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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25 August 2020	Agenda Item	4.2
Report Title	Unscheduled Care Update		
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Report Sponsor	Craigie Wilson, Deputy Chief Operating Officer		
Presented by	Craigie Wilson, Deputy 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), however there is evidence of recent improvements against the Tier 1 unscheduled care measures. This report demonstrates the performance against the Tier 1 unscheduled care measures and references the Q3/4 integrated unscheduled care and winter plan.		
Key Issues	<ul style="list-style-type: none"> Improved performance and sustaining the improvement in the Tier 1 unscheduled care measures <p>Required investment in delivery of the WG Six goals for urgent and emergency care</p>		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>The Board are asked to:</p> <ul style="list-style-type: none"> NOTE the improvement in Unscheduled Care Performance and the Q3/4 actions to maintain current performance during the Autumn/Winter period. 		

Unscheduled Care Performance Update

1. INTRODUCTION

This report provides detail of the current unscheduled care performance against the key Tier 1 targets. The Health Board remains in targeted intervention with unscheduled care performance being one of the key areas for improvement.

2. BACKGROUND

The unscheduled care demand has been significantly impacted since the advent of COVID-19. Previous patterns of predictable unscheduled care demand were markedly reduced in Q1 however, the Health Board are starting to see demand levels for unscheduled care services that are more consistent with pre-COVID demand levels.

There is evidence of improved performance in all of the measures that correlates with the reduced demand profile. The Q3/4 unscheduled care spans across the health and social care footprint and is based on the WG Six Goals for Urgent and Emergency Care.

- Co-ordination, planning and support for high risk groups
- Signposting, information and assistance for all
- Preventing admissions of High Risk Groups
- Rapid Response in Crisis
- Great Hospital Care
- Home First when ready

This document sets out 17 key deliverables aimed at enhanced models of care in the community for vulnerable patient groups and admission avoidance, fast track pathways into specialist services, increased ambulatory care and a 'Phone first for ED' model all aimed at reducing ED demand and robust rapid discharge pathways reducing delays in the acute hospital sites. The Q3/4 unscheduled care plan remains a work in progress however it has based on this framework.

The forthcoming winter period is less predictable than previous years and the potential for a second wave of COVID-19 adds in a new dynamic for Health and Social care services. Robust modelling is in progress and the Health Board and partners are working to transform services that better manages our unscheduled care demand and flow.

3. PERFORMANCE

4 hr performance:

Unscheduled Care performance in Quarter 1 demonstrated improvement, particularly in the Morriston ED performance, where performance was 70- 82 %. Overall performance was supported by consistently high performance in the NPT MIU exceeding 99%. The Health Board has reported overall performance against this indicator that exceeds 80% for three consecutive months, including July 20 despite the increasing demand profile.

12 hr performance:

The 12 hour performance indicator has significantly improved with the decrease in ED demand and significant reduction in the admission numbers. In Q2, the Health Board reported low numbers of 12 hour breaches, with less than one hundred per month in May and June. The July position is reported at 223 pending further validation.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20 (Draft)
Morriston	642	740	939	889	926	1,017	1,038	783	557	130	97	81	223
NPTH	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	642	740	939	889	926	1,017	1,038	783	557	130	97	81	223

Category A response:

The category A response to red ambulance calls has consistently exceeded the 65% performance target for 7 months with the last three months reporting improved performance between 73-75%.

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20 (Draft)
HB Total	70.9%	70.7%	66.7%	66.4%	58.8%	61.8%	66.6%	68.6%	69.2%	69.5%	75.0%	75.5%	73.8%

4. GOVERNANCE AND RISK ISSUES

The unscheduled care pressures that the Health Board has historically experienced have reduced with the pandemic which is consistent with the national demand picture for emergency care. The level of escalation reported by the acute hospital sites has predominantly been between Level 1 and 2 as defined by the NHS Wales National Escalation and De-escalation framework, 2014. The current increase in demand is starting to impact on the acute sites however the escalation levels have remained stable.

This overall improvement in performance has been achieved at an unprecedented time of rapid service, workforce and estate redesign driven by the pandemic and the need to stream patients in accordance with their presentation to reduce infection risks across the unscheduled care pathway.

In addition, due to the impact of the pandemic and the ongoing shielding arrangements the hospitals have operated on a reduced bed profile and have continued to make progress in terms of timely delivery of unscheduled care services.

% patients seen within 4 hours

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20 (Draft)
Morriston	64.0%	63.7%	60.5%	60.9%	62.2%	60.2%	60.7%	63.5%	63.1%	69.8%	75.6%	82.3%	71.8%
NPTH	95.7%	96.4%	94.6%	95.3%	99.0%	97.4%	95.1%	98.7%	96.3%	99.5%	99.9%	99.4%	99.8%
Total	74.5%	74.3%	71.4%	71.0%	73.2%	70.9%	71.6%	74.1%	72.8%	78.4%	83.5%	87.7%	80.1%

Continued work with partners through the Regional Partnership Board structure and the introduction of revised government policy in respect of discharge has driven a change in the discharge pathway for patients. The emphasis being on a 'home first' approach and 'discharge to recover and assess', this has resulted in reduced numbers of medically fit patients in the acute hospital beds.

Elective operating has commenced as part of the recovery of essential services and ring fenced arrangement for this patient group are in place in Singleton and Morriston Hospitals. This service is essentially delivered from a non-emergency bed pool within both sites and therefore has a degree of stability and protection from unscheduled care flows.

5. FINANCIAL IMPLICATIONS

The Q3/4 unscheduled care plan emphasis on system transformation will require financial support as new services and systems of unscheduled care delivery are planned. The key schemes that will require new resource include:

- Ambulatory Emergency Care
- Introduction of the 'Phone first for ED' model
- Right sizing community capacity to support delivery of the new 'discharge to recover and assess' model.

6. RECOMMENDATION

The Committee are asked to note the improvement in Unscheduled Care Performance and the intention to focus on the WG Six Goals for Urgent and Emergency Care to underpin system operating during the winter period.

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		
<p>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.</p>		
Financial Implications		
<p>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.</p>		
Legal Implications (including equality and diversity assessment)		
<p>There are no known legal or equality and diversity impacts. Patients are treated based on clinical need.</p> <p>.</p>		
Staffing Implications		
<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>		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p> <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.</p>		

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	Unscheduled Care Update March 20
Appendices	None