Meeting Date	**22 June 2021**	**Agenda Item**	**2.2**
Report Title	**Urgent and Emergency Care Update**		
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Report Sponsor	Rab McEwan Chief Operating Officer		
Presented by	Rab McEwan Chief Operating Officer		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to update the Committee on Health Board performance against the Tier 1 standards for Urgent and Emergency Care. System wide drivers of SBUHB performance on these standards are also described. Operational and strategic actions and plans to improve both patient safety and performance are discussed in the paper.		
Key Issues	• Performance against the Unscheduled Care Tier 1 targets remains below the expected level of performance. • Unscheduled Care activity volumes are moving towards the pre-COVID attendance profiles in both Morriston ED and NPTH MIU. • Wider system indicators demonstrate an increase in admission numbers, emergency bed day utilisation and patients with a length of stay greater than 7 days. • There is evidence of operational focus on delivery of unscheduled care services with weekly reporting to the Chief Operating Officer. • The system is challenged as a result of an increasing clinically optimised patient cohort occupying acute beds. • The Health Board has committed to an ambitious unscheduled care programme of service developments and expansion across primary, community and secondary care services.		
Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	☐	☒	☐
Recommendations	Members are asked to: - **Note** the unscheduled care performance and wider system indicators and the operational and strategic plans to improve patient safety and performance.			

1. INTRODUCTION

This paper reports on current unscheduled care performance against the WG Tier 1 unscheduled care standards and wider system measures that directly impact urgent and emergency care flow and performance. The paper also describes the operational response to the challenge of delivering timely access and quality care to patients on an unscheduled care pathway, under 'grip and control' measures. A summary of the Health Board's unscheduled care service development plans is included, as these directly impact on performance throughout the year. The projects and work streams to improve system operating across primary, community and secondary care are summarised. A trajectory is included for Tier 1 standards based on a 'Covid light' scenario.

1.1 Context

Urgent and emergency care performance across the UK has been dramatically impacted by the Covid 19 pandemic. Emergency demand reduced significantly after the first Covid wave and remains below historic levels after the second wave, however there is evidence of a return to pre COVID activity volumes. Emergency services have responded to Covid with new pathways, streaming Covid positive patients away from others, using virtual and remote processes where possible, and delivering more direct access to specialist emergency assessment in some cases. Despite reduced demand urgent care performance remains poor due to underlying problems at a system level including:

- Long length of stay in acute hospital and a significant opportunity to treat more patients as ambulatory
- High rates of emergency admission
- Reduced service provision and discharge delays over weekends
- Significant opportunities to better integrate community and acute services
- Discharge delays resulting in a high number of clinically optimised patients occupying hospital beds, linked to inadequate home care and rehabilitation provision
- Chronic exit block from ED and a mismatch of clinical resources in ED with demand.

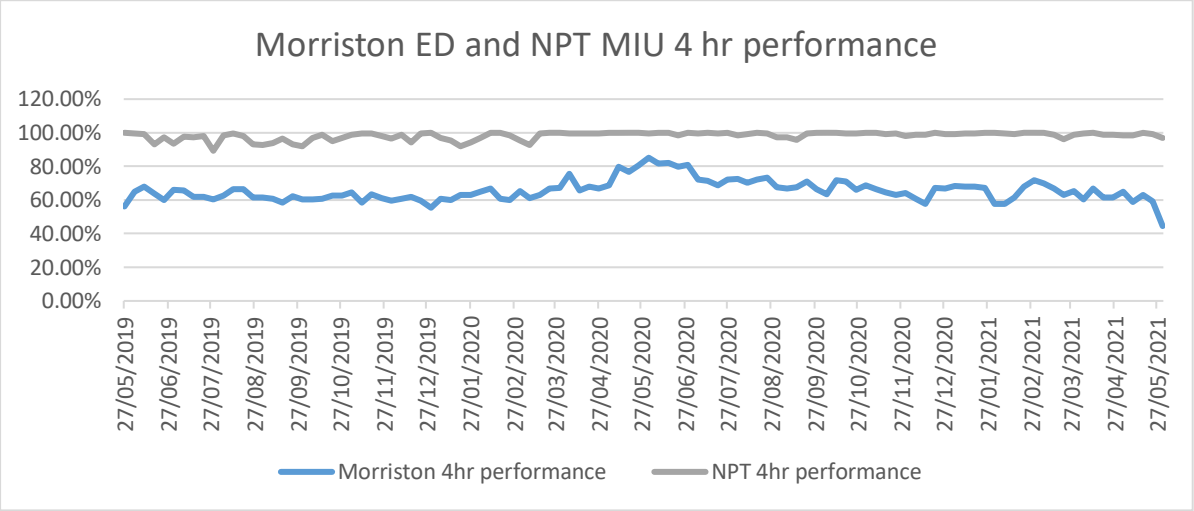
The requirement to stream emergency patients differently under Covid is unlikely to end in the near future, and reinforces the need to address these underlying problems urgently to reduce ED crowding and risk of nosocomial transmission.

2. PERFORMANCE

2.1 Tier 1 Urgent and Emergency Care Performance

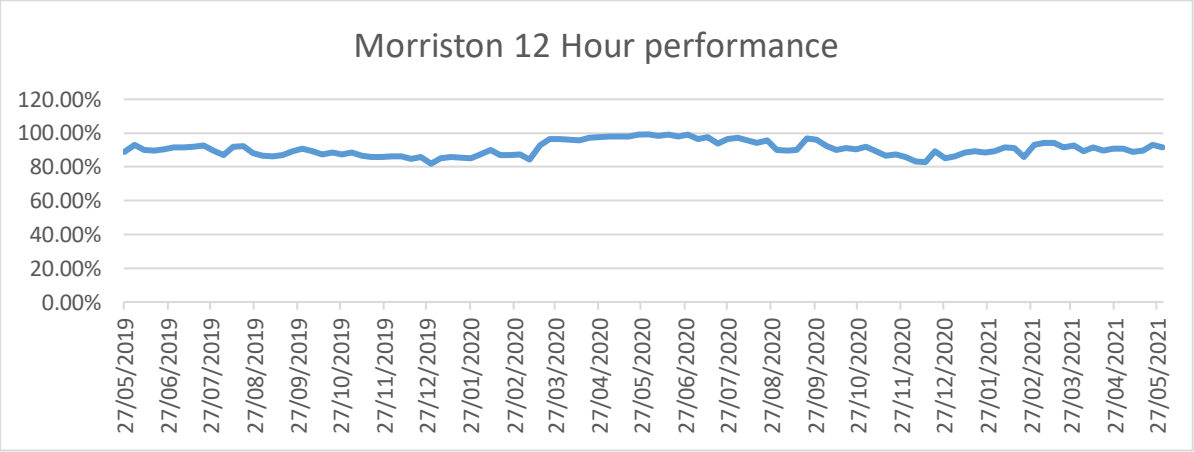
4 hr performance

This indicator summarises the timeliness of patient assessment and decision making within the Emergency Department. The table below sets out the percentage of patients assessed, discharged or transferred within 4 hours, split by Morriston Emergency Department and NPT Minor Injuries Service against the 95% target.



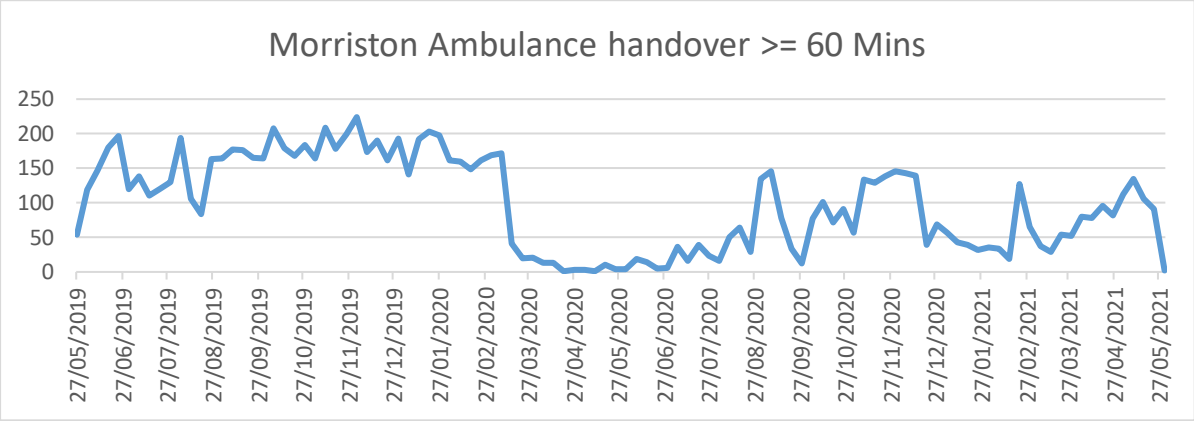
12 hour performance

Patients who spend more than 12 hours in the Emergency Department (ED) are delayed awaiting treatment (particularly overnight), or waiting for in-patient beds to become available. To eradicate 12 hour breaches, a whole hospital and wider system response is required to reduce severe overcrowding in ED, alongside process improvements in ED and better matching capacity to demand. Current performance against this indicator is 88-94% however there is a challenging target of 100% compliance with this indicator, thus a zero tolerance approach to 12 hour breaches.

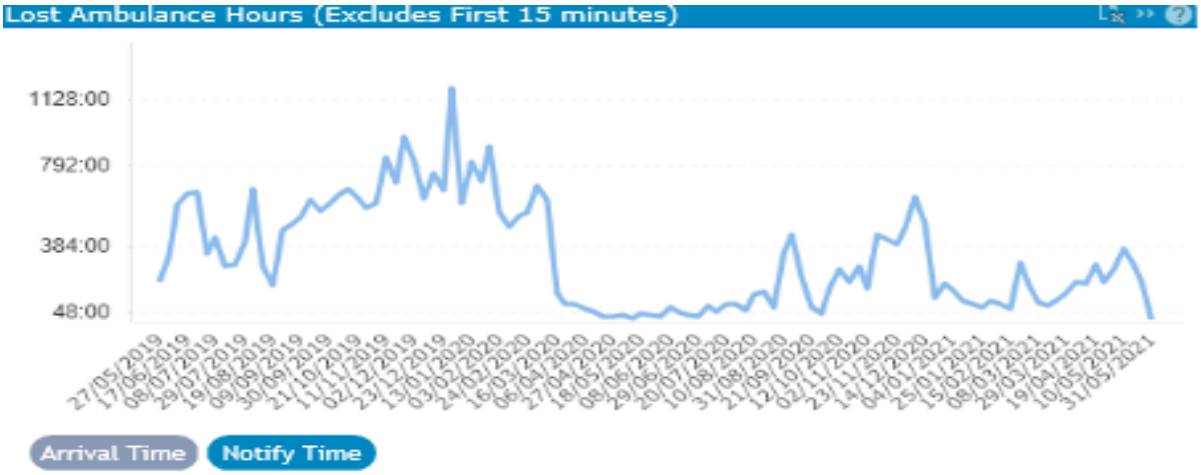


Ambulance handover performance

This measure relates to the number of ambulance handovers that exceed one hour, the target being 15 minutes from arrival to handover. Delays in ambulance handover result in delayed response in our communities for patients waiting for a 999 response. Current performance demonstrates a sustained improvement versus the pre-COVID handover delay performance however ultimately the system needs to be designed to eradicate these delays by ensuring flow through the Emergency Department and enabling assessment/offload capacity to be maintained.



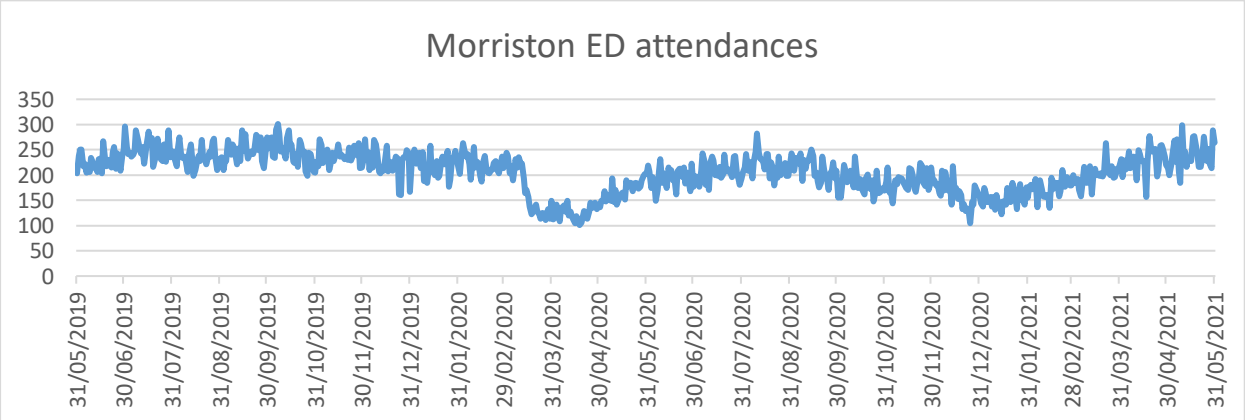
The number of hours lost to delayed ambulance handover greater than 15 minutes is set out below, this includes both Singleton and Morriston Hospitals.

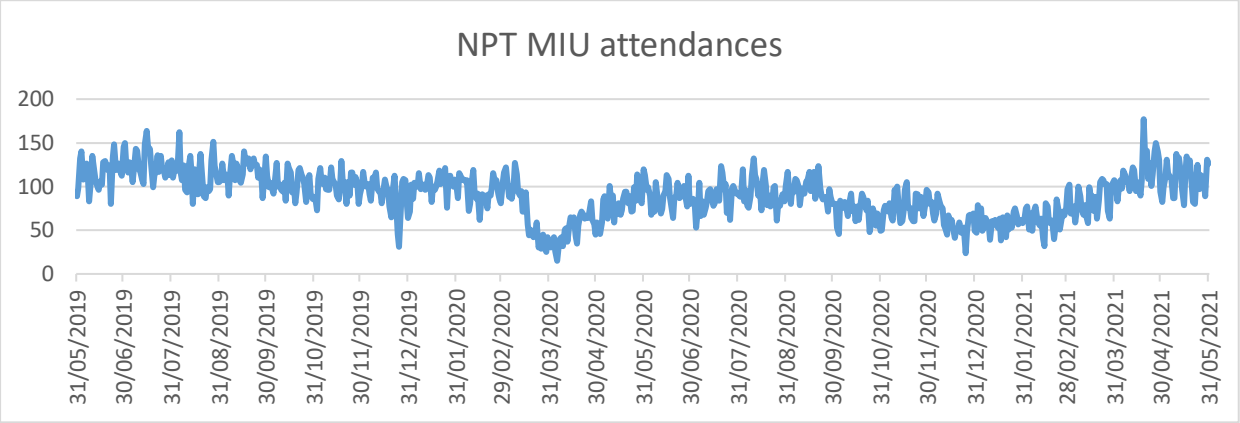


2.2 System measures

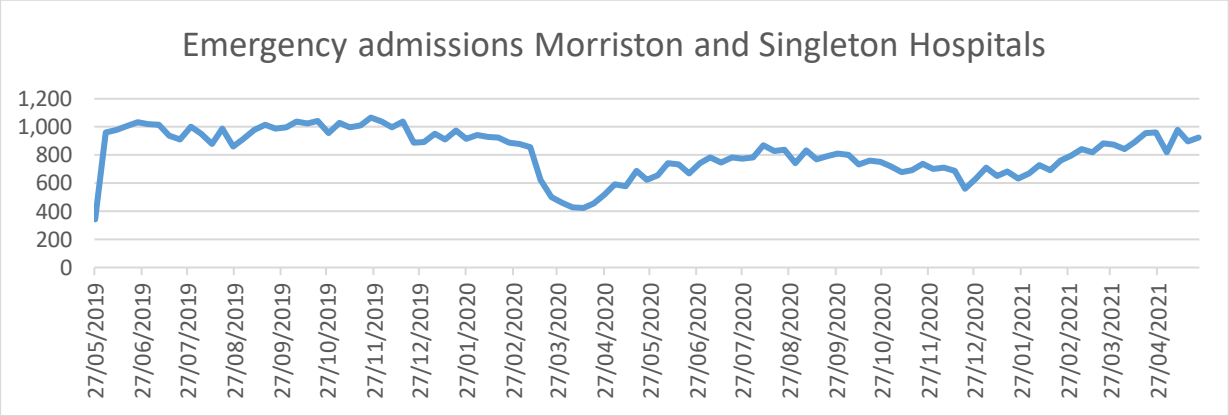
In addition to Tier 1 standards, there are other measures that allow improved understanding of the system activity and outputs. It can be seen that whilst services across the Board remain in 'Covid response' mode, emergency activity levels and flows are returning to pre-covid levels.

Health Board emergency attendances

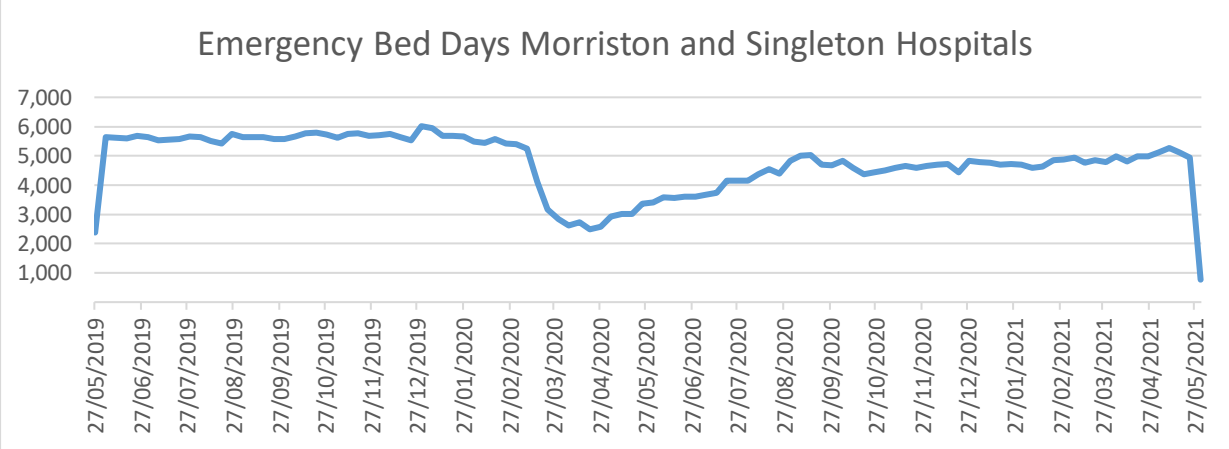




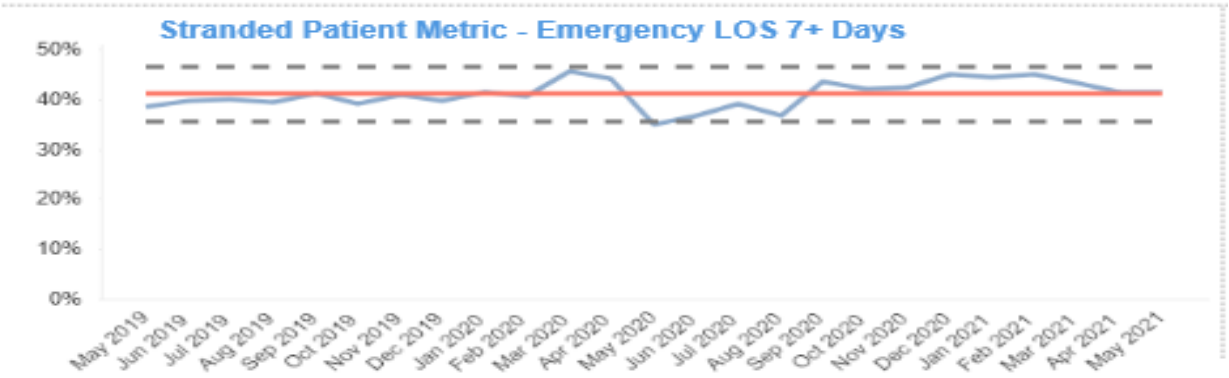
Health Board Emergency Admissions



Emergency admission bed days for Singleton and Morriston sites



Adult LOS > 7 days – all hospital sites



3.0 OPERATIONAL 'GRIP AND CONTROL'

A range of measures are in train to reinforce the delivery of safe and timely unscheduled care services to patients. There are a minimum of twice daily updates on patient flow and emergency care pressures 7/7. The full range of services are included in these daily reviews, in response to which the following actions have been taken since the last F&P Committee report:

- Local recruitment plans to attract new staff into vacant posts including 2 consultant posts filled
- Additional clinical resources deployed at weekends to facilitate discharge
- Older Persons Assessment Service - roll out of the falls pilot with WAST with advice and/or direct access to OPAS service if conveyance and assessment indicated.
- ACT in-reach into OPAS/ICOP services to promote admissions avoidance or early supported discharge.
- A focussed drive to reduce length of stay at specialty level within the Service Groups for admission avoidance, early supported discharge and the re-introduction of the SAFER flow principles
- A review of workflow in ED to streamline pathways focussing on non-admitted patients and matching clinical resources to tackle peaks in demand, and to ensure we maximise the use of GPs in our urgent care centres.
- Standardised 'hot' clinic slots linked to Consultant Connect are available five days per week

4.0 PLANNED CARE SERVICE DEVELOPMENTS

In an ambitious programme of service redesign, a range of service developments are planned to improve the patient experience of unscheduled care in Swansea Bay, with outline plans to start delivering benefits from Q1 onwards:

- In July 2021 the Singleton Acute GP Unit, GP out of hours service and Urgent Primary Care service will relocate to Morriston with extended service over 7 days
- Same Day Emergency Care services will begin in Morriston in Q3
- Also in Q3 an acute physician led AMAU will be implemented at Morriston integrated with community teams

- The business case for Four Primary Care Cluster based Virtual Wards has been approved as part of an integrated frailty service covering 140,000 people, recruitment has already started
- A plan for increased 'Hospital 2 Home' capacity has been agreed at officer level with the Local Authority and will shortly be submitted to the Regional Partnership Board for approval
- Currently planned for November 2021, all acute medical admissions will be at Morriston, with single services at specialty level for older people, gastroenterology, respiratory and cardiology over 7 days
- Extended therapies and clinical support services over 7 days
- Progress towards creation of a Hyper Acute Stroke Unit through streamlined and enhanced rehab services in Q4

A draft high level plan at 18th April summarising these developments is attached in Appendix.

Additional senior experienced programme resource has been secured to support delivery of these priorities with Service Group Directors and clinical leads taking on clear and defined roles in the programmes and projects.

A corollary of the above actions and service developments is that Morriston ED will be significantly less crowded, with more "straight-to-specialty" pathways, attendance diversion to more appropriate services, and reduced exit block from the department due to no bed available. A review of workflow in the department will streamline pathways within the Emergency Department to focus on non-admitted pathways and matching clinical resources to tackle peaks in demand.

5.0 GOVERNANCE AND RISK ISSUES

Timely access to unscheduled care services is a key priority for the Health Board. The limited services that currently exist to support unscheduled care results in unnecessary attendance in ED and sometimes in a non-value added admission for the patient.

The current risks associated with unscheduled care service delivery are well documented in the Health Board risk register and relate largely to patient access and timely assessment.

The annual plan addresses the service gaps that exist within unscheduled care services with the goal of improving the balance between hospital and community based unscheduled care provision. The programmes will result in reduced ED attendance as a result of alternative pathways of care and thus will serve to improve the current level of system risk.

Recent system risks as a result of increased ED attendances and ambulance attendance have resulted in the acute hospital sites working at high levels of escalation and supporting additional surge capacity to manage this demand. The absence of these alternative pathways leaves limited options for mitigation and demonstrates the urgency of delivering the annual planning priorities. In addition, an increasing number of clinically optimised patients occupying hospital beds impacts

wider system flow and is a key contributor to the front door risks. Joint working with LA partners to improve this position is well established and a revised 'Home First' work programme has been developed to focus improvements on the 'discharge to recover and assess' pathways that should promote earlier outflow from hospitals.

6.0 FINANCIAL IMPLICATIONS

The Health Board has committed to improving unscheduled care services significantly and it is recognised that the schemes within the annual plan will require investment. Business cases will be developed for those projects that require enhancement or new resources with explicit delivery timescales and output measures. These will be supported based on delivery of monthly financial run rate requirements across the health board to maintain financial control.

Delivery of the unscheduled care plan will in itself reduce demand in secondary care and enable release of recurrent cost savings. It is also key to enabling and supporting delivery of elective care services and the Board's elective care recovery plans and financial assumptions.

7.0 RECOMMENDATION

The Performance and Finance Committee is asked to note the current performance in unscheduled care services and to support the Health Board approach to improving service provision across primary, community and secondary care services.

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	☒
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☐
	Excellent Staff	☐
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☐
	Staff and Resources	☐

Quality, Safety and Patient Experience
Poor performance in unscheduled care services can be associated with unnecessary pathway delays for patients. The strategic plan for unscheduled care is aimed at improving quality of care to patients, improving patient safety and experience.
Financial Implications
Financial implications of this paper relate to the annual plan for unscheduled care services across primary, community and secondary care. The enhancement of existing service models to cover the seven day and evening period in particular will be achieved from redeployment of resource where this can be achieved and through investment for remaining deficits. The plan also sets out the vision to deliver new service models and business cases will be developed to enable understanding of the financial requirement, the deliverables and the anticipated outputs. The development of unscheduled care services is key to releasing recurrent cost savings in secondary care services which are over-burdened as a result of limited alternatives to admission to hospital.
Legal Implications (including equality and diversity assessment)
New service model will be required to complete equality and diversity assessments as part of the project initiation process.
Staffing Implications
Staffing implications associated with enhancing existing services and developing new services are not currently understood. Workforce requirements will be made explicit within the business cases developed for each scheme requiring investment.
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

Report History	No report history

Appendix	UEC plan.xlsx