Winter Resilience Funding Evaluation 2018-2019: A Service Evaluation

The National Collaborative Commissioning Unit

Leading quality assurance and improvement for NHS Wales through collaborative commissioning

Executive Summary

Winter funding is a somewhat controversial topic; some believe that the challenges health boards face in winter should be factored into planning cycles as business as usual. However, the stress on health boards over this period is well-documented, and services as they currently operate would struggle without this injection of funds.

For winter 2018/ 2019, the Welsh Government awarded a total of £25,459,166 to health boards and the Welsh Ambulance Service Trust (WAST). This report predominantly focusses on health boards in Wales and their spending patterns; health boards were awarded £20,879,828 in total to support them through the difficult winter months.

The report finds:

- The majority of the 153 initiatives funded by the winter monies granted to health boards are hospital-based; the preventative agenda described in the parliamentary review has not manifested in this area
- There is some resistance to evaluation process; in part due to a fatigue with what are sometimes perceived as bureaucratic processes, but also possibly to concern regarding the scrutiny health boards come under. For future processes, a culture of support should be fostered
- Challenges in engaging the public with campaigns for the use of primary care, community care, and preventative services (such as flu vaccination), manifest themselves in some of the winter pressures in emergency departments and this is reflected in the spending of the winter funding
- The evaluation processes in place over winter 2018/2019 did not fully engage health boards, and the use of patient and staff feedback was limited, constraining the evaluation process and limiting its scope
- The timely employment of staff over winter restricts the effectiveness of initiatives; the employment process is lengthy, which causes delays to the implementation process, thereby limiting the effectiveness of an initiative dependent on specialised staff.

The evaluation tool – a questionnaire – was not used consistently between health boards or initiatives, and therefore the claims made in this report come with the caveat that data sets were incomplete.

Summary of Broad Findings

The following report evaluates and analyses the data provided by health boards regarding their Welsh Government funded winter 2018 / 2019 initiatives.

The key findings are:

- ❖ There appears to be an expectation that funding will be made available to support winter delivery each year; health boards should consider how initiatives could be supported within their existing funding envelope
- ❖ Health boards need to consider workforce requirements and lead-in times for initiatives that are dependent on the recruitment of staff to ensure they are able to mobilise in readiness for winter
- ❖ Health boards directed the majority of the 2018/2019 winter funds towards hospital-based initiatives, as opposed to community / preventative initiatives

- Health boards reported that despite enormous efforts to deliver patient-centred health care, the availability of funds (in terms of the amount and uncertainty as to when and/or whether the funds will be available) can cause problems for their planning processes and lead to a reactive or rushed approach to designating funds
- There is some resistance to evaluation processes; planning cycles and attitudes are embedded and difficult to overcome: health boards could benefit from guidelines or more assistance to enable improved and more consistent understanding of the evaluation process, which in turn allows more thorough analysis and improved future planning
- There are some similarities among initiatives across health boards, presenting a possible opportunity for health boards to collaborate and link up services.

Summary of Recommendations

- Health boards should foster a reflective approach to all initiatives, but in-depth evaluation should be limited to innovative programmes
- Health boards should use evaluation and lessons learned to inform future planning for initiatives, including consideration of how successful initiatives can be implemented on a sustainable footing.
- Health boards should analyse and explore opportunities for collaboration by sharing information pertaining to similar or comparable schemes, for instance
- Clearer guidelines on the completion of evaluation frameworks should be provided to support planners
- Health boards should prioritise specific areas of focus each year so that comparisons can be drawn between the results of their respective approaches during the evaluation stage.

Contents

Introduction

Background

The Welsh Government has placed improving unscheduled care services at the heart of their commitments to the Welsh public. NHS Wales prioritises a patient-centred, safe, timely, and effective approach to health care in order to achieve optimal outcomes for people who access health care services.

The Welsh Government aims towards an effective health care system, and recognises the importance of evaluation as part of this process.

The Minister for Health and Social Services made a commitment to evaluate the delivery of health and social care services over the winter 2017/18 period, and the Deputy Chief Executive of NHS Wales and chair of the National Programme for Unscheduled Care (NPCU) Board sponsored a review: *An Evaluation of the Resilience of Health and Care Services*, which was submitted for winter 2017/ 18.

The 2017/18 evaluation report reviewed how health and social care services managed over winter 2017/18. There were examples of good practice and initiatives in place across the system, utilising the investment made by the Welsh Government through the additional winter pressure monies, some of which were beginning to have a positive impact. However, more needed to be done to measure the impact and effectiveness of different practices / programmes. If evaluation can produce a significant positive impact and value for money, the programmes can be implemented on a 'Once for Wales' basis, fostering co-operation and avoiding duplication.

This report:

- outlines and analyses the data captured from the winter 2018 / 2019 evaluation, with a focus on the seven health boards
- Shows the general direction of the reported spend, and considers spending in light of National Programme for Unscheduled Care priorities
- Provides snapshots of the kinds of initiatives put forward by health boards, offering a reflective commentary on the initiatives.

Critically considering spending patterns and initiatives will encourage a questioning approach to cyclical behaviours and is intended to start a new conversation about how health care should be delivered. Evaluation should ideally begin in the planning phase.

The National Collaborative Commissioning Unit (NCCU) seeks to further develop the evidence-based approach to improve planning and preparation for winter across the NHS in Wales. The Welsh Government commissioned the NCCU to evaluate the use of winter resilience funding made available to health boards by Welsh Government for winter 2018/ 19.

The NCCU works with partners across Wales to help achieve the vision of leading quality assurance and improvement for NHS Wales. Working across organisational boundaries between Welsh Government, Health Boards, and other partners, the NCCU maintains and manages relationships, groups, events, and communications in support of the effective and efficient commissioning of programmes and projects. For example, the NCCU delivers the NPUC on behalf of the Welsh Government.

Partnerships and Enablers

The NCCU uses quality and delivery frameworks as its method to commission services, enabling standardisation across NHS Wales. The frameworks for Emergency Ambulance Services and Non-Emergency Patient Transport Services, commissioned through the Emergency Ambulance Services

Committee (EASC), support co-operation between WAST and the health boards to jointly deliver services.

Alignment between EASC and NPUC

The approved EASC IMTP 2019/22 identifies closer alignment between EASC and the NPUC as a priority. The Minister for Health and Social Services developed a set of objectives for the Chair of EASC to help realise this ambition.

Welsh Government

Welsh Government commissioned this evaluation to inform learning and planning for winter 2019/ 20. Early findings from this evaluation were shared at a national event in June 2019.

The NCCU in Support of the National Programme for Unscheduled Care (NPUC)

The NCCU collected data to analyse how the winter funding was spent; this report provides analysis of the data collected. In support of the NPUC, the NCCU:

- Issued evaluation templates
- Offered guidance and support
- Managed the return of data
- Visited planners
- Reminded health boards and planners of the requirement to provide data
- Analysed the data
- Supplemented the data with independent research and literature reviews.

Context

Health and social care services experience varying degrees of pressure on a year-round basis, with winter posing additional challenges. This can be due to a number of factors including, but not limited to: increases in activity, a change in nature of the demand on services, prevalence of infectious diseases (including influenza), and inclement weather conditions that can exacerbate viral diseases and chronic conditions. These added winter pressures can result in delays in access to care and negatively impact the ability of clinicians and practitioners to provide high standards of care, resulting in poor patient experience and poor clinical outcomes.

The Emergency Ambulance Services Committee (EASC) published the *Amber Review: A Review of Calls to the Welsh Ambulance Service Categorised as Amber* in November 2018, which evaluated calls to 999 categorised as 'Amber'. EASC's report found that the prioritisation of calls is complex, and that emergency departments need extra support. However, the report also found that there should be 'a programme of engagement to ensure clarity on the role of emergency ambulance services'.[1] In other words, sometimes urgent and unscheduled care services are being used, when other services may be more appropriate.

Welsh Government Priorities for Winter 2018 / 2019

Welsh Government issued a set of five priorities for winter 2018/19 to enable health boards to plan and align their activities. The five priorities are as follows:

- Optimising clinical and organisational engagement and partnerships to deliver timely and high quality access to services.
- Explicit focus on better management of demand in the community.
- Enhanced operational grip and clinically focused hospital management to mitigate peaks in pressure and manage risk effectively.
- Focus on the significant opportunities to enable people to return home (or as close to home as possible) from a hospital bed.
- Wherever possible, people should be supported to return from acute hospital sites to their home for assessment. (Implementing a discharge to assess model).

Winter Resilience Funding

For winter 2018/19, Welsh Government allocated funding as follows:

Organization	Initial Funding	National Priorities Funding	Discretionary Funding	Total Funding
ABUHB:	£3,061,000		£959,048	£4,020,048
BCUHB:	£3,401,000		£876,076	£4,277,076
C&V UHB:	£2,303,000		£712,464	£3,015,464
CTUHB	£1,778,000		£931,219	£2,709,219
HDUHB:	£1,941,000		£704,403	£2,645,403
PTHB:	£651,000		£0	£651,000
SBUHB:	£2,865,000		£696,618	£3,561,618
WAST	£0	£3,243,338	£0	£3,243,338
Welsh Government	£0	£1,226,000	£0	£1,226,000
Total:	**£16,000,000.00**	**£4,469,338**	**£4,879,828.00**	**£25,459,166**

Table 1: Funding Allocations

[1] Shane Mills and Ross Whitehead, *The Amber Review: A Review of Calls to the Welsh Ambulance Service Categorised as Amber*. EASC, p.95 http://www.wales.nhs.uk/easc/opendoc/334567

The evaluation of how these funds were spent may help identify initiatives that could be developed to allow for the efficient and effective use of funds. It is not only a case of building upon and supporting community based services that help prevent hospital admission or act as step down services to improve flow, but also ensuring that the public know about the range of services available to them.

Evaluation processes enable health boards and policy makers to evaluate and assess the most effective ways of meeting these goals. By tracking initiatives from the planning stage, and recording the impact each initiative has had, stakeholders are better able to identify which initiatives have an impact and why they work. For less successful programmes, a detailed planning process may help health boards to pinpoint *why* an initiative did not succeed, allowing for adaptation to improve upon the initiative.

Evaluation Objectives

The objectives of this project are to:

- determine the impact of winter initiatives
- give a sense of how funding is being spent
- compare winter resilience in 2018/19 to winter resilience 2017/18
- establish an NCCU evaluation framework and associated processes to support the planning and evaluation of initiatives across each of the seven health boards.

Stage 1

The aim of the evaluation is to determine which winter funded initiatives outlined by the organisations through their planning processes made an impact. The NCCU will facilitate the collection and collation of information on initiatives in order to support evaluation and enable:

- categorisation of initiatives
- identification of health board initiatives in support of Welsh Government priority areas
- the Net Effect of initiatives in relation to activity, resources, and performance
- an understanding of why an initiative has or has not made the intended impact.

Stage 2

This stage ran in conjunction with Stage 1, focusing on the development of the evaluation framework that will be used across the seven health boards to effectively collect information and evaluate the projects delivered by each of the health boards. Once embedded, this process can be utilised to inform planning more widely across NHS Wales. The C3 Faculty at Swansea University provide academic integrity to the evaluation process.

The partnership between the NCCU and C3 Faculty focuses on providing an evidence-based approach to measuring the impact of initiatives to improve patient experience in the long-term.

The evaluation provides a way of understanding why an improvement initiative has or has not worked and how it can be adapted and improved for the future. It will focus in on initiatives that align to the commissioning intentions issued by the NCCU to the Welsh Ambulance Services NHS Trust, and the priority areas identified by Welsh Government.

The evidence gathered may support a number of recommendations to health boards on what initiatives have had a positive impact during winter and what areas of focus to prioritise for winter 2019/20.

Theoretical Rationale

In 2018, Welsh Government commissioned a parliamentary review[2] which proposed a Quadruple Aim for healthcare:

- patient experience ; improved population health and well-being
- clinical output; better quality and more accessible health and social care services
- value for money; higher value health and social care
- staff experience; a motivated and sustainable health and social care workforce

In order to achieve these aims and deliver an excellent standard of care within budget and while maintaining staff well-being planning is essential, as well as evaluation in order to define what a healthcare system achieving these aims looks like.

In 1984 R. J Maxwell explored the benefits of evaluation in health care. He concluded that a method of objective evaluation, with an emphasis on simplicity of use, would be beneficial to any health service:

> the last thing that we need is the creation of some new Frankenstein's monster in the shape of a quality assurance or quality control scheme that is insensitive to the variation, autonomy, and trust implicit in health care. [It's possible to] keep it simple, while providing a framework within which the quality of care may be studied, discussed, protected, and improved.[3]

While originally made almost four decades ago, Maxwell's point remains pertinent; evaluation should be simple, useful and collaborative, offering constructive feedback, as opposed to punitive criticism. This sentiment informs the planning and evaluation process outlined and discussed in this report.

Moule et al (2017) underline the importance of evaluation in delivering effective healthcare because it supports an evidence-based approach to practice delivery. Evidence-based practice promotes cost-effective healthcare of a better quality than non-evidence-based practice. The evaluation will help to determine the extent to which health and care services' integrated plans delivered anticipated results across the whole system, and to consider areas of good practice that could be shared nationally to contribute to enhanced delivery next winter.

Evaluation can help identify areas for improvement and ultimately allow health care services to reach goals more efficiently and identify efforts that work well before they are replicated across a broad range of contexts. Evaluation methods need to provide an understanding of why an improvement initiative has or has not worked, and how it can be improved in the future. Identifying successful programmes with a positive impact can help to avoid delays in accessing care, poor patient experience, and poor clinical outcomes, whilst enabling effective system functioning, and supporting clinicians to provide a high standard of care. In addition to these potential benefits, central evaluation of the initiatives put forward by all health boards also fosters opportunities for collaboration between health boards, which promotes improvement in 'patient care by removing the artificial boundaries between LHBs and NHS Trust providers'.[4]

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[2] Parliamentary Review of Health and Social Care in Wales (January 2018): https://gweddill.gov.wales/docs/dhss/publications/180116reviewen.pdf

[3] R J. Maxell, 'Quality assessment in health', *British Medical Journal* (Clin Res Ed), Vol. 288 (1984), pp. 1470-1472, p. 1471.

[4] Kayleigh Nelson, Aimee McKinnon, Angela Farr, Jaynie Rance, and Ceri Phillips, 'The Development of a Collaborative Framework for Commissioning Health and Social Care', *Journal of Integrated Care*, Vol. 26, No 4 (2018), pp. 286-295; p. 286. DOI: https://doi.org/10.1108/JICA-01-2018-0001

Potential Benefits

In the delivery of this project, the NCCU has sought to outline the potential benefit to a variety of stakeholders, namely: patients and the public, Welsh Government, health boards/ WAST, and health care providers.

Figure 1: Benefits for stakeholders and customers from the development of the quality framework

The findings and structure of this report have already been incorporated into planning and evaluation in other areas of the health service – namely, primary care evaluation methods – illustrating the collaborative spirit endorsed by the NCCU.

Through this process, the NCCU identified some key components that should inform planning: Education, Access, Resources, Transaction, and Handover (EARTH). From this, the NCCU created the EARTH rubric, a tool to support planners in the design and implementation of their initiatives.

Scope

The scope of the work is to create an evaluation framework that can be used across the seven health boards in Wales to effectively evaluate projects and services to alleviate winter pressures. The seven health boards are:

- Aneurin Bevan University Health Board (ABUHB)
- Betsi Cadwaladr University Health Board (BCUHB)
- Cardiff and Vale University Health Board (C&VUHB)
- Cwm Taf University Health Board (CTUHB) (Cwm Taf Morgannwg University Health Board since 1 April 2019)
- Hywel Dda University Health Board (HDUHB)
- Powys Teaching Health Board (PTHB)
- Abertawe Bro Morgannwg University Health Board (ABMUHB) (Swansea Bay University Health Board since 1 April 2019)

The evaluation framework and accompanying processes enable comparison among health boards, a breakdown of the distribution of funds in individual health boards, and for a national overview of how funds are directed.

Methodology

Aims

The aim of this research is to measure and evaluate whether the Welsh Government funded winter initiatives implemented over winter 2018 / 19 had a positive impact on unscheduled care services. Those initiatives found to be successful could be considered for early implementation in 2019/20.

The evaluation process also allows stakeholders to see how health boards responded to specific issues, such as the National Programme for Unscheduled Care's "Big 5 Demands", which are:

- Falls
- Breathing difficulties
- Chest pain
- Mental Health
- Health Care Professional (HCP) Calls

Resources

The NCCU employed a researcher to lead this work. The C3 Faculty provide academic support to the researcher. The researcher developed existing planning templates used to capture the initiatives delivered locally and nationally by health boards and WAST.

This planning template standardises the format of submissions, asking health boards to describe the intentions of initiatives, and the expected net effect on activity, resources, and performance. It tracks the allocation of funding and allows stakeholders to see how initiatives align with the Welsh Government's five winter delivery priority areas. The resource also measures staff and patient experience through open-ended questions, recognising and making room for diverse experiences.

In order to work across organizational boundaries, NCCU trialled the use of Airtable, an online collaboration tool. The intention was to facilitate the completion and sharing of information relevant to winter evaluation.

Approach and Process

The planning template for winter 2018/ 19 asked health boards for a brief description of each proposed initiative, and offered a range of criteria that would help categorise and collate each initiative. The template was designed to form the basis of an evaluation of the impact of initiatives, while allowing some flexibility.

The Evaluation Questionnaire

The evaluation questionnaire requires the planner to name and categorise each initiative, asking which Service Area it belongs to, the Net Effect, and its estimated cost, among other things. It is also designed to capture data that allows health boards to consider how the proposal fits with the Quadruple Aim.[5] Among other questions, it asks how each programme addresses the 'big five' reasons for hospital admittance: falls, breathing difficulties, chest pain, mental health issues, and HCP Calls. No identifiable patient information was collected. A sample of the form used to capture this data is available in the appendix of this report.

Categorising initiatives allows health boards to monitor the direction of funds and ensure that the balance is directed in a way that reflects their goals and intentions. However, the design means that corresponding initiatives in different health boards may be described quite differently, which can

[5] See 'A Healthier Wales: Our Plan for Health and Social Care', Retrieved from: https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf

inhibit comparison. Following submissions from each of the health boards, the researcher analysed the data in order to produce this report for Welsh Government.

Timescale

The timeline for the evaluation of winter funding initiatives is as follows:

Month	Actions
April 2019	• Outstanding responses from health boards, WAST, Welsh Government to winter funding questionnaire • Informal interviews conducted
May 2019	• 21 May: NPUC Delivery Group 'Future Opportunities' briefing
June 2019	• 25 June: Welsh Government Winter Delivery Workshop. I. Winter Funding Evaluation 2018/19 Lessons Learnt • Learning from winter funding 2018/19 initiatives.
July & August 2019	• Health boards, WAST, and Welsh Government complete 'additionality' forms for 2019/20 winter fund allocation. • Health boards, WAST, and Welsh Government conduct internal assessments to prioritise 'additionality' initiatives • Winter funding 2018/19 Evaluation Report was produced.

Table 2: Timeline of Evaluation of Winter Funding Initiatives

Future Potential

The processes and tools described above worked to support collaboration and the uniform submission of initiatives for winter 2018/ 19. However, the potential benefits reach beyond this planning cycle. By considering the value and impact of each initiative, health boards will be able to measure the impact of initiatives based in emergency departments and compare these to the effects of other types of services.

The use of evaluation structures will foster better communication between health boards and support a proactive approach towards the early identification of initiatives, assisting health boards to prepare for winter. The ongoing evaluation of initiatives employed by WAST and health boards allows stakeholders to trace patterns and shifts in the issues faced, providing a valuable data set for Welsh Government policy makers.

Challenges

While there have been improvements in the data sets captured for winter 2018/19 in comparison to Winter 2017/18, instating new processes and challenging existing thinking will always require collaborative thinking and the building of trust among stakeholders. Below is an outline of the kinds of difficulties faced, and how these could be addressed for future evaluations.

Communication

Establishing links with the appropriate staff members within each organisation to gather data proved challenging. Targeted communications to CEOs, DOPs, and ADOPs to inform them of the processes proved effective, however winter is a particularly trying time, which affects the availability of staff.

The sequencing of communications between Welsh Government and the NPUC with regard to winter planning created a challenge for health boards. The messaging created confusion around priorities and the templates to be used to capture information.

The development of a uniform evaluation structure and regular planning method of communication may support and facilitate the sharing of best practice. The evaluation process should start in the planning phase with robust and consistent support.

Embedded Culture around Evaluation

While health boards undoubtedly aim towards providing excellent health care for service users and acknowledge evaluation as part of this process, in practice evaluation has not been a primary focus.

The prime example of this would be the incomplete questionnaires, in addition to informal comments. Some reasons for resistance offered by health boards were concerns over the cost of a researcher. However, health boards also reported the strain of evaluation on their time; planners and managers already have a busy workload and could have used more support and clearer guidelines, as well as a more structured approach. In addition to the material demands on one's time, some research into evaluation frameworks and the public availability of evaluations provokes some concern about 'publically available information being taken out of context, particularly with regard to resource envelope allocation'.[6] While this was reported in a separate study of NHS Wales, it nonetheless indicates that more needs to be done to foster an atmosphere of trust.

A central evaluation resource would support planners and help evaluate the initiatives put forward, saving them time and helping to instate robust analytical measures.

Technology

To facilitate sharing across organisational boundaries, the NCCU trialled the use of Airtable, an online collaborative tool. In general, its use was successful. However, in some cases, health boards rely on IT systems with older versions of web browsers, which do not support the use of Airtable. In these cases, the NCCU issued Excel templates and the researcher transferred the information to Airtable.

Range

Health boards put forward 153 initiatives, describing a broad range of services that are developed at different scales; this number is too high for meaningful evaluation. The diversity of initiatives proved challenging for the creation of a question set fit to capture the breadth of initiatives. The variance of initiatives makes establishing a baseline dataset for winter initiatives 2018/19 difficult for both the NCCU and health boards. As the NCCU gathers more data on initiatives, it will be easier to account for this diversity and form methods of categorisation to allow for a smoother evaluation process.

[6] Kayleigh Nelson, et al. (2018), p.290

Planning Cycles

Planning cycles within each health board are well established. As a new process, the evaluation of winter 2018/19 initiative presents a challenge to the status quo, and required collaboration to enable and support a transition to an evidence-based approach to winter resilience. As such, there were some delays in data submission, but many of these issues could be overcome; producing guidelines for the questionnaire, or facilitating a one-day workshop for health boards could be considered as a way to overcome this challenge in the future.

Timescales

A researcher was appointed at the tail end of winter in February 2018, presenting a number of challenges across other areas, particularly the availability of staff during this busy period. The NCCU have committed to the development of a research function to support the evaluation of winter planning through the commissioning process in the future.

The Evaluation

The below sections describe the approaches to health care that have been influential on the evaluation process, such as the NPUC priorities. This report places the findings within the context of these approaches, organising the data by service area, and reading the findings from the perspective that prevention and primary or scheduled care endorse and promote a healthier population in Wales.

Previously under-examined links between primary and unscheduled care are explored in this report, making the case for recognition of these links and how they could inform winter planning.

First, the evaluation provides a brief comparison of winter in 2017/ 18 and 2018/ 19, and the patterns that emerge through this comparison.

Next, the evaluation reports the themes and spending patterns using the data provided by health boards. It collates and organises the data according to the categories available in the evaluation in order to give a snapshot of the overall picture. Some issues are highlighted, such as unreported spending and missing data. While an overall picture of (reported) spending is provided, so, too, is a snapshot of individual health boards. The researcher provides a snapshot of the information provided, the variance in the snapshots reflects the variance between the data sets provided by each health board. The researcher aims to focus in on correlating initiatives for the purposes of comparison.

After organising the data and illustrating the overall patterns, as well as individual snapshots, this report puts this information into dialogue with various approaches and considers how the data correlates to some priority service areas. This part of the report mines down into the data provided to consider specific issues; the researcher recognises that the incomplete data sets inhibit this process, but nonetheless aims to provide a useful analysis of what is available.

Lastly, this report reflects upon the evaluation process and considers some of the ways evaluation can be integrated into future planning cycles.

This report does not draw fixed conclusions. While it is not effective to simply choose money saving options, funding is a finite source and evaluation will help to refine how funds are spent in order to move away from habitual and reactive spending, towards innovative, thoughtful, and proactive initiatives.

Themes and Patterns across Health Boards

The health boards identified and named a total of 153 initiatives; WAST had 4 initiatives. As shown in the sample questionnaire, health boards were asked to classify each initiative according to: Service Area, Welsh Government's five priorities it attends to, and at which stage in EASC's "5 Step" model it would be used.

As described above, Welsh Government allocated a total of £20 million in funding directly to health boards to be spent on winter resilience initiatives for winter 2018/19. This was allocated as follows:

- £16 million of the winter delivery funding was announced on 20th October 2018
- up to £4 million was announced as discretionary funds on 9th January 2019

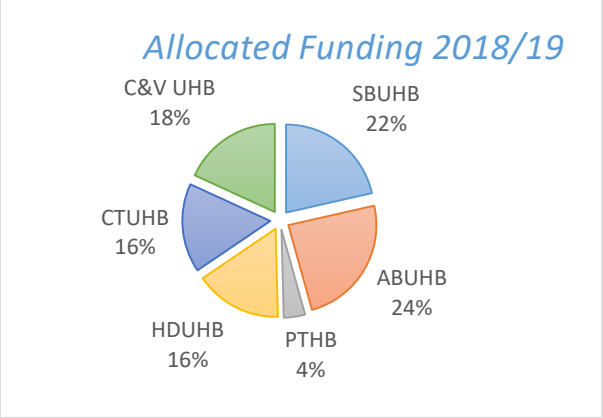

Figure 2: Allocated Funding by Health Board

The allocated funding and reported spending are listed below in Table 3. As the table illustrates, health boards did not account for all the funding received. Welsh Government has the opportunity to address these omissions using the planning process for 2019/20. Through better planning and evaluation processes, such oversights could be avoided, leading to more efficient funding.

Organization	Total Funding	Reported Spend
ABUHB:	£4,020,048	£3,893,020
BCUHB:	£4,277,076	£7000
C&V UHB:	£3,015,464	£1,055,899
CTUHB	£2,709,219	£895,579
HDUHB:	£2,645,403	£2,418,667
PTHB:	£651,000	£640,000
SBUHB:	£3,561,618	£2,352,000
Total:	**£20,879,828**	**£11,262,165**

Table 3: Allocated Funding and Reported Spending

Health boards did not always provide the Indicative Cost of their initiatives, hence the reported spend falls significantly below the funding they received. Just £11,262,165 of the £20,879,828 was accounted for in the evaluation. However, the researcher works on the assumption that the initiatives that have not been costed account for the unreported spend.

How were the funds spent?

The reported spend across the seven health boards was predominantly directed toward hospital-based initiatives; figure 3 highlights the significantly greater amount of money directed towards these types of initiatives. However, as mentioned, 46% of the winter funds were not accounted for; some health boards struggled to provide costs for all initiatives.

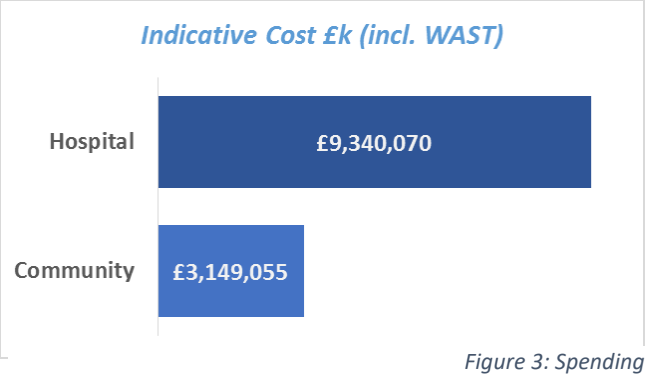

Figure 3: Spending

Figure 4 divides the number of initiatives in terms of whether they are hospital- or community-based, and demonstrates that the majority of winter resilience projects were hospital-based, which also reflects the reported spending. In other words, there are more hospital-based initiatives than community-based initiatives.

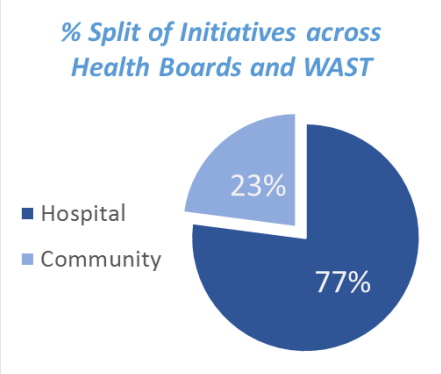

Figure 4: Number of Initiatives

As per Figure 5 the initiatives can be further broken and divided by the following categories: 'Preventing Admission', 'Patient Flow', 'Employment and Incentives', and 'Demand and Capacity'. 'Preventing Admission' included those initiatives focused on primary care and Out of Hours services (this may include actions relating to WAST and AEC); 'Patient Flow' covers discharge to assess and/ or recover programmes; 'Employment and Incentives' incorporates initiatives that include hiring or retaining staff; 'Demand and Capacity' encompasses those initiatives addressing resources in hospitals, such as the availability of beds and increasing surge capacity.

While this graph distinguishes between these areas, this is something of a false divide: preventative initiatives support flow by redirecting demand to more appropriate services; increased capacity supports flow by ensuring that capacity is available along pathways; staff incentives or employment supports capacity. However, when considered in conjunction with spending and the number of initiatives, we can deduce that there is a capacity and staff focus *in hospitals*, as opposed to the community. This suggests that there may be a tendency to direct money towards the manifestation of issues, namely EDs, even though the root of the problem may be elsewhere.

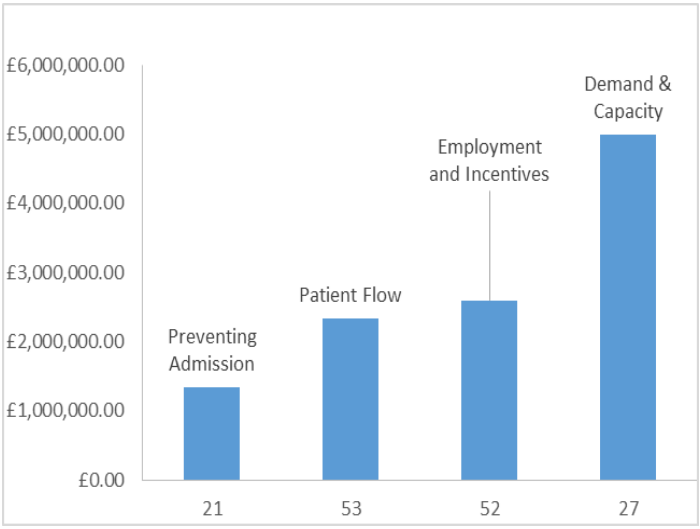

Figure 5: Spending by Area

Initiatives by Service Area

The evaluation spreadsheet gave health boards a choice of fourteen service areas:

1. General Practice
2. GP Out of Hours
3. Call Handling
4. Community Nursing
5. Community Therapy
6. Community Pharmacy
7. Intermediate Care
8. Urgent Care
9. Emergency Ambulance
10. Emergency Department
11. Acute Hospital
12. Community Hospital
13. Social Care and Housing
14. Care Homes and Housing

Figure 6 illustrates the overall categorisation of initiatives across Wales' seven health boards:

- 36% of initiatives were categorised as Acute Hospital
- 14% were Emergency Department initiatives
- 2% were classed as General Practice Initiatives

22% of initiatives were left unclassified, suggesting that the demarcation of initiatives may require further clarification. Notably, there were no initiatives categorised as Community Pharmacy or Community Hospital. While attending to winter pressures necessitates initiatives addressing hospital flow and emergency services, the imbalance between primary and secondary care initiatives is striking. However, it should be noted, that occasionally initiatives are classified as Emergency Department services, but they provide the function of redirecting patients to primary care services. The redirection of patients at A&E suggests that a greater awareness of the kinds of services available to the public needs to be explored.

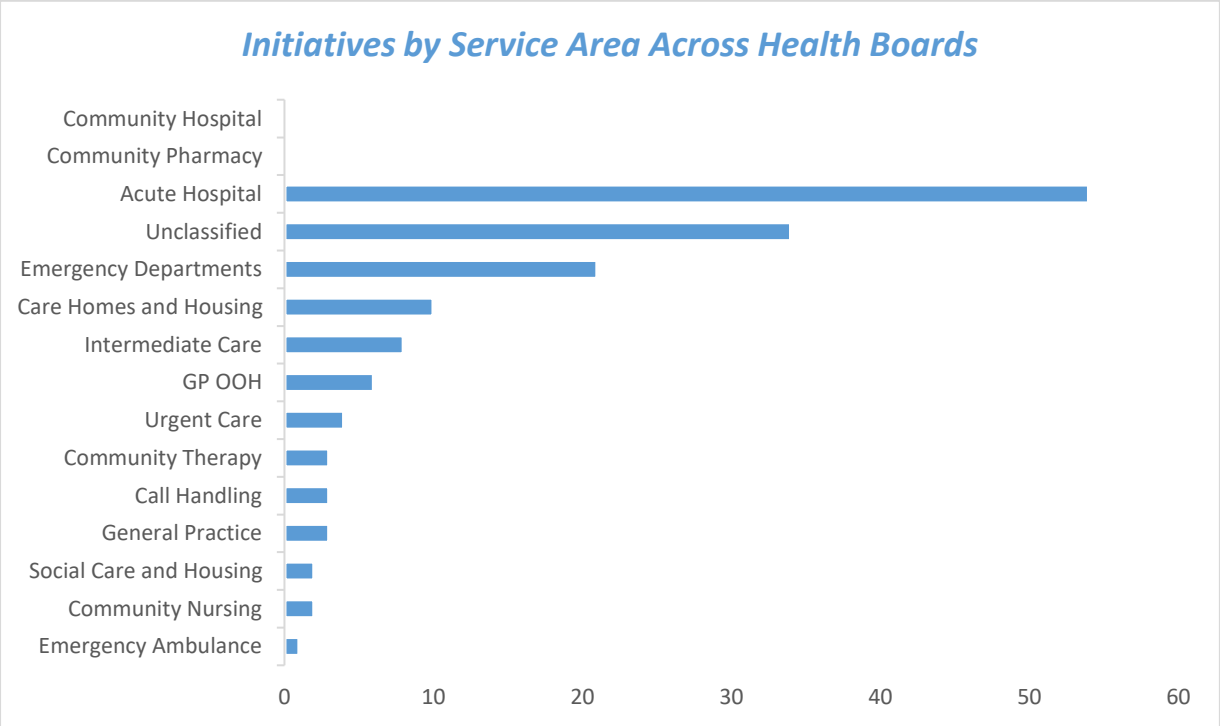

Figure 6: Initiatives by Service Area

Health Board Snapshots

Abertawe Bro Morgannwg University Health Board (ABMUHB)

- thirty-eight winter initiatives
- Funding received: £3,561,618
- Reported spend: £2,352,000

The service areas of the initiatives put forward by ABMUHB were classified as follows: seven 'Emergency Department' initiatives; sixteen 'Acute Hospital' initiatives; two 'Intermediate Care' initiatives; thirteen initiatives were unclassified.

Many of the unclassified initiatives were primarily concerned with employing additional staff in hospitals to cope with additional pressures over the winter period. Several unclassified initiatives provided 'community equipment' and 'convalescence beds', with the aim of supporting service users out of hospital. One initiative was to employ a Community Wellbeing Officer 'to support with facilitating discharges from hospital.

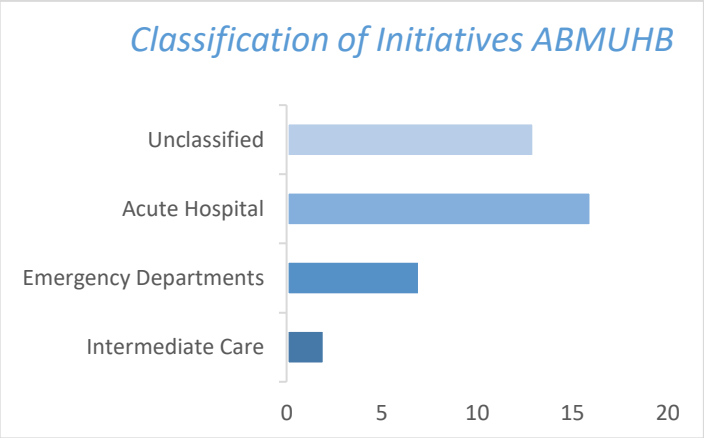

Figure 7: Percentage of Initiatives by Service Area

Abertawe Bro Morgannwg UHB implemented 'On-Site Flu Testing' as a seven day a week service provided in emergency departments to 'ensure appropriate treatment, management and flow of patients through the hospitals.'

According to the 'Influenza Vaccination Uptake' report, 68.2% of over-65s and 46.7% of under-65s eligible for immunisation in areas covered by SBUHB were vaccinated over the 2017/18 winter period; this figure decreases to 68.1% for over 65s and to 43% of under 65s eligible in 2018/19.[7] This is a marked improvement from the 2004/05 period, during which just 22.2% of under-65s eligible for immunisation were vaccinated.[8] However, there has not been much of an increase since 2009/10, suggesting that the upward trend of uptake of the vaccination in vulnerable groups has plateaued. There were no initiatives to increase vaccination uptake.

[7] 'Seasonal Influenza Report', NHS Wales (2018). Retrieved from: http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=55706
[8] Ibid.

Aneurin Bevan University Health Board (ABUHB)

- Twenty-six winter initiatives
- Funding received: £4,020,048
- Reported spend: £3,893,020

The winter resilience initiatives for 2018/19 focused largely on reducing emergency department waiting times, providing resources for care homes to prevent unnecessary attendance at hospital, and allowing people to leave hospital as soon as possible when they are well enough to do so.

The majority of initiatives were unclassified in terms of service area. Some concerned the employment of triage nurses, ambulatory nurses, WAST paramedics, and middle grade doctors to support in emergency departments, and could broadly be said to belong to the Emergency Departments category. One of the unclassified initiatives was to provide more beds in nursing homes.

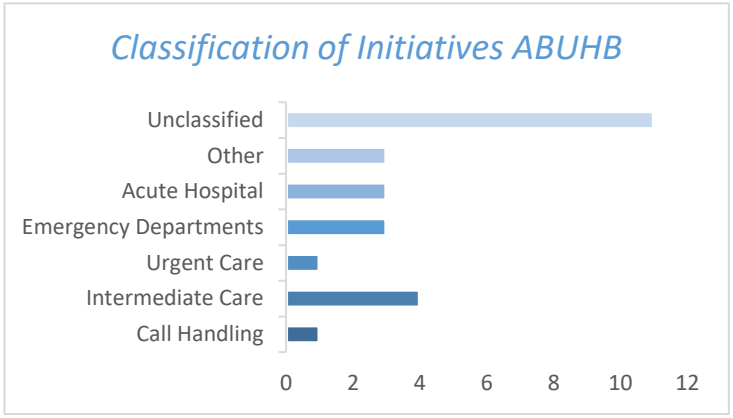

Figure 8: Classification of Initiatives for ABUHB

One initiative belonged to the Call Handling service area, focusing on Out of Hours support. The indicative cost of this initiative was £42,000, and it was reported as being a 'small scale' initiative, with a much greater effect. By focusing on call handling, ABUHB noticed a reduction in WAST deployment and a 67% decrease in secondary and Emergency department referrals. The potential of the initiative was hampered 'due to staffing resources'; there were too few 'suitably qualified staff' for the successful implementation of this initiative, which aimed to keep hospital admissions down by directing service users to community services where applicable. While there were challenges with implementing this initiative, it nonetheless produced positive results: an improvement in 'redirection in the community', and a reduction in 'conveyance rates'.

To improve this programme, ABUHB proposed refining 'criteria for referral, broadening it within safe limits' and improving the public's 'perception and knowledge of services'. ABUHB stated that, if funding and resources became available, they would repeat this initiative; it had a positive effect, and carries potential for an even bigger impact with further development.

The information provided by ABUHB for this initiative is fairly complete, and illustrates the ways in which the evaluation process clearly encourages reflection and development. The data provides some evidence for the initiative's impact, allowing for a comparison between initiatives, which holds value for future planning and funding allocation.

However, the effectiveness of Out of Hours or 111 triage services is difficult to measure, particularly when staffing difficulties inhibited the initiative somewhat; it is not always possible to be sure that patients who use 111 or Out of Hours services do not also present at A&E departments.

Betsi Cadwaladr University Health Board (BCUHB)

- Twelve winter initiatives
- Funding received: £4,277,076
- Reported spend: £7000

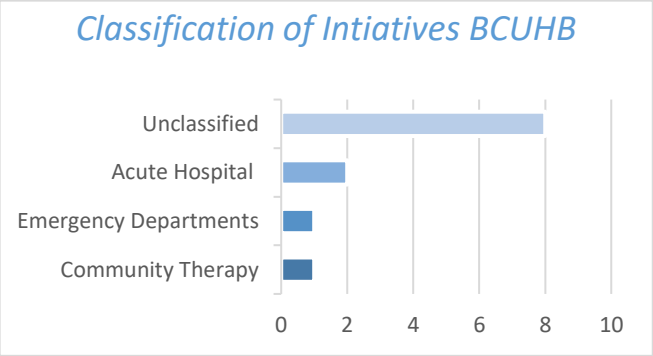

Figure 9: BCUHB Classification of initiatives

While BCUHB did not provide a full data set, there is more detail when compared with the previous year. Six initiatives were intended to improve flow. One such initiative stated the employment of 'additional therapy support staff' in order to provide 'enhanced support for acute respiratory patients requiring non-invasive ventilation (physio and specialist trained nurses to meet anticipated demand).' The aim of this initiative is to manage and improve the flow of patients with acute respiratory complaints, allowing for the timely discharge of patients well enough to return home or to community-based care. The initiative was summarised as follows: 'Additional isolation capacity is required to ensure that demand from patients suffering infectious diseases such as influenza and norovirus which are prevalent over the winter months, are safely and effectively managed.' Such provisions are undoubtedly important, however there is some evidence to show that more effective preventative measures could be taken – increasing vaccination uptake, for instance.

Data collected by NHS Wales for the year 2017/18 found that 70.6% of over-65s and 51.6% of under-65s eligible were vaccinated against influenza in the areas covered by Betsi Cadwaladr health board.[9] While this is in line with other health boards, it highlights an area where improvements could be made. Cold weather and influenza exacerbate respiratory conditions, such as asthma, and therefore increasing vaccination uptake among those eligible could potentially impact admissions of acute respiratory patients.

Six initiatives rested upon or included the employment of additional staff, such as nurses or an advanced practitioner. The majority of the initiatives outlined by BCUHB focused on patient care *after* admission to hospital, and two initiatives stated 'admission avoidance' as a principal concern.

BCUHB's most complete data set was for the initiative named 'Meds Management nurse to support the discharge of patients on IV therapy'. This initiative was implemented to improve flow and reduce hospital admissions. BCUHB measured the number of bed days saved through this initiative and found that 149 beds were saved from August 2018 – March 2019. This was achieved in part through nurses providing appropriate training and advice to patients, carers, and the community nursing team, empowering patients to manage conditions without admission to hospital.

The questionnaire prompts health boards to reflect on each initiative, asking how it could be improved and the challenges faced through its implementation. The respondent from BCUHB reported that 'many community hospitals state they do not have capacity to manage additional patients on IV therapy once a day.' This posed a challenge for BCUHB. However, identifying this challenge is beneficial, as it allows health boards to address these issues and improve upon services if they choose to implement the initiative for winter 2019/20.

[9] NHS Wales (2018). 'Seasonal Influenza Report': http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=55709

Cardiff and Vale University Health Board (C&VUHB)

- twenty-eight winter initiatives
- Received funding: £3,015,464
- Reported spend: £1,055,859

The majority of initiatives belong to Emergency Department and Acute Hospital service areas.

This pattern illustrates the opportunity for community and preventative initiatives, such as programmes to encourage vaccination uptake, for instance. Eleven initiatives required the employment of new staff, and the health board stated that workforce is an issue.

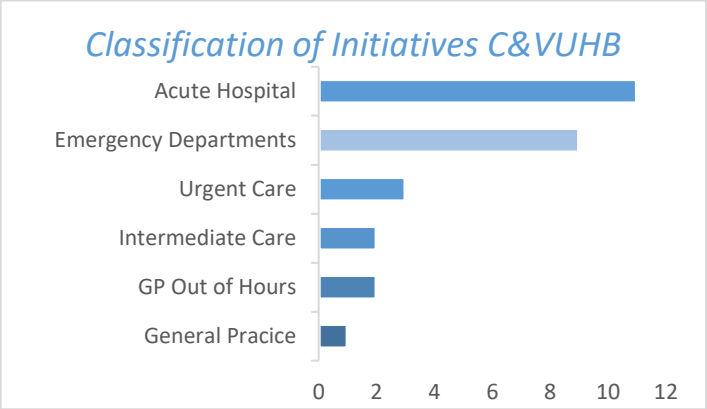

Figure 10: CVUHB Classification of Initiatives C&VUHB

With regard to flu, a common winter pressure, there was one initiative: 'Rapid Point of Care Flu Testing', though the health board stated that it would be dependent on levels of the virus. As with the other health boards, vaccination uptake for eligible groups decreased in 2018/19: it was 69.9% for over-65s, and 44% for other eligible groups.[10]

The 'Out of Hours and Transfer Team' initiative was described as using 'one of the cheapest resources' but delivering on 'quality and operational delivery', it also improves flow by reducing unnecessary presentation at A&E. Cardiff and Vale UHB wish to make the initiative a permanent part of the patient access team. In the feedback questionnaire, the planner wrote: 'flow is everyone's business yet everyone is too busy to recognise it.'

While the success of this initiative is celebrated in the evaluation, detailed evidence is not provided. More work is needed to develop the evidence base.

[10] NHS Wales, 'Cardiff and Vale University Health Board: Influenza Vaccination Uptake' (2019). Retrieved from: http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=55710

Cwm Taf University Health Board

- twenty-six winter initiatives
- Funding received: £2,709,219
- Reported spend: £895,579

The majority (50%) of initiatives are categorised as 'Acute Hospital', followed by 'Care Homes and Housing' (27%). The initiatives categorised as 'Care Homes and Housing' can also be classed as 'Intermediate Care'; as such, the initiatives serving the Intermediate Care category can be raised to eight, or 31%.

Four of the 'Acute Hospital' initiatives concerned the employment of additional administration staff, intended to ensure that qualified medical staff were not held up with administrative duties. This initiative was classified as moderately challenging to operate, and CTUHB reported beneficial results, but without any statement of how they were measuring the success of this initiative. Undoubtedly, the best use of staff skills should be put to use; highly qualified staff should not be performing administrative duties due to insufficient administrative staff. However, refocussing on preventing hospital admissions and reducing length of stay may be more beneficial in the long run.

For all three initiatives focusing on the employment of administrative or receptionist staff, the principal issue was staff availability.

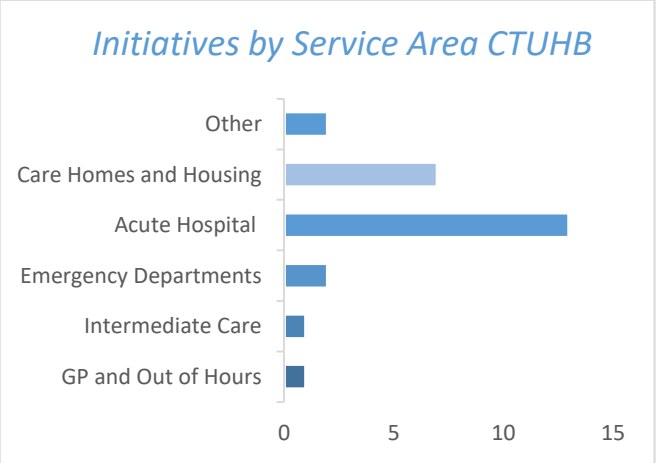

Figure 11: CTUHB Initiatives by Service Area

The initiative named 'Maintaining Electives' is designed to improve flow through hospital and ensure that scheduled care goes ahead. It ring-fences short-stay surgical beds, allowing for the timely treatment and discharge of surgical patients. In the event of significant winter pressures, these beds are used for emergency admissions. CTUHB reports that since 2015 'elective cancellations due to bed availability have improved significantly with 886 in 15/16, 181 in 16/17, and 160 in 17/18 (January to March). It is envisaged that this pattern will continue in 18/19 and elective flow can be maintained as far as possible.' While this initiative is successful, not much information is given as to *how* exactly electives are maintained. The initiative is also 'fully embedded', with the additional funds being used to support its implementation through winter. More detail with regard to how this is implemented would be useful from a collaboration perspective.

Many of Cwm Taf UHB's intitiatives centred around hiring additional staff. There were four initiatives for hiring non-medical staff, such as administration officers and receptionists, and there were nine highly qualified medical staff, such as senior nurses and consultants. In addition to this, there were also two initiatives for hiring domicilliary staff and social workers. One staff initiative was 'Locum Consultants in Respiratory and Cardiology Services', which cost £70,000 and was described as successful and having a beneficial effect on staff and patient experience. However, there is no data to support this. For many of the staff employment initiatives, CTUHB reports that 'The UHB routinely adds to cover levels whenever possible. Success depends upon the availability of staff'. The sheer number of initiatives to increase numbers of staff and the health board's wish to add to cover levels is telling of broader problems regarding staff shortages.

Hywel Dda University Health Board

- seventeen winter initiatives
- Funding received: £2,645,403
- Reported spend: £2,418,617

While the majority of initiatives focused on acute hospital care, there was also a significant proportion of community centred initiatives, such as 'Increasing community service provision'. This initiative was found, anecdotally, to have a positive effect in 'reducing the need for unnecessary conveyance and admission to hospital'. Hywel Dda UHB measured the amount of days patients spend in a hospital bed; the hope is to see a reduction. The health board provided some data illustrating the length of stay for patients. There was one initiative belonging to the GP Out of Hours service area: 'GP OOH capacity - on 111 telephone service'. The intended benefit of this initiative was across the steps, but it is a contingency initiative to support the roll out of 111 in Ceredigion; the evaluation found it to be moderately challenging to implement due to the difficulty in finding the appropriate staff.

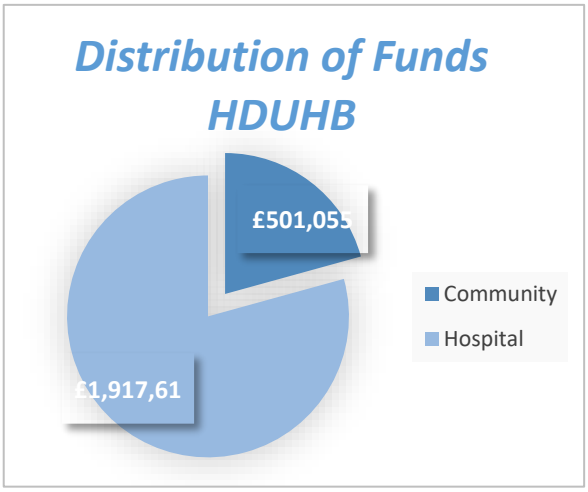

Figure 12: HDUHB Distribution of Funds

However, there was no baseline provided through the evaluation, so the improvement was not clearly evidenced. Likewise, it could be useful to provide data for comparable medical cases. The number of hospital- or community-based initiatives is roughly equal but, as shown in in Figure 12, the distribution of funds favours hospital-based initiatives.

Five initiatives explicitly stated additional medical staff as a requirement. This is relatively low when compared to some of the other health boards. Hywel Dda UHB reported that 'earlier decision around the financial support would enable the block booking to be undertaken earlier to secure key additional therapist support.'

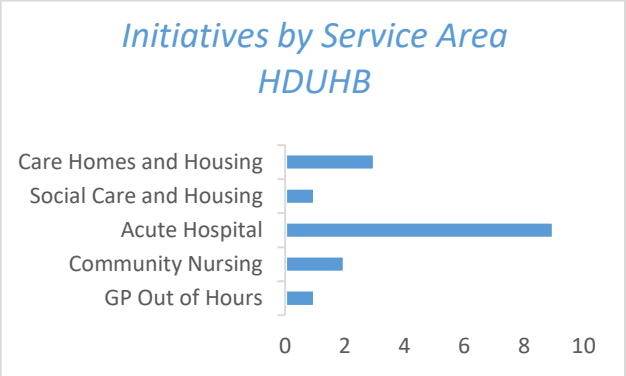

Figure 13: HDUHB Initiatives by Service Area

Powys Teaching Health Board

- Six winter initiatives
- Funding received: £651,000
- Reported spend: £640,000

Powys Teaching Health Board's initiatives were fairly evenly spread across five service areas and across the steps. Four initiatives were directed towards primary and community care, keeping patients out of emergency departments. One initiative pertains to step 5 'take me to hospital' and aims to cope with additional pressures over winter to improve wait times and services.

There is no hospital in the geographical area covered by Powys THB, therefore this health board occasionally implements initiatives in its nearest hospital, Nevill Hall, which technically falls under Aneurin Bevan UHB. For example, Powys THB implemented 'Discharge to Assess', which placed an Occupational Therapist (OT) within A&E and the Emergency Assessment Unit (EAU) in Nevill Hall 'to signpost them where appropriate and support them back home with Brecon Community Resource Team'. In the feedback, a patient notes: 'I was so pleased to have Physiotherapy in the warmth of my home. Everyone is kind, cheerful and the physiotherapist and her staff are gentle and encouraging, keeping me happy when I was down.'

There were two initiatives belonging to the 'Community Therapy' service area. One of these was 'Discharge to Recover and Assess', which was deemed successful. It was evaluated by tracking average length of stay (i.e. how many days between admission and discharge). Such evaluation is useful, but could be improved. For example, it would be useful to know the patient outcomes and how many of these patients were readmitted. In turn, the reason as to why patients were readmitted could be used to inform future spending.

PTHB intends to implement 'Discharge to Recover and Assess' next year. In contrast, 'Increased Therapy Input into Community and DGHs' was less successful. This initiative aimed to 'facilitate earlier and less dependent discharge', but, as a winter initiative, this was found to be 'too short term' to be sufficiently effective, and it relied on skilled staff, which was difficult to find and source in time for winter. PTHB stated that the implementation of this initiative revealed to them the importance of increasing resources to 'embed [this initiative] as business as usual'. While unsuccessful as a short term initiative, this programme may be apt for consideration on a longer term basis.

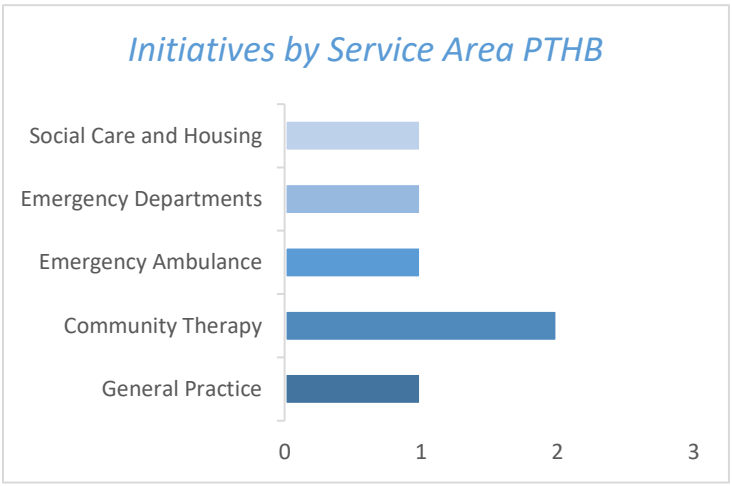

Figure 14: PTHB Initiatives by Service Area

Powys THB provided a relatively detailed data set, which was almost complete, and accounted for the vast majority of the funding received. This may be linked to the relatively few initiatives, which seems to make them easier to employ, track, and evaluate. Unlike the other health boards, Powys THB has a more equal balance between community and hospital initiatives. The health board acknowledge the importance of shifting attention toward prevention and community initiatives, stating '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.'

Snapshot Summary

The overall predominance of emergency department and hospital-based initiatives is mirrored in the individual snapshots, with the exception of Powys THB, which does not have a hospital.

With regard to winter funding, the shift towards preventative or non-emergency care is not borne out in the distribution of funds – however, not all funds were accounted for. Community initiatives such as 'Stay Well @ Home' (Cwm Taf UHB) and 'Home First' (Aneurin Bevan UHB) are named by several health boards, presenting a possible opportunity to collaborate. Likewise, 'Discharge to Recover and Assess' and 'Green to Go' style models were named by all health boards, providing an opportunity for collaboration, whether through the creation of national programmes, or sharing knowledge between health boards to help with service improvement.

Health boards focused on securing additional staff at all levels during the winter period. Additional winter pressures are exacerbated by staff absences due to illness and difficulties in acquiring staff. The prevalence of staff-centred initiatives is an important one. Research conducted by the Association of Directors of Adult Social Services (ADASS) found that challenges to the 'recruitment of care staff was seen as the single greatest threat to organisations'.[11] There is also a shortage of trained doctors and nurses.[12] Planners can integrate such research into their planning processes, using it to inform decision making and to provide support for their proposals.

Financial incentives were seen to have a positive impact on staff morale; Aneurin Bevan UHB reported that 'incentives were supported by additional staff wellbeing initiatives and our Winter Hero campaign. Feedback suggests these helped with staff experience during a difficult period'; to improve this programme the health board determined to secure fixed-term contracts for the winter period earlier in the year. The learning from the evaluation will inform future planning, however there is no evidence for staff incentives improving clinical outcomes. Further, while staff morale may be improved with these incentives, it is unclear whether staff wellbeing is improved in terms of mental and physical health.

The snapshots underline the presence of hospital-based flu testing initiatives. Given the low uptake of the vaccination, there is a potential opportunity to work on flu prevention, as opposed to focussing on initiatives at the treatment end of the pathway, i.e. flu testing, particularly given the NPUC's focus on respiratory care. The current vaccination uptake is roughly the same across Wales and shows room for improvement. This report identifies and returns to this particular commonality across the health boards as it provides an example of potential for improvement through a shift left towards prevention. While flu testing and isolation in hospital over the winter is of high importance, facilitating greater awareness in the public as to the potential risk of spreading infection by attending busy emergency departments and the range of alternative services available (including self-care) would be beneficial to help individuals remain healthy.

[11] ADASS, 'Tipping over the Edge or Coming Back From the Brink' (2017). Retrieved from: https://www.adass.org.uk/tipping-over-the-edge-or-coming-back-from-the-brink

[12] The Kings Fund, *The Health Care Workforce in England*, November (2018); Jenny Sims, 'Doctor shortages in the valley town that inspired the NHS', *BMJ* (2018). Retrieved from: https://www.bmj.com/content/362/bmj.k3600

The Preventative Agenda: 'A Healthier Wales'

The preventative agenda is reflected in some initiatives across health boards. The agenda ultimately aims to inhibit avoidable illnesses and incidents, and the prevent patients presenting at A&E in cases where other services would be more appropriate – primary care services, for example.

Initiatives that improve upon Out of Hours and 111 services support the preventative agenda, as do community nurses and pathways supporting members of the community who need additional help, but for whom hospital admittance and presentation at A&E are not appropriate services.

The Welsh Government's 'A Healthier Wales' plan supports and describes this preventative agenda:

> Over the next decade, we will see a shift of services from hospitals to communities, and from communities to homes. People will be supported to remain active and independent, in their own homes, for as long as possible. A lot of this change will be as a result of maintaining good health, through more emphasis being placed on prevention.[13]

Of course, much of the preventative agenda will manifest through initiatives described in health boards' integrated medium term plans, rather than the winter initiatives. Likewise, the preventative agenda is a longer term project and effects aren't likely to be effected over a short winter period.

The winter funding currently performs the task of a short term lifeline for health boards across Wales as the pressure on A&Es grows, and the direction of funding reflects this. But given the number of service users who could be helped elsewhere, earlier, or through the management of conditions, the winter monies may provide opportunities to support service users in the community more effectively through the winter months.

Of course this poses challenges; for example, identifying the patients who would benefit from care in the community or help in self-management before they present. Community-based care has been shown to have better outcomes for patients, particularly those who, if admitted, tend to remain in hospital for longer periods, such as elderly patients.

In *Setting the Direction* (2010), a review of primary and community care services in Wales, Welsh Government found that

> Although there are examples of good practice in the delivery of primary and community services within Wales, there is limited evidence of whole-system changes that are delivering significant shifts in the overall models of care, and associated resource and staffing flows. Without this, the agenda will continue to be dominated by the acute hospital.[14]

In response to these findings, primary care clusters were developed to enable GPs to 'work collaboratively to develop services in their locality'.[15] A 2017 inquiry into primary care clusters should 'function in a more agile way rather than being constrained by health boards' decision making processes.'[16]

The evaluation of Welsh Government funded winter initiatives 2018/19 showed that the majority of funding was directed toward hospital-based initiatives, as opposed to primary or community care. The

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[13] Welsh Government, *A Healthier Wales: our Plan for Health and Social Care* (2018), p. 9.
[14] Welsh Government, *Setting the Direction* (2010). Retrieved from: http://www.assembly.wales/laid%20documents/cr-ld11226/cr-ld11226-e.pdf
[15] Health and Social Care Support Committee, *Inquiry into Primary Care: Clusters* (2017) Retrieved from: http://www.assembly.wales/laid%20documents/cr-ld11226/cr-ld11226-e.pdf
[16] Ibid.

direction of funds is understandable given the strains on A&E departments in 2017/18, however there are areas in which primary and community care initiatives could have been developed or supported through winter to help stymie the flow into A&E.

Part of the winter 2018/ 19 report was shared at a national workshop event hosted by Welsh Government and the NCCU in June 2019. The workshop allowed planning leads to share knowledge based on the 2018/19 evaluation, revealing what we know has worked. It will also provide an opportunity to jointly identify planning priorities as well as the role of the NCCU in supporting evaluation for winter 2019/20.

Looking towards the future, the proposal is that the NCCU will facilitate a panel named Healthier Wales Awarding & Evaluation Panel (HWAEP) to support the awarding of funding for winter initiatives as well as supporting health boards in the development of the submissions for consideration.

In order to provide a consistently good service, health boards and NHS Wales as a whole need to identify what works and why. This requires a meaningful evaluation, which would be more effective with fewer initiatives and clear ways of tracing the success or otherwise of a programme.

The evaluation tool incorporates questions attending to the quadruple aim, such as whether staff experience was improved.

While fewer initiatives in aid of better evaluation may seem like a distortion of priorities, this approach may foreclose the repetition of initiatives shown not to work, thereby supporting better spending in the long run. In other words, a focused and detailed evaluation of individual initiatives would help to ensure a better-planned designation of funds.

Evaluation Summary

The data collected to measure the success of each initiative could be improved upon. For example, while discharge to assess models have been shown to improve flow, these are usually measured by number of days between admission and discharge. Another useful mode of assessment would be to consider readmission rates, allowing the development of the initiative and / or for the conjoining of discharge to assess initiatives with community care. By utilising both of these measures, the initiatives' relevance to the quadruple aim would become clearer as patient experience and clinical outcomes would be better accounted for.

There was inconsistent use of the evaluation tool. However, there are also some issues with the evaluation method as it stands:

- the stages of the evaluation were not well demarcated
- no baseline was established to properly measure an initiative's success
- a complete evaluation of all initiatives is extremely challenging
- some questions were open-ended and intended to gather qualitative data; a questionnaire of this kind may not be suited to gathering this type of information

Future evaluations will be improved upon with:

- Clearly stated stages of the evaluation process and an understanding that planners should provide brief monthly updates throughout the implementation of an initiative; this would have the benefit of improving the research method *and* making the evaluation more manageable for planners
- A baseline will be established in the planning phase using more than one measure

- ❖ Future evaluations will focus on a smaller number of initiatives by limiting the evaluation to innovative programmes
- ❖ The questionnaire will be complimented with face-to-face interviews

Conclusions:

This report has collated and evaluated the winter initiatives described by health boards for winter 2018/ 19.

Many of the health boards proposed similar initiatives, presenting an opportunity for greater collaboration, particularly for integrated care initiatives such as 'Stay Well @ Home' (Cwm Taf UHB) and 'Home First' (Aneurin Bevan UHB), and falls response models – indeed, WAST's Falls Framework may constitute a better investment, due to the potential for all-Wales coverage and economies of scale, as opposed to spending on individual local programmes. However, we can see that, when it comes to winter spending, the shift left has not yet been realised, and most of the reported funding went towards hospital-based initiatives. While a shift towards prevention and community health management is necessary for the healthy longevity of the service, change takes time and a gradual shift is expected for an effective and patient-centred health service.

The data captured has helped create a useful snapshot, however the inconsistent use of the evaluation tool has hindered a full and detailed evaluation: it was difficult to ascertain if an initiative worked and, crucially, why or how it worked? For many of the initiatives, health boards did not provide the measures by which they would determine their success or otherwise. Where data or the mode of data collection was provided, it often lacked detail. Planners are not fully outlining their approach and therefore it is difficult to ascertain how initiatives have been informed by reflective processes, evidence, or broader considerations. This is not necessarily because the data was not available, nor because reflective and analytical processes are not in place. Rather, the planning processes are not being utilised to demonstrate the thinking behind decisions. Documenting and planning each initiative constitutes an educational strategy

This seems to suggest that more work needs to be done to foster a collaborative spirit and build trust in the new processes as they are introduced. It also implies that more work should be done with health boards to support them through the evaluation process. Some of this work has already begun through workshops and meetings hosted by Welsh Government and the NCCU to support health boards in the evaluation of the bids they put forward. This said, there are certainly areas of improvement in the data captured in the 2018/19 evaluation, suggesting that a more open evaluation mentality is moving forward in some respects.

Health boards have informally and anecdotally raised concerns regarding the culture created by introducing an evaluation component to funding applications. On the one hand, health boards acknowledge the value of evaluating initiatives; on the other hand, they are concerned that this may create a competitive element between health boards – particularly in cases where funding is allocated after bids are put forward, as in the case of the EASC 'A Healthier Wales' 1% commissioning allocation.

The NCCU is making efforts to address these concerns through workshops and meetings with health boards, in which open discussions between health boards and WAST can occur. The purpose of this collaborative aspect is to allow health boards to recognise opportunities for collaboration or co-creation of initiatives.

Consideration of communication and awareness is one important aspect of planning that was consistently missing from the evaluation. This means that the potential for good initiatives to succeed *may* be limited because the relevant people are not aware that they are available. Ensuring that some form of effective public or staff engagement is in place for each initiative plays an important role in whether or not an initiative will be successful.

Broad Findings

- There are opportunities for collaboration, particularly in terms of initiatives that shift focus away from hospital-based care
- Hospital-based initiatives received the majority of the winter funding
- A sense of how health boards will raise public and staff awareness for their new initiatives is missing from the evaluation
- Staff incentives and retention constitute a significant amount of the initiatives; the focus was primarily on hospital-based staff, as opposed to community-based staff
- The evaluation tool needs improvement to capture data sets

Lessons Learnt

- A consistent process enabling health boards to delineate each stage of an initiative would be useful; health boards may need more guidance with what information is required
- More efforts need to be made to foster a collaborative spirit
- The evaluation method needs to be refined and supplemented
- Future evaluation reports should be limited to a selection of innovative initiatives, as opposed to a broad view of all initiatives

Recommendations

- Health boards should foster a reflective approach to all initiatives, but in-depth evaluation should be limited to innovative programmes
- Health boards should use evaluation and lessons learned to inform future planning for initiatives, including consideration of how successful initiatives can be implemented on a sustainable footing.
- Health boards should analyse and explore opportunities for collaboration by sharing information pertaining to similar or comparable schemes, for instance
- Clearer guidelines on the completion of evaluation frameworks should be provided to support planners
- Health boards should prioritise specific areas of focus each year so that comparisons can be drawn between the results of their respective approaches during the evaluation stage

Further Information

Due to the quality of the returned data to support evaluation, the NCCU conducted a review of the available literature in order to put the information captured into context and identify some of the wider factors that may influence the success of each initiative.

Comparison between Winter 2017/18 and 2018/19

Winter Pressures and Performance in Wales

It is important to account for the variations between health boards and winters; different conditions, the strains and prevalence of influenza, socio-economic constraints on population areas, and issues around staffing can impact outcomes, which renders fixed conclusions misleading. However, the below observations should be considered as a snapshot of the conditions NHS Wales tackled in winter 2017/8 and 2018/19.

Welsh Government produced a report on NHS Wales winter resilience for the winter of 2017 / 18, which noted that 2018 saw the highest number of GP consultations and confirmed flu cases in hospitals since the 2009 pandemic.[18] The 2018 / 19 flu season, by comparison, was less severe than the previous three years.

	Performance against four-hour A&E waiting times target 2017/18	*Performance against four-hour A&E waiting times target 2018/19*
December	79%	77.8%
January	78%	77.2%
February	76%	79%
March	75.7%	78.7%[17]

Table 4 Comparison of A&E Waiting Times

Winter 2017/18 saw particular pressures and especially trying weather conditions, as well as the highest rate of attendances at A&E since 2009;[19] 2018/19 did not see the same extreme weather, however February 2019 saw the highest number of A&E attendances on record.[20]

Performance against the national four-hour A&E waiting times target was roughly comparable but, as Table 4 illustrates, there is some fluctuation, with some months performing better than last year, but others performing worse than last year. While not the only way to measure the performance of the health service, waiting times are a good indicator of performance because waiting areas can be a point where problems with flow and increased demand or inadequate capacity manifest.

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[17] NHS Wales Statistics, 'Performance Against 4 Hour Waiting Times Target by Hospital'. Retrieved from: https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Accident-and-Emergency/performanceagainst4hourwaitingtimestarget-by-hospital

[18] NHS Wales, *Seasonal influenza in Wales 2017/18 Annual Report* (2018) http://www2.nphs.wales.nhs.uk:8080/VaccinationsImmunisationProgsDocs.nsf/($All)/54AA9326238427CC802582B8004508D5/$File/Seasonal%20influenza%20in%20Wales%20201718_v1.pdf

[19] NHS Wales Statistics. Retrieved from: https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Accident-and-Emergency/accidentemergencyattendances-by-age-sex-site

[20] Statistics First, 'NHS Activity & Performance Summary: January/February 2019', Retrieved from: https://gov.wales/sites/default/files/statistics-and-research/2019-03/nhs-activity-and-performance-summary-january-and-february-2019-564.pdf

The Evaluations

The winter resilience funding evaluation 2018 / 19 captures valuable data pertaining to initiatives implemented to ease winter pressures on unscheduled care services. In the 2017 / 18 review, health boards were asked thirty questions, compared to forty-five in the 2018 / 19 evaluation.

Health boards submitted 151 initiatives for winter 2017 / 18; there were 153 named initiatives in 2018/ 19. In the review of 2017 / 18, planners provided the Primary Net Effect of 97/ 151 initiatives; in the 2018/ 19 evaluation, the Primary Net Effect was provided for 99/153 initiatives. Figure 15 shows how these were categorised.

Figure 16 illustrates the division of initiatives by the setting – hospital or community based – of the intended Primary Net Effect. In 2018/19, there were more initiatives focused on improving flow and capacity in emergency departments, and fewer community and primary care based initiatives or initiatives to decrease demand in emergency departments, a reversal of the previous year's trend.

This shift towards emergency department-centred initiatives may be a result of the pressures experienced in 2017/18; more intelligence with regard to predicting pressures as a means to prevent dramatic influx would be beneficial. However, and as already stated, the data is not complete and therefore these observations are based on a partial picture, reaffirming the need for further guidance to aid full health board participation.

In the more recent review, there was more emphasis on qualitative data, with the aim to gather more details with regard to the impact each initiative had on patients and staff. However, despite the additional scope for detail, completion of the questionnaire was less consistent in 2018/19. As per Figure 17, health boards were better at reporting spending in the 2017/18 evaluation.

In the 2017/18 evaluation, there was a total of four initiatives for flu testing and vaccination uptake initiatives, which increased to five in 2018/19. All of the flu-related initiatives in 2018/19 related to on-site testing and staff vaccination incentives.

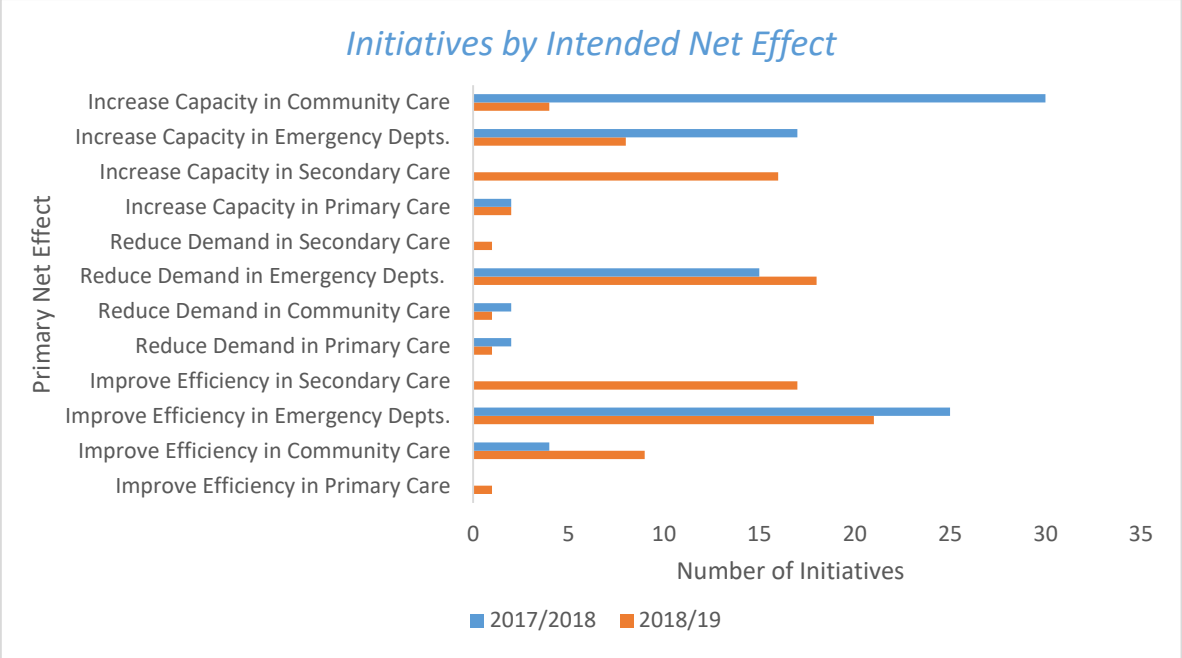

Figure 15: Initiatives by Intended Net Effect

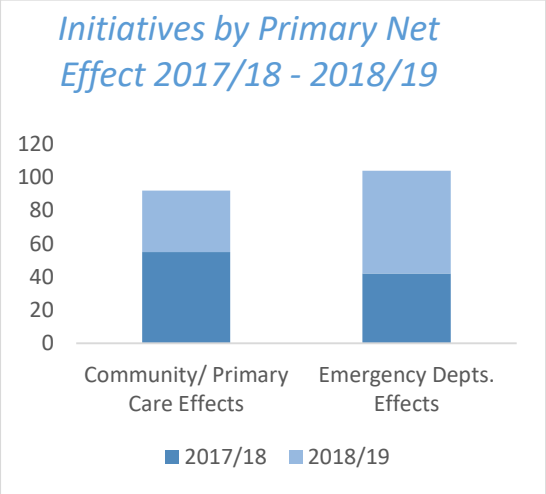

Figure 16: Initiatives by Primary Net Effect

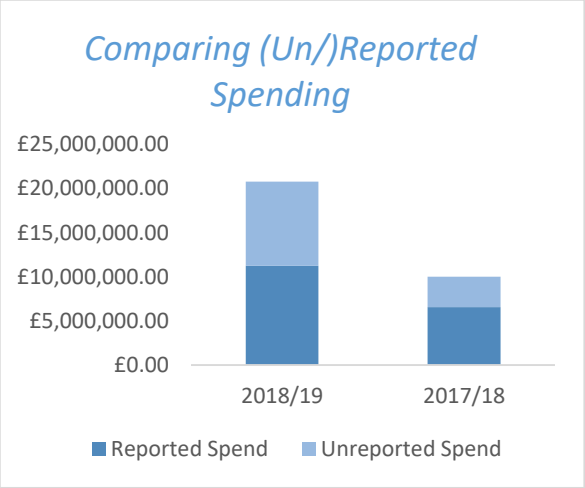

Figure 17: Reported / Unreported Spending

This report does not seek to make recommendations with regard to how health boards should designate funds. Nor does it provide a fixed set of instructions for planning and preparing for winter. Rather, by comparing between years, health boards can review their own behavioural patterns and reflect on the factors influencing their decision making: is the shift towards initiatives with effects in emergency departments in 2018/19 a reaction to the massive pressure experienced in 2017/18? If so, is this reactive response useful or flawed? The evaluation tool allows for much easier identification of spending behaviour and reflection on the kinds of questions that could lead to better planning.

The data presented and considered above illustrates a general inclination towards hospital-based initiatives, and there was also a predominance of initiatives concerned with the employment and retention of staff. However, this evaluation process is most valuable in conjunction with NHS research,

and enables health boards to easily view the trends and patterns of their planning, which in turn allows health boards to reflect on what works and what does not.

Respiratory

The British Lung Foundation identified lung disease as a driver of NHS winter pressure.[21] Hospital admissions for lung disease have risen 'at three times the rate of all other admissions generally'.[22]

Of the 153 initiatives put forward by the seven health boards, just two were explicitly categorised as addressing 'Respiratory'. Other health boards *did* identify initiatives addressing this priority, but did not categorise it in the evaluation procedure; evaluation processes are not being fully utilised, thereby reducing their effectiveness.

Abertawe Bro Morgannwg UHB put forward 'Respiratory CNS [Clinical Nurse Specialist] at the front door – Morriston' as one of their initiatives, and both Betsi Cadwaladr UHB and Cwm Taf UHB named flu testing among their winter initiatives. 'Additional Support for Respiratory Patients' was also one of Betsi Cadwaladr UHB's named programmes.

Influenza predominantly affects people in winter in the UK, and therefore it makes sense to highlight this as a winter concern. However, the named initiatives are somewhat reactive. The vaccination uptake for over-65s across Wales was 68% for the year 2018/19 and just 44% for those eligible groups under-65 years of age;[23] these numbers have remained fairly static for the past decade.[24] More could be done to address the average uptake rate, particularly in the vulnerable groups under-65 years old. This suggests that the vaccination campaigns currently in use are not wholly effective.

The key questions raised by the Seasonal Influenza in Wales 2018/19 Annual Report are: do all members of eligible groups know they are eligible for flu vaccination? Do all patients presenting at emergency departments with flu-like symptoms need to be there, or would 111 or Out of Hours services better serve their needs? And, finally, if Out of Hours services would better serve the needs of some of these patients, why aren't patients using them?

The answers to these questions may be complex. For example, while some patients may present at A&E for flu-like symptoms because they do not know of other services that could advise them and rule out more serious causes, others may present out of a lack of family networks to support them or fear and a wish to be seen in person by a health professional for reassurance. Such nuances can be taken into account when creating initiatives, finding ways to deliver patient-centred care without resting on hospital-centred care.

With a better planning process, these questions could be addressed earlier in the cycle. As vaccination uptake rates are similar across Wales, there is an opportunity for a national initiative to improve uptake rates.

This is not to say that there is no place for rapid point of care testing for influenza in A&E departments. Indeed, there may be very good reasons for including it, though these are not elaborated. Rather, the

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[21] Wendy Preston and Penny Woods, 'Out in the Cold: Lung Disease, the Hidden Driver of NHS Winter Pressure', British Lung Foundation (2017). Retrieved from: www.blf.org/policy

[22] Ibid, p.7.

[23] 'Seasonal Influenza in Wales 2018/19 Annual Report', NHS Wales (2019). Retrieved from: http://www2.nphs.wales.nhs.uk:8080/CommunitySurveillanceDocs.nsf/($All)/E3F7BE45AAB413658025841700552272/$File/Seasonal%20influenza%20in%20Wales%20201819_v1a(final).pdf

[24] 'Annual Influenza surveillance and Influenza Uptake Reports: 2003 2019', NHS Wales (2019). Retrieved from: http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=55714

point made here is that with better planning and by addressing the low vaccination uptake rate, A&E departments may see a decline in those presenting at A&E with influenza and other respiratory conditions exacerbated by the flu. This is one fairly straightforward example of how earlier or annual planning could help alleviate winter pressure.

Falls

According to the Welsh Ambulance Services NHS Trust (WAST), people who have fallen accounted for 10% of calls to Emergency Services in 2017/18, amounting to 62,000 calls of which 50% resulted in hospital conveyance.[25] It has been shown that for elderly patients who fall, hospital admission can have a negative impact.[26] Further, elderly patients are more likely to stay in hospital longer, due to the complexity of their conditions and multiple co-morbidities, lack of care services, or symptoms exacerbated by a prolonged hospital stay (e.g. physical deconditioning, loss of confidence/independence, confusion caused by the disruption to routine or lack of sleep).

All of the seven health boards had initiatives pertaining to falls, although not all were explicitly categorised in this way using the evaluation tool. Likewise, some initiatives categorised in this way were far broader in scope and not specific to falls. Such idiosyncrasies underline the difficulty in creating frameworks and processes that are easily and mutually understood; there is variation in how health boards appear to have interpreted the evaluation tool and modes of classification.

Nonetheless, the researcher identified fifteen programmes (22.95% of initiatives) across health boards that can be considered as services for patients who have fallen or are vulnerable to falls, though many are broader in scope. For instance, Abertawe Bro Morgannwg UHB's initiative 'Community Resource Team at A&E' will certainly be beneficial to fallers who would benefit more from community services, but also to other service users who have not fallen. The combined reported cost (not all costs were reported) of initiatives relating to fall management across the seven health boards is £957,536, nearly 10% of the total monies dedicated to address winter pressures.

Despite the broad scope of some of the individual initiatives, their sheer number presents a potential opportunity to condense and collaborate by working across health boards to deliver a more joined up and connected health service in Wales.

In July 2019, WAST put forward a bid called 'The Falls Response Model' for the EASC 1% 'A Healthier Wales' commissioning allocation. By assessing the severity of the fall, a decision can be made as to whether the faller requires an ambulance, or a Falls Assistant. The Falls Assistant would attend to fallers who are not injured, but may need some help to get back up. WAST's Falls Response Model has already been piloted and rolled out over five health boards across South Wales with a total of six Falls Assistance Units. Early evaluation of WAST's Falls Response Model using patient feedback found it to be successful, though the programme will undergo more rigorous evaluation. The cost for this to run across all seven health boards is £722,156 per year for eight Falls Assistants to cover 7 days per week. In other words, this scheme would cost less than the combined cost of initiatives put forward by individual health boards.

[25] Gething, Vaughan 'Written Statement: Update on Welsh Ambulance Services NHS Trust (WAST) Falls Assistants response pilot' (2019). Retrieved from: https://gov.wales/written-statement-update-welsh-ambulance-services-nhs-trust-wast-falls-assistants-response-pilot

[26] H. Admi, E. Shadmi, H. Baruch & A. Zisberg, 'From research to reality: minimizing the effects of hospitalization on older adults', *Rambam Maimonides medical journal*, *6*(2), e0017. doi:10.5041/RMMJ.10201

People Presenting with Non-Physical Needs or Multiple Needs

There has been an increase in the prevalence of mental illness in adults, with 13% of respondents to a 2015 survey suffering with mental health problems[27], and there has also been a striking increase in hospital admittance due to mental health issues between 1995 and 2017 in children and young adults.[28] Seasonal Affective Disorder (SAD) can worsen some mental health conditions during winter, such as depression, for example; conversely, manic states may be more prevalent during the summer months.[29] In other words, each time of the year presents its own challenges.

The Welsh Emergency Department Frequent Attenders Network (WEDFAN) adopts a multiagency approach to support individuals who regularly present at A&E. While 'Frequent Attenders' do not always fall under the mental health banner, many do suffer with mental health issues. A multiagency approach has proved useful as a way of finding pathways for frequent attenders, who often struggle with multiple issues, such as chronic illness, social issues, and mental health problems. Due to the many issues facing frequent attenders to A&E, patients require a bespoke approach that combines services from multiple agencies.

WEDFAN was already in operation in Cardiff and Vale UHB, and two health boards named Frequent Attenders initiatives in their winter planning: Abertawe Bro Morgannwg UHB and Aneurin Bevan UHB. Abertawe Bro Morgannwg UHB's initiative took a multi-agency approach and aimed to combine primary care services with emergency department-based services, as this is the place frequent attenders are most likely to present. The initiative cost £34,000 and was used to test the scheme with the possibility of rolling it out. The Net Effect, according to the evaluation questionnaire, was a '1.7% reduction in ED admissions'. The initiative Abertawe Bro Morgannwg UHB put forward has been shown to be effective, however there is a distinct lack of data provided in the evaluation, thereby limiting the force of the initiative as it is presented on paper. This is not to say that the evidence is not available. Rather it is not being fully utilised to support the evaluation of winter plans.

There is a lot of evidence that a multi-agency approach 'reduces unnecessary investigations, streamlines resources, protects the emergency stream and reintegrates patients into local community support'.[30] Frequent attenders at A&E are costly, and the individuals who fall into this category may have multiple issues which can lead to social exclusion or stigmatisation – substance misuse issues and / or antisocial behaviour disorders, for example. Piloting schemes that may support programmes like WEDFAN using winter funding may prove an effective way to explore ways to improve already successful services.

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[27] *Mental Health in Wales: Fundamental Facts 2016*, p. 4. Retrieved from: https://www.mentalhealth.org.uk/sites/default/files/FF16%20Wales.pdf

[28] J. Pitchforth, K. Fahy, T. Ford, M. Wolpert, R. Viner & D. Hargreaves, 'Mental health and well-being trends among children and young people in the UK, 1995–2014: Analysis of repeated cross-sectional national health surveys', *Psychological Medicine, 49*; 8 (2019), pp. 1275-1285, p. 1276.

[29] P. A. Geoffroy, F. Bellivier, J. Scott, & B. Etain, Seasonality and bipolar disorder: A systematic review, from admission rates to seasonality of symptoms. Journal of Affective Disorders, 168 (2014), pp. 210-223.

[30] Anna Sussex, 'Bridging the Gap – a truly integrated approach to Frequent Flyers within Unscheduled Care Services'. Retrieved from: https://fabnhsstuff.net/fab-stuff/bridging-the-gap-a-truly-integrated-approach-to-frequent-flyers-within-unscheduled-care-services

Reference	Organisation	Short Title	Summary Description	Why was this initiative selected?	Operational Lead	What data are you collecting to assess the effectiveness of your initiative?	Please attach any reports with data you have collected here.	Indicative Cost
Scale or Location	Scale or Location Comment	Service Area	Service Area Comment	Timescale	Timescale Comment	Implementation Stage	Implementation Comment	Evaluation Stage
Evaluation Comment	5 Step Model	5 Step Model Comment	CAREMORE	CAREMORE Comment	NPUC Priorities	NPUC Priorities Comment	Final Primary Net Effect	Primary Net Effect
Primary Net Effect Comment	Net Effect on Activity	Net Effect on Activity Comment	Net Effect on Resources	Net Effect on Resources Comment	Net Effect on Performance	Net Effect on Performance Comment	Welsh Gov WDP Priority	With this initiative, was patient experience improved? Why or why not?
With this initiative, was staff experience improved? Why or why not?	What could be done to improve this program?	How challenging was this initiative to operate?	What were the challenges or barriers to this initiative?	Has this initiative been done previously? If so, please describe when, where, and what were the outcomes?	Will you repeat this program again next year? Why or why not?	What would be needed to repeat this program next year?	What are the operational issues (if any) that may prevent this from becoming a national initiative?	What were the lessons learned from this initiative?