

Powys Teaching Health Board

Briefing for the Health, Social Care & Sport Committee: Winter Preparedness, Resilience and Forward Planning

Introduction:

The 2017-18 winter period saw what has been described as 'unprecedented demand' on all NHS systems and services, across the UK. Whilst PTHB's daily reporting of Risk Status remained at a fairly constant Level 3 during the months of December to March, whilst Wales remained at a high risk Level 4, with some Health Boards reporting Level 5 for a few days in December and January.

The Welsh NHS Confederation has reported All Wales performance during the winter to Welsh Government. Their summary provides a useful 'scene setting' into the pressures felt across Wales on all services, and is outlined below:

- December 2017 was the busiest December on record for A&E attendances, with 82,370 patients attending A&E Departments across Wales;
- The average number of A&E attendances per day in February 2018 was 4.5% higher than February 2017 (116 more attendances per day on average);
- Patients waiting over twelve hours in an A&E department before being admitted or discharged in January 2018 was at its highest on record;
- There was an average of 4,773 outpatient referrals per working day in February 2018;
- In February 2018 there was a 13% increase in patients over 75 at A&E compared to the same time last year;
- 999 call demand was 18% higher in January 2018 compared to January 2017 and 9% higher in February 2018 compared to February 2017 (114 more calls per day on average);
- In December 2017 the Welsh Ambulance Services NHS Trust (WAST) received the highest number of Red calls since the ambulance clinical model was introduced in October 2015. January was the second highest;
- In February 2018 there were 38,323 emergency calls to the WAST, an average of 1,369 per day, which is the second highest average on record;
- Over the Christmas period GPs and primary care services across Wales saw approximately 100,000 patients per day, around double the normal activity;
- This flu season has seen the highest rate of illness since 2010/11, increasing pressures on GPs and hospitals; and
- There was a 13% increase in the number of gastrointestinal outbreaks in hospitals and care homes in December and January compared to the

same period last winter. Staffing capacity has been affected at times by viral and respiratory illness.

Data analysis has shown that for many years rising demand is resulting in increasing hospital activity – from A&E attendances and emergency admissions to referrals to outpatient services, diagnostic tests and elective admissions. There is also evidence that other parts of the health service are facing similar challenges, including general practice (Baird et al 2016) district nursing services (Maybin et al 2016) and mental health (Gilbert 2015), although the demand for mental health services is not seasonal. There is persuasive evidence of a health system that is challenged in trying to meet increasing demand within constrained resources.

Patient acuity contributes directly on system pressures as patients being admitted to hospital are notably sicker than in previous years. This is due to the increase in the number of over 85 year olds being admitted and the increase in care they require. As a result, patients are needing to stay in hospital longer, which impacts on patient flow.

The ageing population has a significant impact on demand for health and social care services all year round, but particularly during winter months. The ageing population, accompanied by increasing co-morbidity, medicalisation, frailty and social isolation, is a long-term driver of unscheduled care demand. As people live longer but have fewer children, there is an increased proportion of the population who are dependent on care. On average, older people have lower baseline functions, greater frailty and lower resilience. This leads to greater need for support for the activities of daily living, tipping over into acute ill health at a lower threshold, and slower recovery from illness, which places increased demand on health and social care services.

Much of the literature on emergency pressures underlines the importance of the NHS and partners focusing on finding ways of meeting and moderating rising demand for hospital care. As identified in the Powys Health & Care Strategy, the focus needs to shift to upgrade prevention and to increase investment in services in the community, to avoid hospital use where possible and provide more care in people's homes or closer to home. Continued actions in these domains will help to transform the delivery of health and social care to better meet the needs of the population and secure improved patient experience. Aligning primary care, community care, social care and third sector services in cluster areas provides a real possibility of moderating rising demand for hospital care, providing care in communities locally and safely.

The following presents an overview of performance for provided services in Powys against a range of metrics, to include: Delayed Transfers of Care (DToc), MIU 4 hour transit time, MIU breach rates, WAST Red Call performance & RTT performance during the Winter period 2017/'18. The

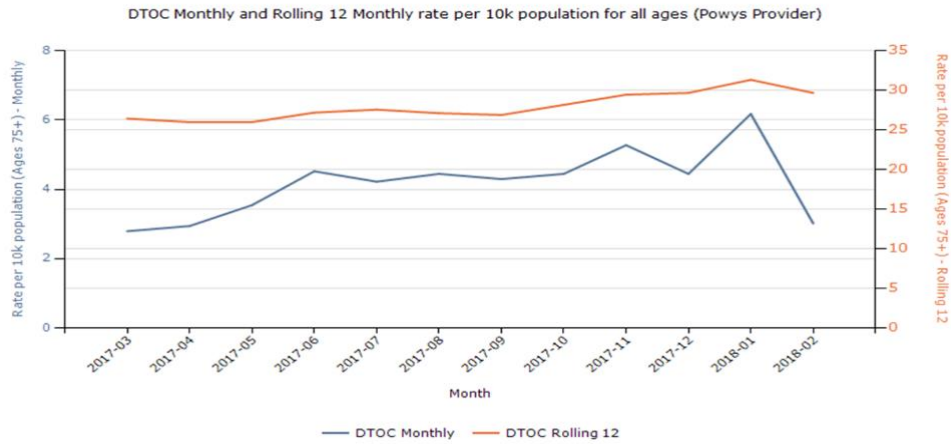
briefing also identifies what worked well for Powys, providing operational examples aligned to the Winter Plan 2017/'18 and the intended approach for Winter 2018/19.

Metrics:

- **DToC**

Whilst there was a spike in the number of non-mental health DToCs in Community Hospitals in December 2017 and January 2018, the figures below demonstrate that a reduction is evident in February, closer to the lowest total number of 18 at census seen over the year. The numbers of Delayed Transfers of Care remains variable and this is an area for focused attention during 2018/'19, influenced by the Delivery Unit SAFER Discharge Principles review.

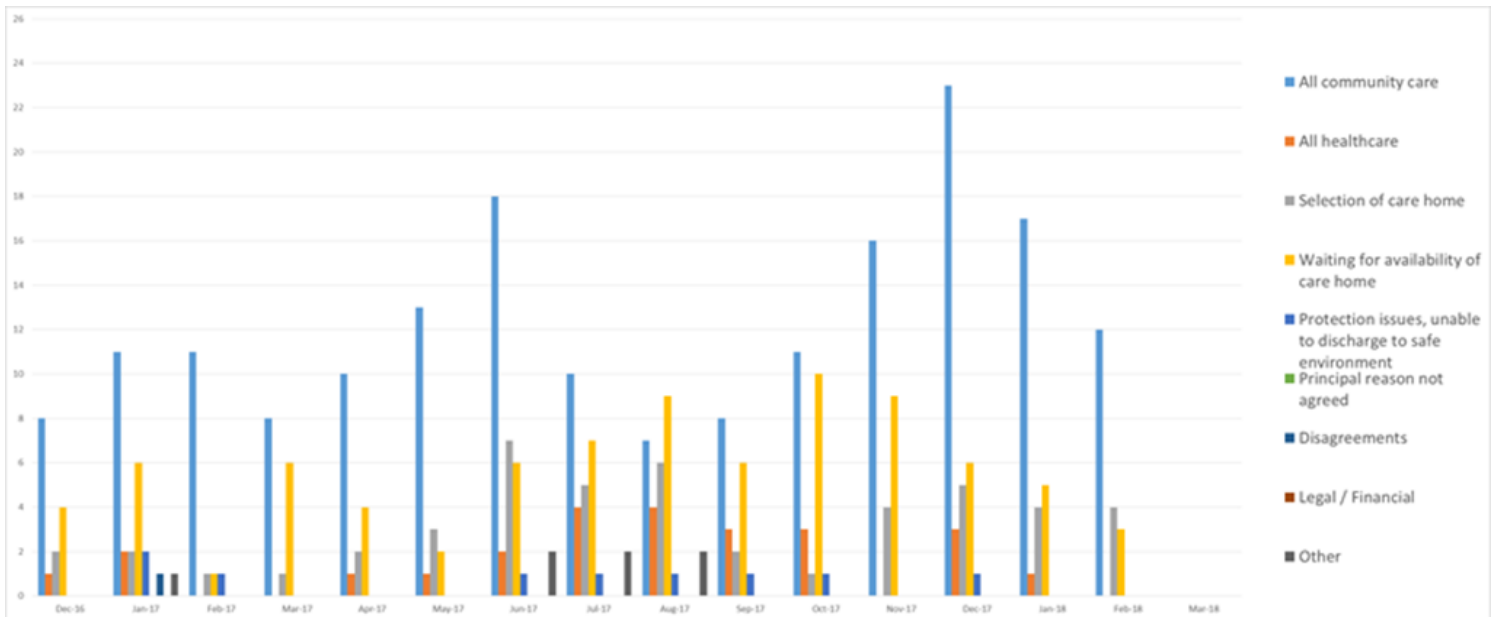
Source: StatsWales												
	03/17	04/17	05/17	06/17	07/17	08/17	09/17	10/17	11/17	12/17	01/18	02/18
Number of Non Mental Health +75 years DToC's Powys	18	20	24	30	24	24	18	25	31	34	24	19
Number of Non Mental Health +75 rolling 12 rate per 10K Powys	171.0	163.4	158.3	162.1	164.7	170.5	168.6	168.6	174.3	186.6	185.3	187.2
Number of Non Mental Health +75 years DToC's (All Wales)	300	306	339	333	328	342	370	366	355	332	354	311
Non Mental Health +75 years Rolling 12 Rate Per 10k DToC (All Wales)	151.1	147.1	145.6	145.4	144.1	143.5	143.2	141.9	140.6	140.4	142.7	143.1



IFOR in Powys

Source: Myrddin

The graph below, which details the DTCO reason (on census day each month), shows a peak in December followed by the start of a reduction, in particular of note is the reduction in 'healthcare' category.



- **MIU attendances**

During the period from October to February, the attendance pattern for new presenters across MIUs remained fairly static. There were no significant attendance impacts for MIUs during the winter period despite introducing a model to divert ambulances to MIU in the North, as opposed to neighbouring DGHs.

Source: Myrddin

HOSPITAL	ATTEND TYPE	2017-10	2017-11	2017-12	2018-01	2018-02	Total
Casualty Dept - Brecon Hospital	NEW	565	502	428	508	449	2452
Casualty Dept - Llandrindod Wells	NEW	475	430	428	388	416	2137
Casualty Dept - Welshpool	NEW	362	294	290	322	296	1564
Casualty Dept - Ystradgynlais	NEW	186	172	143	162	186	849
Total		1588	1398	1289	1380	1347	7002

- **MIU Breaches:**

The MIU target for patients to be seen, treated and discharged in an MIU department within 4 hours is 95%. Throughout the past year, including the winter pressures period, all 4 of the PTHB MIUs have performed at a minimum of 99.0%.

There were no significant delays for patients waiting longer than the 4 hour target in MIUs during the winter period.

- **WAST Performance:**

From a national perspective, for the first three months of the winter period, October to December 2017, 999 call demand was 14.4% higher than the previous year. December 2017 was the highest month for Red demand since the new clinical model was introduced in October 2015. The average daily number of red calls in February was 60, the third consecutive month that it has been 60 calls or more.

In January 2018 there was more lost ambulance hours due to handover delays (9,970) than any other month going back to April 2015. There were 39% (2,819) more lost hours in January 2018 than in the same month last year. This recognises the complexity of the patients needing to be seen in hospitals and the variation in activity across sites.

In terms of Powys:

MIU Over 4 Hour Breach Rate

Ambulance waits

Source: Myrddin	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	2017-10	2017-11	2017-12	2018-01	2018-02
Casualty Dept - Brecon Hospital	99.6%	99.6%	99.7%	99.7%	99.5%	99.3%	100.0%	100.0%	99.6%	99.8%	99.2%	99.3%
Casualty Dept - Llandrindod Wells	100.0%	100.0%	100.0%	100.0%	100.0%	99.6%	100.0%	99.8%	99.5%	99.3%	99.0%	99.5%
Casualty Dept - Welshpool	100.0%	100.0%	99.6%	100.0%	100.0%	99.5%	99.7%	100.0%	100.0%	99.7%	99.7%	100.0%
Casualty Dept - Ystradgynlais	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Emergency ambulance calls and responses to red calls, by LHB

Source: <http://gov.wales/statistics-and-research/ambulance-services/?lang=en>

Feb-18	Red calls	Red calls resulting in an emergency response at the scene	Red calls resulting in an emergency response at the scene within 8 minutes	Red calls - % of emergency responses arriving at the scene within 8 minutes	Amber calls	Green calls
WALES	1952	1930	1331	68.94	26971	9400
Betsi Cadwaladr	380	373	266	71.31	6734	2548
Powys	60	60	43	71.67	1069	389
Hywel Dda	258	255	167	65.49	2997	1175
Abertawe Bro Morgannwg	399	392	270	68.88	4531	1412
Cwm Taf	178	177	126	71.19	2561	881
Aneurin Bevan	359	355	218	61.4	5013	1634
Cardiff & Vale	318	318	241	75.79	4066	1361

Ambulance services: mean response times (minutes and seconds)

Source: *Ibid*

Area	Sep '17	Oct '17	Nov '17	Dec '17	Jan '18	Feb '18
Betsi Cadwaladr	06:46	05:18	06:00	06:35	06:57	06:55
Powys	05:43	07:08	08:42	06:50	06:22	06:59
Hywel Dda	06:22	06:56	07:26	07:32	07:16	07:28
Abertawe Bro Morgannwg	04:51	05:43	06:27	06:40	06:43	06:26
Cwm Taf	05:52	05:56	05:52	07:00	06:36	06:22
Aneurin Bevan	05:23	05:36	06:18	07:05	06:06	07:07
Cardiff & Vale	04:52	04:56	05:47	05:37	05:51	06:16
WALES	05:40	05:41	06:22	06:42	06:34	06:47

The performance for Ambulance response is reported weekly and Powys has seen some mixed performance for red calls, which have been primarily attributable to geographical challenges. The previous table shows mean Powys response time by month and it can be seen Powys missed the 8 minute target for November but this did not adversely affect the National position.

The following outlines the joint working approach between PTHB and WAST to reduce demand and conveyance:

- Collaborative operational working with WAST, to support the clinically appropriate divert of patients to Powys MIU's, as opposed to transporting to DGH's;
- Contact made with PAVO to identify potential community transport options to relieve pressure on WAST/NEPT requests;
- Consideration given to additional support from Clinicians for WAST call-handling;
- District Nurse and Specialist Nurse Teams worked more closely with WAST to support the triage of patients and provide increased support at home to facilitate admission avoidance

The Winter impact:

PTHB plays a key role in supporting neighbouring Health Boards and English NHS Trusts to maintain timely flow through A&E departments and acute beds, in light that there is no DGH provision in Powys itself. During January

& post the Christmas period, the Community Directorate prioritised unscheduled care and patient flow.

Business Continuity Plans exist in all Community Hospitals and community services, and are reviewed in the Locality Management Team meetings regularly.

Over the seasonal period this included:

- Inpatient services
- Staffing availability across all departments
- All DN caseloads reviewed to ensure priority delivery initiated
- Therapist workloads evaluated and reassigned where possible
- Outpatient and theatre staffing and services
- Medicines Management
- Facilities - to include bedding, food supplies & cleaning capacity
- Estates - to include heating, fuel & power supplies
- Administration and support services, including Switchboard

Sit-reps were prepared by Heads of Service daily and submitted to the Business Managers to inform the daily situation call. This facilitated oversight of the pan-Powys position, to include demand and capacity, enabling targeted intervention and prioritisation of action.

Staff briefings were provided daily to ensure effective communication and awareness of the Powys status and the national position. Staffing levels across all essential services were monitored and maintained with additional deployment where necessary to address unplanned gaps.

During the snow episodes, the professionalism and dedication of staff, frequently working extended hours, some up to 24 hours was considerable. Staff travelled into work ahead of their planned shifts, anticipating the expected heavy snowfall, in order to be available for shifts the following day and nights. Temporary accommodation was sourced to ensure business continuity, including on-site within Hospitals but also negotiated rates within local B&B establishments. The accommodation provision plus the exceptional planning, long hours and commitment of staff resulted in there being no agency nurses being used for the February and March snow episodes in Brecon, Bronllys, Newtown or Llanidloes.

Transport for staff was offered by members of the public and other staff with 4x4 vehicles. Several ward staff were transported to and from sites in this way and the District Nursing teams were also assisted to remote areas.

The Hospital Emergency Control Centre was opened on 2 occasions during the winter to facilitate increased collaboration with partners and co-ordinate patient flow. This enabled:

- The activation of additional internal bed management calls.
- All managers reporting twice daily on respective sites and services.
- The Care Transfer Coordinators working more proactively and on site with neighbouring Health Boards and Trusts to expedite transfers, including non-Powys patients.
- Daily multidisciplinary review of all patients to expedite discharge.
- The extension of opening times in Ystradgynlais MIU with Radiology support.
- The opening of additional beds on most wards to increase capacity.
- The co-ordination of escalation calls to Social Services and Primary Care.
- Access to mental health capacity.
- Coordinated liaison with the Temporary Staffing Unit, enabling prioritisation of available staff.

The following table is an example of the impact of the MDT approach re:

- Admissions avoided to DGHs
- Facilitated discharges
- Transfers from DGH into Community Hospital beds.

ADMISSION AVOIDANCE, TRANSFERS FROM DGH & FACILITATED DISCHARGE			
TIME	LOCATION	DETAIL	No.Pts
WEDNESDAY 7 MARCH 2018			
10.01	Mid	Palliative care patient admitted to hospice instead of Community or DGH.	1
10.15	Mid	PURSH & DNs	1
11.4	North	1 patient transferred from SATH to Welshpool	1
12.45	Mid	Patient transferred from Ross on Wye to Glan Irfon to release bed.	1
12.45	Mid	Patient transferred from Leominster to Llandrindod to release bed	1
12.45	North	1 discharge from Mach with POC	1
12.45	North	2 discharges from Llanidloes	1
12.45	North	1 patient admitted to Llanidloes to avoid DGH admission	1
11.48	North	Admission to Llanidloes to avoid DGH admission	1
12.57	South	2 patients admitted to YCH to avoid DGH admission	2
12.57	South	1 patient discharged from YCH with POC to release bed	1
12.57	South	1 patient discharged to Nursing Home from YCH to release bed	1
12.57	South	2 patients discharged from YCH with reablement to release beds	2
17.25	North	1 patient assessed by Powys OT in Bronglais discharged	1
17.25	North	Patient assessed by Powys OT in Bronglais. Transferred to Newtown to release DGH bed.	1
17.25	North	Patient assessed by Powys OT in Bronglais. Transferred to Newtown to release DGH bed.	1
THURSDAY 8 MARCH 2018			
9.01	North	Patient assessed by Powys OT in Bronglais. Discharged with Reablement	1
09:01	North	Patient assessed by Powys OT in Bronglais. Transferred to Newtown to release DGH bed.	1
9.36	North	Patient assessed by Powys OT in Bronglais yesterday. Discharge today with reablement.	1
10.35	South	1 patient to return to Epynt from Nevill Hall	1
10.35	Mid	1 patient transfer from Llandrindod to Glan Irfon to release bed.	1
10.35	Mid	2 discharges today with 2 patients returning from Hereford	2
10.35	North	1 patient in Bronglais for discharge with reablement	1
TOTAL			26

Specific additional actions were taken with English NHS Trust partners and WAST, to include: 5 bed calls per day maintained throughout December with WVT, Herefordshire CCG, 2gether NHS Trust, Herefordshire Social Care Services, NHS England, NHS Improvement, WMAST, Primecare OOH service and Taurus GP Collaborative, 2 x CTCs trained as 'trusted assessors' to support Social Services capacity issues and promote patient flow, Operational Flow workshops, facilitated by Herefordshire CCG, have been held by operational teams across PTHB and WVT in order to address

challenges with discharge pathways and promote more effective collaborative working, participation and engagement with NHS Improvement who are working collaboratively with the senior management team in SATH to improve patient flow.

- **Patient Experience:**

Reported Incidents

Ref	Date	Location	Incident
WEB34920	06/03/2018	Bronllys	Car Park not accessible. Snowy/icy pavements not cleared.
WEB34913	05/03/2018	Brecon	Flooding of Radiology * Department due to frozen pipes.

*Brecon x-ray was affected by flooding due to a ruptured heating coil that forms part of the air exchange system to the department. This resulted in disruption in service delivery due to water damage and subsequent risks to patients and staff.

A full Business Continuity Plan was put into action immediately, resulting in:

- Set up temporary USS room within X-Ray Department to maintain delivery of ultrasound service;
- Set up temporary X-Ray facilities in Cardiology consultation room;
- Effective communication with patients;
- Effective communication with GPs and DGHs;
- Collaborative working with Estates and Health & Safety within PTHB and external Contractors.

Remedial works initially estimated to take approximately 3 weeks (due to ordering of replacement components) were completed by Estates within 1 week and due to the remarkable teamwork the patient disruption was kept to an absolute minimum.

Reported Complaints

No concerns or complaints were received by PTHB relating to winter pressures, although there was awareness of the increased complaints to WAST and an offer of assistance from PTHB to support complaint coordination.

Welsh Government funding to support flow

In January 2018, Welsh Government allocated additional funding to support NHS Wales to deliver improved patient experience and meet unscheduled care targets. PTHB received £380,000 enabling a number of initiatives to be introduced. The below table summarises the projects which were approved and initiated:

Action	Outcome	Resource Required	Partners
1. Increased therapy input into Community Hospitals and DGH's	Intensive rehab to facilitate earlier and less dependent discharge	Therapist with Acute Experience based in Community Hospitals or within the DGH – to include 1 in each of: Llandrindod, Brecon, Bronllys, Welshpool, Newtown, Bronglais / Mach, Llanidloes, WVT , Morriston	DGHs
2. Adult Social Care (ASC) Additional Capacity	Reduced LoS in acute care Reduce DToCs Early repatriation	Social work capacity to undertake assessments on Powys Patients in WVT (including travel) Additional agency support to provide more Dom Care provision Agincare Brokerage agency support admin 10K	Powys County Council ASC
3. Increased short term urgent domiciliary care	Reduced LoS in acute /community hospital care Reduce DToCs Early repatriation 'Home First'	Increased short term urgent domiciliary care services in people's own homes 24 hours a day, seven days a week by securing additional capacity within existing PURSH / Red Cross provision	Third Sector
4. Transforming flow	Diagnosing and transforming the system issues re flow across Health & ASC	Procuring independent Lean intervention	Independent Contractor

Action	Outcome	Resource Required	Partners
5. Health and Care Flow Hub	Track patients centrally co-ordinate discharges from the Health Boards across NHS Wales together with the two main provider trusts on the border with England	Short term consultancy resource Short term admin support to set up and establish Health & Care Flow Hub	Independent Contractor Powys County Council ASC

The following provides an overview of the impact of therapists as part of **action 1** above.

Occupational Therapist and Physiotherapists working with Plas Cae Crwn Residential Home, Newtown to review and assess residents who are frequent fallers. Interventions have started and reviews will take place looking at the outcome measures.

Current falls: Location of falls: Mainly in bedrooms and overnight	
December 2017	20 falls documented
January 2018	12 falls documented
February 2018	10 falls documented

Locums working in the community have supported rehabilitation for patients to remain in their own home preventing further decline in patient's condition.

Substantive staff have worked more closely with the Virtual Ward and have utilised the Powys Urgent Response Service at Home (PURSH).

The use of Occupational Therapy and Physiotherapy locums in Newtown, Welshpool and Glan Irfon has:

- Enabled the teams to be more responsive to referrals in the community. The majority of new referrals have been seen within 1/52.
- Enabled the teams to be more responsive to referrals for rehab assessments and interventions on the wards.
- Enabled the teams to support discharge with timely follow ups post discharge.
- Enabled Reablement referrals to be responded to faster or within recommended time frames and allowed prompt reablement assessment to be completed.
- Enabled cover for unplanned gaps enabling continuity of service provision for patients.

- The locum support enabled OT presence in Glan Irfon Monday to Friday. This supported a daily handover of information and discussions regarding referrals and current service user plans.

Occupational Therapists and Physiotherapists have been piloting weekend working in Newtown and Welshpool Hospital, starting on Saturday 10 March 2018.

To date, having the extra therapy provision available over the weekend has:

- Enabled initial assessment to be completed in a timely manner
- Enabled discussion with Occupational Therapist regarding discharge and support at home, enabling plans to be put in place sooner.
- Enabled the therapy staff to continue rehab over the weekend to improve endurance with mobility.
- Enabled the therapy staff to complete reablement referral earlier which allowed it to be processed and screened sooner in preparation for discharge
- Enabled the patients to be mobilised to the day room 7 days a week e.g. for lunch and to watch the rugby, enhancing social interaction.

Additionally,

- The in-reaching Occupational Therapist into Hereford Hospital has supported patients being discharged on the right pathway and reducing their length of stay in hospital. This role supports the District General Hospital with local knowledge of the community and patient and improves communication with the care transfer co-ordinator.
- Increase capacity within the services has enabled the Occupational Therapy and Physiotherapy teams to attend and respond to Virtual Ward requests. Attendance by a registered member of staff has strengthened the role and expectations of each service.

In terms of **action 4 and 5** - a joint Health & Care Coordination Hub was established. The purpose of the Health & Care Co-ordination Hub is to facilitate the overall coordination of patient flow for Powys residents, working in partnership with Social Services and the Third Sector to improve admission, discharge, inter-hospital transfers and case management. Previously the coordination of patient flow was managed in two localities. In situations of high escalation and unscheduled care pressures, a centralised approach is activated, as per the Powys response action cards.

Through a centralised approach in high escalation, it was recognised that having a daily visual log of available beds within the County and demand

internally and externally there was more effective management and prioritisation of patient flow, taking account of national pressures and the escalation levels for English partners (ie SATH & WVT).

The idea of a permanent joint Health & Care Hub was crystallised and the additional funding available from Welsh Government to support patient flow was utilised to set up a joint hub, in a three month timescale.

A Clinical Lead was identified, with project management support. A physical space for the hub was sourced, kit ordered and the recruitment process activated to appoint a Hub Coordinator. In tandem, a tendering exercise was completed to secure support for the improvement in patient flow, embracing Lean methodology. The project has two distinct phases:

- Improve Hospital Flow & inter-hospital transfers; and
- Improve Care Coordination and community care.

The specific benefits for phase 1:

- An effective visual hospital approach to proactively manage patient flow, demand and capacity based on risk and clinical prioritisation.
- Improved repatriation time for Powys residents 'stranded' in SATH & WVT & prioritised inter-hospital transfers from Welsh providers.
- Maintenance of low levels of unscheduled care pressures and escalation levels.

Phase 2 will involve multi-agency care coordination, working jointly with Adult Social Care and the Third Sector to promote safe admission avoidance with a home first ethos, together with Virtual Wards & identification of community capacity. The Health and Care Coordination Hub commenced on 12th March 2018. It is too early to provide validated data but improvements have been noted to include:

- Early indication show an increase in discharges and admissions for April 2018 both higher than any month in financial year 2017/18.

Month	Discharges	admissions
Nov 17	94	115
Dec 17	82	110
Jan 18	126	138
Feb 18	87	102
March 18	110	141
April 18	130	149

- Improved communication and working relationships with neighbouring DGH'S.

- The length of delay for DToC has reduced and numbers of DToC has reduced in April & May.
- Repatriation time is currently being analysed but the number of 'stranded' Powys residents in WWT & SATH have reduced.
- Powys remained at low escalation levels, mostly Level 2-3, during the significant national pressures.

- **Cancellation of Services**

It was necessary to cancel a number of clinics through the winter pressures across Powys Teaching Health Board due to other HBs and NHSTs managing their own internal pressures, plus the adverse weather conditions, resulting in patients, consultants and other clinicians being unable to travel. Over the 4 days of snow in Feb/Mar, 60 theatre and outpatient sessions were cancelled, affecting 544 patients.

In addition, 1 x scheduled Oral Surgery theatre session was prevented from going ahead due to a recurrence of the heating and air exchange system malfunctioning in low temperatures, affecting 4 patients who were provided with alternative appointment dates prior to their departure on the day. All subsequent sessions were cancelled as a short-term solution was not possible. As the second episode of snow in March occurred over the weekend, there was minimal impact upon Outpatient and Theatre services. It should be noted due to the constant re-planning of sessions and allocation of room space, plus the negotiation with other HB colleagues for replacement sessions, only 2 patients breached in Urology as the Consultant was unable to travel from Herefordshire due to adverse road conditions on 26th March. The table below illustrates the number of clinics cancelled.

Day	Site	Patients	Clinic	No.Session	Sess total	Pts Total
TUES 27/02	BWM	4	Theatre	1		
	BWM	7	Endoscopy	2		
	LWM	8	OPC	1		
	BWM	34	OPC	3		
	YCH	55	OPC	4	11	108
WED 28/02	BWM	4	Theatre	1		
	LWM	3	Theatre	1		
	LWM	45	OPC	4		
	BWM	55	OPC	6		
	YCH	23	OPC	4		
	Welshpool	6	OPC	1	17	136
THURS 01/03	LWM	6	Theatre	1		
	LWM	58	OPC	4		
	BWM	81	OPC	7		
	LWM	2	Theatre	1		

	YCH	28	OPC	3	16	175
FRI	BWM	6	Theatre	1		
02/03	BWM	9	Endoscopy	2		
	LWM	33	OPC	3		
	BWM	40	OPC	4		
	YCH	12	OPC	2		
	Mach	8	OPC	1		
	Mach	8	OPC	1		
	Newtown	9	OPC	1	15	125
TOTALS					59	544

- **Summary:**

Demand increased across the care system and the NHS has responded to this through a planned approach and by working in partnership with key stakeholders. Lessons from this past winter are being considered to inform planning for future winters, improve patient care and experience, reduce the pressure on staff, and deliver improved and sustainable levels of performance.

The Powys reflection is that a positive contribution was made locally and nationally in NHS Wales & NHS England, as hopefully illustrated by some of the data and operational narrative. With no acute provision/DGH in Powys our role is seen more as a supportive partner, but ensuring a full and proactive contribution for the benefit of the Powys population and performance across NHS Wales.

- **Reflections:**

- Earlier planning with partners, specifically Adult Social Care & Third Sector.
- Focused work with WAST to manage conveyance rates to DGH's.
- More focus on support for GP's to manage increased demand.
- Investment/redeployment during the winter in terms of the MDT.
- Proactive staff profiling to gear up the Temporary Staffing Unit.

Work is on-going to finalise the PTHB Unscheduled Care Plan and commence winter preparedness in July for 2018/'19. This will include Discharge to Assess models and a Lean approach to patient Flow. Additionally, the Health Board is exploring the further evolution of cluster-based modelling of services and structural alignment as a real possibility to moderate rising demand for hospital care, providing care in communities locally and safely.