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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	23 February 2021	Agenda Item	2.2
Report Title	Unscheduled Care Update		
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Report Sponsor	Chris White, Chief Operating Officer		
Presented by	Craig Wilson, Deputy Chief Operating Officer		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to set out the Health Board performance against the unscheduled care indicators and to provide updates on the transformational work programmes in progress across the urgent and emergency Care pathway.		
Key Issues	<ul style="list-style-type: none"> • Unscheduled Care indicators below expected levels of performance. • Flow challenges as a result of the COVID streaming into the in-patient bed pool. • The introduction of surge capacity to support unscheduled care demand. • Interruption of planned operating at NPTH to support unscheduled care flow. • Financial risks associated with the WG funded service developments in line with the six goals for urgent and emergency care. 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	The Committee are asked to: <ul style="list-style-type: none"> • NOTE the Unscheduled Care Performance and the work programmes in progress to improve unscheduled care access and performance. 		

Unscheduled Care Performance Update

1. INTRODUCTION

This report provides detail of the Health Board's current performance against the key Tier 1 unscheduled care targets. The report also provides an update against the work programmes in progress to improve unscheduled care access and performance in line with the Welsh Government (WG) six goals for urgent and emergency care framework.

2. BACKGROUND

The unscheduled care demand has been significantly impacted since the advent of COVID-19. Previous patterns of predictable unscheduled care demand were markedly reduced in Q1 however, the Health Board has subsequently seen demand levels for unscheduled care services that are more consistent with pre-COVID demand levels.

There is evidence of improved performance in all of the measures that correlates with the reduced demand profile. The Q3/4 unscheduled care spans across the health and social care footprint and is based on the WG Six Goals for Urgent and Emergency Care.

- Co-ordination, planning and support for high risk groups
- Signposting, information and assistance for all
- Preventing admissions of High Risk Groups
- Rapid Response in Crisis
- Great Hospital Care
- Home First when ready

This document sets out 17 key deliverables aimed at enhanced models of care in the community for vulnerable patient groups and admission avoidance, fast track pathways into specialist services, increased ambulatory care and a 'Phone first for ED' model all aimed at reducing ED demand and robust rapid discharge pathways reducing delays in the acute hospital sites.

3. PERFORMANCE

4 hr Performance

The 4 hour performance for the Health Board has reduced and plateaued in quarters 2 and 3 at 72 – 80%. Improved performance against this indicator was evident in Quarter 1 and correlates with the significant reduction in demand associated with the first surge in COVID-19 infections. However the need to have segregate the various streams for Covid, suspect Covid and Covid negative patients has hampered response times in the emergency department in Morriston.

The performance in both Morriston ED and NPTH MIU is static with Morriston performing at 65 – 68% and consistently NPTH MIU performing at 99% which buffers the overall Health Board performance.

The ambition coming out the pandemic is to improve flow through the ED in Morriston to enable the Health Board to consistently achieve an 85% interim target against the 95% overall target.

% patients seen within 4 hours in ED

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21 (Draft)	Feb-21 (1st-3rd)
Morriston	63.5%	63.1%	69.8%	75.6%	82.3%	71.9%	72.6%	66.8%	68.4%	65.4%	62.7%	68.1%	51.2%
NPTH	98.7%	96.3%	99.5%	99.9%	99.4%	99.8%	99.4%	97.5%	99.8%	99.5%	99.0%	99.6%	99.5%
Total	74.1%	72.8%	78.4%	83.4%	87.7%	80.2%	80.6%	76.4%	77.2%	75.4%	72.6%	76.8%	65.7%

12 hr performance

The 12 hour performance in Quarter 1 improved significantly as a result of decreased service demand and decreased admissions to hospital, with a suspension in planned services as a result of the pandemic. However in Quarter 3, there has been an increase in the number of 12 hour breaches which correlates with an increasing ED demand and admission profile versus that of the first wave of the pandemic although the demand profile does not mirror that of the pre OCIVD demand.

Another factor that impacts flow across the Health Board relates to the challenges of organising the bed pool to accommodate the segregation of the various infection status's of patients in relation to COVID-19 and the associated patient co-horting and cleaning regimes which would directly impact performance against the 12 hour indicator.

Again the ambition coming out of the pandemic will be to have no patient patients waiting over 12 hours by improving the flow of patients through the hospital.

Number of patients waiting over 12 hours in ED

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21 (Draft)	Feb-21 (1st-3rd)
Morriston	783	557	130	97	81	223	286	536	493	626	775	570	71
NPTH	0	0	1	0	0	0	0	1	1	0	1	0	0
Total	783	557	131	97	81	223	286	537	494	626	776	570	71

The table below sets out the April – Dec 2019 12 hour breach performance which demonstrates consistently poor performance against this indicator and demonstrates the improved position into 2020/21.

Month	No. of 12 hour breaches
Apr-19	787
May-19	783
Jun-19	750
Jul-19	696
Aug-19	802
Sep-19	984
Oct-19	933
Nov-19	969
Dec-19	1056

Category A response

The category A response to red ambulance calls has consistently exceeded the 65% performance target, however there was a significant reduction in performance in December 2020 to 54.1%. This dip correlates with resourcing challenges in WAST during the period in particular in the Bridgend area with a knock-on effect to response times in the Neath Port Talbot area. This resourcing has now been addressed, including military support, consequently performance appear to have recovered in January 2021.

The Health Board will work with WAST to ensure that this performance is maintained.

% red calls within 8 minutes

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21 (Draft)	Feb-21 (1st-3rd)
HB Total	68.6%	69.2%	69.5%	75.0%	75.5%	73.8%	72.2%	69.2%	66.2%	67.3%	54.1%	67.3%	72.7%

4. GOVERNANCE AND RISK ISSUES

The unscheduled care pressures that the Health Board has historically experienced have reduced with the pandemic which is consistent with the national demand picture for emergency care. The escalation status of the acute hospitals has increased and invariably, the admitting sites are operating at level 3 escalation as defined by the All Wales Escalation and De-escalation policy, 2014.

This overall improvement in performance has been achieved at an unprecedented time of rapid service, workforce and estate redesign driven by the pandemic and the need to stream patients in accordance with their presentation to reduce infection risks across the unscheduled care pathway.

The core bed pool has been supplemented during the winter period by additional surge capacity across all of the hospital sites. Workforce challenges and deficits have been impacted by the pandemic which has resulted in reduced staffing levels in core services and increased reliance on temporary workforce solutions.

Planned operating at NPTH has also been interrupted to allow the allocation of the planned care bed pool to support unscheduled care flows and to make available the associated nurse staffing resource to enable this surge plan to be achieved.

There is an increased focus on the 'medically fit' patient group within the Health Board and current numbers are static at approximately 150 patients Health Board wide. A proposal to improve the capture, management and reporting of this patient group was presented to COVID-19 Operational Silver meeting on 26th January 2021 and this was agreed in principle with some ongoing discussions regarding the workforce proposal to create an integrated discharge team.

5. PROGRESS AGAINST THE WELSH GOVERNMENT FUNDED UNSCHEDULED CARE INITIATIVES

The WG six goals for urgent and emergency care sets out a requirement for Health Boards to introduce new service models to compliment current service delivery and funded has followed to enable these services to be established as follows:

	Progress	Funding £
Contact First	Memorandum of understanding agreed with WAST/111 – for sign off when final document issued by Executive Medical Director. Provisional launch date 9 th February 2021.	538,000
Same Day Emergency Care/Ambulatory Emergency Care	Work programme interrupted by COVID-19, elements of the learning from the pilots implemented and the AGPU model has been enhanced to promote more ambulatory patient management.	593,167
Urgent Primary Care Centre	UPCC established, working with ED to promote redirection. Expected activity linked to the 'Contact First' launch.	278,347
Discharge to Recover and Assess	Monies awarded to Local Authority to enhance the D2RA pathways. Nursing team established to manage the nursing interventions and assessments in the community setting.	1,297,000

In addition the WG funded schemes there are a number of other initiatives that have been put in place to support flow from a Health Board allocation these include:

- 2 Patient Flow Co-ordinators – to facilitate improved flow through ED
- Additional Discharge Vehicle – to support discharge in afternoon and evening
- Additional Clerical support in ED – to reduce clerical duties on clinical staff
- Additional Tissue Viability Nurse support – to provide expert advice and avoid admissions
- Additional social worker support – to facilitate earlier discharge
- Patient Offload Mobile Unit (Housing the OPAS service) – to provide 5 additional spaces in ED to support ambulance off loads
- Agency Paramedic Support for ED – to enhance staffing levels in ED
- Additional medical support for palliative care – to provide expert advice and avoid admissions
- Additional therapy support on weekends – to support earlier discharge
- Support for therapy supported ward model – to improve flow from Morriston

All of these scheme will be evaluated to assess where they should be established throughout the year.

6. FINANCIAL IMPLICATIONS

The initiatives set out above have a funding allocation from Welsh Government for this financial year which ends in March 2021. The schemes are highlighted in the Health

Board Annual Plan however there is a financial risk to the Health Board associated with continuation of these service models beyond March 2021.

In the relation the Health Board funded schemes these will not exceed the £365k allocation identified to support winter pressures.

7. RECOMMENDATION

The Committee are asked to note the improvement in Unscheduled Care Performance and the progress against the WG funded priorities.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The unscheduled care performance is markedly improved when compared to the 2019 performance however fails to meet the national tier 1 targets. The opening of surge capacity and suspension of planned operating in the NPTH site has presented both challenges in terms of workforce and impacts patient experience particularly in relation to the planned care pathway.		
Financial Implications		
The WG funding associated with the 4 priority schemes set out in the paper ends in March 2021. Continuity of these schemes will result in financial risk to the organisation in the absence of additional WG funding.		
Legal Implications (including equality and diversity assessment)		
There are no known legal or equality and diversity impacts. Patients are treated based on clinical need.		
Staffing Implications		
Core staffing and the staffing of surge capacity has proved a challenge with the use of temporary workforce where available to improve the baseline nurse staffing numbers in wards/departments across the Health Board.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The '5 Ways of Working' are demonstrated in the report as follows:		
<p>Long term – the schemes discussed in the paper form part of the emerging Welsh Access Model and are seen as the requirements to deliver safe and timely urgent and emergency care in the longer term.</p> <p>Prevention – the service models such as the 'Contact First' will support the prevention agenda and will provide self-care advice and support where appropriate.</p>		

Integration – the new unscheduled care service models require improved integration across primary and secondary care and are aimed at redirection to the most appropriate part of the health and social care system locally.

Collaboration – the emerging Welsh Access model requires collaboration with LA partners, WAST, the public and clinical leads across primary and secondary care as the system becomes more integrated.

Involvement – Partner organisations, Corporate and Delivery Unit Leads are key in identifying performance issues and identifying opportunities to improve flow and develop services which are fit for purpose to meet the needs of our population.

Report History	Unscheduled Care Update
Appendices	None