Meeting Date	**28 September 2021**	**Agenda Item**	**2.3**
Report Title	**Urgent and Emergency Care Update**		
Report Author	Alison Gallagher, Interim Associate Service Director Emergency Care and Hospital Operations, Morriston.		
Report Sponsor	Janet Williams, Interim Director of Operations		
Presented by	Janet Williams, Interim Director of Operations		
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.		
Key Issues	• 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. • There is an increase in demand in COVID positive patients requiring in patient admission, respiratory support and to a lesser extent critical care support. • The increasing prevalence of COVID-19 correlates with an increase in staff abstraction rates which in some areas has led to reduced or suspended service provision particularly in primary and community 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.		
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.

1.1 Context

Emergency demand reduced significantly during the first Covid wave and remained below historic levels following the second wave. There is evidence of a return to pre COVID activity volumes with evidence of the third wave of COVID placing considerable additional pressure across primary, secondary community care and Local Authority services.

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
- High rates of emergency admissions
- Significant opportunities to better integrate community and acute services
- A high number of clinically optimised patients occupying hospital beds
- Exit block from ED and a mismatch of clinical resources in ED with demand.

The emerging third wave of the pandemic increases the system pressure due to a number of additional factors including:

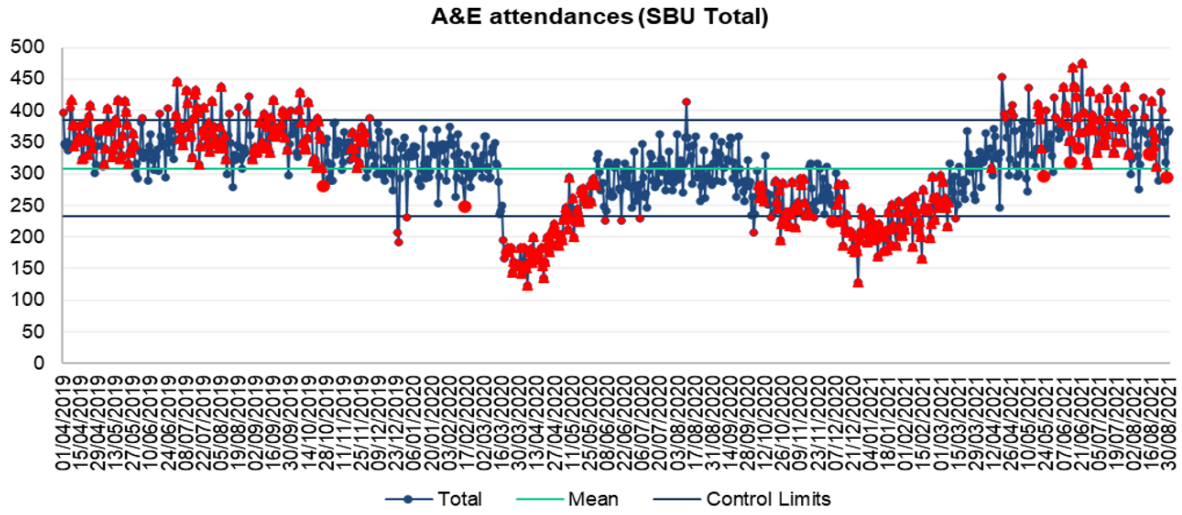
- Higher rates of staff abstraction across all services due to self-isolation/infection, reducing core staffing numbers and limiting the ability to open additional capacity to support unscheduled care flow and support discharge.
- Decreased Care Home capacity due to COVID outbreaks, 27 currently closed to admissions in the SBUHB footprint.
- Increased unscheduled care demand for patients presenting with COVID and the requirement to designate bed pools to mitigate nosocomial transmission.
- Increased demand for respiratory support due to increasing COVID presentations.
- Significant capacity constraints within the local authority domiciliary care sector.

2. PERFORMANCE

2.1 Tier 1 Urgent and Emergency Care Performance

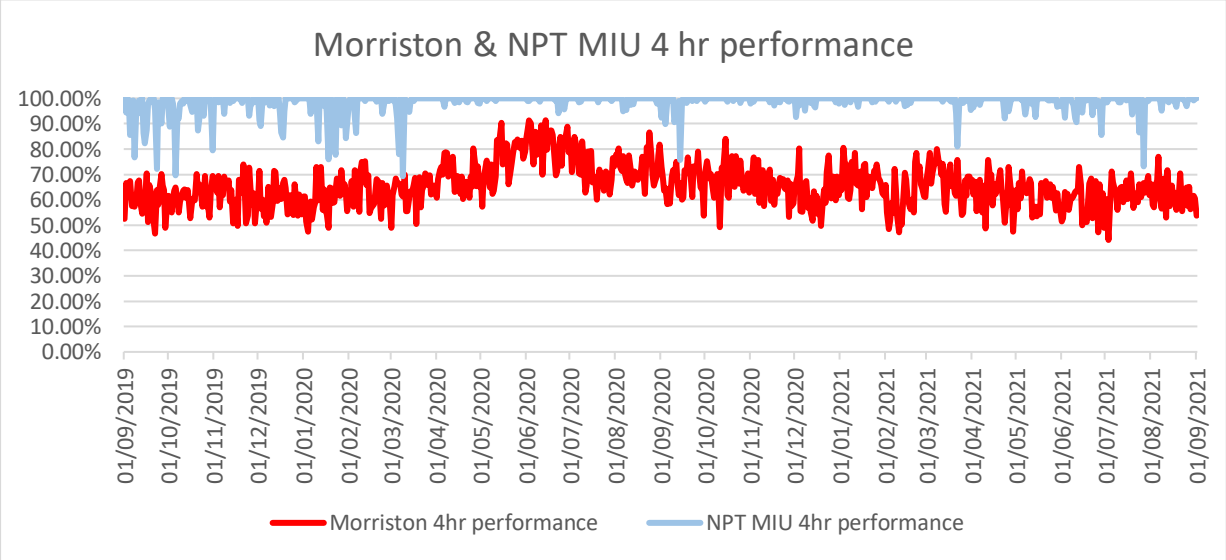
Unscheduled Care

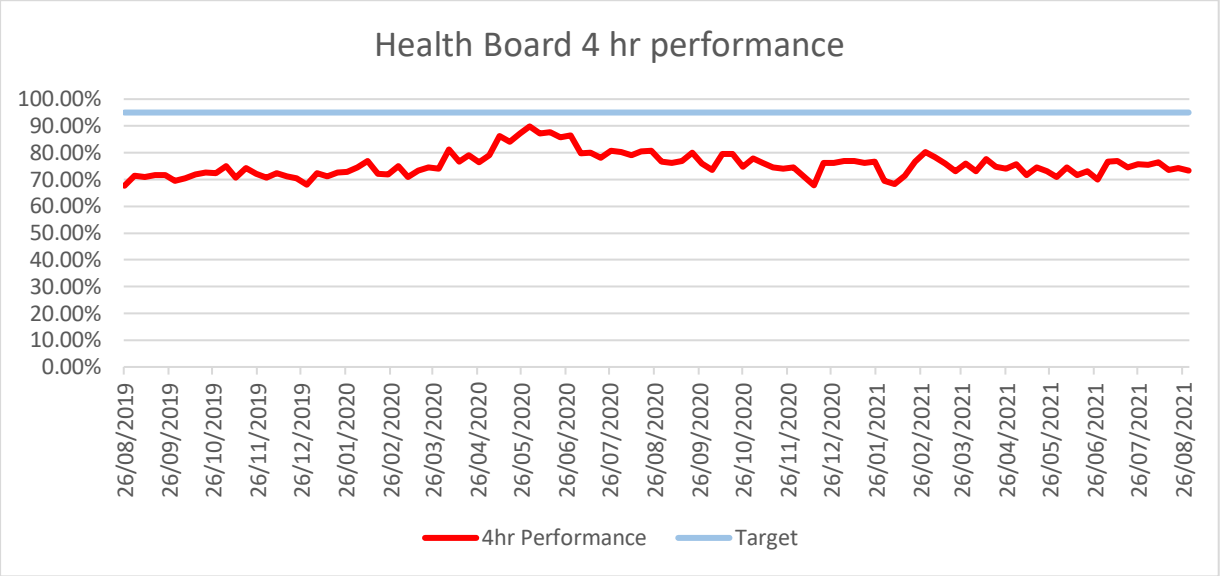
Emergency Department (ED) attendances in August 2021 have seen a slight decrease compared to July 2021 but are higher than figures seen in August 2019; data from August 2020 cannot be used as a comparator due to the impact of the first wave of COVID. A Weekly overview has been provided below comparing performance in 2019/20 to 2021/22.



4 hr performance:

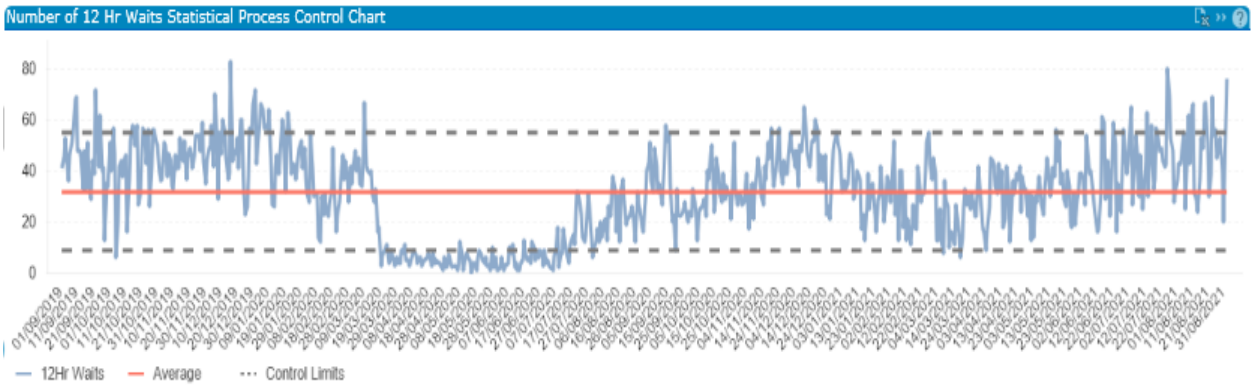
ED 4-hour performance has increased by 0.1% in August 2021 from 74.7% in July 2021 and is showing slightly higher levels of performance when compared to August 2019 (74.26%). Handover delays and 12-hour waits have also increased in August 2021 over July 2021.





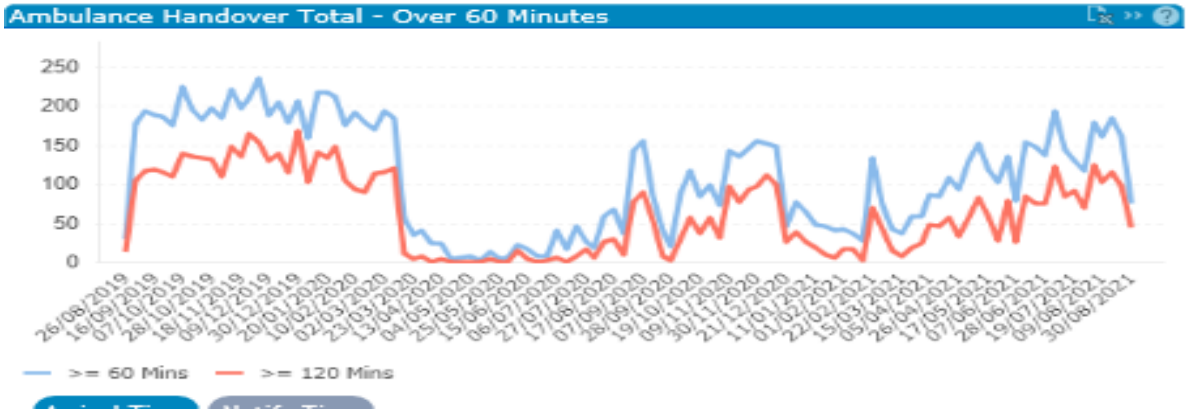
12 hour performance:

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.

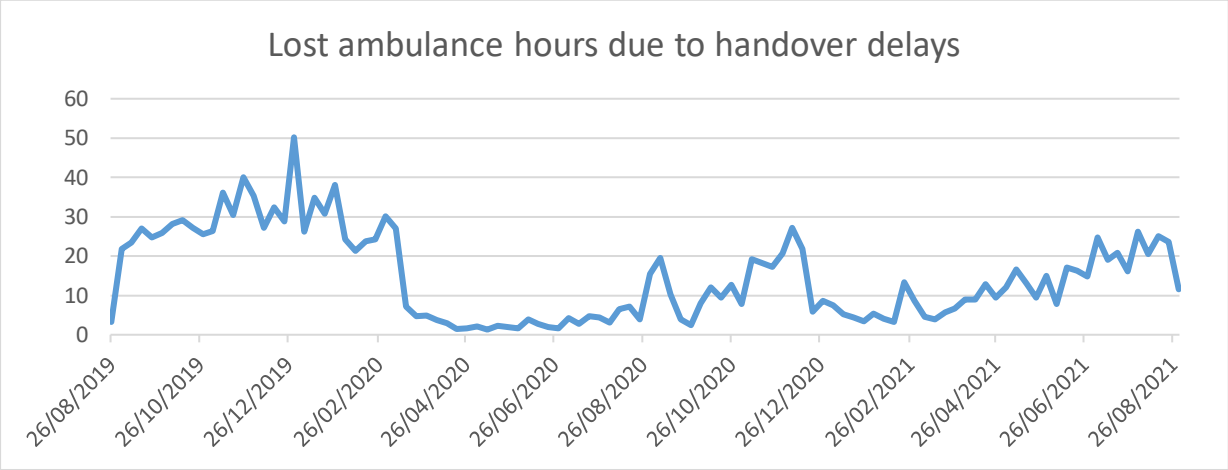


Ambulance handover performance:

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 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 Morriston 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 Morriston Hospitals.



3. CLINICALLY OPTIMISED PATIENTS

The number of patients in Health Board beds defined as “Clinically Optimised” is of particular concern, 284 as at 15th September 2021 (see table below). A weekly review of all patients defined as COP is undertaken by Service Groups. Since the last meeting of the Performance & Finance Committee a review has been undertaken of current processes and it has been agreed that these need to be strengthened if the position is to be improved.

The following actions have been agreed:

- Health Board Task & Finish Group with Project Manager support
- Designated Senior Leadership of COP within each service Group
- Drill down on information on reasons why patients are waiting particularly those waiting within health, social work and therapy processes.
- Identification of “green to go” patients where focused action will be undertaken to achieve discharge

Reason in Bed	Count
Choice	3
Court of protection delay	1

External Assessments	6
External Issues	4
Health Process	34
LHB Funding	1
Mental Capacity assessment	2
Nursing Home	14
Nursing Home – EMI	2
Out of Area Service	1
POC (NPT)	18
POC (Swansea)	35
Residential home	4
SW Process	84
LA Funding	1
Therapy Process	41
Transfer to other site	19
Upcoming Discharge	2
Total	284

4. 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 to daily operations in Morriston Hospital and within ED to manage system risk and flow.
- Additional senior operational staff has been secured.
- Revised operating timetable and a reset of the daily safety huddles and escalation roles on the Morriston site.
- Local recruitment plans to attract new staff into vacant posts with a central recruitment process running in parallel.
- Revised daily breach analysis process and sharing of information with all specialty Managers/Leaders
- Submission of plans to WG to support same day emergency care services and promote admission avoidance
- Dedicated service improvement support to improve compliance with the SAFER flow bundle and to promote early in day flow

- The high level UEC plan for Morriston has been reviewed and reset and is attached within Appendix 1.

5. UNSCHEDULED CARE SERVICE DEVELOPMENTS

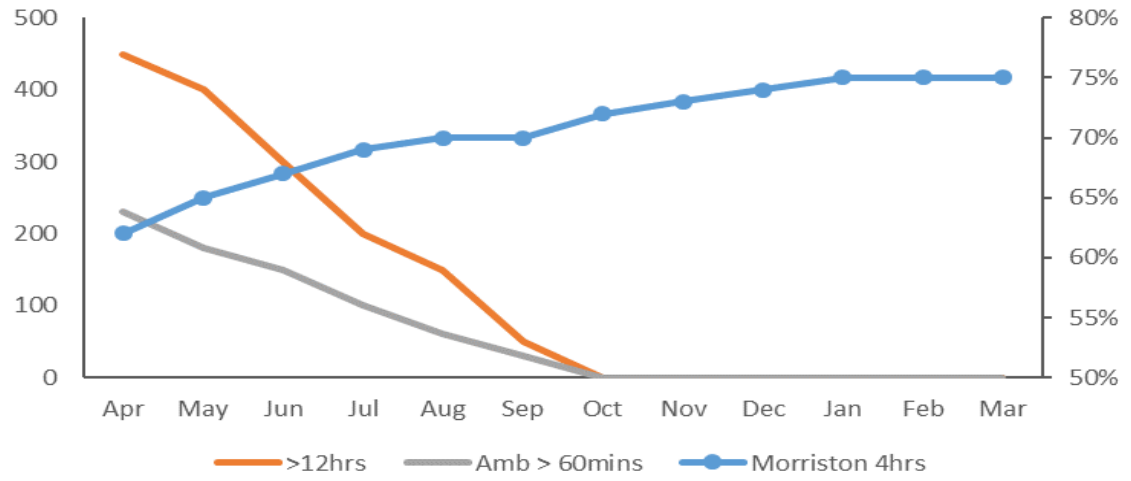
In an ambitious programme of service redesign, a range of service developments are planned to improve the patient experience of unscheduled care in Swansea Bay, with outline plans to start delivering benefits from Q1 onwards:

- 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 Home First capacity
- Progress towards creation of a Hyper Acute Stroke Unit through streamlined and enhanced rehab services.

6. TRAJECTORIES FOR TIER 1 STANDARDS

A trajectory for tier 1 measures and standards is set out below, based on successful delivery of unscheduled care grip, control and service developments. The trajectory is based on current performance and 2019 seasonal trends, and applies in a 'Covid light' scenario. 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:



7. 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.

8. 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 Heath 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.

9. 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 the system.

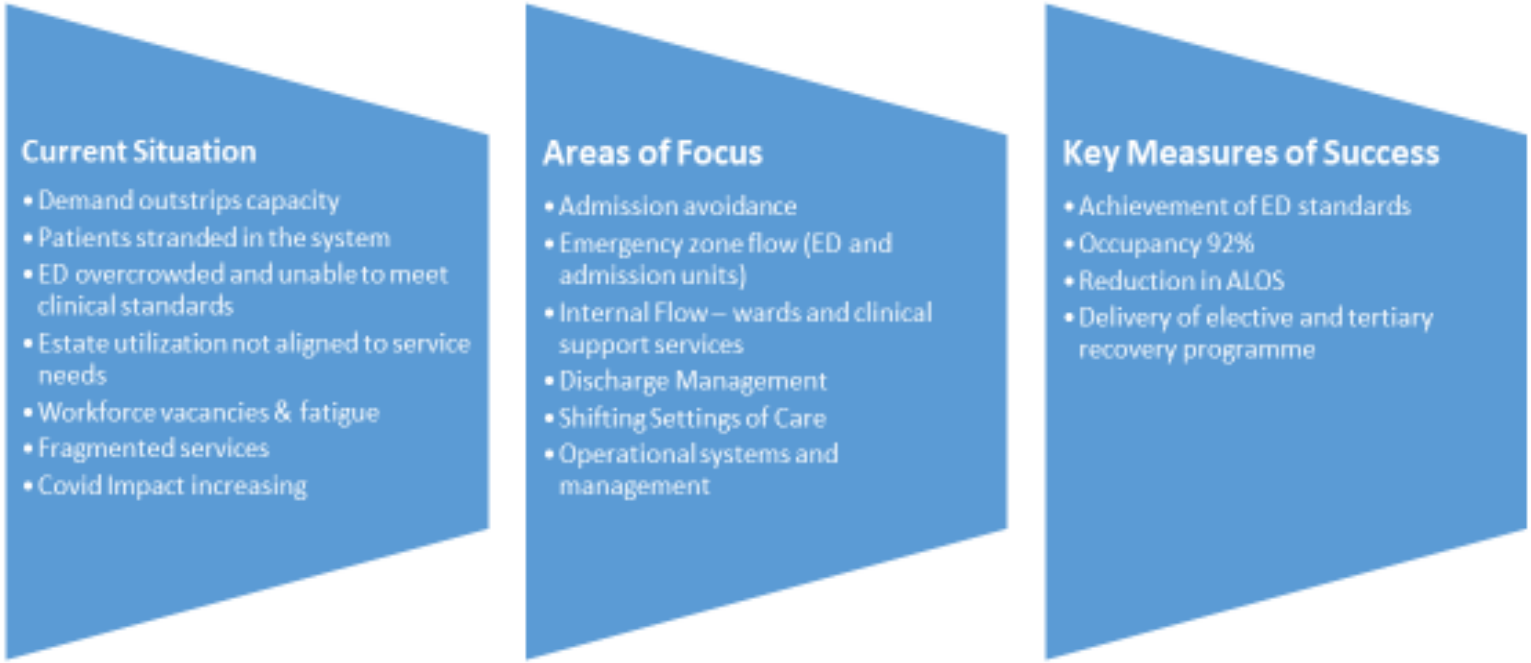
The Morriston – Urgent and Emergency Care Improvement Plan

Draft 1 – 14th September 2021

Kate Hannam: Interim Morriston Group Service Director

Overview of Morriston U&E Care Programme

Aim : Improve flow in/through/out of the hospital to ensure patients receive care in the right place, right time, right clinician with a principle of 'no delays' in 'covid' environment



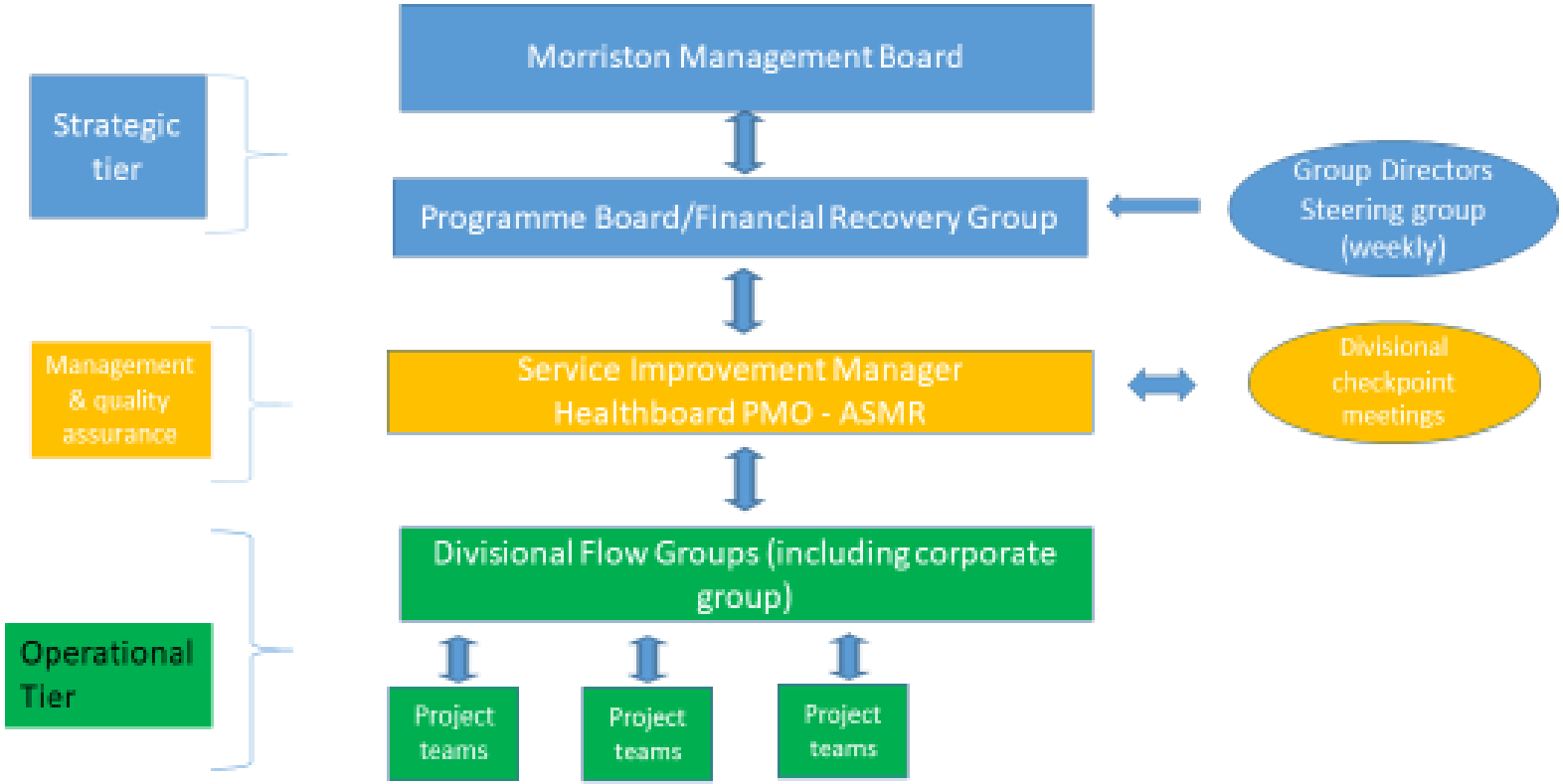
4 hrs Rapid Improvement Plan

Areas of improvement	Focus	Improvement expected (supporting 4hr delivery)
Triage/treatment time delays	• Workforce – address gaps and increase during periods of surge • Timely specialist review	• DTA within 2.5hrs • Reduction in minors breaches • Improvement in assessment performance • Reduced ambulance handover delays
	• GP streaming and direct admissions	• Use of GP slots – in/out of hours
Awaiting beds	• Improved leadership and co-ordination across EZ and site • Timely and focused escalation plans • Increase use of discharge lounge • Increase discharges at the weekend • Reduced occupancy – no delays • Reduced stranded patients – no internal delays within standards • Effective escalation and management of 'green to go patients'	• Increase transfer within 1hr DTA • Reduction in time spent in ED escalation • Increased use of discharge lounge • Reduction in 'green to go patients' • Reduced occupancy levels

Internal Improvement – Areas of Focus

Area of focus	Actions
Clarity of governance structure supporting programme required	Governance structure proposed for consideration – Divisions requested to submit Divisional plan for incorporation into hospital wide flow improvement plan. Establishment of robust programme of work including KPIs and reporting mechanism with impact assessment and timeline for delivery
Leadership –triumvirate role modelling	Group Service directors and divisional service directors - peer review challenge at board rounds and 'safety and quality' ward visits reinforcing 'no delay' culture and engagement with ward and patients
Demand and capacity	Demand and capacity modelling – clarify specialty requirement and align to workforce plan
Internal – wards and CSS - SAFER/Red2Green	Key enabler to stranded and 'no delay' – establish programme to support cultural change and roll out through exemplar wards – consider additional support
Downstream wards disconnected from ED	Review of SOP and IPS (internal professional standards) for specialist opinion - review of performance through re-introduction of breach analysis and referral: referral
Stranded patients	Divisions to identify top schemes which will support reducing stranded patients and daily review to be introduced through board round huddles with support from a control room to manage escalation delays
Site Management	Review site management arrangements to ensure 'battle rhythm' embedded and clarity of roles and responsibilities with regards to effective and proactive site management
Effective discharge	Review of discharge management arrangements – including stranded, COP review and escalation management.

Internal Programme Governance Structure/4 hour improvement programme



The Morriston 4 hour daily dashboard - proposed

Metrics	Targets
Total - ED Attendances	
TOTAL - ED 4 hour performance	
ED >12 hour breaches	
GP assessment unit	X slots
Total direct admissions	
Total admissions	Weekday Weekend
Stranded metric – 7-13 days	
Stranded metric – 14-20 days	
Stranded metric - >21 days	
COP	
Green to go	

Targets to be determined at high level with additional targets set as part of drivers to performance

Daily performance and weekly performance overview
Monthly performance review and progress against actions

Inform improvement programme with targets for improvement set as part of overall trajectory

Challenges

- Occupancy remains high across the system resulting in the inability to flex capacity to meet surges in demand
- Lack of transparency across the system regarding capacity and demand constraints
- Capacity to support sustainable change at operational and cultural level
- Workforce in key role to support additional capacity (internal and external)
- Pace of delivery required versus sustainable cultural change requirements

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, experience and promoting care in the most appropriate part of the system.		
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 models 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	