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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26 March 2020	Agenda Item	2.4
Report Title	Unscheduled Care Performance Update		
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Report Sponsor	Chris White, Chief Operating Officer		
Presented by	Chris White, Chief Operating Officer		
Freedom of Information	Open		
Purpose of the Report	Unscheduled care is an area for which the Health Board remains in Targeted Intervention (TI). This report provide details of the current unscheduled care performance against the key TI Priorities, as part of the overall plan for the delivery of unscheduled care across the Health Board.		
Key Issues	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.		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> NOTE the steady improvement in Unscheduled Care Performance and the progress of the contributory unscheduled care initiatives identified in this report. 		

UNSCHEDULED CARE PERFORMANCE UPDATE

1. INTRODUCTION

Unscheduled care is an area for which the Health Board remains in Targeted Intervention (TI). This report provide details of the current unscheduled care performance against the key TI Priorities, as part of the overall plan for the delivery of unscheduled care across the Health Board.

2. BACKGROUND

Recognising that unscheduled care pressures are evident all year round, the unscheduled care plan for the Swansea Bay University Health Board area reflects the Health Board's programme for delivering system wide improvement in unscheduled care, incorporating the work of the West Glamorgan Hospital to Home transformation programme.

Unlike previous years, the health and social care system in Swansea Bay has not seen a de-escalation of unscheduled care pressures during the summer months. This has been evident through the increased demand at our emergency department and minor injuries units, workforce capacity gaps in key clinical areas, and an increasingly fragile domiciliary care sector, all of which have contributed to patient flow and capacity constraints and subsequent performance deterioration.

In addition, the unforeseen loss of 31 inpatient beds at Singleton hospital this financial year, following a fire in March 2019, along with subsequent environmental issues, had also had a major impact on flow and capacity within the Health Board. Some of this capacity has now been recommissioned.

3. GOVERNANCE AND RISK ISSUES

Whilst the significant unscheduled pressures continued during February, the last few weeks have felt a little better in terms of the level of escalation. The figures for February, below, show that ambulance handover delays have slightly improved from the previous month i.e. 74% compared to 72% for 4hrs and 92% to 90% for 12hrs, although this is still a slight deterioration from the same period in 2019.

Key Unscheduled Care Performance Indicators

Measure	February 20	January 20	February 19
4 hour	74%	72%	77%
12 hour	92%	90%	94%
Category A response	68.6%	66.6%	78%

There has also been a continued improvement in Category A performance, which was 68.6% for February, although still at a lower level than in 2019. Amber 1 performance is still the worse in Wales but the median time for response has reduced significantly from 52 mins 30 seconds report in January to 35 mins 37 seconds in February.

This overall improvement has been achieved at a time when the Health Board continues to experience significant Infection Prevention Control (IPC) issues particularly in Morriston. At its peak there were 45 beds closed on the Morriston site due IPC issues; 25 of these are on Ward G which had a CPO outbreak. To mitigate the loss of these beds and facilitate the deep cleaning (including HPV), Ward A in Neath Port Talbot Hospital has been re-commissioned providing 19 beds. Ward G is now available to provide additional capacity on the Morriston site should the need arise during the next few weeks as part of the response to the Covid 19 pandemic.

With the exception of the Ambulatory Care area at Morriston, which will be operational by w/c 23rd March 2020 and should support improved performance by releasing an average of 6-7 beds per day, all of the other improvement actions have now been initiated.

The Hospital at Home, Pathway 1 scheme is now fully in place and whilst robust figures on the caseload that the teams are holding are currently not available there has been a significant reduction in the number of medical fit for discharge numbers, especially in Morriston; the figure there is now down 90 compared to 135 in mid-January. Conversely there has been an increase in the number of DTOC which has risen from 69 to 79 in month; the exact reasons to explain why this has happened are yet to be determined.

The implementation of the SIGNAL system at Morriston Hospital has been completed and this information is supporting the H2H project and informing the MFFD figures. The remainder of the implementation in NPTH and Gorseinon, should be completed through March and April. A Project Group has been established to ensure that the benefits of implementation are maximised and that the information gathered interfaces with other clinical systems. The expectation is that this system will be a more efficient way of supporting and managing patient flow than the current arrangements.

Elective bed capacity continues to be affected as a result of a high number of medical outlying patients and the increased emergency surgical demand with often only cancer patients and other clinically urgent surgery being undertaken. Although the level of cancellations over the past two week has improved.

Changes to the National escalation arrangements have been agreed by CEO's across Wales and WAST are now chairing the daily conference calls. The dataset to support the daily calls has been developed. The practicalities of implementing these revised arrangements are still being worked through particularly in relation to ambulance diverts, which WAST will have the autonomy to enact.

The ambulance handover improvement plan agreed with WAST continues to be updated in meetings between the Health Board, WAST and the ambulance commissioner. Good progress is being made against the agreed actions which are reflected in the overall improvement plan for USC. Options to introduce alternative ambulance handover/ co-horting capacity options are still being explored and a tendering exercise for a mobile unit to be located outside of the Morriston ED will be undertaken now that a funding source has been secured.

The Health Board has been subject to Targeted Intervention by the Delivery Unit around Emergency Department and Unscheduled Care performance. An agreed dataset was being provide to the DU on a weekly basis and a conference call with the Deputy COO and Unit Director for Morriston taking place every Friday; these arrangements have been suspended at present.

4. FINANCIAL IMPLICATIONS

Implementation of the agreed Health Board (£1.2m) and Regional Partnership Board (RPB) – (£2.2m) winter plans has taken place, these plans include a number of schemes and proposals to enhance capacity and patient flow over the winter months and beyond.

The additional £1.3m funding for the RPB was allocated with the Health Board receiving additional support for surge capacity. In total the Health Board has received approximately £800k of the allocation.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the steady improvement in Unscheduled Care Performance and the progress of the contributory unscheduled care initiatives identified in this report.

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 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		
(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 through the Winter Plan 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, as they are covered by the allocations from Welsh Government, 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.

Report History	N/A
Appendices	None