



Winter Planning: Managing Urgent and Emergency Care Risks, Quality and Experience

Situation

- Previously funding for winter has been short term, resulting in –difficulty in delivering impactful actions due to the inability to recruit on a temporary or short term basis, and delays in funding being provided etc.
- March 2021 Welsh Government (WG) announced £25M recurrent revenue fund, Urgent Emergency Care (UEC) Transformation Fund, to enable accelerated delivery of a small number of key deliverables across the whole system related to the 6 UEC policy goals;
 - Urgent Primary Care (UPC) awarded £1.14M funding
 - Same Day Emergency Care (SDEC) awaiting confirmation of funding from WG
 - 111 First awaiting confirmation of funding from WG
- March 2021 extension of the Transformation Fund in light of the impact of COVID-19 and specifically announced £6M to assist with the scaling of hospital to home models;
 - West Wales Care Partnership was awarded £774,000 as part of this fund for the financial year ending 31st March 2022
- WG have not provided any additional specific guidance on winter planning and additional funding for winter 2021/22.

6 UEC Policy Goals



SIX POLICY GOALS FOR URGENT AND EMERGENCY CARE

Right Care, Right Place, First Time.....at Home, Not Hospital

Risks and Mitigation

UEC Policy Goals

Risk;
The public are not accessing the right level of care at the right place which is increasing demand at critical points within the UEC system for example Emergency Departments, Ambulance Services etc

Mitigation;
Working with Communications & Engagement colleagues to highlight system pressures with the public and confirm how they can access the right level of care at the right time

Care at or Closer to Home UEC Policy Goals 1, 2 & 3

Rapid Response in a Crisis UEC Policy Goal 4

Time Spent in Hospital UEC Policy Goals 5 & 6

Risk	Mitigation
Reduction in Primary Care capacity due to staff shortages, difficulties in securing locum cover, gaps in routine service cover resulting in increased demand in secondary care as the 'provider of last resort'	<ol style="list-style-type: none"> 1. Bid submitted to reset programme to provide urgent dental access 2. Funding secured to provide additional resources to practices / clusters as part of the Urgent Primary Care Programme
Inability to fully utilise community bedded capacity impacting on patient flow from the acute sites and direct admissions from primary care.	<ol style="list-style-type: none"> 1. Review role of community hospital admissions in extremis 2. Increase bedded capacity at Amman Valley Hospital by 8 beds (Carms) 3. Opening of step down capacity at Llys Y Bryn (Carms) 4. Block purchase independent sector care home void beds (regional)

Risk	Mitigation
Significant number of ambulance delays outside of emergency departments impacting on the ability to respond to calls in the community	Review all opportunities to enhance community bed capacity and the actions required to operationalise these
Limited and inconsistent number of alternative pathways for Welsh Ambulance Services NHS Trust (WAST) colleagues to avoid unnecessary conveyance to hospital and admission which is adding to the front door demand and pressures	<ol style="list-style-type: none"> 1. Working group established to review and update all current primary, secondary, community & crisis pathways currently available to WAST colleagues. 2. Clear consistent pathways to be developed to ensure efficient sharing of information

Risk	Mitigation
Critical shortage in workforce capability and capacity. Large number of nursing workforce deficits (approx. 25%) and an inability to fill shift deficits with bank and agency staff (approx. 30%) impacting on patient flow, patient safety and staff morale	<ol style="list-style-type: none"> 1. Enhanced rates of pay for difficult to fill areas extended until 2nd October 2021 2. Recruitment of Administrative & Clerical staff to support nurses on the wards and release nursing capacity 3. Explore the use of staff assigned to Vaccination Centres (cognisant of commencement of booster rollout) 4. Agree broader workforce strategy to support recruitment & retention of staff
Increasing non-COVID sickness rates (combined sickness rate 8.1%) impacting on ability to provide safe staffing numbers for shifts, remaining staff are tired and demoralised and reluctant to take on additional shifts	

Risks and Mitigation

UEC Policy Goals

Care at or Closer to Home UEC Policy Goals 1, 2 & 3

Shortfalls in domiciliary care capacity impacting on the ability to discharge home from acute hospital sites impacting on long waits for ambulances, patient flow and increased lengths of stay

Rapid development of additional home based bridging care to provide bridging to all patients awaiting domiciliary care until March 2022;

- temporary placement in residential care home voids
- local recruitment campaign and enhanced pay rates to Local Authority (LA) staff
- review incentives to unpaid carers
- ensure current packages are 'right sized' for maximum efficiency

Care homes being placed in exclusion with one positive COVID-19 case impacting on the ability to discharge home from acute hospital sites to new or existing care home placements resulting in increased lengths of stay impacting on patient flow and risks of acquiring hospital based infections

'Integrated Executive Group' are communicating with Welsh Government to outline the challenges associated with care home guidance which compromise transfer out of acute hospital.

Rapid Response in a Crisis UEC Policy Goal 4

Workforce deficit across health and social care community care capacity preventing implementation of care at home in crisis

1. Discussing with LA colleagues introducing sickness management as per Health Board policy.
2. Work with LAs to enhance existing care capacity to provide a response during extremis

Increasing difficulty to access equipment to provide care at home for admission prevention and supporting discharge

1. To work proactively to keep people as independent as possible at home and in hospital e.g. avoid deconditioning
2. Working with partners agencies e.g. British Red Cross for access to equipment where we are unable to provide.
3. Ensuring equipment is provided proportionately to efficiently deploy available capacity

Time Spent in Hospital UEC Policy Goals 5 & 6

Patients and carers/relatives expectations of support that should/may be available on discharge is not aligned to Welsh Government discharge requirements during the COVID-19 period, resulting in staff having difficult conversations and difficulties in timely discharges

Changing the way we communicate and set expectation surrounding provision of care to facilitate discharge;

- ensuring that literature and conversations provide realistic picture of optimum stay (72 hours) and options available following discharge
- ensuring a regional consistent message

Domiciliary Social Care fragility impacting on efficient transfer from hospital as according to Discharge to recover & Assess D2RA standards.

Working with LAs to develop collaborative Enhanced Bridging Service (see actions left)

Recommendation

For the Quality, Safety & Experience Committee to receive an assurance from the Winter Planning: Managing Urgent and Emergency Care Risks, Quality and Experience presentation.