

NHS Wales

Health System Position Report

21 December 2020

Note

The material contained in this paper uses operational management information from across NHS Wales. The majority is published on a regular basis and can be accessed via the [StatsWales](#) Website.

Executive Summary

- The whole Health and Social Care system across Wales is currently under extreme pressure.
- Call volumes to 111/NHS Direct Wales have increased over recent weeks; the latest available data for the week ending 20 December show activity was 25% above average (baseline). There have been on average 300 more calls a day during the day time 'in-hours' period throughout December 2020 when compared to November 2020.
- Hospital Bed Occupancy – the current percentage of beds occupied in hospitals across NHS Wales is just under 30% higher now than the peak in the initial wave back in April 2020.
 - Whilst there are still hospital beds available, the estate and environment does not easily accommodate the management and distancing of covid and non-covid patients, open wards and shared facilities make it very difficult to contain the virus.
 - Acute hospital sites across NHS Wales have over a third of covid-related patients occupying a hospital bed and, in three of our health boards, this is now nearly 50%.
- Covid related hospital bed occupancy has significantly increased over recent weeks – this has been offset by a reduced number of non-covid patients:
 - This results in elective patients who may be seriously ill with other conditions not always being able to receive their treatment in a safe and timely manner.
- Staff Sickness / Absence rates have markedly increased over the past 3 months, with in excess of 8,000 staff off sick or absent currently - more than half of which are covid related:
 - This is an increase of around 2,000 staff who are now unavailable when compared to the start of September 2020. A significant proportion of which are frontline clinical and nursing staff.
 - The Welsh Ambulance Services NHS Trust reported sickness absence of 12.6% at the beginning of December. This is depleting available response capacity and impacting upon responsiveness to patients in the community.
- NHS Wales critical care has been running at a significantly higher level of capacity when compared to the pre-covid maximum levels for the majority of the covid pandemic.

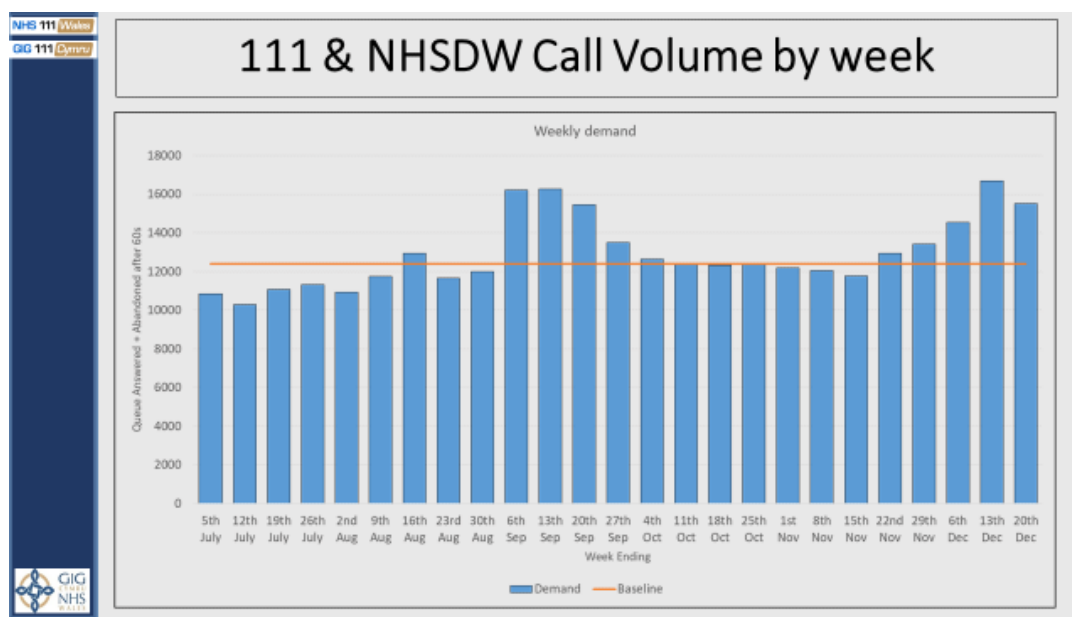
- Since the beginning of December, the number of covid related patients (includes suspected and recovering patients) in critical care has risen by 46% and was at 102 on 21 December. The number of confirmed cases in critical care (excludes suspected and recovering patients) has risen by 58% since the beginning of December and was 90 on 21 December.
 - Most recently we have seen a further reduction in capacity due to the reduced availability of staff to work in a critical care environment – a number of health boards have in excess of 40 critical care nursing staff sick or unavailable to work at the current time.
 - Some health boards are now operating close to their current maximum available critical care capacity - any further increase in covid related patients or staff absence would compound the problem.
- If the current total covid related bed occupancy trend continues by the end of January 2021, we may have as many as 3,500 covid related patients in our hospital beds. This would significantly impact our ability to deliver healthcare services.

Assessment of emerging impact on NHS Wales Health Care system

Primary and community care

- Primary care has been critical in ensuring the NHS has maintained its resilience and response during the pandemic response. GPs, district nurses and other key community staff have come under increasing pressure to manage frail, older patients recently discharged from hospital, wrapping care around them to ensure they safely avoid readmission. This takes significant resource and time commitment.
- Primary care like other parts of the NHS system has remained very busy, with patient facing activity being more routinely delivered in a very different manner through the use of technology. Some community nursing services have seen spikes of staff absence as high as 40% and the impact of this is adding to the significant demand within the community nursing service
- NHS Direct Wales / 111 call activity has increased since the end of November as illustrated in chart 1. Activity over the most recent week is 25% above the average / baseline position.

Chart 1 – 111 and NHSDW call volume by week



Emergency ambulance services

- Due to the need to focus on emergency response and ensure workforce and resources are supporting this, the ambulance service remains at a high escalation status (REAP 4).
- The ambulance service needs to maintain its response to emergency and urgent patients beyond covid related incidents. There are visible delays across the patient pathway caused by the need to ensure infection control processes are in place, challenges to timely and safe hospital streaming and accommodation of patients, including at the 'front door'. These necessary precautions have translated into

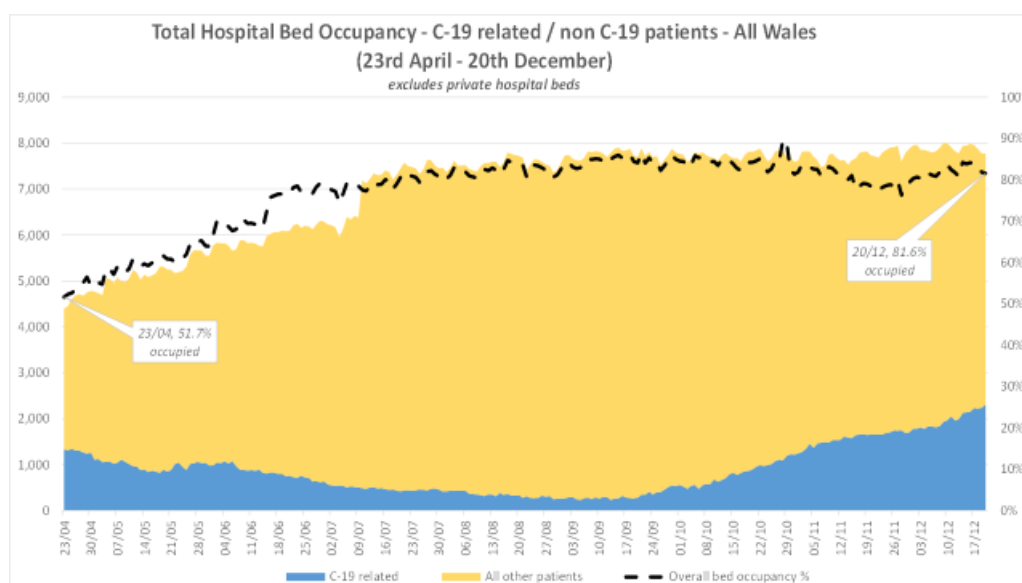
ambulance patient handover delays. This has created further difficulties in matching available resource to demand over recent weeks.

- The Welsh Ambulance Services NHS Trust is currently deploying its pandemic response plan.

NHS Hospital Bed Capacity

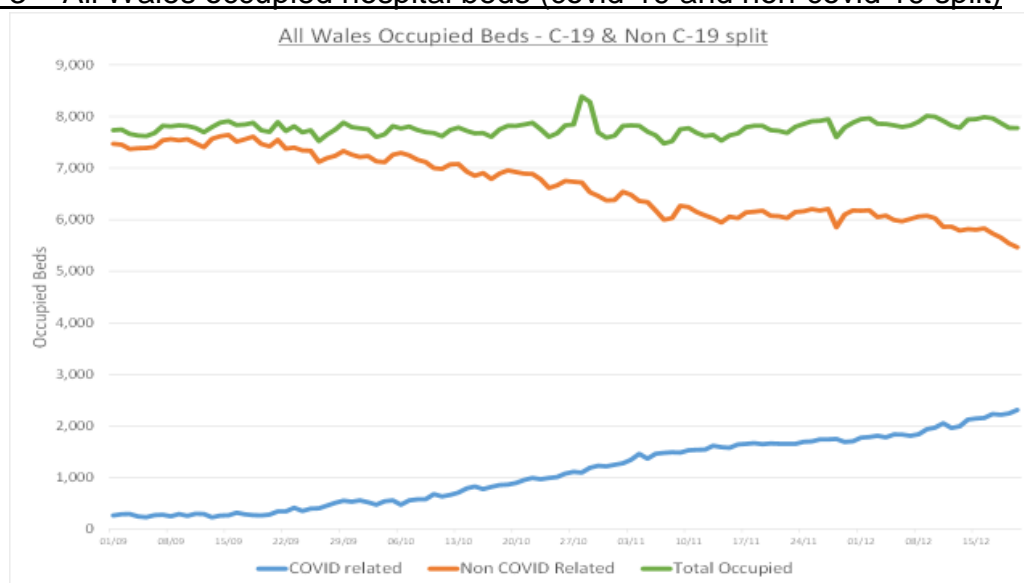
- The current NHS Wales hospital bed capacity position across all our hospital sites (Acute, Community, Mental Health & Field Hospital) - as at 21 December 2020 was:-
 - A maximum of 9,791 beds available for use.
 - 328 beds closed to infection prevention control or staff absence.
 - 1,661 beds were unoccupied – 1,110 at our acute hospital sites. However, the availability of beds varies across Wales, and there are physical beds that cannot be staffed due to difficulties with workforce absence.
 - Three health boards are currently using their field hospital capacity and Aneurin Bevan health board has opened the Grange University Hospital earlier than planned.
 - 2,342 (30%) of capacity is occupied by a covid related patient (156 Suspected, 1,586 Confirmed and 600 Recovering).
 - Current ICU occupancy is at 120% compared with normal capacity of 152, with 183 patients in beds. However, in terms of potential to expand beds into other clinical areas there were up to 223 ICU beds available in total. Opening the maximum number of critical care beds would have a knock-on impact upon other services as staff would need to be redeployed.
 - Of all the occupied beds in critical care, 102 (56%) are taken up by covid-related patients.
- Chart 2 highlights that hospital beds have been running at a significantly higher level of occupancy (+30%) now as when compared to the initial covid 'wave'. Given the limitations of our hospital estate and environment, this makes management of covid and non-covid pathways in our hospitals extremely challenging.

Chart 2 – Total hospital bed occupancy – covid-19 / non covid-19 all Wales



- Over recent weeks, the overall number of occupied beds has remained relatively constant at just below 8,000. However the split between covid and non-covid patients has changed considerably as detailed in chart 3.
- Having significant volumes of covid patients has reduced NHS capacity to deliver elective planned care, partially due to the hospital estate and environmental change needed to manage covid patients e.g. Re-designating theatre areas to become temporary critical care capacity and the necessity to move designated staff from such environments to create additional capacity to support the covid patient pathway.

Chart 3 – All Wales occupied hospital beds (covid-19 and non-covid 19 split)



- Covid-related patients now constitute over a third of all patients who occupy an acute hospital bed across NHS Wales, the proportion of covid patients is increasing daily and there now have three health boards who are very close to having 50% of their acute beds occupied by covid patients as outlined in table 1 below:-

Table 1 – % of hospital beds occupied by covid-19 patients at acute sites

Health Board	% of C-19 patients in a bed at acute hospital sites
Aneurin Bevan	45.4%
Betsi Cadwaladr	9.5%
Cardiff and Vale	28.0%
Cwm Taf Morgannwg	48.2%
Hywel Dda	26.5%
Swansea Bay	47.4%
Velindre	33.3%
All Wales	33.5%

Staff absence

- Covid is not only impacting hospital bed occupancy levels, it has also markedly reduced the number of available staff who deliver NHS care. As at 14 December there were over 8,000 staff unavailable to work across NHS Wales, half of whom were unavailable due to covid-related sickness or self-isolation.
- This means there are around 2,000 fewer staff available now than at the beginning of September 2020, losing that volume of staff in a 14-week period has considerably restricted frontline capacity available, specifically in the health boards most impacted.
- Chart 4 below outlines the position at an all Wales level. The position has continued to deteriorate through December, significantly and adversely impacting on services in both hospital and community settings.

Chart 4 – Sickness & absence rates split covid / non-covid – All Wales



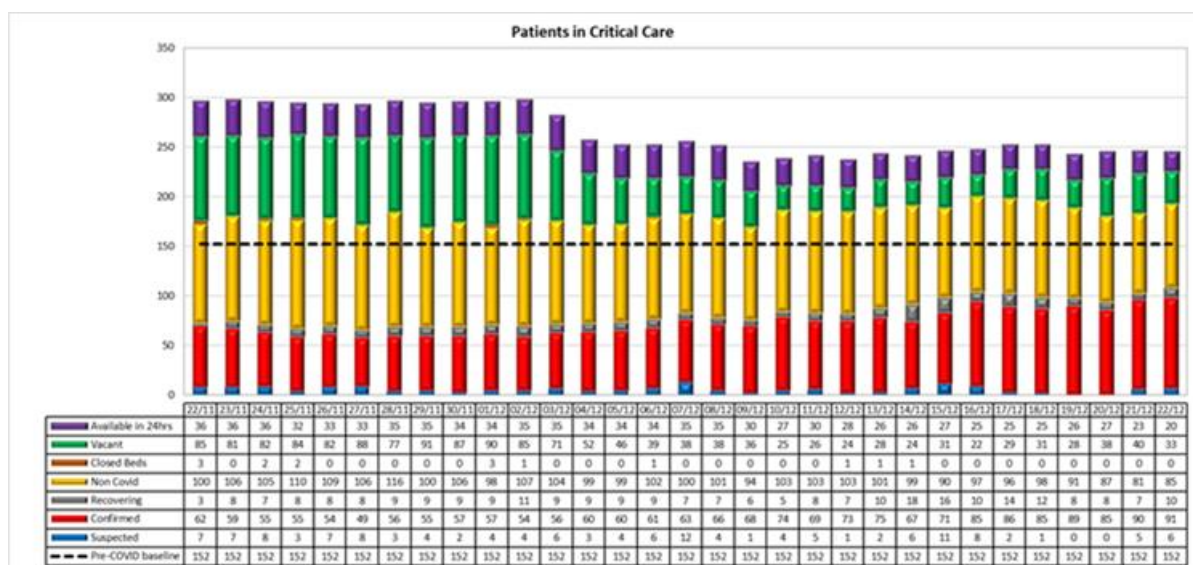
Critical care

- The level of staff absence has had a profound impact across frontline health services more recently but none more so than in critical care. A number of health boards have reported significant covid-related absence of their nursing staff in critical care – two health boards reported having in excess of 40 critical care nursing staff sick or absent in the last week.
- The impact on bed capacity is substantial as each critical care bed requires 24 hour nursing; absence rates at the above levels would mean each health board would have lost at least 13 critical care beds while absence rates remain at these levels.
- During the initial wave, NHS Wales increased critical care bed capacity to facilitate the anticipated level covid demand redeploying staff flexibly from other activities, as a range of NHS activities were ceased. Over the past 9 months critical care units have continued to operate at levels over and above the 152 beds that were available

pre-covid and balanced non-covid work with the emergence of covid patients during the second wave. This has been a sustained period of pressure above normal capacity.

- This has been delivered from the existing health board staffing complement, retraining staff from other functions to increase capacity. Occupancy of critical has run above historic maximum levels for the majority of the covid period and last week again reached in excess of 200 beds occupied. This additional demand alongside the staffing constraints has led to some health board running at their 'functional' maximum capacity levels in recent weeks.
- There has been some small improvement in the critical care occupancy position over recent days - partly because of patient discharge to a general ward and partly a sad reflection on beds becoming available because of the mortality rate in the most sick.
- Chart 5 below outlines the levels of occupancy and reduced expended capacity levels across NHS Wales over the past month, due to workforce constraints.

Chart 5 – Patients occupying a critical care bed – All Wales

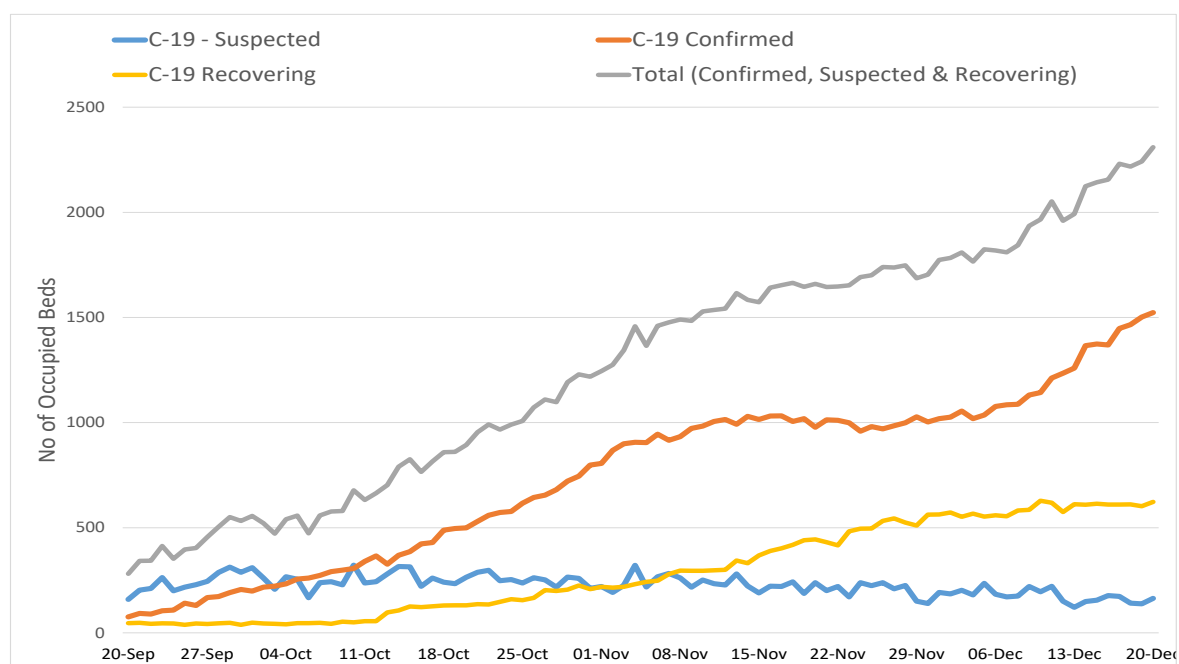


Covid patient trend and forecast

- Covid patients are categorised and managed in three different ways whilst occupying a hospital bed; they are either: suspected, confirmed or recovering from covid. Each type of patient has to be managed in a different way. Patients suspected of having covid need to be isolated and treated until they are confirmed positive or negative.
- Those patients who are confirmed as covid positive can be treated with other covid patients in designated covid ward areas until the point where they are deemed no longer infectious. Patients who are recovering from covid can be managed in a less acute setting until they are medically fit and ready to move to their next point of care or be discharged home.

- Chart 6 below outlines the volume of each category of patient occupying a hospital bed since the end of September 2020. Covid patients tend to stay longer than non-covid patients admitted as an emergency and the cumulative effect has resulted in excess of 2,300 covid related patients currently occupying a hospital bed.
- Covid patients typically stay more than 2 weeks, and a quarter more than 3 weeks; this compares to a typical medical admission with a 6 day length of stay.

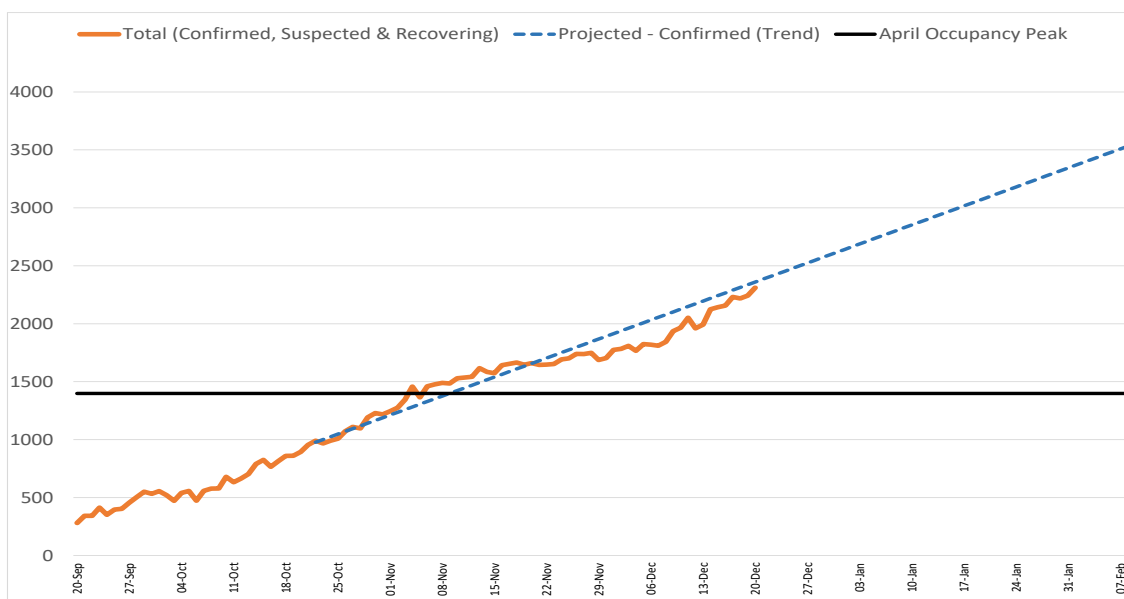
Chart 6 - Volume of each category of patient occupying a hospital bed since the end of September 2020



- We have been modelling expected numbers using daily operational data that has allowed us to forecast impact on the NHS. This work is complementary to detailed modelling work being undertaken by Swansea University on pressures and interventions.
- If the current trend of covid occupancy were to continue over the coming weeks we expect that by Christmas Day 2500 covid-related patients will be in hospital beds, nearly 80% higher than the peak experienced in the first wave. This is a significant pressure alongside a broader range of activities that continue in the NHS.
- By mid-January this could be approaching 3000; and without government interventions to limit community prevalence this could be as high as 3,500 covid related patients occupying a hospital bed as articulated in chart 7, the projection is an extrapolation of the current growth projected forward.
- As a result of the existing pressure covid has put on current health board capacity, staffing absence and the further reduction of non-covid activity to facilitate the additional covid patients. Health organisations have implemented local actions during the last half of December using the local choices framework endorsed by

Welsh Government. This should help balance emergency and covid-pressures with other activities.

Chart 7 – Projected and actual volumes of covid patients occupying hospital beds



- Officials continue to track this trajectory using operational data and would hope to see some stabilisation - initially in community prevalence as there will be a lag in impact - in hospital cases.
- At the same time, the NHS continues to respond to winter pressures and other emergency demands that normally occur during this historically challenging period.