additional staffing resources to increase support to wards and facilitate earlier discharges.	Enhanced OT support was secured to cover weekends in ED and AMAU - this demonstrated improvements in weekend discharge (additional 34 discharges over 3 months) and avoidance of admissions. Investment in nursing support for Hot Clinics which on average prevent approximately 15 patient admissions every week. Additional Medical cover also achieved which positively impacted on patient flow and patient safety – discharge and admission avoidance.

Primary Care:

<u>Additional Winter Pressure Funding Plans</u>	<u>Impact</u>
Plans enabling discharge to assess model and increases to community capacity through both Primary and Community Care services and extending arrangements with partners in the third sector.	Additional staffing resource led to increased capacity for Acute Clinical Team – numbers seen by the service are to be quantified. Additional GP OOH capacity likely avoided in the region of 200 ED attendances. The service utilised some of the non-recurrent monies to invest in equipment to support patient discharge and extended arrangements with third sector partners who also delivered adaptations/aids and facilitated discharge of patients from acute hospitals – whilst difficult to quantify the impact this will have impacted positively on patient flow.

Public Health:

<u>Additional Winter Pressure Funding Plans</u>	<u>Impact</u>
Enable rapid diagnosis of flu.	Biofire rapid flu testing utilised – assessment of impact to be quantified and reported.

EMRTS also developed plans subsequent to the confirmation of additional winter funding. A separate reporting mechanism is applicable here as benefits would not come through ABMU specifically.

4. PLANNING FOR 2018/19

Feedback has been requested from Delivery Units to begin to inform the winter planning process for 2018/19. To date, the consistent message from Units indicates that whilst the allocation of additional funds was welcome, the impact of winter monies in all areas would have been greater if planned earlier. Further, the timing of the allocation limited implementation of some of the Health Board's proposals to support patient flow, therefore early confirmation of any similar allocation to support the 2018/19 winter period will enable a planned response to be more effective.

Feedback also suggests the ability to access flexible surge capacity is key to protecting surgical wards/elective capacity, support and resources to enable planned delivery of all available surge capacity over the winter period has been indicated.

Our response to the last winter period relied heavily on the flexing-up of our medical and nursing workforce. The ability to increase hours for existing staff to meet periods of high demand has been fed back as being particularly beneficial. Where further winter

plans were developed following the funding announcement, in some areas agency staff had to be employed to cover - there may be opportunity reduce the cost of enhanced staffing if forward-planning is possible.

In addition, OT/physio therapy input – including community-based therapy support – has been reported as being invaluable to patient flow by hospital teams through enabling discharges to take place, reducing delayed transfers of care and avoiding admissions.

Sustainable models that improve patient flow, such as the development of the SAU model at POWH, and funding of HALO roles are also proposed for the next winter period. As are new models of care in the community to support more timely discharge, particularly for the frail older person.

The Delivery Unit feedback links to the priorities the Health Board agreed at the National Winter Planning Learning Event in May 2018. These priorities included the development of community models / Discharge to Assess models and to ensuring a system-wide response to deliver more resilient capacity and flow across the unscheduled care system all year round.

The Health Board's Winter Planning Group is meeting on 20th June 2018 and will be progressing the development of our plan for 2018/19. Learning from the additional investment in 2017/18 will shape our plans going forward.

5. RECOMMENDATION

The group are asked to note the report.