Meeting Date	**27 April 2021**	**Agenda Item**	**3.1**
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.		
Key Issues	• Performance against the Unscheduled Care Tier 1 targets remains below the expected level of performance. • Unscheduled Care activity volumes are moving towards the pre-COVID attendance profiles in both Morriston ED and NPTH MIU. • Wider system indicators demonstrate an increase in admission numbers, emergency bed day utilisation and patients with a length of stay greater than 7 days. • There is evidence of operational focus on delivery of unscheduled care services with weekly reporting to the Chief Operating Officer. • 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 ***(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 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 through 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

Urgent and emergency care performance across the UK has been dramatically affected by the Covid 19 pandemic. Emergency demand reduced significantly after the first Covid wave and remains below historic levels after the second wave, though continues to rise to pre-Covid levels. 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. Despite reduced demand urgent care performance remains poor due to underlying problems at a system level including:

- Long length of stay in acute hospital and a significant opportunity to treat more patients as ambulatory
- High rates of emergency admission
- Reduced service provision and discharge delays over weekends
- Significant opportunities to better integrate community and acute services
- Discharge delays linked to inadequate home care and rehabilitation provision
- Chronic exit block from ED and a mismatch of clinical resources in ED with demand.

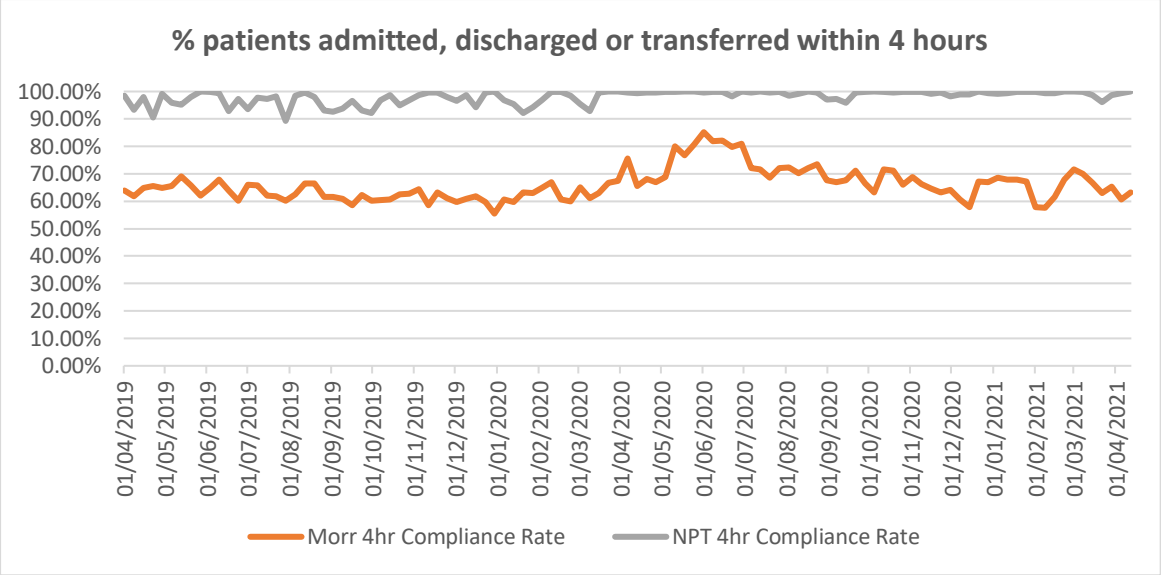
The requirement to stream emergency patients differently under Covid is unlikely to end in the near future, and reinforces the need to address these underlying problems urgently.

2. PERFORMANCE

2.1 Tier 1 Urgent and Emergency Care Performance

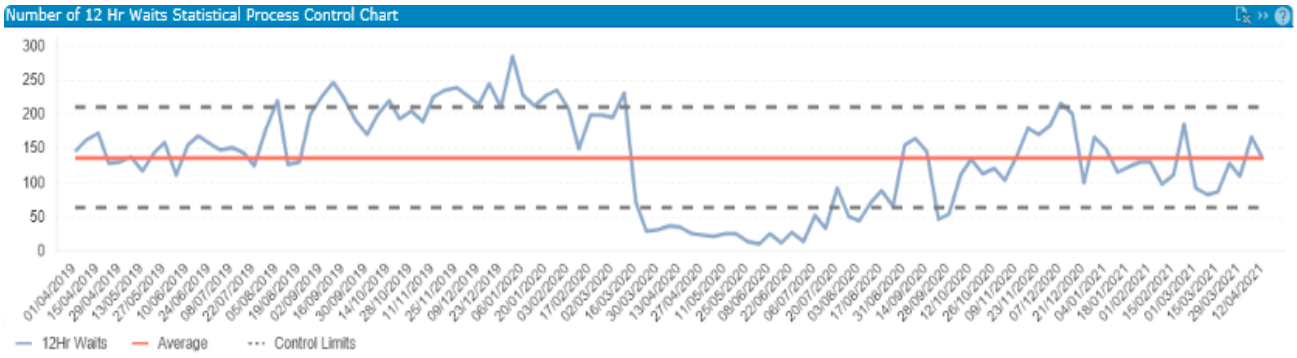
4 hr performance

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 gradual decline in performance over the last 9 months reflects a gradual increase in demand from an all time low in July 2020, against the backdrop described above.



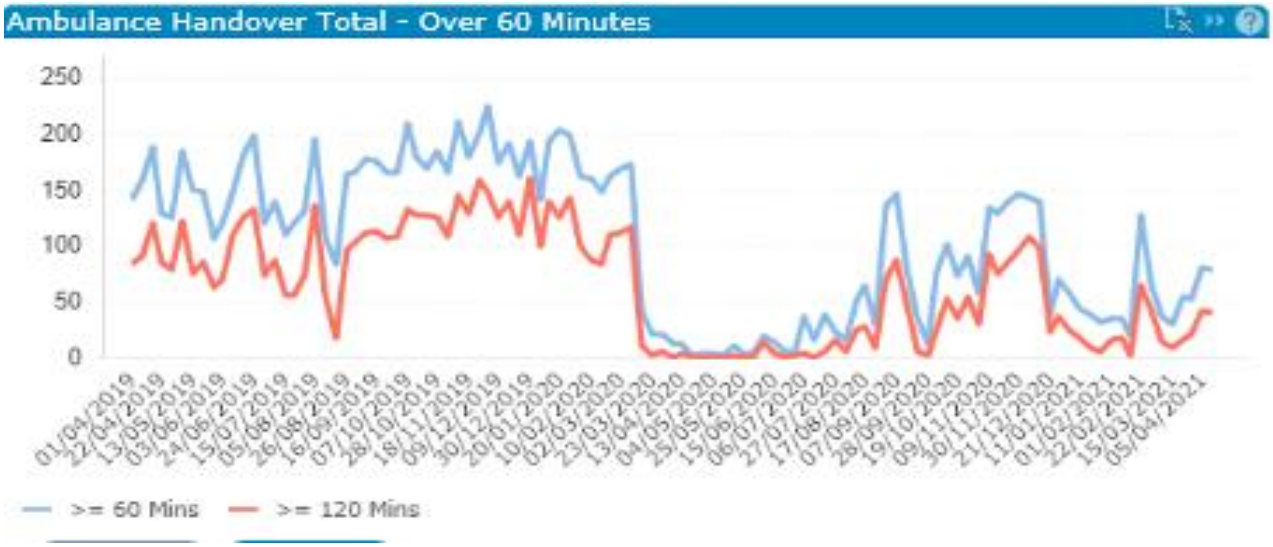
12 hour performance

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.

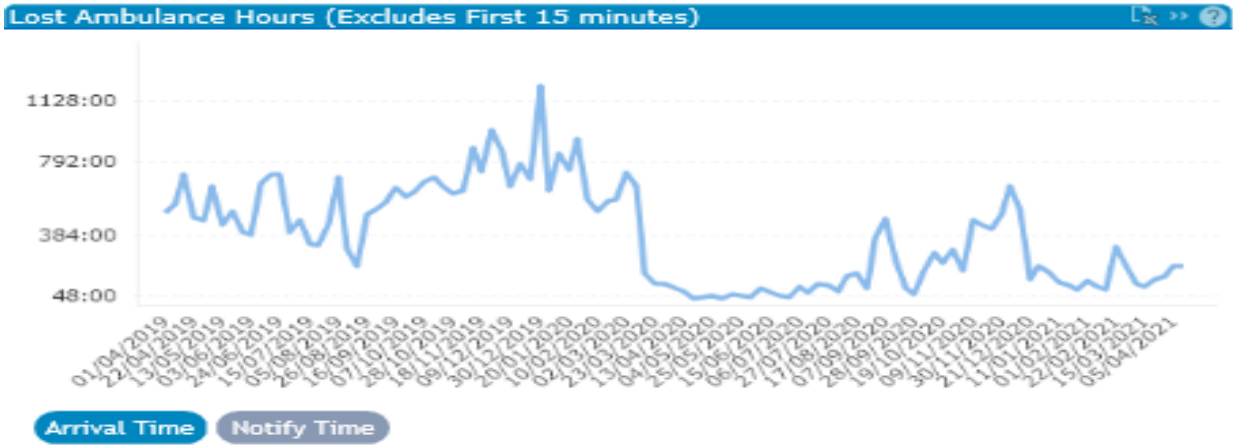


Ambulance handover performance

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. A combination of reduced ambulance demand, appointment of an Ambulance Patient Flow Coordinator and implementing an Older Persons Assessment Service to ED at Morriston has resulted in fewer delayed handovers.



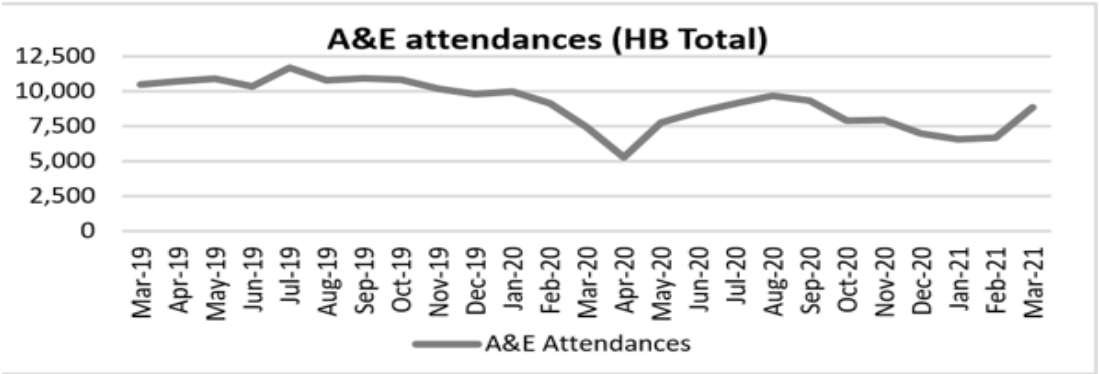
The number of hours lost to delayed ambulance handover greater than 15 minutes is set out below, this includes both Singleton and Morriston Hospitals.



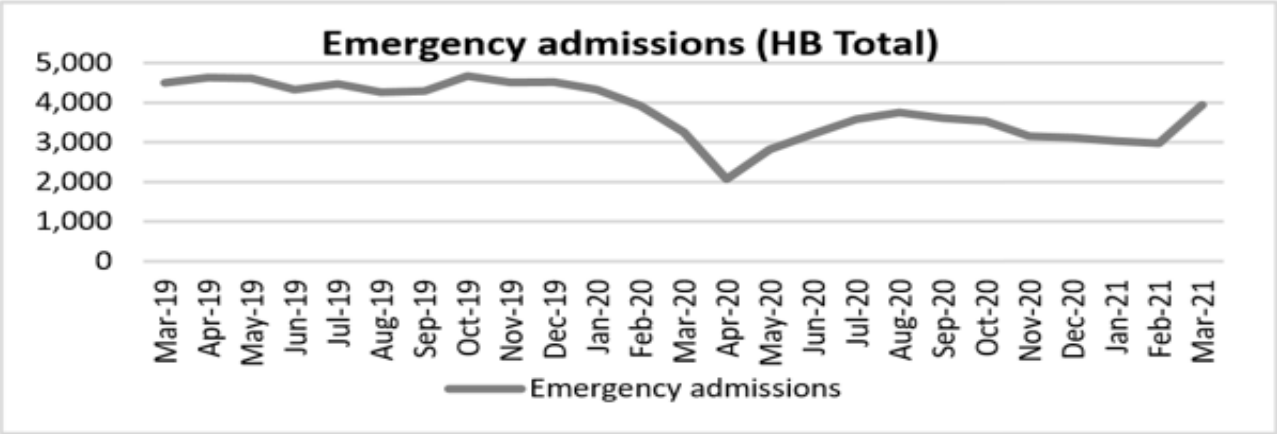
2.2 System measures

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 are returning to pre-covid levels.

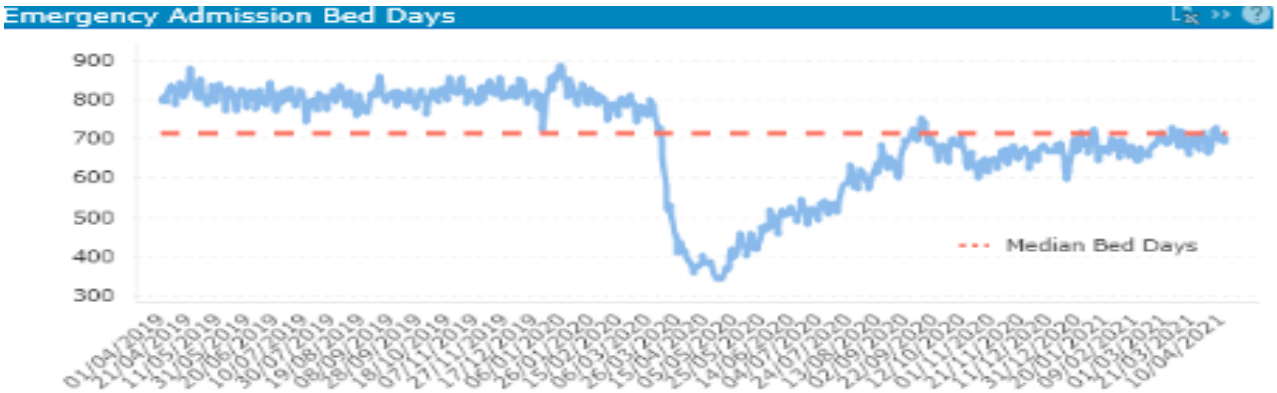
Health Board Emergency attendances



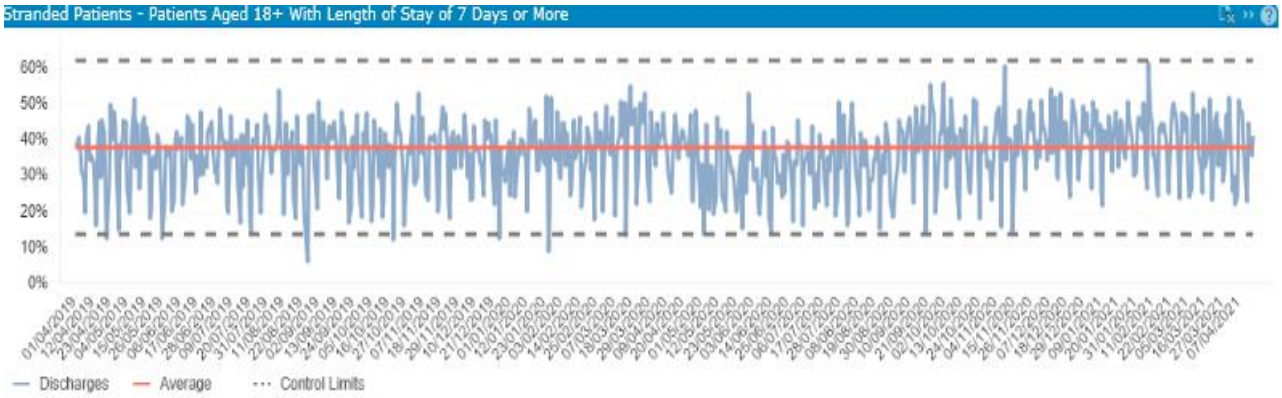
Health Board Emergency Admissions



Emergency admission bed days for Singleton and Morriston sites



Adult LOS > 7 days – Singleton and Morriston Hospitals



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:

- Introduction of a Manager of the Day role to support the Patient Flow team in expediting pathway constraints
- More robust clinical validation of all patient breaches with local themes being used to inform improvement efforts
- Local recruitment plans to attract new staff into vacant posts
- Daily rota report and review of staffing compliment for forthcoming 24 hours
- Older Persons Assessment Service relocated into POD resulting in additional ED assessment capacity created within the Emergency Department
- HealthCare Systems Engineering (HCSE) to support measurement and process improvement in triage.

Plans are in development for:

- A focussed drive to reduce length of stay at specialty level
- Reinvigoration of the SAFER bundle, with a new policy and SOP to drive progress on board rounds, criteria led discharge and treatment planning and a reduction in length of stay and the number of clinically optimised patients awaiting discharge
- A review of workflow in ED to streamline pathways focussing on non-admitted patients and matching clinical resources to tackle peaks in demand, and to ensure we maximise the use of GPs in our urgent care centres.

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, GP out of hours service and Urgent care service to Morriston with extended service over 7 days
- Implement a Same Day Emergency Care service model at Morriston
- 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.

A draft high level plan at 18th April summarising these developments is attached in Appendix.

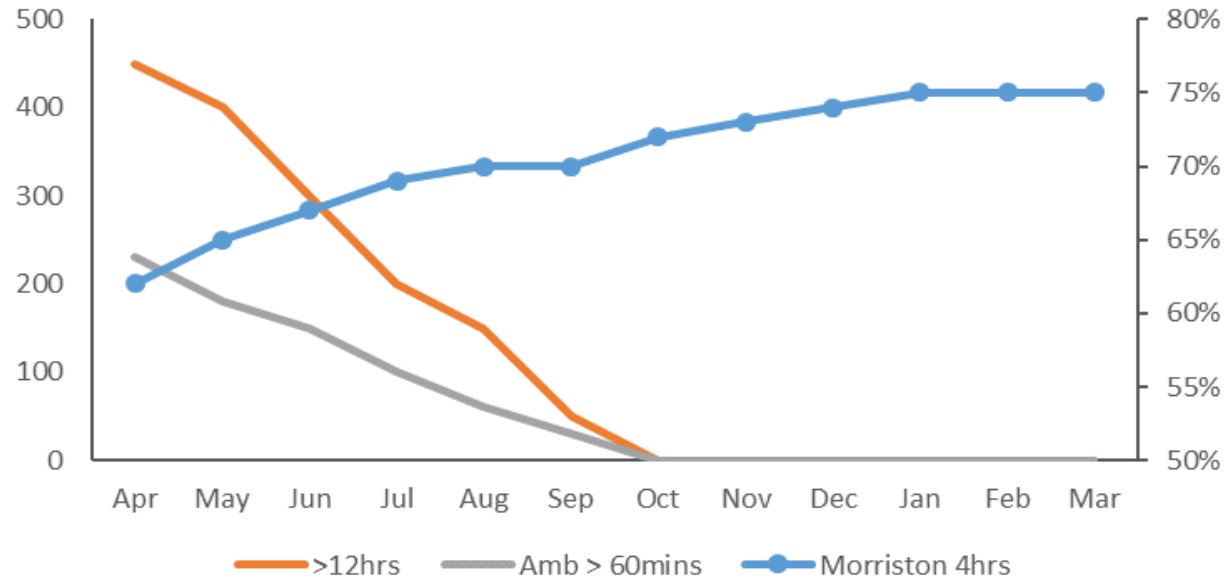
A corollary of the above actions and service developments is that Morriston ED will be significantly less crowded, with more “straight-to-specialty” pathways, attendance diversion to more appropriate services, and reduced exit block from the department due to no bed available. A review of workflow in the department will streamline

pathways within the Emergency Department to focus on non-admitted pathways and matching clinical resources to tackle peaks in demand.

5.0 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:



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.

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.

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	☒
	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 and experience.
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 model 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	**Appendix 1 – USC Plan**