



<b>Meeting Date</b>	<b>28 January 2020</b>	<b>Agenda Item</b>	<b>3.2</b>
<b>Report Title</b>	<b>Unscheduled Care report including implications of unscheduled care pressures and Planned Care Actions Update</b>		
<b>Report Author</b>	Mark Madams, Unit Nurse Director Morriston Craig Wilson, Deputy Chief Operating Officer Darren Griffiths, Associate Director of Performance and Finance		
<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>• A document outlining the assessment of the current risk associated with the Unscheduled Care pressure is included. The paper sets out Morriston Delivery Unit's assessment of the current risk associated with the unscheduled care pressure, the impact on performance targets, planned work with Welsh Ambulance Services NHS Trust (WAST) regarding</li> </ul>		

	<p>serious incident, patient experience feedback and specific incidents of harm.</p> <ul style="list-style-type: none"> <li>• The impact of unscheduled care pressures on planned care delivery is also set out in the Morriston Delivery Unit risk assessment.</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</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>The Performance and Finance Committee is asked to: -</p> <ul style="list-style-type: none"> <li>• Note the progress in relation to the Unscheduled Care Plan.</li> <li>• Note risk assessment and mitigating actions put in place of the current unscheduled care pressures undertaken by the Morriston Delivery Unit.</li> <li>• Note the updated actions in respect of planned care delivery for 2019/20</li> </ul>			

# UNSCHEDULED CARE REPORT INCLUDING IMPLICATIONS OF UNSCHEDULED CARE PRESSURES AND PLANNED CARE ACTIONS 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.

A version of this report excluding the detailed planned care actions appendix is being considered by the Quality and Safety Committee in January,

## 2. BACKGROUND

### Unscheduled Care Action Plan

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 Hospital 2 Home scheme is the Health Board's strategy for addressing some of the "backdoor" or exit flow issues that currently are a major contributory factor to effective patient flow through the hospitals. This scheme focuses on the medically fit patients which occupy up to 200 beds across Swansea Bay University Health Board (SBUHB) at any one time. Of these, approximately 50% require input from one of the Local Authorities and therefore the scheme is designed to re-able patients at home to maximise their independence and ensure that their packages of care are "right sized".

### Risks Assessment of Unscheduled Care Pressure

At the request of the Quality and Safety Committee an assessment of the current risk associated with the Unscheduled Care pressure was request and is attached at **Appendix 2**. The paper outlines the Morriston Delivery Unit's assessment of the current risk associated with the unscheduled care pressure, the impact on performance targets, planned work with Welsh Ambulance Services NHS Trust (WAST) regarding serious incident, patient experience feedback and specific incidents of harm.

The paper highlights a large number the mitigating actions which have been put in place to manage the risk, these include:

- Operational implementation of Clinical Site Manager/Matron (8a) role
- Silver daytime roster in place with senior MDU directors and managers to support escalation and flow
- Joint standard operating protocols in place with WAST regarding ambulance hand-over delays and immediate release of vehicles 'red release' and monitoring of this compliance which is currently 100%.

- WAST Patient Flow coordinator working daily within the department and are working in partnership with our ED and Site Team.
- Use of decontamination room as decant area for ambulance offload support
- Use of REACT to off load and provide pressure damage preventive care and personal care
- Continued opening of surge capacity across medicine and surgery.
- Daily review of elective cases based on clinical priority by one of the 3 directors
- ITU 'go or no go' surgical cases huddle at 08.45 each day.

### **Planned Care Actions**

The Performance and Finance Committee received a detailed paper at its December meeting on RTT performance and the actions being taken to make improvements in planned care.

The actions from that paper have been tabulated and are included at **Appendix 3** for the consideration of the Committee. Some of the key updates from the last paper are set out in the bullets below along with mitigating action where relevant.

- Ophthalmology outsourcing – tenders received, evaluation panel established, tenderer withdrew tender at last minute.
- Ophthalmology non-cataract patients to Bristol NHS provider – after a previous supportive reply notification received that hospital is utilising all of its capacity on local Referral to Treatment Times (RTT) targets in England.
- Gastroenterology outsourcing – two tenders received and then withdrawn prior to evaluation. Discussion held with procurement to procure an insourcing option with an existing service provider.
- Interview for 9 anaesthetists – 2 appointed from the field and both start in Quarter 1 2020/21. Further discussion being held about a bridging workforce plan between now and full recruitment of permanent staff.
- Review of all outsourcing contracts to ensure contract volumes delivered – complete and confirmed
- Additional further 30 spinal patients identified as suitable for outsourcing – accommodated within overall cost envelope for 2019/20.
- Revised HMRC guidance issued to consultant colleagues to test whether potential for increased WLI take up is likely – very limited uptake with colleagues citing lifestyle choices as more important. Recruit to lost sessions with permanent job plans where modelling supports this.

The detail of the planned care position will have been set out in the Integrated Performance Report earlier in the performance and Finance Committee agenda. For completeness it is worth note that the RTT pressures are continuing and for the long waiting patients the end of December summary position is as set out in Table 1 below.

**Table 1 – top 6 pressured RTT specialties – 36 week and 52 week volumes (December 2019)**

	> 36	>52
Orthopaedics and Spines	2,337	1,031
Ophthalmology	803	155
General Surgery	575	236
Gastro OP	372	-
ENT	344	75
OMFS	208	95
<b>Total</b>	<b>4,639</b>	<b>1,592</b>
HB Total	5,141	1,723
%	90%	92%

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

#### **Unscheduled Care Action Plan**

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, not just the Emergency Department component in the middle of the overall system.

#### **Risks Assessment of Unscheduled Care Pressure**

The assessment of risk from the Morriston Delivery Unit (MDU) identifies the current risks associated with to the Emergency Department's ability on a daily basis to provide timely assessment and treatment to emergency patients resulting in avoidable patient harm as the highest risk within the organisation. It also identifies high risks in relation to the delivery of Referral to Treatment (RTT) targets and specific surgical treatment, CAMHS patients presenting to ED, medical fit for discharge patients and service sustainability.

### **4. FINANCIAL IMPLICATIONS**

#### **Unscheduled Care Action Plan**

The Health Board has 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 was allocated £2.2m for scheme that traverse both health and social care.

#### **Risks Assessment of Unscheduled Care Pressure**

There are no specific financial implications identified in the paper, but clearly to mitigate the risk and improve the flow through the MDU expenditure will be incurred, particularly in relation to medical and surgical staff. There has been investment too through the winter pressures monies referenced above.

## **5. RECOMMENDATION**

The Performance and Finance Committee is asked to: -

- Note the progress in relation to the Unscheduled Care Plan.
- Note risk assessment and mitigating actions put in place of the current unscheduled care pressures undertaken by the Morriston Delivery Unit.
- Note the updated actions in respect of planned care delivery for 2019/20

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	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"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	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"/>
<b>Health and Care Standards</b>		
<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"/>
<b>Quality, Safety and Patient Experience</b>		
<p>Delivery of improved unscheduled care performance will decrease access times for patients, improve patient experience and promote increased flow through the unscheduled care system.</p>		
<b>Financial Implications</b>		
<p>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.</p> <p>Planned care delivery being off target may trigger clawback of the support funds provided by Welsh Government for 2019/20 (£6.5m). Discussions are yet to conclude on this matter.</p>		
<b>Legal Implications (including equality and diversity assessment)</b>		
<p>There are no known legal or equality and diversity impacts. Patients are treated based on clinical need.</p>		
<b>Staffing Implications</b>		
<p>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.</p>		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p>		

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>	Detailed planned care report was received at the December 2019 Committee meeting.
<b>Appendices</b>	<b>Appendix 1</b> – Unscheduled Care Action Plan <b>Appendix 2</b> – Risk Assessment of Unscheduled Care Pressure <b>Appendix 3</b> – Planned Care Action Plan