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Health Board



<b>Meeting Date</b>	<b>24 March 2020</b>	<b>Agenda Item</b>	<b>3.1</b>
<b>Report Title</b>	<b>Unscheduled Care Update</b>		
<b>Report Author</b>	Craigie Wilson, Deputy Chief Operating Officer		
<b>Report Sponsor</b>	Chris White, Chief Operating Officer		
<b>Presented by</b>	Chris White, Chief Operating Officer		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The Health Board is experiencing unprecedented pressures in unscheduled care and 2019/20 so far has been a challenging year in terms of service delivery across the entire unscheduled care system. The Health Board has responded to these challenges through its consolidated unscheduled care action plan and more recently its winter plan. This report sets out the current position, the actions being taken and the risk mitigation in place.		
<b>Key Issues</b>	<p>This report brings together a number of key activities to update the Quality and Safety Committee on the work underway to improve our unscheduled care system. The key issues are: -</p> <ul style="list-style-type: none"> <li>• An unscheduled care action plan is in place to make improvements across the whole unscheduled care system, improve access and enhance patient experience. In particular actions which appropriately avoid admission, increase flow through hospital and facilitate timely and appropriate discharge are key.</li> <li>• Development of the unscheduled care system is being taken forward through the Integrated Medium Term Plan (IMTP) process for 2020-2023.</li> </ul>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to: -</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the progress in relation to the Unscheduled Care Plan.</li> </ul>		

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	<ul style="list-style-type: none"><li>• <b>NOTE</b> risk assessment and mitigating actions put in place of the current unscheduled care pressures undertaken by the Morriston Delivery Unit.</li></ul>
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## UNSCHEDULED CARE UPDATE

### 1. INTRODUCTION

The Health Board is experiencing unprecedented pressures in unscheduled care and 2019/20 so far has been a challenging year in terms of service delivery across the entire unscheduled care system. The Health Board has responded to these challenges through its consolidated unscheduled care action plan and more recently its winter plan. This report sets out the current position, the actions being taken and the risk mitigation in place.

### 2. BACKGROUND

The attached Action Plan, **Appendix 1**, outlines the wide range of actions that have been taken or are in train to provide resilience across the whole system in the delivery of unscheduled care. Whilst a number of the actions are specific to address the increased pressure generally experienced over the winter months they may provide solutions that the Health Board would want to embed in its Unscheduled Care system. This is being considered as part of the development of the Health Board's Integrated Medium Term Plan (IMTP) for 2020-2023.

The following are the key developments that have taken place since the update provided in January:

- Ward A commissioned to allow to create additional bed capacity lost as a consequence of the Ward G closure on Morriston site due to CPO outbreak.
- SIGNAL has been successfully rolled out and wards in Morriston. The next stage of the implementation is to roll out to Gorseinon in March and NPTH in April. This clinical system provide information for supporting timely and accurate data on MFFD patients.
- Morriston Delivery Unit Medically Fit For Discharge (MFFD) Group focused work towards a long term complex care. SIGNAL is assisting in having more accurate and timely information available. The number of MFFD has reduced from 135 in January to 90.
- The Hospital 2 Home Pathway 1 scheme, is part of the Health Board's strategy for addressing some of the "backdoor" or exit flow issues has now been fully implemented. This is currently is a major contributory factor to effective patient flow through the hospitals, the reduction in MFFDs number may be an indication of the impact this scheme is having.
- Health Board wide escalation policy has been update to align with the National Escalation Policy co-ordinated by WAST. This should result in increased system wide engagement and actions to de-escalate and reduce system risk. National Escalation Policy to provide more regional co-operation and capacity.
- The new Ambulatory Emergency Care (AEC) unit was formally handed over to medicine on Monday 9<sup>th</sup> March following completion of the capital works that commenced late December 19. The aim is for the service to be service out of there w/c 23<sup>rd</sup> March. This facility will have the ability to accommodate 10 patients at any one time and it is estimated that it will avoid on average 6-7 admissions per day.

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

The funding for the schemes supported by the winter pressure monies is non-recurring and therefore they may be effective in supporting the delivery of unscheduled care there is currently no identified funding stream to continue to provide these after 31<sup>st</sup> March 2020. The IMTP process, as referenced above, will be the process to determine the blend of schemes that will be taken forward to improve the performance of our unscheduled care system as a whole.

### **4. FINANCIAL IMPLICATIONS**

The Health Board received an allocation of £1.2m winter pressure monies which is being utilised to support a number of the schemes identified in **Appendix 1**. In addition the Regional Partnership Board (RPB) was allocated £2.2m for scheme that traverse both health and social care. An additional £1.2m was subsequently allocated in January through the RPB to support existing schemes.

### **5. RECOMMENDATION**

The Quality and Safety Committee is asked to:

- Note the progress in relation to the Unscheduled Care Plan.

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Governance and Assurance		
Link to Enabling Objectives (please choose)	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 checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input 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 checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	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		
Delivery of improved unscheduled care performance will decrease access times for patients, improve patient experience and promote increased flow through the unscheduled care system.		
Financial Implications		
There are no immediate financial implications of this report but consideration will be made through the IMTP process of the schemes which have delivered benefits in 2019/20 for continuation in 2020/21. As assessment of the financial implications will be made once these areas are agreed.		
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		
As with finance, there are no immediate staffing implications but longer term continuation of schemes currently in place may require a recruitment programme to make services sustainable.		
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:		

Long term – Actions within this report are for 2019/20 but will have a long term impact in terms of improved access and patient experience.

Prevention – some of the service modernisation within these services will help to prevent patient health deterioration and keep patients as independent as possible at home.

Integration – clinical pathways are delivered across primary and secondary care.

Collaboration – some clinical pathways within unscheduled care (stroke, vascular for example) cross Health Board boundaries and require collaboration within the NHS system.

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 citizens.

<b>Report History</b>	January 2020
<b>Appendices</b>	<b>Appendix 1</b> – Unscheduled Care Action Plan

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