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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27 September 2022	Agenda Item	4.1
Report Title	Clinically Optimised Patients – update on actions to reduce COPs at SBUHB		
Report Author	Inese Robotham, Chief Operating Officer		
Report Sponsor	Inese Robotham, Chief Operating Officer		
Presented by	Deb Lewis, Deputy Chief Operating Officer		
Freedom of Information	Open		
Purpose of the Report	This report provides a further update to the committee on the actions being taken to address the number of clinically optimised patients (COPs) in SBUHB		
Key Issues	<p>The committee received a report on 28/06/2022 detailing the following actions to address the significant number of clinically optimised patients within the Health Board:</p> <ul style="list-style-type: none"> • Admission avoidance and frailty programme • Early supported discharge • Process review • Ongoing procurement of transitional care home bed capacity <p>Despite the above initiatives, the number of patients who are clinically optimised in the Health board has remained relatively static, therefore additional initiatives focusing on admission avoidance and length of stay (LOS) are being developed and implemented, namely:</p> <ul style="list-style-type: none"> • WAST stack review and access to alternative pathways (page 3) • Pilot and development of Home Visiting service (page 3) • Virtual ward in-reach (page 4) • Targeted COP and LOS reduction action plan (page 4) 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the report and the additional actions to address the COPs within SBUHB. 		

Clinically Optimised Patients – update on actions to reduce COPs at SBUHB

1. INTRODUCTION

The committee received a report on 28/06/22 outlining the main actions being taken to reduce the number of clinically optimised patients within the Health Board. This report provides an update on the current position with regards to clinically optimised patients and the additional actions being taken to address this position.

2. Background

The clinically optimised position in the Health Board remains a key challenge with high numbers of patients occupying acute beds waiting to move to more appropriate settings to continue their care pathway or waiting for community support/placement.

There is operational focus on this patient group in all hospital sites with weekly review meetings with Local Authority (LA) and community partners to expedite the pathways of these patients. More recently, national bi-weekly meetings have commenced focusing on regional joint plans between Health Boards and Local Authorities, however, progress is slow with out of hospital capacity being the main constraint.

Weekly COP Snapshot					
Year / Month	Gorseinon	Morriston	NPT	Singleton	Total
2021					
Jan	14	61	34	44	153
Feb	9	59	50	4	122
Mar	5	55	41	46	147
Apr	7	52	59	37	155
May	7	68	71	36	182
Jun	9	69	79	49	206
Jul	9	73	72	56	210
Aug	12	79	70	55	216
Sep	13	103	82	69	267
Oct	16	103	85	56	260
Nov	12	89	79	58	238
Dec	18	95	77	51	241
Average per site	11	76	67	47	200
2022					
Jan	16	104	70	62	252
Feb	17	5	72	64	158
Mar	22	113	82	56	273
Apr	21	95	78	58	252
May	19	100	81	58	258
Jun	15	111	77	56	259
Jul	16	122	88	63	289
Aug	14	111	92	59	276
Average per site	18	95	80	60	252

3. Additional actions to address the COPs

With regards to actions being taken to improve the clinically optimised position, there are a number of work streams which are targeting reducing the total number of clinically optimised patients across the health board, but also focusing on admission avoidance and overall reduction of length of stay of all patients across the Health Board.

- **WAST stack review and access to alternative pathways**

This service commenced on an ad-hoc basis in February 2022 as part of 111 contact first and GP Out of Hours service (GPOOH). It is a triage by senior Primary Care Physician of calls on the WAST stack (i.e. calls not currently visited by paramedic) with a view to find alternative pathways / transport outcomes including advice and discharge, home based care, same day emergency care, GPOOH, own GP, direct admission to a defined pathway.

More recently this has become a joint initiative with WAST with 2-3 paramedics based in the clinical hub liaising with colleagues attending the scene and working in conjunction with the GP in the hub. This provides the opportunity for real time face to face clinical conversations and maximised opportunities for further utilisation of alternative pathways.

To date (February to mid-September) a total of 507 calls have been made which have resulted in 390 interventions resulting in 202 cancelled ambulances and 97 patients re-directed from ED in Morriston.

- **Pilot and development of Home Visiting service**

Building on the success of the WAST stack review, a home visiting scheme proposal is in development with the aim to provide a rapid assessment of patients in the home environment to identify those patients who could receive treatment at home, in SDEC, or if hospital assessment is required to rapidly transport them to hospital in a non-ambulance conveyance.

The model would be based on a rapid assessment by Advanced Nurse Practitioner/Paramedic with the aim of the assessment being undertaken within one hour and following outcomes:

- ▶ Minor injury – Assessment / treatment at home or in OPAS Morriston
- ▶ Ambulatory care at home e.g. POC D dimer undertaken in home environment with link into established DVT pathways
- ▶ Ambulatory care in hospital – earlier assessment and decision making resulting in more cases being dealt with in SDEC directly. Use of non-ambulance transport to convey to and from SDEC
- ▶ In cases that require hospital assessment or admission, where possible utilisation of non-ambulance transport to improve

appropriate ambulance utilisation, reduced waiting times for admission resulting in earlier presentation in hospital

- Opportunity for care planning for those in high risk groups e.g. falls and linking with step up services such as virtual wards to help prevent future admissions and improve ongoing care, and anticipatory care planning to prevent future admissions

The proposal has been costed and a bid submitted to WG as part of SDEC related initiatives, however, currently funding has not been confirmed. Options are being explored to pilot a scaled down version (potentially aligned with Virtual Wards) to provide the proof of concept.

- **Virtual Ward in-reach**

Health Board approved business cases for two-phase development of virtual wards aligned to the eight primary care clusters. The second phase of virtual wards is coming on line in the middle of September when all eight virtual wards will be operational and taking on caseloads.

An opportunity was identified to enhance the virtual ward model with targeted in-reach into Morriston ED and Acute Medical Unit to facilitate earlier discharges and in some cases admission avoidance.

The model was initially piloted on an ad-hoc basis; since middle of September additional resource has been put in place to enable five day in-reach on a regular basis with expected impact of 6-8 patients per day to be referred to Virtual Wards from ED, SDEC and AMU.

- **Targeted COP and LOS reduction action plan**

Deputy Chief Operating Officer is leading on development and implementation of a targeted COP and LOS action plan (attached as Appendix 1) focusing on strengthening of internal processes including patient communication and both internal and external escalation. This work is fast paced and the plan remains a live document, particularly as some of the initiatives are being tested as PDSA cycles and further opportunities are being scoped as part of the Acute Medical Redesign implementation.

The impact of proposed actions and progress of LOS reduction across the Health Board will be monitored via the Management Board at a bi-weekly frequency and a dashboard is in the final stages of development to provide a real time monitoring against reduction trajectories.

4.0 Recommendation

Members are asked to:

- **NOTE** the report and the additional actions to address the COPs within SBUHB.

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 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 checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input 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>Extended hospital stays due to lack of capacity in out of hospital pathways have cumulative detrimental effect on patients, particularly those who are old and frail. The Health Board is looking to both avoid patients needing hospital admission and being supported via virtual wards and frailty programme and to expedite discharge once patients become clinically optimised via early supported discharge, more effective processes and additional out of hospital capacity.</p>		
Financial Implications		
None specific to this paper.		
Legal Implications (including equality and diversity assessment)		
No implications to note.		
Staffing Implications		
None specific to this paper. Recruitment related to expansion home visiting service and virtual ward in-reach is taken forward by the appropriate work streams		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Briefly identify how the paper will have an impact of the “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.		

- **Long Term** – Earlier interventions such as virtual wards and enhanced frailty services will deliver longer term benefits with less patients requiring care packages or requiring less intense packages of care
- **Prevention** – Early interventions will have preventative benefits both for patients (improved health and functionality) and for healthcare providers (reduced resource requirements in the future)
- **Integration** – The interventions are based on multidisciplinary approach and integrated care pathways
- **Collaboration** – Close partnership working with Local Authorities and other care providers
- **Involvement** – Patient and family involvement are firmly at the center of these pathways

Report History	This is an update on previous report to the Committee on 28/06/22
Appendices	Appendix 1 – COP and LOS action plan