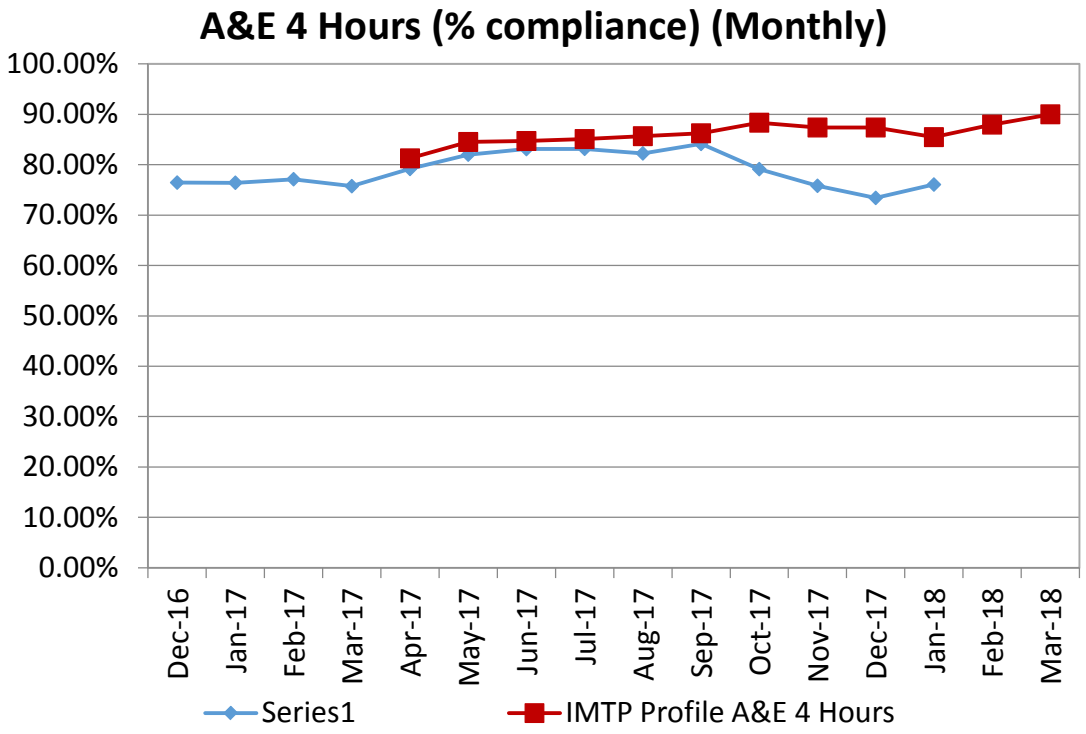
Unscheduled Care Performance and Finance Meeting

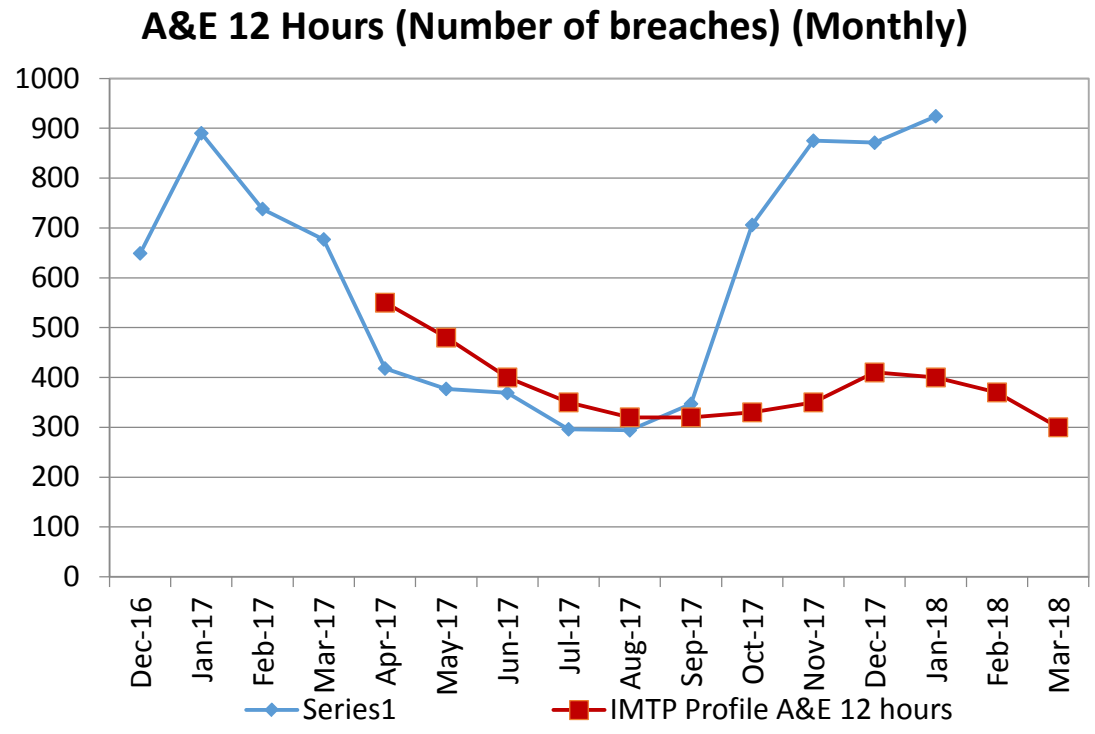
21st February 2018.

Performance to January 2018

4 hour

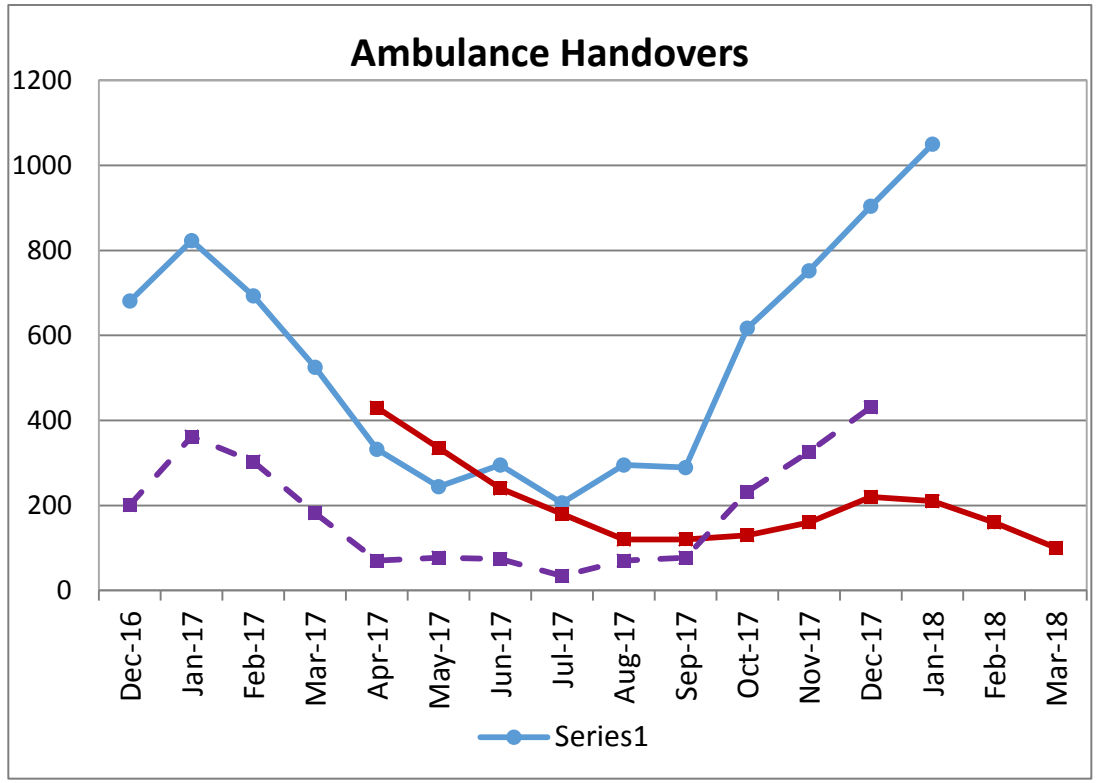


12 hour

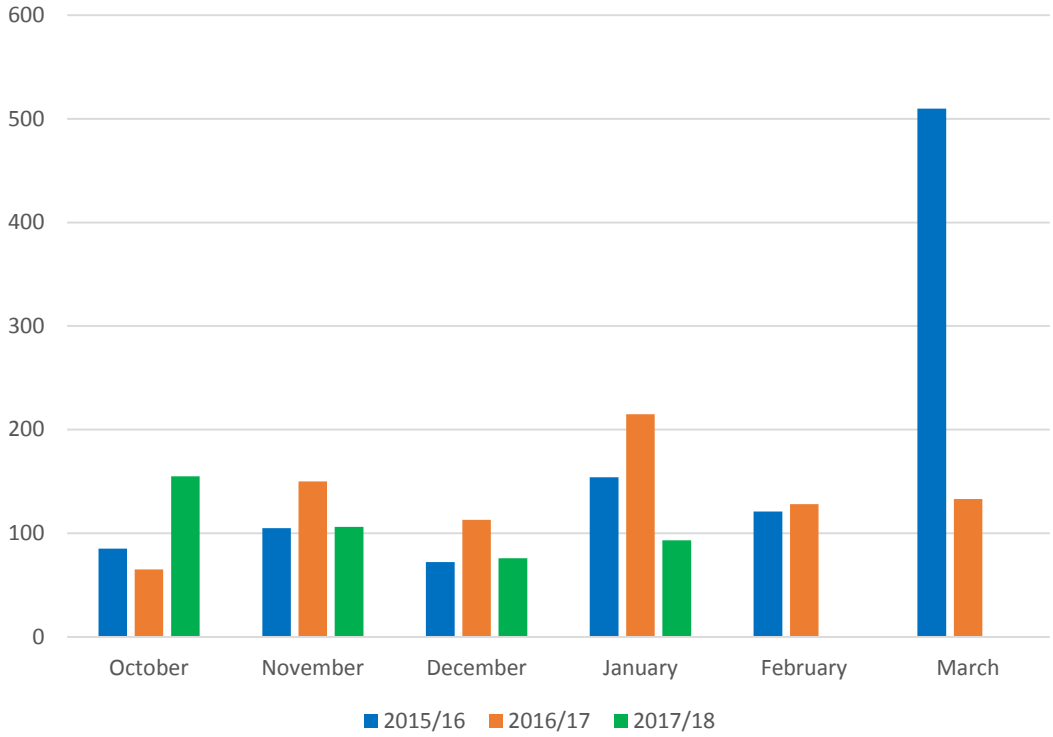


January performance

>1 hour ambulance performance

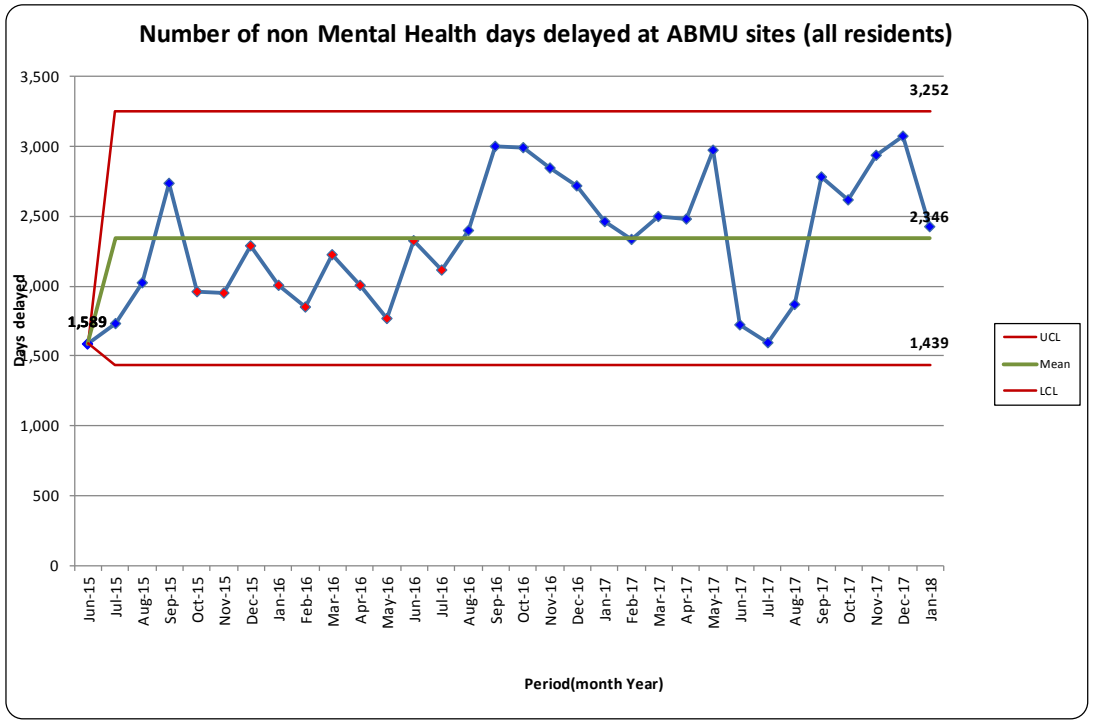


ABMU Health Board Cancelled Electives for bed reasons

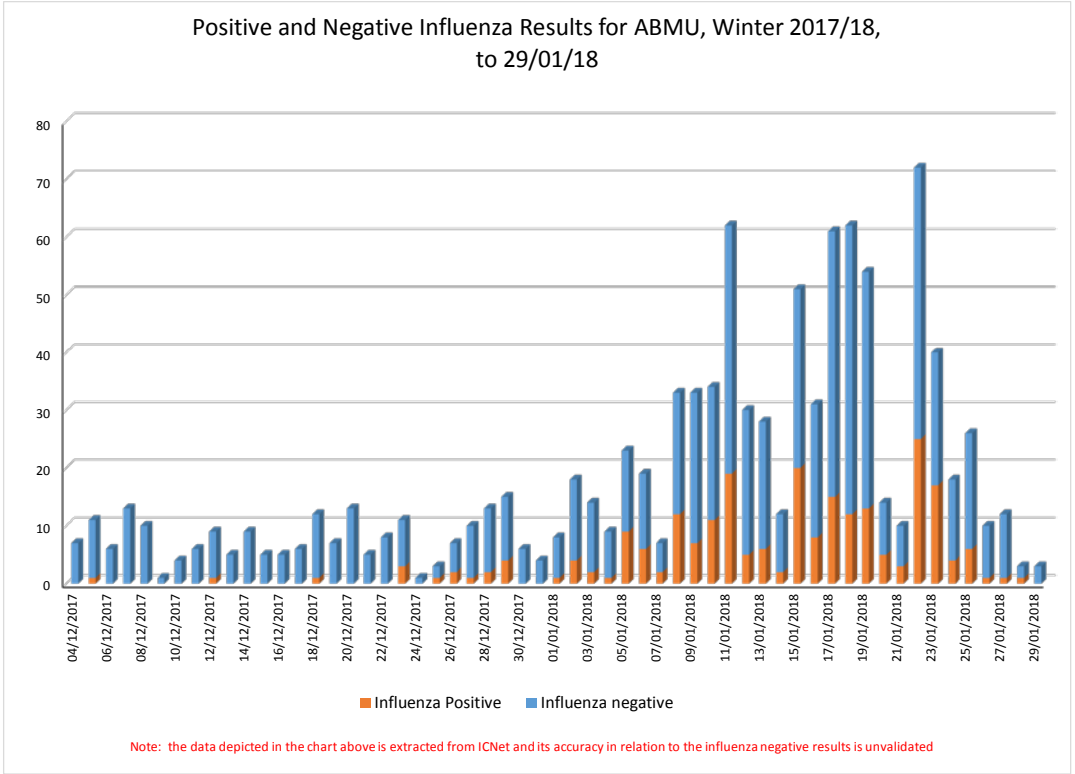


Other indicators

Non mental health delayed transfers of care



Flu rates



January headlines

- Overall demand largely within expected profile, although peaks in demand were experienced on certain days above predictors. Medical admissions in 65- 74 years and > 80 years age groups increased by 2% respectively compared with January 2017
- 17.6% reduction in medical outliers compared to January 2017. Improved in month delayed transfer of care position.
- Indications of increased clinical acuity – eg ambulance categorisation of patients, critical care bed occupancy
- Significantly increased infection – flu prevalence highest experienced for several years – impact on patient flow, and capacity. Norovirus closed 2 wards in PoW hospital.
- Staffing capacity affected at times by viral/ respiratory illness.
- Reduced escalation levels during Breaking the Cycle despite peaks in flu during this 2 week period
- Largely positive feedback from external visits during peak pressures – HIW and CHC

Learning from Breaking the Cycle and initial review of winter plan

- Positive impact of **strengthened frailty models** – evidence of increased admission avoidance and bed days saved. Plan to continue and enhance models during Quarter 4 through additional non recurrent resources from Welsh Government
  - Increased discharge to assess capacity
  - Accelerated Placement Team in NPT
  - Senior community nurse at Singleton SAU
  - Embedding redesigned frailty model in PoW
  - Frailty service in Morriston with increased physiotherapy support.
- Maintain and increase focus on patient flow – **SAFER** 'Red to Green' days, systematic daily board rounds, resolve internal delays, escalate external delays, increase discharges occurring before midday. Health Board wide **SAFER** Awareness sessions held on 8th and 9th February.
- Revisit **escalation actions/triggers** to support earlier de-escalation of risk.
- Earlier increase in unscheduled care pressures resulted in **acceleration of surge capacity plans**, plus additional surge capacity options were implemented mid December/ early January.
- **Successful models** implemented to maintain clinically urgent/ cancer elective activity resulting in reduced patient cancellations – 56% reduction in January 2018 compared with January 2017.

Quarter 4 Improvement Plans

Key Quarter 4 actions – NPT Actions

Build on service redesign improvements in Quarters 1- 3 through:

- **Piloting Accelerated Placement team.** Implemented week commencing 5th February. A SW, a DLN and a manager working together to identify all patients waiting for Dom care/RH care, and pro-actively moving patients to commissioned re-ablement /nursing home beds. Increased focus on early conversations with patients and families around choice of home.
- **Piloting Community Nurse and OT** working in Acute Clinical response team to select **non injury patient fallers** directly from ambulance control, to avoid conveyance to hospital by supporting patients in the community - implementation week commencing 12th February.
- Matron/Director of the Day will continue to support daily board rounds (learning from Breaking the Cycle). Increased focus and analysis of patients with longest lengths of stay **(stranded patients**).Aim to achieve targeted reduction in length of stay for 'stranded patients' to improve patient flow and outcomes.
- **Revised improvement measures** include 1 day transfer target from acute sites, reduce ALOS on all wards to 33 days, 60% of patients discharged before midday.

Key Quarter 4 actions – POW Actions

Build on service redesign improvements in Quarters 1- 3 through:

Operational Management and SAFER flow

- Implement Clinical Site Management model Monday –Friday 0700-1930
- Install custom made Patient Status at a Glance boards to support SAFER/Red/Green and install the electronic solution bed management tool
- Redesigned process for Medically and Discharge Fit information and patients to reduce delays
- Implemented revised process for prioritising blood results for discharges on day of discharge

Surgical Patients and Care of the Elderly

- Establish an area and processes for trial of ambulatory emergency surgical patients outwith of ED
- Continue the revised model of COTE and strengthen front door working to provide links with CRT to avoid admission

Staffing

- Additional Nursing within ED to support additional escalation overnight (reduce handover delays) and additional ANP/ENP to further support minors flow (and 4 hour performance)
- WAST HALO
- Senior nurse to review outlier patients to reduce delays for medical patients on non medical wards

Key Quarter 4 actions - Morriston

1. **Improved escalation process –**

Introduced revised escalation process to reduce ward delays and early release of bed space for admissions

Weekend opening of Discharge Lounge and Discharge Lounge Liaison role to ensure optimised use of lounge before 10:30am and 12 midday

2. **New release winter funding schemes**

Increased therapies in ED and Green to Go ward to reduce LOS and support appropriate alternatives to admission

Clinical Navigator in ED to reduce delays in First Assessment and any patients waiting for specialist opinion

Extend Patient Flow Co-ordinators to weekends to maintain momentum in discharge planning and reduced delays

Nurse Practitioner triage support to the Medical Registrar to ensure right place right time medical leadership and intervention out of hours

3. **Medical Director led Professional Standards**

Improved response time from specialties to ED and increased clinical leadership in response to delays or risks

Additional locum consultants starting 17th February will provide consistent medically led REACT (first assessment) in ED and will bring Department up to the full compliment of consultants

Clinical Support Services daily escalation lead in place to ensure diagnostic requests are prioritised and linked to clinical priority and discharges

Key Quarter 4 actions - Singleton

1. **Winter Funding Schemes:**

Extension of the front door frailty service up to the end of March 18 delivering comprehensive geriatric assessment to patients within SAU. The objective would be to avoid admission/ accelerate discharge.

Expansion of phlebotomy service on site. This includes early morning phlebotomy round in SAU 7 days per week, five days of afternoon phlebotomy in SAU (four as currently provided) and the Provision of "on call phlebotomy service" for the inpatient wards.

2. Improved SAFER Bundle Compliance

Improve timeliness of medical review of patients within both SAU and outlier beds seven days a week. Additional SHO secured for SAU and Outlier wards from January 3rd 2018.

Locum Respiratory Consultant contract extended to March 31st 2018 to increase respiratory senior review of inpatients

3. **Redesign of Front Door Service**

Front Door information systems reviewed and electronic solution agreed. Implementation by March 2018.

Phase 1 SAU refurbishment planned for Q4 17/18 to support safe and timely patient flow through the department.

Key Quarter 4 actions – Primary and Community Care

1. Vaccination and immunisation programmes: flu, childhood diseases
- Smoking cessation programmes (Levels 2 and 3)
- Screening programmes to identify chronic conditions

2. Expert patient programmes to self-manage chronic conditions
- Self management programmes, eg Xpert (diabetes)
- 111 Directory of service, Common Access point
- Social Prescribing
- Local Area Coordination
- Community Pharmacy Common Ailments Scheme*

3. Improved access to:
- Primary Care services including Redirection Policies, eg to Out of Hours Service
- Acute clinical response teams
- Care home developments: medical, nursing and dental
- Telehealth/care Common Access point - improving knowledge of community services
- Step down bed availability
- Disease-specific rehabilitation, eg pulmonary, cardiac
- Community Resource Team and Rehabilitation services
- Improved end of life care/pathways

Key Quarter 4 actions – Mental Health

- Tonna Hospital- Provision of 10 beds to care for patients awaiting care packages. Will provide an extra 400 bed days 21st February to 31st March.
- Psychiatric Liaison - Quicker turnaround times in ED / Ward assessments. One hour target for ED, Emergency ward referrals on same day, routine referrals with 24 hours.
- WAST CPN vehicle – Pilot agreed with WAST to see MH patients in Community and not ED. Targeted to commence in March 2017 dependant on staffing availability.

ABM Health System Actions

- Undertake mini breaking the cycle during March
- Commence the phased roll out of the electronic ward dashboard in March– this will reduce duplication/ release staff time.
- Measuring impact of additional non recurrent winter pressures monies to inform unscheduled care improvement plans 2018/19
- Undertake point of prevalence study audit during March, to inform 2018/19 service redesign programme.

ABM Health System Actions -Medium Term Actions

- Workforce redesign
  - Communication/ shadowing/ awareness sessions role of mental health services/psychiatric liaison.
  - Developing role of the ward liaison officer
  - Implement trusted assessor role between services – to reduce duplication
- Service redesign – slower stream rehabilitation model / community capacity to support early discharge – links with redesign of frailty model
- Ongoing review, development and measurement of patient pathways to ensure clarity between services and seamless transfer of patients eg mental health pathways, falls, inter unit pathways.

Key Risks

- Medical Workforce capacity in key areas – ED Morriston, Gp out of hours, Primary care.
- Infection – ongoing flu and pockets of norovirus.
- A number of the additional winter plans schemes resourced through the non recurrent WG funding are dependent on securing locums, staff overtime, additional hours
- Additional bed closures without off setting bed base demand through pathway changes
- Deterioration of the Domiciliary Care/Social Care provision

Projected performance end of March 2018

- Some of these actions are not new and have been in place as part of Breaking the Cycle and the wider winter plan.
- However their full impact may not have been realised due to:
  - Increased clinical acuity
  - Flu
  - Increasing numbers of more elderly patients being admitted
- We anticipate that the sum total of these actions could have between 3% - 5% improvement impact on the 4hr target