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Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
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Llywodraeth Cymru
Welsh Government

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David Rees AM
Chair
Health and Social Care Committee

3 February 2014

Dear David

Unscheduled care: preparedness for winter 2013-14

Thank you for your letter of 20 December 2013 in response to my appearance before the Committee on 9 October 2013 and the written information I provided on 31 October 2013. I have addressed the points you have raised as follows:-

Preparedness for winter

The Committee has expressed concern about the ability of the Welsh NHS and social services in Wales to meet the challenges they will face this winter. Local Health Boards (LHBs), Welsh Ambulance Service NHS Trust (WAST) and Local Authorities (LAs) keep their joint plans under constant review to understand how they have impacted on their performance over the winter period to date, and Welsh Government officials provide continuous scrutiny for assurance.

The ever changing nature of winter pressure on NHS services is monitored closely by Welsh Government via weekly Chief Executive level calls; daily Executive level emergency pressures conference calls attended by LHB and WAST representatives; and through the NHS Wales Unscheduled Care dashboard which provides live data and information on a range of indicators, including bed capacity, handover delays and escalation levels.

I am encouraged to report that latest data shows that significant improvements have been achieved by NHS Wales over recent months against a range of performance indicators. This includes a 49% reduction in the number of patients waiting over one hour for patient handover from ambulance crews to the care of A&E staff in December when compared to April, and the achievement of the highest proportion of patients to be admitted, transferred or discharged within 4 hours at A&E departments in Wales for the month of December (89.4%) since December 2007.

The improvements have come as a result of implementation of innovative practices by NHS organisations, such as the *Focus on Flow Project* in Cwm Taf Health Board. This project has taken an organisational wide approach on a multi agency basis recognising the crucial links and working relationships with WAST, Local Authorities and other stakeholders. Early indications are that this is starting to show improved results in performance, as well as improved feedback from patients in the emergency department, and improvements in staff morale and sickness absence. While I recognise more work needs to be done against a number of indicators, it is testament to multi agency and robust winter planning that we have seen such improvements.

A review of the winter period will take place at the next national Seasonal Planning group meeting which will take place in March, when multi agency representatives will share good practices and any lessons learnt as part of their service planning process. This event will also mark the beginning of planning for winter 14/15, and the refinement of NHS and social care plans. I expect LHBs and WAST to publish these joint winter plans routinely in the future.

Ultimately, we remain committed to strengthening integrated primary, secondary and social care services in Wales and further improving the delivery of unscheduled care services.

Unscheduled care plans

Planning for winter began in March as part of quarterly Seasonal Planning forum. The unscheduled care plans were developed in June 2013 to ensure we are better prepared to respond to the increasing pressures and priorities faced by our health and social care services. The winter plans presented at the winter planning event in September built on the unscheduled care plans with a clear focus on the winter period.

The Committee believes plans such as these should be available in advance of the period to which they relate and should be detailed and comprehensive documents. It is the first time such plans have been published and it is important to recognise that these are 'live' documents which will require further developments, throughout winter and beyond, as challenges and context change. With regard to the detail of the plans, when publishing their plans the LHBs and WAST have considered the need to ensure those public plans can be easily understood by members of the public.

Planning and Performance

You have asked for further details of changes to monitoring unscheduled care performance and any benchmarking we intend to apply in order to compare performance.

The recent Wales Audit Office report on unscheduled care referenced the increased focus placed on monitoring unscheduled care performance by the Welsh Government and I can confirm that this level of scrutiny has been re-enforced. Monthly *Quality and Delivery* meetings continue to be held between senior Welsh Government officials, Local Health Board and WAST representatives where unscheduled care plans are scrutinised. Officials also work closely with NHS Delivery Unit colleagues to analyse performance at a local and national level on a fortnightly basis. As previously referenced in this letter, officials have also developed an unscheduled care dashboard which includes near live data on a number of performance indicators. The WAST Launchpad Live web tool is also monitored by officials throughout the day to understand and, where appropriate, to act upon performance issues.

The Welsh Government's launch of the Programme for Government (PfG) contained a commitment to measure the impact (outcome) the Welsh Government is having on people's

lives. Over recent years, there has been an intention to develop a more meaningful measurement of what the NHS delivers. An engagement exercise has been undertaken over the summer with stakeholders including patients, clinicians and partners, to identify, through co-production, what is important; to ensure that measures have clinical relevance and support and that they drive improved care and outcomes for the citizens in Wales. There has been a focus on unscheduled care as part of this exercise. Discussions are ongoing with stakeholders to ensure that both current and future measures are based on clinical evidence and follow the principles of Prudent Healthcare.

This is not a quick exercise but as measures are agreed, the NHS Delivery Framework will be updated. The next update is due April 2014. This work will not impact upon the way the performance of unscheduled care is monitored this winter.

As part of ensuring a more clinical approach to measures in the future, clinical audit of pathways will be an important part of assessment. Through a national audit programme, Wales organisations participate in a wide variety of clinical audits which allows for Wales comparability and wider. As part of this national programme there are specific ones related to unscheduled care elements of the pathway, such as acute cardiac pathway and fractured neck of femur pathways. It is important that we are clear what is comparable, and clinical audits are a way to ensure clinical practice in Wales meets the relevant standards supported by clinical evidence.

Additional resource for the Welsh NHS

I note your comments regarding the allocation of resources and am grateful for the Committee's positive support for the changes we have made.

Capacity

Elective Capacity

LHBs have been better prepared for the winter period this year compared to last. Applying the lessons learned from last year, LHBs have planned both their elective and emergency capacity over the winter period to be more aligned with anticipated unscheduled care demand. This is to help LHBs ensure they have had the correct staff available to deal with unscheduled care pressures, reduce the number of operations cancelled at short notice and improve patient experience. Early indications show that the number of short notice cancellations in December 2013 is 18% lower than in December 2012.

Surge Capacity across the health and social care system

The Committee has asked for further detail about what surge capacity is available at individual health board level, including what consideration is being given for surge capacity in the community as well as in the hospital setting.

Following the Committee hearing I provided you with details of each LHB's community initiatives to help keep patients out of hospital and facilitate early discharge. Work in this area has continued, with the Improving Unscheduled Care Programme having a workstream specifically considering integrated services across health and social care.

At the time of the Scrutiny Committee hearing in October, LHBs had planned for a mix of surge capacity, beds and bed equivalents across a range of services. Over the course of the winter, LHBs have kept their winter plans under constant review and have adjusted their capacity plans to take account of variable factors such as staffing availability, demand and

improving patient flow. LHBs are being flexible about where additional capacity is made available.

Based on current information, across Wales there is the potential for up to an additional 492 beds and bed equivalents, if needed, compared to 441 reported at the time of the Health and Social Care Committee. In addition, there are additional community services that have not been quantified as bed equivalent services.

Aneurin Bevan HB

102 surge beds capacity now open, with potential access to a further 25 beds (acute and community). Non-Health Board capacity i.e. nursing home and step-down beds is up to 31 beds.

Abertawe Bro Morgannwg UHB

71 additional in-patient bed capacity and around 45 community bed equivalent capacity (community capacity available will vary depending on the extent of the respective packages of care at any one time).

Betsi Cadwaladr UHB

Due to difficulties recruiting nursing staff, the LHB has not yet been able to open hospital based surge capacity and has developed a number of services in the community to address emergency pressures, for example:

- As part of the seasonal planning arrangements the LHB is providing spot purchase of Care Home beds for patients who require care whilst waiting for packages of care or care home placements to commence. This group of patients is quite small but it does provide additional capacity when necessary.
- The Enhanced Care Service has been developed in partnership with LAs and currently provides between 15-20 bed equivalents in each of the four localities currently involved. The service is being rolled out to all remaining localities during 2014.
- The frailty project in partnership with LAs is currently working well in 3 wards at each DGH. During 2014 the LHB will be rolling the project out to all wards and departments across BCU and to all localities

Cardiff and Vale UHB

91 beds as follows:

- 40 additional In-patient Surge Capacity (Medicine)
- 15 daily additional Flex In-patient Surge Capacity (Medicine)
- 26 commissioned planned outlier In-patient capacity (Medicine)
- 10 weekend Short Stay Surgery Inpatient capacity (Surgery/Trauma)

Cwm Taf UHB

Extended opening of 36 short stay surgical beds, keeping them open beyond midday Saturday in order to maintain the weekend flow of patients. LHB has also opened 12 additional day case surgical beds which are available Monday - Friday for 12 hours a day. Cwm Taf has shown a significant improvement in unscheduled care through measures to manage flow across the whole system.

Hywel Dda UHB

60 additional acute surgical beds with an estimated 5 additional community beds to support delayed discharges. LHB is working with social services to fund additional beds in residential care. They have also switched to day care in some areas across the acute services providing an additional 10 beds. Similarly to Cwm Taf, Hywel Dda has also seen improvements in unscheduled care as a result of measures to improve flow.

Powys tHB

4 additional community beds and a number of initiatives aimed at limiting the number of unscheduled care admissions, these include:

- GP led Community Resource Teams and Virtual Wards to care for high risk patients at home
- Local diagnostic and treatment services, including Minor Injuries Units, to prevent avoidable admission to A&E
- Emergency GP appointment systems to prevent avoidable admission to A&E in hours, and to complement the GP out of hours arrangements

Intermediate Care Fund

The recently announced £50 million Intermediate Care Fund for 2014-15 will focus on integration across social services, health and housing. The Fund includes £35 million revenue which will be within the Local Government MEG and £15 million capital funding in the Housing and Regeneration MEG. It will be used to encourage collaborative working between health, housing and social services, to support people to maintain their independence and remain in their own home. It will be used to avoid unnecessary hospital admissions, or inappropriate admission to residential care, as well as preventing delayed discharges from hospital. The focus will be on developing community-based alternatives to hospital care for older people, particularly the frail elderly. Proposals will be developed in partnership between LAs and LHBs and partners, including the third and independent sector.

Out-of-hours provision and GPs services

Out of Hours

Work is being undertaken as part of the Improving Unscheduled Care Work Programme to consider how out of hours services could be improved, taking forward the work done by the previous 111/ Out of Hours group. Quality and Monitoring Standards for the Delivery of Out of Hours Services (OoHS) have been developed and will be issued shortly.

Sustainable staffing for OoHS is an overriding objective linked to the delivery of the Standards. Steps have also been taken to address the particular issue of indemnity costs which had been raised as a significant barrier to recruitment of GPs undertaking sessional OoH services. The Welsh Risk Pool (WRP) Advisory Board has determined that it will include sessional GPs within the scope of the WRP indemnification arrangements with immediate effect for an initial period until 30th April 2014.

GP Services

The Welsh Government and GPC (Wales) have recently reached agreement on changes to the GMS contract for 2014/15. The changes to the contract, which have been developed in close collaboration with GPC (Wales), will enable GPs to spend more time caring for their most vulnerable patients, improve the delivery of local health care and address inequalities in health which exist between the most and least affluent areas of Wales.

A key change to the contract includes a new Local Service Development domain within the Quality and Outcomes Framework (QOF). As part of a three year development programme, this framework will enable GP practices to strengthen their ability to operate as a cluster with the aims to improve the co-ordination of care, to improve the integration of health and social care, and to improve collaborative working with local communities through the agreement of a GP Practice Cluster Network Plan.

The GP Practice Cluster Network Plan will enable clusters to build on the previous QOF QP work in relation to outpatient referrals, emergency admissions and risk profiling of patients at significant risk of unscheduled admissions to secondary care. In addition, as part of the new Local Service Development domain, GP practices will be required to participate in three national care pathways covering the early detection of cancer, end of life care and the frail elderly. These national care pathways will have a high impact on reducing, where appropriate and in the best interests of the patient, emergency admissions and unscheduled care admissions.

Delayed Transfers of Care

Both the number of delayed transfers and the length of delays have fallen considerably over the past 9 years, with the number of delays reducing by over 60% and the number of days delayed by 80% from their peak in 2003. However, a continuous level of improvement has not been sustained over the last two years, during which the all-Wales totals have fluctuated between 400 and 500.

The latest available data (December 2013 census period) reported a total of 423 patients whose transfer of care had been delayed. This represented an increase of 20 delays or 5% compared to the November period. However, the cumulative effect of successive decreases in the previous months was a reduction of 66 delays or 13.5% since August 2013.

The December figures showed a fall in the median length of delay, which at 23 days was lower than recent months which ranged from 28-33 days between September and December 2013. It was also lower than the December 2012 figure of 30 days.

The Intermediate Care Fund is also specifically aimed at preventing delayed transfers of care.

Workforce

The Committee has requested further information about action taken to address sickness levels. Welsh Government recognises the importance of managing sickness absence effectively and improving the health and wellbeing of NHS staff. On 1 October 2013 the Director General requested urgent action be taken to reduce sickness absence levels within the Welsh NHS by 1% by the end of 2014/15. In response, NHS organisations have developed action plans to improve the management of sickness absence within their organisations.

In addition, a co-ordinated approach was taken by Welsh Government to encourage LHBs and Trusts to develop bids to the Invest to Save Fund to support efforts to reduce levels of sickness absence in NHS Wales.

The Welsh Ambulance Service NHS Trust (WAST)

I agree that the Welsh Ambulance Services NHS Trust is fundamental to delivery of safe and effective unscheduled care services over winter. I am pleased to report that the Trust has recruited to all but five of their paramedic vacancies with additional staff recruited either before or during the winter period to complement the hard work of existing staff. I am also encouraged by further plans to recruit additional staff following the implementation of ambulance reforms.

Further, WAST is in the process of negotiating a range of new workforce policies to release additional capacity to respond to patients in the community. These include a revised rest break policy to increase the availability of front line staff to respond to patients during rest break windows and a roster review intended to match staff rotas with predicted demand and provision of relief in the rotas to cover leave, training and sickness.

Flu

You have raised concerns about the uptake of seasonal influenza immunisations and the need to improve this.

Flu campaigns and pneumococcal immunisation programmes

The first year of the childhood seasonal flu programme has gone well. As at 7 January 69.7% of school year 7 and 35.8% of 2 and 3 year olds had been vaccinated. This has required a tremendous amount of effort by all involved. Welsh Government will be examining the lessons learned this year when considering how to take the programme forward in 2014-15.

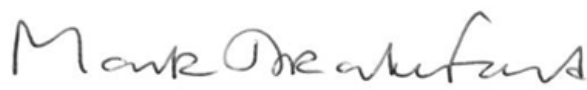
As at 7 January, 66.6% of those 65 years old and over and 48.6% of those at risk under 65 had been vaccinated; this is roughly the same as last season (67.7% and 49.7% respectively). 40.0% of pregnant women had also been vaccinated (43.6% last year).

Vaccination of Staff

As at 7 January the uptake is 37.6%. This is an improvement on last season's figure of 35.5% but still short of our current 50% target. I do not favour setting a higher target next year, though I will keep this under review and consider setting more challenging targets in the future to drive improvement.

Finally, we welcome the Committee's increased focus on winter preparedness and the additional views conveyed in the annex of your letter which will inform LAs, NHS Wales and Welsh Government arrangements for the current winter period and beyond. We have been encouraged by the significant culture shift evidenced by the partnership working across care sectors, and will review and evaluate delivery over this challenging period comprehensively to inform further improvements for winter 2014/15.

Regards,



Mark Drakeford AC/AM

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