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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	24 August 2021		Agenda Item	
Report Title	Urgent and Emergency Care Update			
Report Author	Alison Gallagher, Head of Nursing: Patient Flow			
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 set out the 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	<ul style="list-style-type: none"> • Performance against the Unscheduled Care Tier 1 targets remains below the expected level of performance. • Unscheduled Care activity volumes have returned to pre-COVID attendance profiles in both Morriston ED and NPTH MIU, this fits with the reported national demand for urgent and emergency care services. • Wider system indicators demonstrate an increase in admission numbers, emergency bed day utilisation and patients with a length of stay greater than 7 days. • 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 <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <p>Note the unscheduled care performance and wider system indicators and the operational and strategic plans to improve patient safety and performance.</p>			

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

Emergency demand reduced significantly during the first Covid wave and remained below historic levels following the second, 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. With the increasing demand profile the urgent care performance remains poor due to underlying problems at a system level including:

- Long length of stay in acute hospitals and a significant opportunity to treat more patients as ambulatory
- High rates of emergency admissions
- 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, with a fragile community service provision due to staffing abstractions and recruitment challenges
- Chronic exit block from ED and a mismatch of clinical resources in ED with demand.

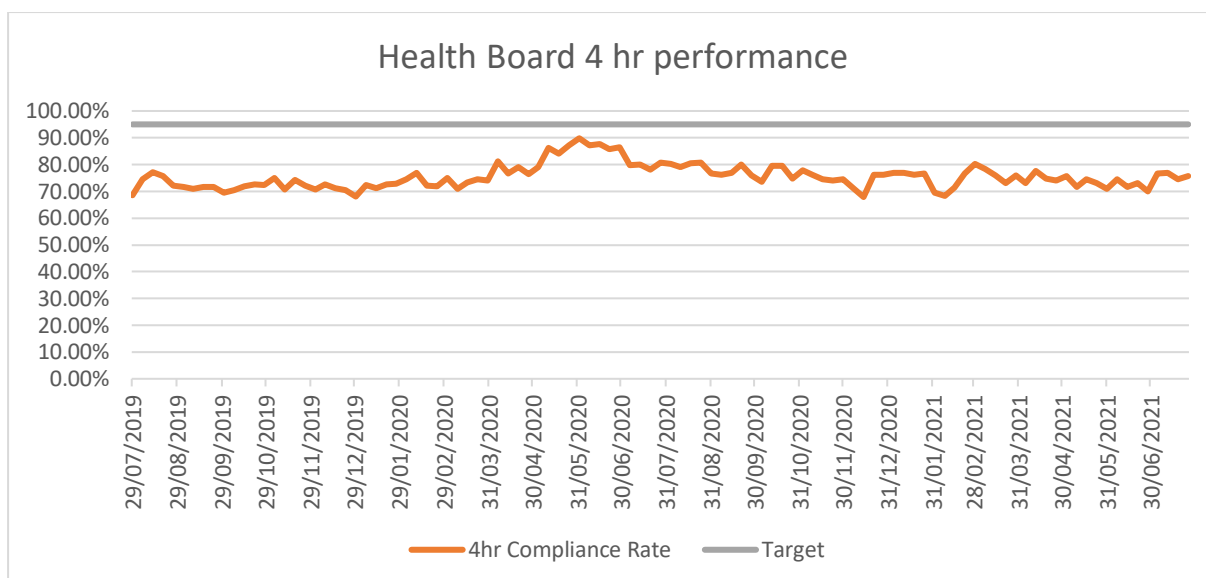
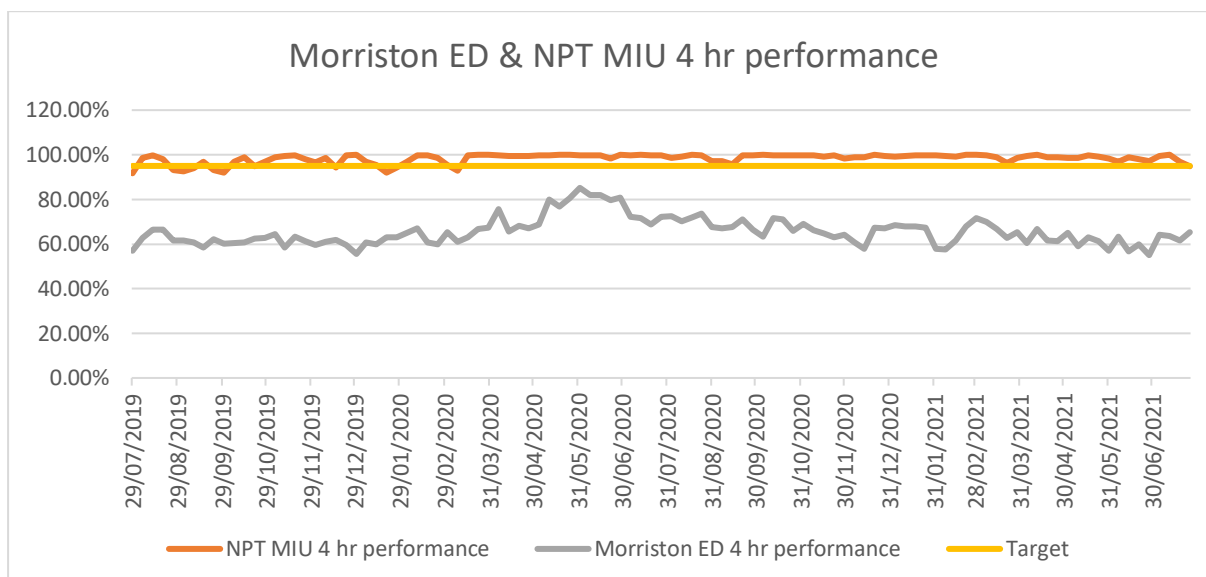
The requirement to stream emergency patients differently under Covid is unlikely to end in the near future, and reinforces the need to address these underlying system constraints urgently to reduce ED crowding and risk of nosocomial transmission.

2. PERFORMANCE

2.1 Tier 1 Urgent and Emergency Care Performance

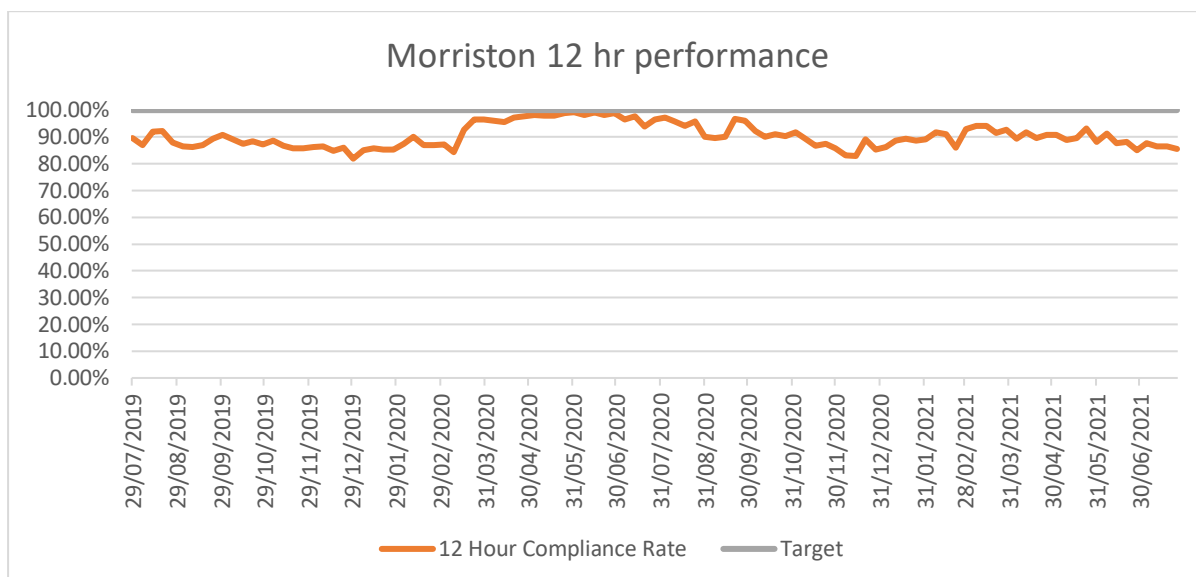
4 hr performance:

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. The overall Health Board performance is 70-75% with the underperformance at Morriston being offset by the NPT Minor Injury Service performance.



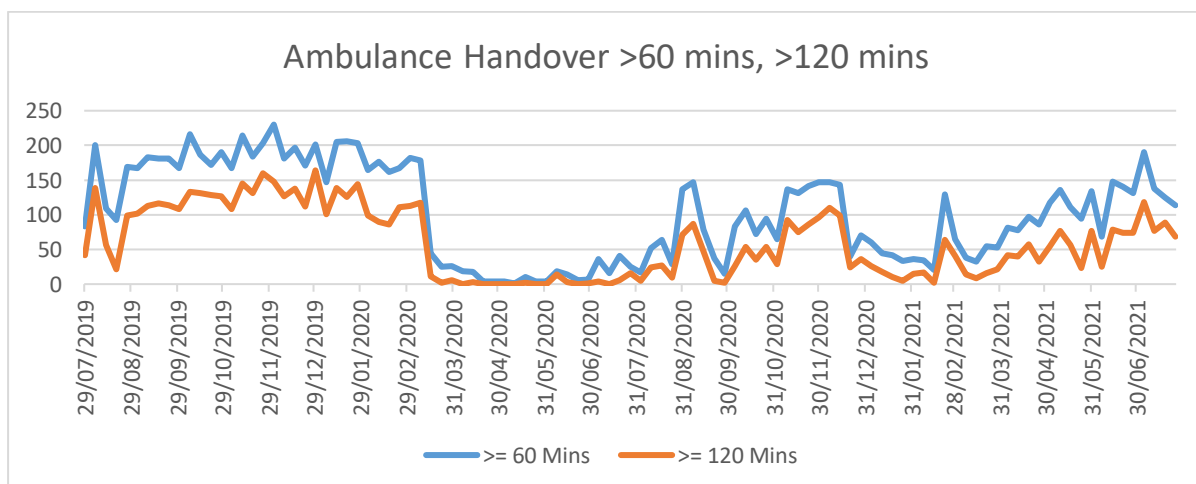
12 hour performance:

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 85% however there is a challenging target of 100% compliance with this indicator, thus a zero tolerance approach to 12 hour breaches.

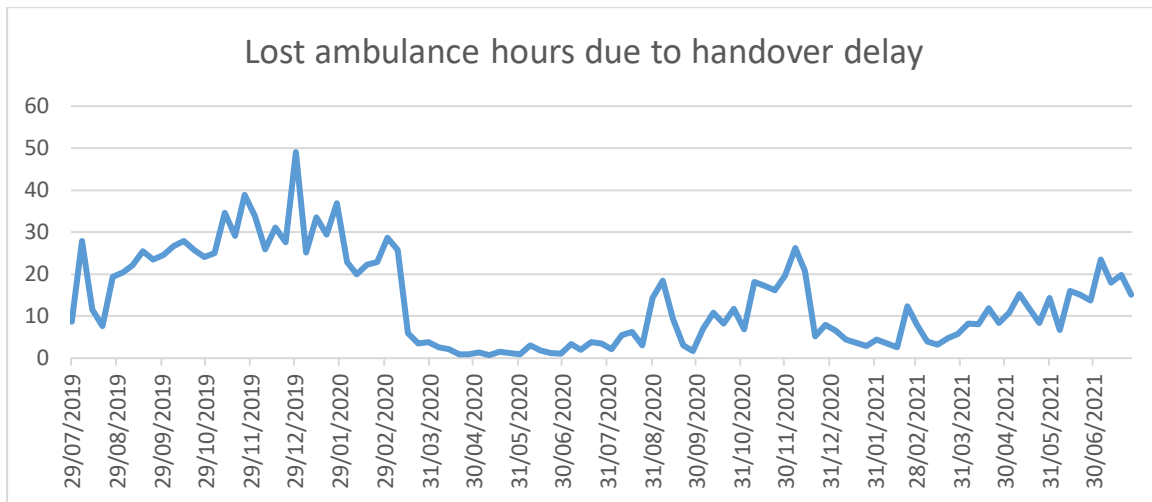


Ambulance handover performance:

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 there is evidence of recent deterioration in this measure. 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. Work is ongoing with WAST colleagues to explore co-horting opportunities on the Morrison site to increase offload capacity with the offer of WAST resource to manage these patients.



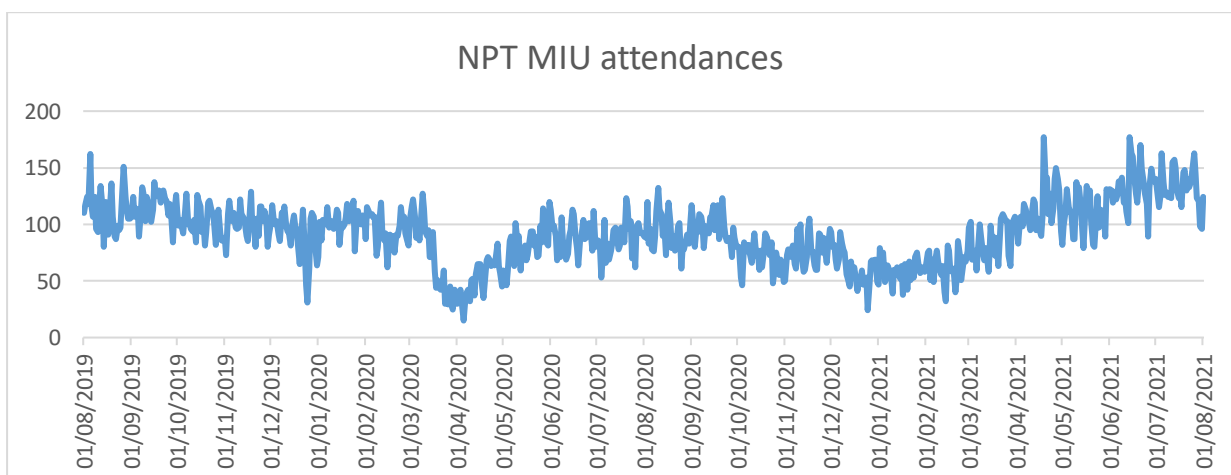
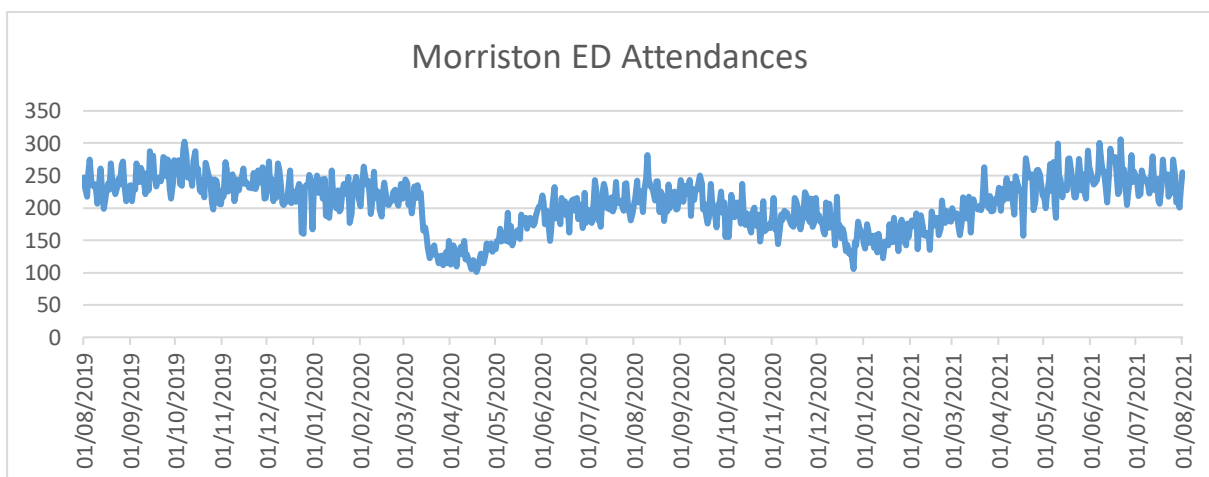
The number of hours lost to delayed ambulance handover greater than 15 minutes is set out below, this includes both Singleton and Morrison Hospitals.



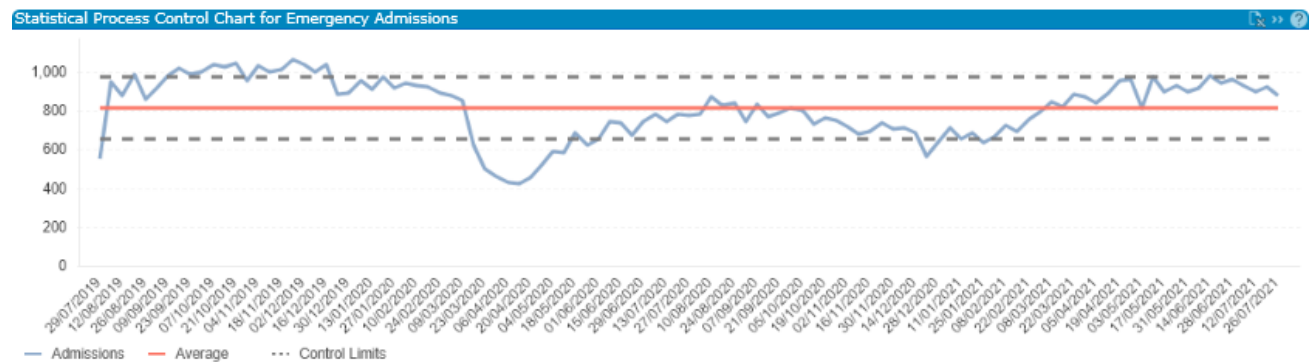
2.2 System measures

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 have returned to pre-Covid levels.

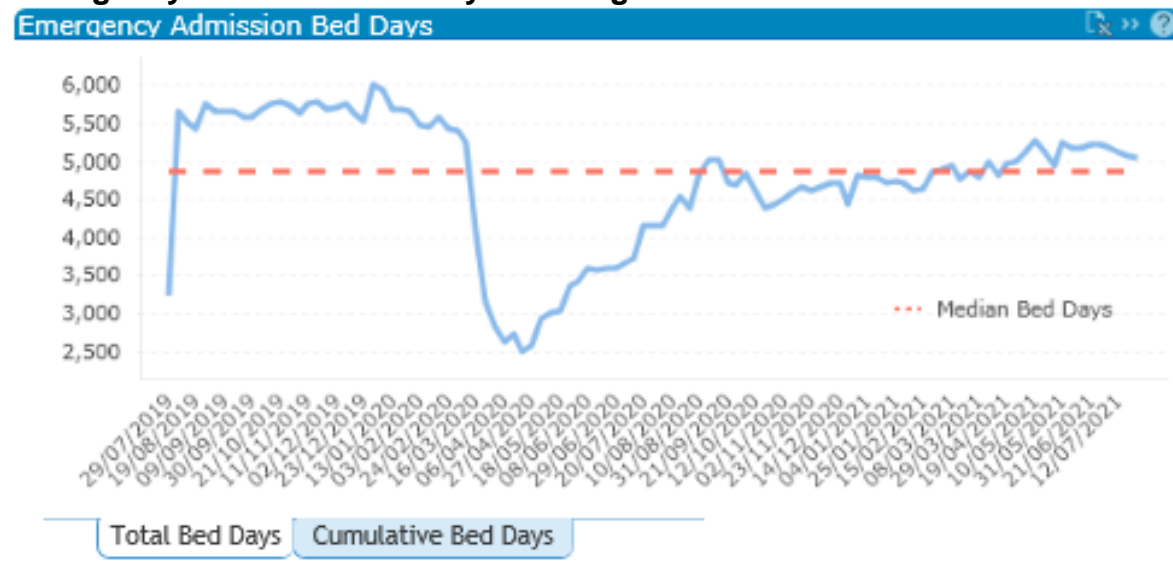
Health Board Emergency attendances:



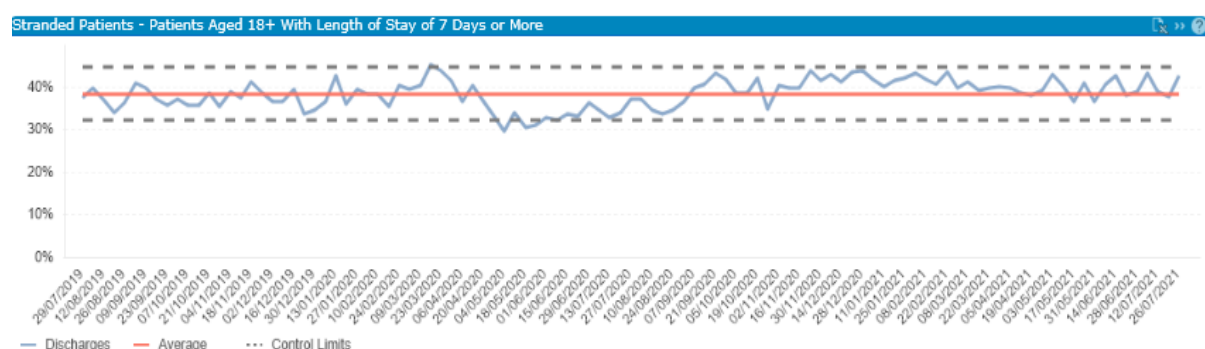
Health Board Emergency Admissions:



Emergency admission bed days for Singleton and Morriston sites



Adult LOS > 7 days – Morriston and Singleton Hospitals

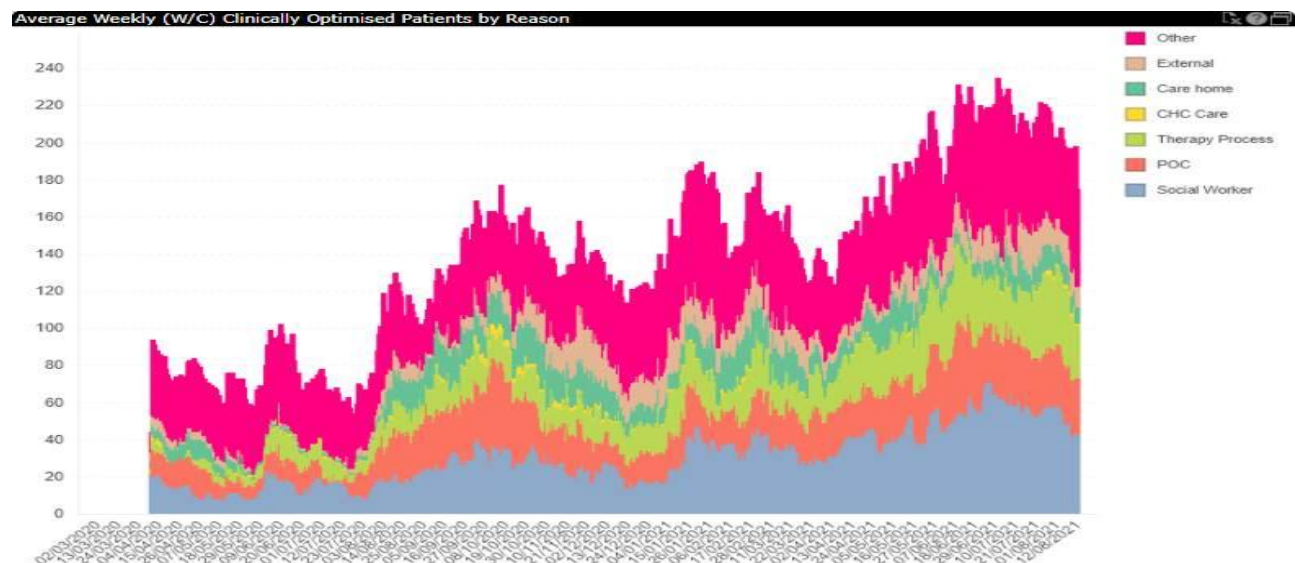


Clinically optimised position:

The growing clinically optimised patient position is perhaps the most concerning system constraint impacting flow. The fragility in Community Services, the Domiciliary Care market and the Care Home serves to limit the outflow from hospitals. The CEO with the LA Directors has agreed an extraordinary response to this challenge including:

- Increasing Residential Home capacity
- Appointment of Health Care Assistants to increase Domiciliary Care capacity

- Daily senior scrutiny panel for all applications for community care
- A robust trusted assessor model to in-reach to the hospital sites to promote flow and to identify appropriate patients for the additional Residential Home beds



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:

- Silver Command approach in Morriston supported by the COO to monitor a set of agreed actions aimed at improved patient flow.
- Local recruitment plans to attract new staff into vacant posts with a central recruitment process running in parallel
- Older Persons Assessment Service extended into the Respiratory Assessment Unit to focus on frailty length of stay and early discharge.
- Daily monitoring of ED referrals into the urgent primary care centre now located on the Morriston site.

Plans are in development for:

- The relocation of the Acute GP Unit from Singleton to the Morriston site as part of the integrated emergency care hub aimed at providing increased ambulatory care activity and reduced ED attendance and admissions.

4.0 UNSCHEDULED 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:

- Relocation of the Singleton Acute GP Unit in early October 21. GP out of hours' service and Urgent Primary Care service already located on the Morriston site.

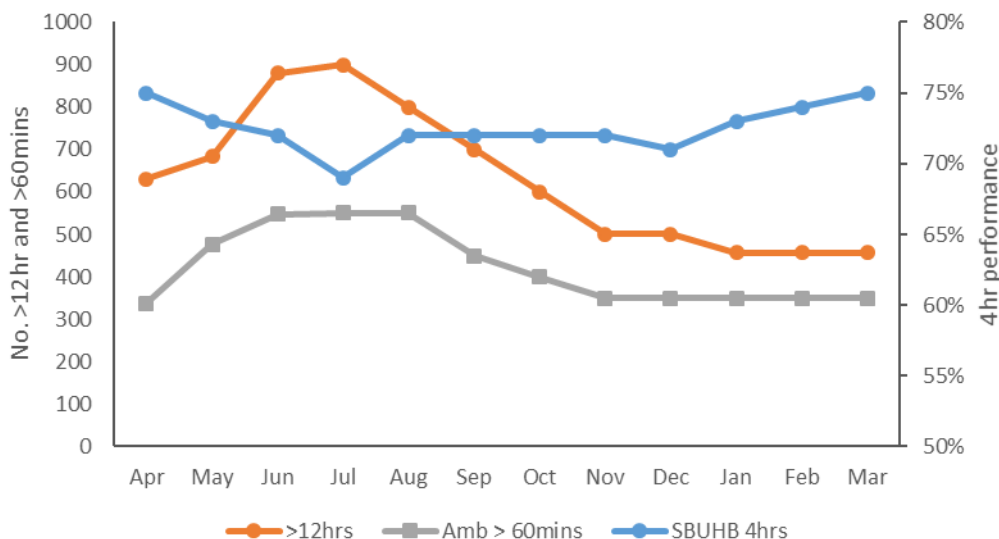
- Implement a Same Day Emergency Care service model at Morriston – bid submitted to WG.
- Acute physician led AMAU at Morriston integrated with community teams
- Centralised acute medical admissions at Morriston, with single services at specialty level for older people, gastroenterology respiratory and cardiology over 7 days
- Extended therapies and clinical support services over 7 days
- Standardised 'hot' clinic slots linked to Consultant Connect five days per week
- Four Primary Care Cluster based Virtual Wards in the community as part of an integrated frailty service covering 140,000 people in the first instance
- Increased 'Hospital 2 Home' capacity
- Progress towards creation of a Hyper Acute Stroke Unit through streamlined and enhanced rehab services.

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.

5.0 TRAJECTORIES FOR TIER 1 STANDARDS

In the light of the above unanticipated pressures we submitted revised trajectories for Tier 1 standards to WG in July 2021, including better understanding of the impact of the 3rd wave of covid 19. SBUHB overall performance on the 4 hr standard, including the MIU at Neath Port Talbot Hospital, will be a minimum of 10% higher than the Morriston trajectory.

TIER 1 PERFORMANCE TRAJECTORIES 2021-22:



6.0 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.

7.0 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.

In addition to the internal scrutiny of bids to develop the schemes set out in the Annual Plan there are WG funding opportunities in relation to Same Day Emergency Care and further development of the 111 First service and urgent primary care services. The Health Board have submitted bids to WG to secure funding for up to 2 years to develop and enhance the services set out above.

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.

8.0 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	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input 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 type="checkbox"/>
	Excellent Staff	<input 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 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 type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
<p>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, experience and promoting care in the most appropriate part of the system.</p>		
Financial Implications		
<p>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.</p> <p>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.</p> <p>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.</p>		
Legal Implications (including equality and diversity assessment)		
<p>New service model will be required to complete equality and diversity assessments as part of the project initiation process.</p>		
Staffing Implications		
<p>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.</p>		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Report History	No report history	
Appendix		