



**University Health Board Report**

**WINTER PLANNING EVALUATION REPORT 2018/19 AND  
PREPAREDNESS FOR WINTER 2019/20**

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**Purpose of the University Health Board Report**

The purpose of this report is to provide the University Health Board (UHB) with an evaluation of the robustness of the winter plan for 2018/19 and to set out the next steps to ensure that lessons are learnt in readiness for next year.

**Governance**

**Link to Health Board Strategic Objective(s)**

The Board's overarching role is to ensure its strategy outlined within 'Cwm Taf Cares' 3 Year Integrated Medium Term Plan and the related organisational objectives aligned with the Institute of Healthcare Improvement's (IHI) 'Quadruple Aim' are being progressed, these in summary are:

- To **improve** quality, safety and patient experience.
- To **protect** and **improve** population health.
- To **ensure** that the services provided are accessible and sustainable into the future.
- To **provide** strong governance and assurance.
- To **ensure** good value based care and treatment for our patients in line with the resources made available to the Health Board.

This report focuses on outlining the operational impact of all of the objectives above.

**Supporting evidence**

This report is prepared in light of a recent multi-agency review of the Health Board's winter plan to determine areas of success and where modifications may be required in advance of next year.

**Engagement – Who has been involved in this work?**

Deputy Chief Operating Officer, Welsh Ambulance Services NHS Trust, Rhondda Cynon Taf Local Authority, Merthyr Tydfil Local Authority, acute, locality and primary care staff.

University Health Board Resolution To:						
APPROVE		ENDORSE		DISCUSS	✓	NOTE
					✓	
<b>Recommendation</b>	The University Health Board is requested to: <ul style="list-style-type: none"> <li>• <b>DISCUSS</b> and <b>NOTE</b> the content of the report.</li> </ul>					
<b>Summarise the Impact of the University Health Board Report</b>						
<b>Equality and diversity</b>	There are no specific equality and diversity issues highlighted within this report					
<b>Legal implications</b>	There are no legal implications highlighted within this report.					
<b>Population Health</b>	This report does link to population health.					
<b>Quality, Safety &amp; Patient Experience</b>	Unscheduled care pressures during the winter months have a huge impact on all sections of the health care system and this can impact of the quality and safety of the patient experience.					
<b>Resources</b>	Increases in unscheduled care attendances, alongside an increase in the number of patients attending acute services with multiple core morbidities, challenge the system during the winter months. The Welsh Government made additional resources available this year as set out in the report.					
<b>Risks and Assurance</b>	The report highlights a number of risks related to the operational delivery of services at times of increased pressure.					
<b>Health &amp; Care Standards</b>	<p>The 22 Health &amp; Care Standards for NHS Wales are mapped into the 7 Quality Themes: Staying Healthy, Safe Care, Effective Care Dignified Care; Timely Care; Individual Care; Staff &amp; Resources</p> <p><a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a></p> <p>The work reported in this summary takes into account many of the related quality themes including safe and effective care.</p>					
<b>Workforce</b>	A number of workforce challenges were experienced during the winter period and action was taken to mitigate the associated risks as far as possible.					
<b>Freedom of information status</b>	Open					

# **WINTER PLANNING EVALUATION REPORT 2018/19 AND PREPAREDNESS FOR WINTER 2019/20**

## **1. SITUATION / PURPOSE OF REPORT**

The purpose of this report is to provide the University Health Board with an evaluation of the robustness of the winter plan for 2018/19 and to set out the next steps to ensure that lessons are learnt in readiness for next year.

## **2. BACKGROUND / INTRODUCTION**

The annual winter delivery plan sets out the Health Board seasonal planning and delivery arrangements for unscheduled care (including mental health) and seeks to provide assurance to the Board that the organisation has robust plans in place to respond to anticipated increased pressures and seasonal risk factors during the winter period.

The plan is intended to provide assurance that we will preserve elective capacity as far as possible to allow scheduled care services to continue during the winter months as set out in the All Wales Delivery Framework and meet the legal requirements of the Mental Health Act.

The plan was developed in collaboration with key partners including the Welsh Ambulance Services NHS Trust, Merthyr Tydfil County Borough Council and Rhondda Cynon Taf County Borough Council. It aims to demonstrate how joint plans will ensure the delivery of safe, high quality services to the population during potential periods of increased pressure.

The Winter Planning and Preparedness Plan:

- reflects a whole system approach to the delivery of services over the winter period
- builds upon lessons learnt within Cwm Taf over recent years and the best practice, knowledge and experiences of our peers
- identifies the potential risks and sets out options and solutions to mitigate against them.

It is vital that the standard of care, quality of services and legal requirements are maintained even during the most challenging of situations. The potential impact on the patient experience is considerable and during the winter period we aimed to ensure:

- no avoidable deaths, injury or illness
- no avoidable suffering or pain
- no unnecessary waiting or delays
- no inequality of access to our services
- no referral to high cost mental health placements.

This paper reflects on the winter delivery plan for 2018-19, highlighting areas where there has been success and areas where there is a need to refocus when setting out the Health Board's plan for the next winter period.

### **3. ASSESSMENT / GOVERNANCE AND RISK ISSUES**

The key risks associated with planning for the winter period relate to the following areas:

- cold weather and the associated respiratory infections
- older people and chronic medical conditions
- influenza and the potential for pandemic outbreaks
- infectious disease outbreaks including diarrhoea and vomiting and noro viruses
- major incidents and escalation
- capacity and the need for surge planning to meet increased pressures
- extreme weather events e.g. heavy snow falls, flooding
- staff availability and sustainability during long periods of pressure
- maintaining patient dignity at all times regardless of the level of pressure
- the ability to meet the legal requirements of the Mental Health Act and prevent out of area high cost placements.

There are a number of policies and procedures in place to mitigate against these known risks, which are tested each year and amended as a result of any learning. The following sections provide a summary of a collaborative review of the 2018-19 winter plan, which in the main has delivered against the key aims set out above.

Following last year's winter debriefing we made a number of operational changes to our system which included:

- Increase in the hours covered by acute physicians to integrate with the emergency departments to support more effective front-door decision making;
- Dedicated space at Royal Glamorgan Hospital (RGH) and Prince Charles Hospital (PCH) to protect minor injuries stream;
- Ambulatory care facilities aligned with the Emergency Departments on both acute sites with read across to the Stay Well @Home services;
- Pilot project with St John's Practice in Aberdare and Welsh Ambulance Services Trust (WAST) to trial the virtual ward;
- Development of a number of cluster schemes around chronic conditions management;
- Patient pathways in place with WAST to reduce ambulance conveyance rates;
- Psychiatric liaison and crisis resolution services.

We also sharpened a number of our daily routines which included:

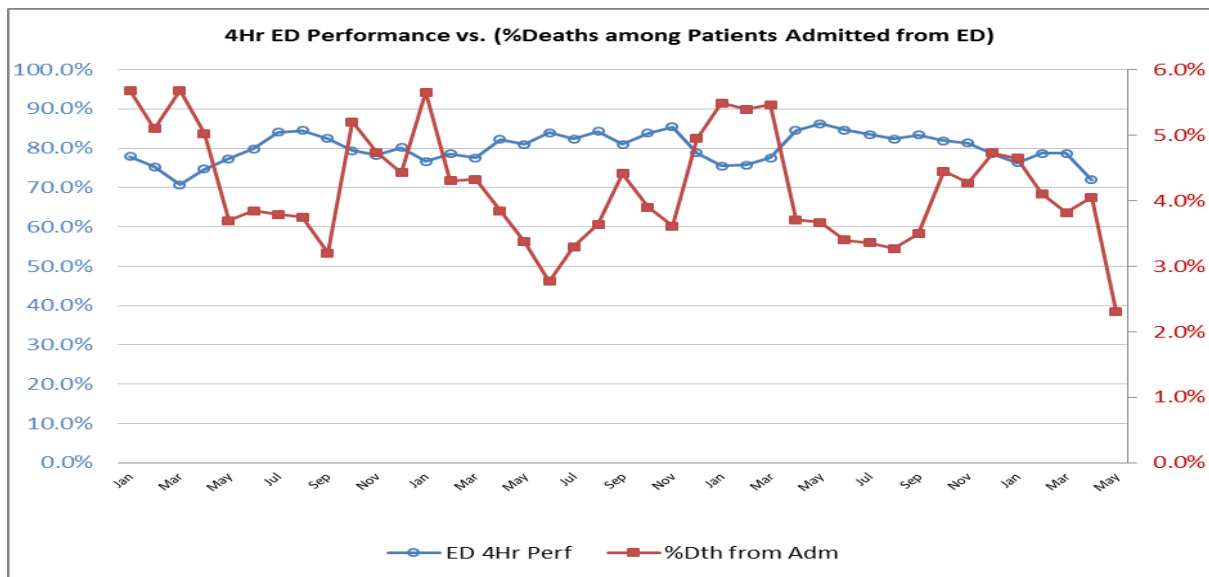
- Holding daily Safety Huddles, led by the Head of Nursing and involving an Multi-Disciplinary Team (MDT) group to plan how demand will be managed;
- Holding the daily AMU Board Round – another MDT group looking critically on a patient by patient basis at how to move patients on safety and promptly;
- Individual reviews for any patients in the EU for longer than 12 hours;
- Hours funded for additional support in Pharmacy, Portering and Phlebotomy;
- Additional acute physician presence at weekends to support the intake;
- A Clinical Lead and a Pharmacy Lead available in the Hubs to provide additional support at peak times;
- Enhanced working with the Local Authority to provide additional care home spaces, extra social worker time and assistance with domiciliary care;
- A greater focus on escalation – which must be timely and is well known;
- Age Connect Morgannwg have provided a very useful resettlement scheme, helping patients to get back home in a safe and controlled manner;
- Care and Repair Project;
- Additional Winter Pressures Nurses have been provided on acute sites on an overtime basis – allowing additional support to be available in key areas, allowing a flexible approach.

## **WINTER PLANNING EVALUATION REPORT 2018/19**

### **Mortality rates during winter**

Keeping a track of our mortality rates through Warwick Chart analysis is an important part of our understanding of delivery of quality throughout the winter period and contextualises the operational flow achievements in Emergency Department (ED), medicine and surgery laid out below.

**Graph 1 - Warwick chart 2018/19**



The above Warwick chart is reviewed on a monthly basis, and compares mortality rates against 4 hour performance on the date of attendance at the EDs. In recent years, the mortality rate has reduced in overall terms and has exhibited the expected seasonal variation given the anticipated annual spikes in rota virus and respiratory syncytial virus. Clinical review of the Warwick charts suggests that there was no excess mortality in our population related to ED attendance in 2018/19.

**Volume and Acuity Challenges**

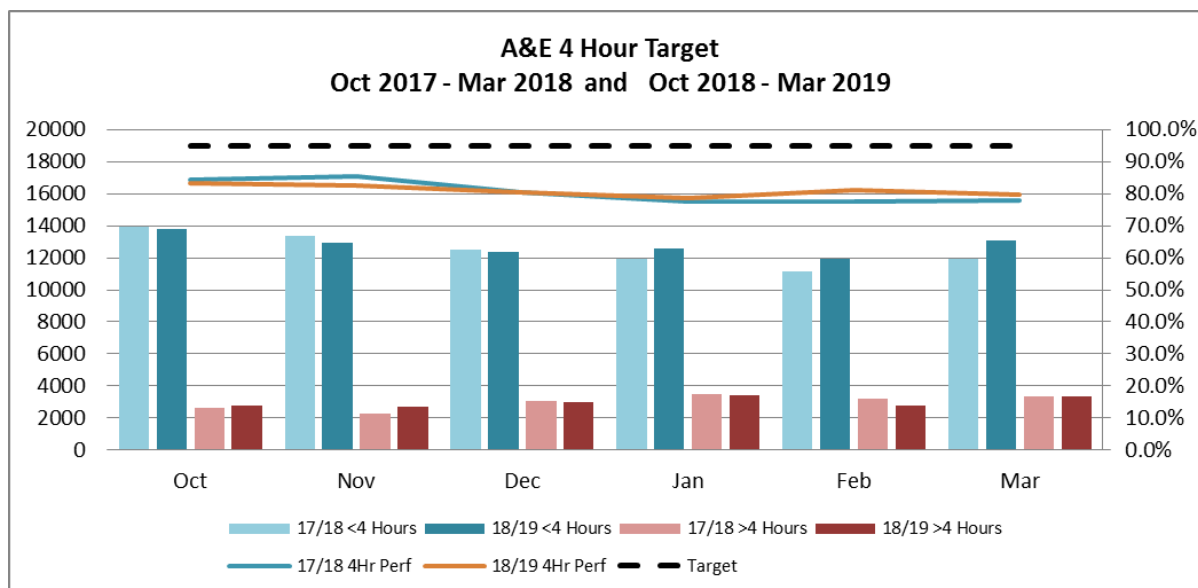
Winter is always a challenging period for patient flow, but the Health Board in general terms experienced a less challenging winter than last year in that we did not experience any sustained periods of adverse weather and had less of a dramatic New Year surge in terms of demand. As we moved into April 2019, there was a dramatic increase in demand (c.1100 additional attendances with a very high conversion rate into admissions).

These generally better conditions are reflected in better overall 4 hour performance during the winter months than last year (which of course included a significant period of snow and Gold Command arrangements).

**Table 2 - Activity and 4 hour performance in the EDs at PCH and RGH**

Month	Attendances				4 Hour Compliance		
	2017/2018	2018/2019	Change	Change (%)	2017/2018	2018/2019	Change
Apr	16316	16077	-239	-1.5%	84.4%	84.9%	0.4%
May	17240	17680	440	2.6%	84.1%	88.5%	4.4%
Jun	16587	17484	897	5.4%	85.4%	87.8%	2.5%
Jul	17298	18380	1082	6.3%	84.9%	86.2%	1.3%
Aug	16470	16175	-295	-1.8%	85.2%	84.1%	1.1%
Sep	16553	16105	-448	-2.7%	83.2%	83.3%	0.1%
Oct	17178	17156	-22	-0.1%	84.2%	83.1%	1.0%
Nov	16185	16202	17	0.1%	85.6%	82.7%	2.9%
Dec	16073	15820	-253	-1.6%	80.2%	80.6%	0.3%
Jan	15990	16520	530	3.3%	77.6%	78.8%	1.2%
Feb	14874	15210	336	2.3%	77.7%	81.2%	3.5%
Mar	15852	17006	1154	7.3%	78.1%	79.6%	1.5%

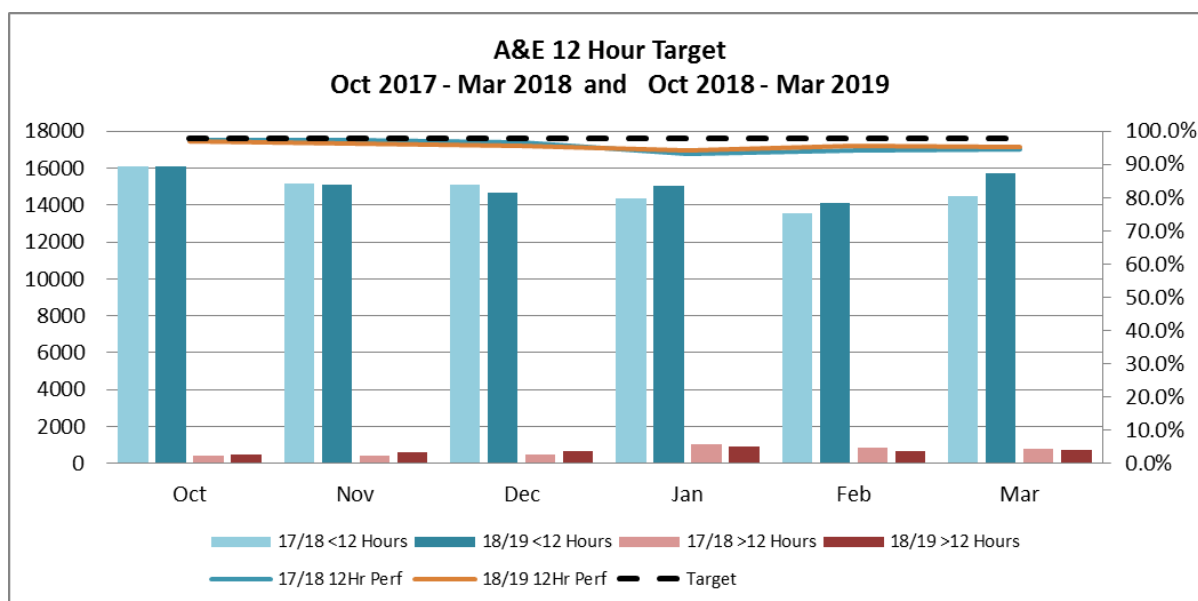
### **Graph 2 – 4 hour performance**



**With all elements of our hospital footprint accounted for, we finished with an end of year position, accounting for winter, of 83% against the 4 hour target.**

Performance against the 12 hour performance target was well maintained at the start of October 2018 and was slightly improved on the previous year. The Health Board continued to undertake a senior review on a case by case basis of all patients who remained in the EDs over 12 hours to ensure care and treatment was delivered in line with medical and nursing plans.

### **Graph 3 – 12 hour performance**



**With all elements of our hospital footprint accounted for, we finished with an end of year position of 95% against the 12 hour target.**

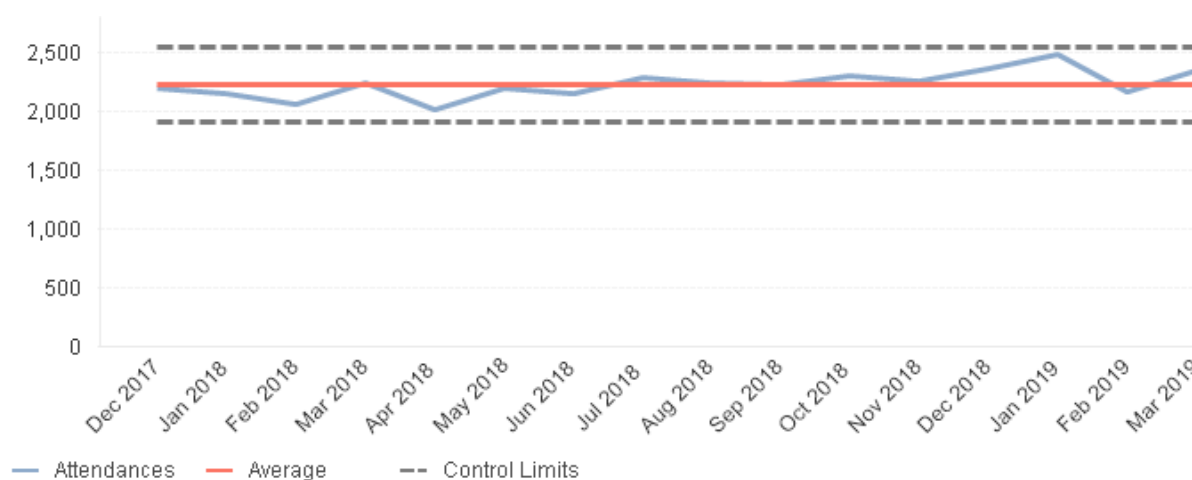
**With all elements of our hospital footprint accounted for, we finished with an end of year position of 90% against the 15 minute handover target.**

### **Princess of Wales Flow**

Given we have now taken on full responsibility for the Princess of Wales Hospital (PoWH), it is important to note that PoWH saw an increase in the number of major presentations at the ED in comparison to previous years.

This was felt acutely particularly in January 2019 where an additional 341 majors patients presented in comparison to January 2018, an increase of 16%. Interestingly, this growth in majors demand is related to “walk-in” majors, not ambulance arrivals which poses a particular challenge to ensure patients have an available treatment space on arrival since they have to be balanced against ambulance arrivals.

**Graph 4 - Major arrivals at POWH ED**



### **Maintaining Capacity for Elective Operations**

During the winter period – 1 October 2018 to 31 March 2019, a total of 47 elective surgical cases were cancelled as a result of winter bed pressures within the old Cwm Taf footprint. This was an improvement on last year and the lowest number of cancelled operations in the last eight years as illustrated below.

**Table 3 – Elective cancellations for bed availability**

<b>Year</b>	<b>Elective cancellations for bed availability</b>
2011/12	361
2012/13	886
2013/14	176
2014/15	605
2015/16	1114
2016/17	399
2017/18	167
2018/19	47

It is clearly evident that there was a significant reduction in cancellations last year, enabling achievement of the scheduled care year end position.

### **Delayed Transfers of Care (DToC)**

The DToC position within the old Cwm Taf footprint was a respectable 24 at the end of March 2019. This was the lowest for any regional system across Wales and reflects very well on the operational joint working between Health Board and Local Authorities.

### **Infection Prevention and Control**

From April 2018 to March 2019, the Health Board saw a sharp increase in suspected Influenza in the Royal Glamorgan Hospital. In total, there were 149 suspected Influenza cases, 58 of the 149 were confirmed Influenza. 37 patients isolated Influenza A (H1N1) 2009, 20 patients isolated Influenza A seasonal H3 and one patient isolated Influenza A.

The suspected / confirmed patients were managed in isolation rooms and there was no need to utilise the cohort bay on the admissions ward. The majority of patients were admitted with symptoms via the emergency department and Tamiflu was prescribed appropriately in the majority of cases.

From April 2018 to March 2019, there was a decrease in the number of suspected cases in PCH. In total, there were 92 suspected Influenza cases, 61 of the 92 cases were confirmed Influenza. 31 patients isolated Influenza A (H1N1) 2009, 13 patients isolated Influenza A seasonal H3 and 17 patients isolated Influenza A.

The cohort area on Ward 11 in PCH was utilised for the second year around for all suspected and confirmed Influenza cases.

Point of Care Testing (POCT) was introduced as a trial in the emergency centre in PCH. It was agreed that respiratory samples would be sent to the University Hospital of Wales (UHW) alongside the POCT and that respiratory precautions would continue until the results had been received. The reason for this is that the POCT only identifies Influenza A and Influenza B and does not take into account the other respiratory viruses, e.g. HMPV, RSV and Parainfluenza.

The number of ward closures and bay restrictions as a result of viral D&V has reduced from 31 to 14 in the last year – with 145 bed days lost compared with 358 in 2017-18. The number of confirmed norovirus outbreaks on closed wards has fallen from six in 2017-18 down to four in 2018-19.

**Table 4 - Ward Closures and Bay Restrictions**

	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>
Total no of Ward Closures & Bay Restrictions (Due to Suspected / Confirmed Viral Diarrhoea and Vomiting)	31	28	14	31	14
No. of Patients	209	139	40	103	82
No. of Staff	88	31	4	43	28
No. of Bed Days lost	542	205	36	358	145

**Table 5 - Norovirus Outbreaks**

No. of Norovirus Outbreaks on Closed wards	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>
Confirmed	12	5	0	6	4
Suspected	5	1	0	1	0

Turning to the issue of Norovirus, the number of outbreaks on closed wards has reduced to four in 2018-19, a reduction from six in the year before.

## **Flu Vaccination Rates**

In 2017/18, 53.1% of frontline staff were vaccinated, which was down to 50.9% for this last year. This was a disappointing result and the Operational Immunisation Group (OIG) has this as a major area for progress this year, with the completion of a Staff Flu Action Plan which sets out detailed measures to ensure that uptake improves this year.

In addition, the Health Board has developed a plan to look at the vaccination rates and how to improve them in the community and this will be monitored closely with the aim of improving rates.

## **Staffing Profile and Surge Capacity**

The availability and sustainability of staff over the winter period was, as ever, a key challenge for the organisation.

The Health Board started working with a new medical staffing locum agency – this was a significant change for the organisation and at times has been challenging – and there is now an action plan in place to improve collective performance on this front.

At times of extreme pressure on the EDs, all additional surge capacity was utilised including the use of treatment rooms and day rooms, additional patients into clinical decisions units and opening additional areas. During the winter, Treatment Rooms were used on an almost daily basis – reflecting the pressure under which the system was working.

In addition, the Health Board employed “Winter Pressure” Nurses – on a bank and agency basis – two registered nurses and two health care support workers on each site who were assigned to areas of greatest need. The fill rate was excellent – and it has been suggested that this was because the time was guaranteed and the slots were available some time ahead. This method will be adopted again this winter – and there is a plan to increase to three registered nurses to cover off the waiting rooms in the EDs, to reduce clinical risk.

## **Facilities - Snow Plans and Adverse Weather**

The winter of 2018/19 proved to be considerable less disruptive than the winter of 2017/18, however, icy conditions, heavy rain and flooding still presented some issue on sites and local areas for District Nurses when accessing remote areas. No outpatient appointments were cancelled and all services remained in operation. Primary Care, Community clinics and pharmacies remained open.

The Facilities Team worked closely with Local Authorities during periods of heavy rain and flooding as there were a number of road closures especially in the Cynon and Merthyr Valleys.

There was less pressure on Facilities Directorate Adverse Weather support service however, on the two occasions that adverse weather was instigated their support was excellent. After the winter of 2017/18, additional 4x4 training was undertaken and additional staff were sourced to support the service. The training of additional staff for 4x4 competency was an additional cost pressure.

Although POWH, Glanrhyd Hospital, Maesteg Hospital and Learning Disability Services (LDS) bungalows were supported by ABMU for the winter 2017-18 the provision of adverse weather support provided was minimal, hence an assessment was carried out and it was agreed that if necessary support would be provided by Cwm Taf on an ad hoc basis. The Adverse Weather lead identified staff and a lead for Bridgend and Ogmore and undertook an awareness session with the team on processes and procedures. These sites will now be integrated into the new organisation for 2019/20, building upon the significant amount of preparation that had been undertaken by the management teams, including command and control arrangements which were established 24/7.

## **Transport Arrangements**

Following lessons learned in the winter of 2017/18, the Health Board had discussions with the 4x4 provider to increase the number of vehicles in addition to the original contract agreement at short notice, however this was not possible so a decision was taken to hire additional 4x4s to ensure services could be sustained in the event of a significant adverse weather event. During the assessment of vehicles District Nursing, GP Out of Hours (OOH) and Central Production Unit (CPU) identified that they would require additional vehicles. In total 16 4x4 were hired to supplement the Health Boards 4x4 vehicles. This was an additional cost pressure for the Health Board.

Discussions were held with WAST and Mountain Rescue and they agreed to continue to support us during period of Amber and Red alerts.

## **Allocation of Additional Funding**

In October 2018 and January 2019, additional funding became available from Welsh Government for Winter Planning, which focused on additionality and assistance to the Local Authorities in supporting the community during winter. The Health Board allocated c. £2.4m to a wide range of measures to enable greater resilience across the unscheduled care pathway over winter including:

- Increased scanning capacity
- Increased administrative support to allow clinical colleagues to undertake the roles that only they can carry out
- Increased Pharmacy staffing
- Increased MDT staffing
- Increased portering staffing.

Also the Health Board was able to support Local Authority colleagues with funding, and this facilitated vital joint working. The areas supported included:

With Rhondda Cynon Taf CBC

- Intermediate Care Services
- Specialist Residential Care placements
- Additional Social Worker capacity and community support
- Specialist Residential Care placements
- Domiciliary Care providers
- Interim placements – Residential / Nursing Homes.

With Merthyr Tydfil CBC

- Two additional nursing and residential placements per month for winter months
- Additional grant funding for recruitment in domiciliary care workforce.

The Welsh Government/Chief Ambulance Services Commissioner (CASC) is engaged with all Health Board's at present undertaking an evaluation of the schemes funded by additional monies and this will be discussed at a meeting of all Health Board's in July 2019, with the aim of sharing good practice and learning across Wales. It is undoubtedly the case that these investments gave great support to the region in delivering a strong period of winter performance.

## **WINTER PLANNING AND PREPAREDNESS FOR WINTER 2019/20**

Work will now commence to develop a Winter Preparedness Plan for 2019/20. An evaluation meeting is due to be held on 13 June 2019, which will focus on lessons learnt and will further identify priorities for this year's plan.

### **A. Communications and Co-ordination**

The value of communication during periods of continued high escalation and adverse weather events cannot be over stated and as always this is an area that can be improved.

The following actions have been taken and are being maintained to ensure that system and process issues are refined:

- Establishment of Gold Command earlier than has been common practice, once there has been a consistent deterioration in the levels of escalation and increasing number of 12 hour waits in the EDs.
- Escalate and plan earlier when there is a "red" weather alert and this should include the instigation of a Gold Command.
- Update the staff policy related to adverse weather conditions and include a one page briefing note to clarify staff expectations re attendance at other sites, ability for agile working, and accommodation options.
- Implementation of an automated emergency department system to facilitate live date input and the sharing of "live" situation reports across the organisation.

## **B. Transport Arrangements**

Transport has been a big challenge over recent winter periods. The Health Board has continued to maintain readiness for this kind of extreme event and this has included:

- The commission of non-emergency transport services from additional providers.
- Each Directorate identifies a list of 'essential' and non-essential staff for transport prioritisation during adverse weather.
- Training a network of drivers who can be called upon for support during adverse weather and consider the establishment of a combined public sector fleet in the Cwm Taf area with a fifth transport hub based at Ty Elai.

We will also pursue the following detailed improvements:

- The gritting and snow clearing contract has now expired so this is currently being revisited and revised;
- The 4x4 contract has expired this is being looked at and will also incorporate the needs of Bridgend;
- Staff will be identified to undertake 4x4 training for sites at the Bridgend end of the Health Board;
- Staff will be identified to undertake administrative support roles for adverse weather;
- Facilities will continue to work with departments to identify future needs;

- An Accommodation Review to be undertaken to assess room availability during adverse weather;
- Colleagues from Facilities will continue to develop the positive working relationships with Local Authorities, Mountain Rescue, WAST, public transport and rail network.

### **C. Cross Boundary Working**

Further focus will be given to the opportunities for initiatives across organisational boundaries prior to the next winter period and areas for consideration will include the following:

- Impact of the changes to the Health Board's footprint and the relationship with Bridgend County Borough Council and the management responsibility for the Princess of Wales Hospital.
- The ability to utilise staff support from other Health Boards who present at our sites during severe weather conditions.
- Robust processes for the repatriation of patients back to Cwm Taf and back to the local areas with particular issues identified for residents from the Gwent valleys and Creigiau area of Cardiff.

### **D. Service Redesign and Transformation**

**Appendix 1** lays out the developments we have in hand in terms of scaling up best practice from previous years. We now know that we can build on promising pilot activities and work up to full scale in order to deliver genuine transformation following Welsh Government's announcement of our successful Transformation Fund bid this week. This will be an important benefit for the next Winter Plan providing recruitment can be effected in a timely manner.

## **CONCLUSION**

Whilst this report focusses on an evaluation of the plans in place for winter 2019/20, it is important to note that many of the process issues and planned service redesign are not specifically related to the winter.

The identified actions have improved system resilience and ensured that patients flow across the whole integrated pathway in a timely manner and therefore have been adopted into current mainstream operational working.

The Health Board can reflect with a degree of satisfaction on the improvements made in this cycle of winter planning and our thanks are on record with our staff for the huge commitment they have made throughout. Our deep thanks are also extended to the many peer and supporting organisations across the public and voluntary service that worked with us throughout Winter 2018/19.

#### 4. **RECOMMENDATION**

The University Health Board is requested to:

- **DISCUSS** and **NOTE** the evaluation of the robustness of the winter plan for 2018/19 and the plans in place to ensure that lessons are learnt in readiness for next year.

<b>Freedom of information status</b>	Open
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## **Appendix 1 – Service redesign activities**

### **Managing Demand at the Front Door**

The **Stay Well @ Home Team** (SW@HT) was established in April 2017 within the former CTUHB footprint and continues to perform to a very high standard. The Team has a broad skill mix, working seven days a week to undertake assessments at the EDs and support individuals to be discharged home. The SW@HT can access a four hour response from social care and the nursing @home service to ensure appropriate support can be provide in the community to ensure a safe and timely discharge. This service has been incrementally implemented across the CTUHB footprint with the latest aspect to go live being the M@H (Medicines @ Home) Service – which is regarded as highly successful and has further to go in the coming year.

The implementation of Stay Well@Home II will be a challenge for the coming year, working with GP and WAST colleagues to further develop safe and responsive care for patients outside the acute setting.

The **Early Supportive Discharge Support Service** provided by Age Connect Morgannwg is in operation across two district general hospital sites to assist in unlocking additional capacity by speeding up hospital discharge, in a supportive way for patients and families. This service links seamlessly with the Stay Well@Home service and has now become an all year around service.

The **Virtual Ward** concept at St Johns Surgery in Aberdare has continued its development with proactive support from community paramedics, occupational therapists, physiotherapists and other key professionals and discussions are underway to develop the next phase of this initiative for roll out across the CTMUHB area.

Colleagues are confident that the service has reduced admissions, attendances at EDs and has saved bed days – and is equally confident that this can happen if the practice is adopted across the Board, though it is recognised that this will be a significant culture change.

This model could potentially reduce ED attendances by 1,325, and reduce admissions by 829, which equates to 27 bed days. Across the Board it could potentially reduce ED attendances by 5,411 and reduce admissions by 2,593, which equates to 79 bed days.