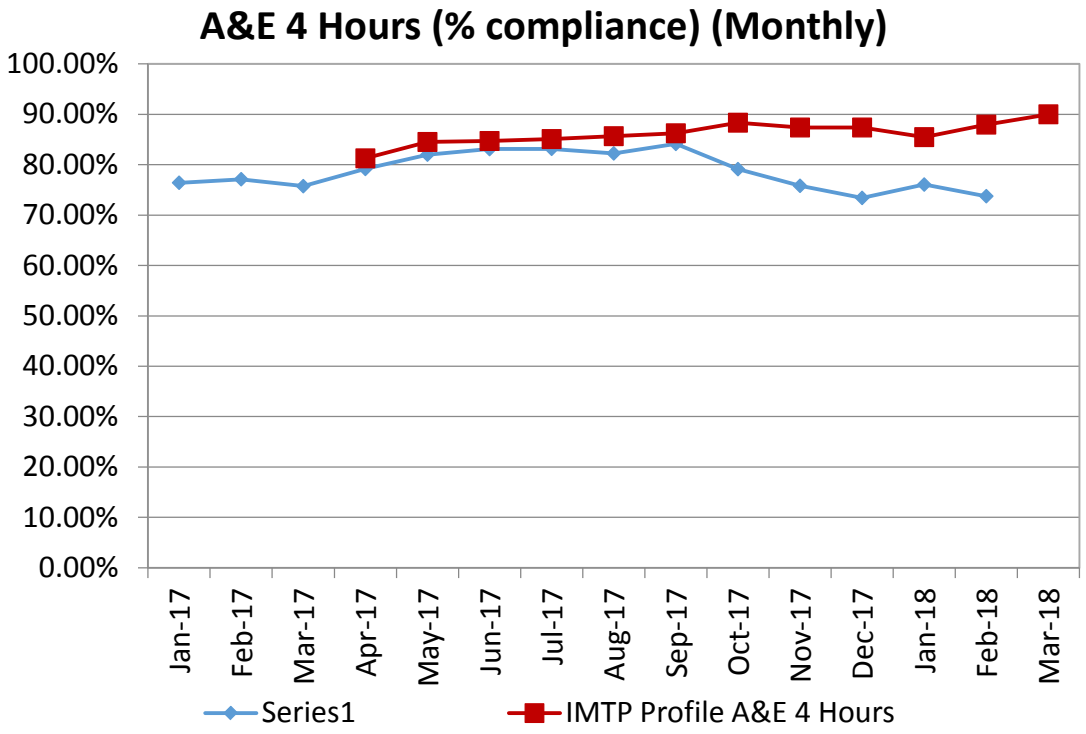
# Unscheduled Care Performance and Finance Meeting

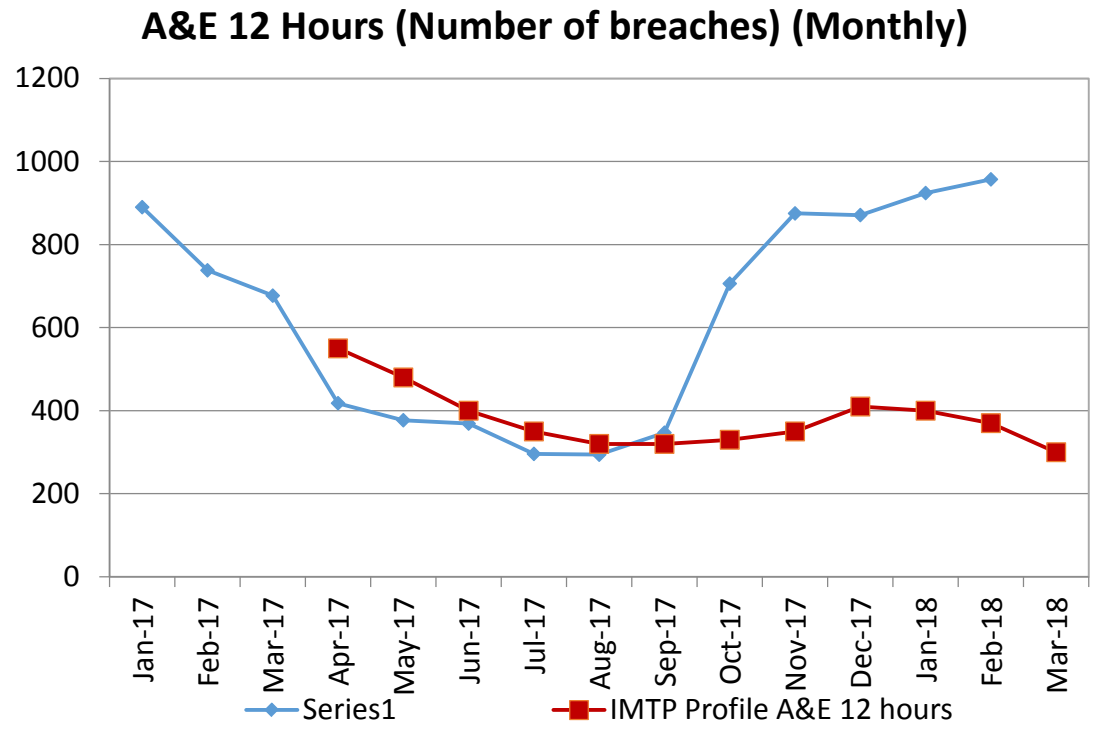
21st March 2018.

# Performance to February 2018

## 4 hour

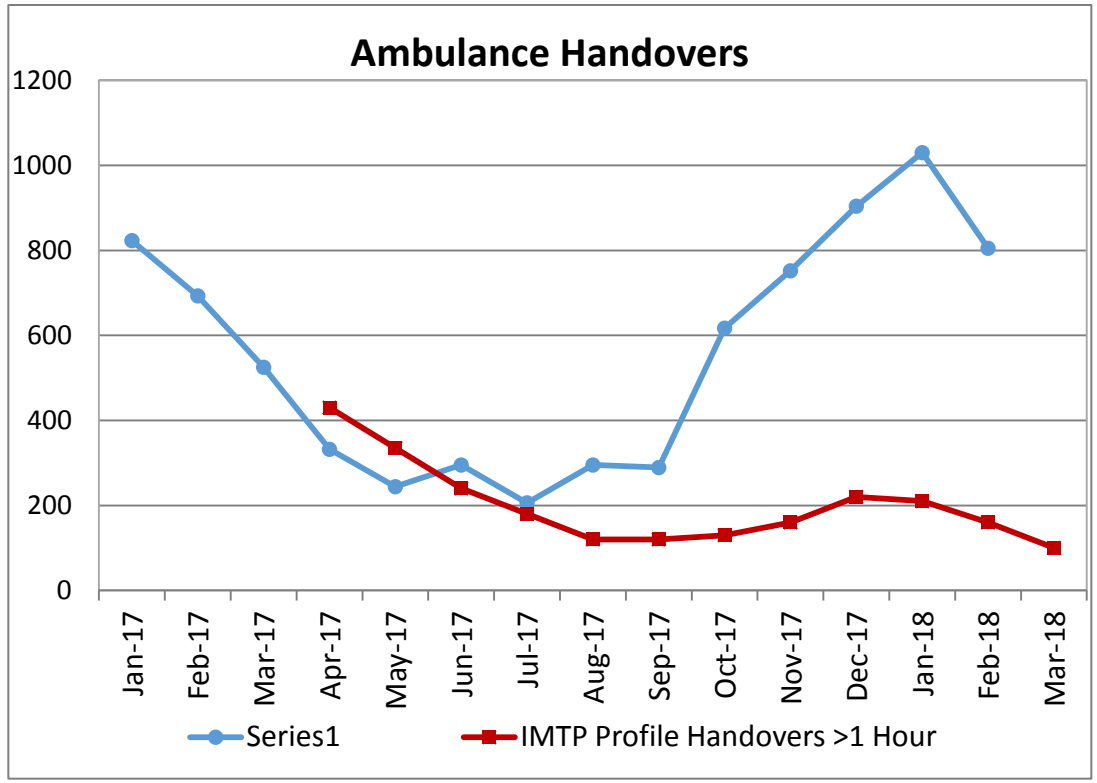



## 12 hour

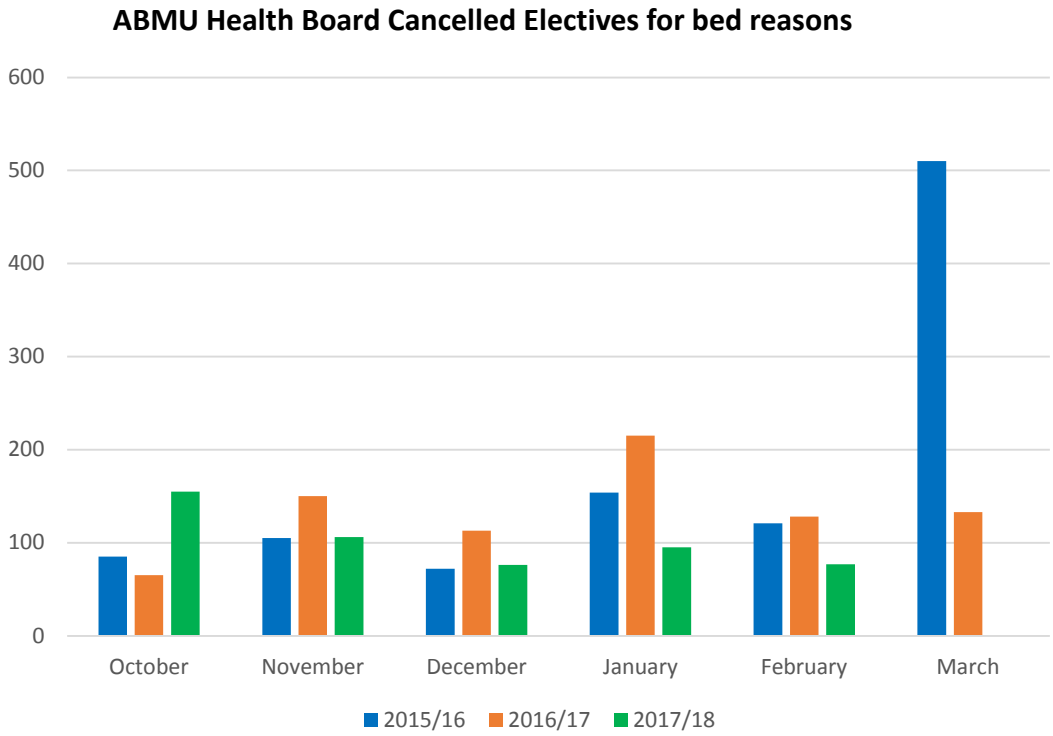


# February performance

## >1 hour ambulance performance

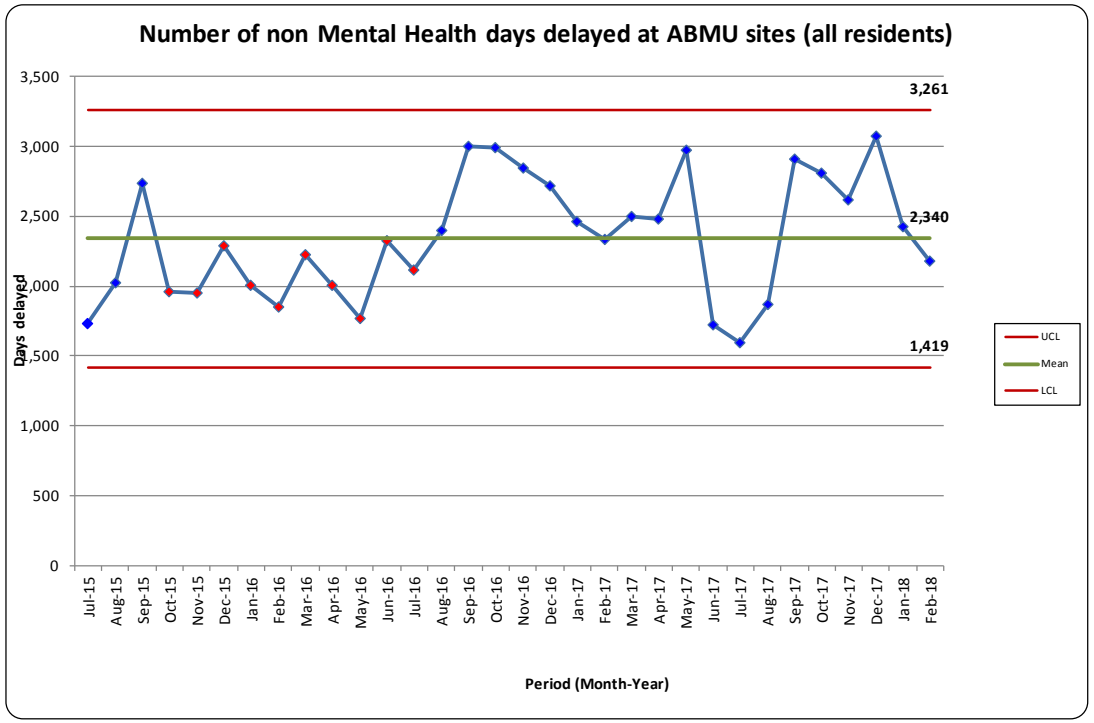



## ABMU Health Board Cancelled Electives for bed reasons

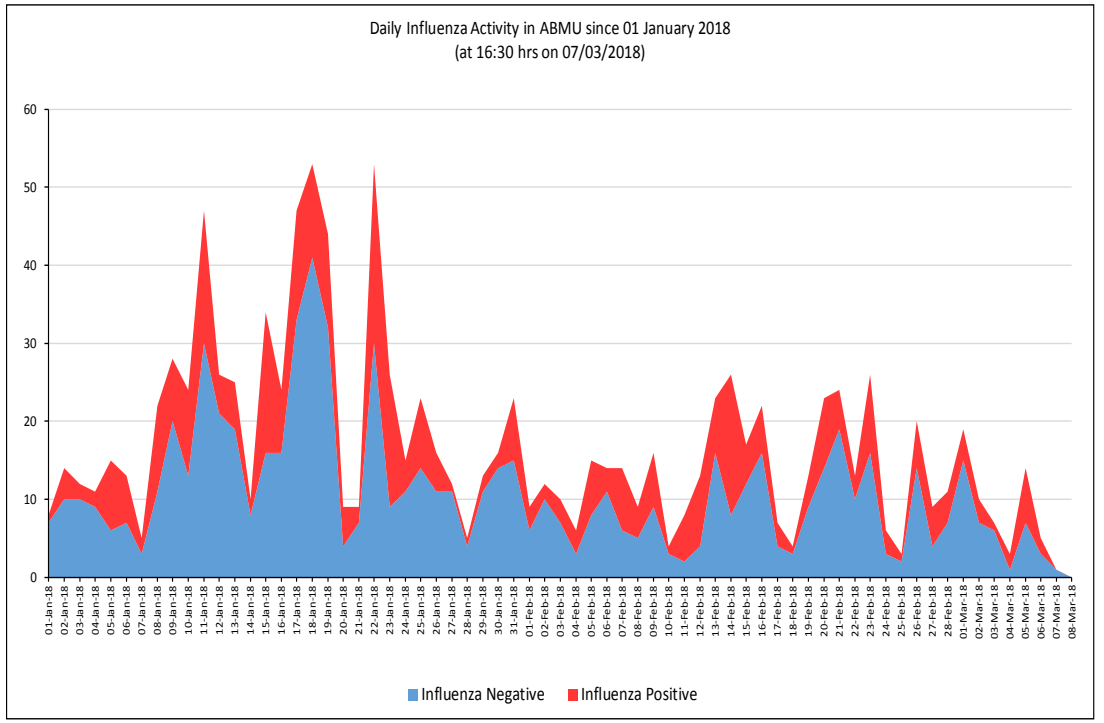


# Other indicators

## Non mental health delayed transfers of care




## Flu activity



# February headlines

- 4 hour performance deteriorated by 2.31% when compared with January 2018, and by 3.37% when compared with February 2017.
- 12 hour performance deteriorated by 3.5% compared with January 2018, and by 30% compared with February 2017.
- Ambulance handover performance saw an in month improvement compared with January, although experienced a deterioration when compared with February 2017. A number of additional improvement actions with WAST commenced during February – HALO's, Advanced Paramedic practitioners, Community paramedic pilot in Afan Valley.
- Successful models implemented to maintain clinically urgent/ cancer elective activity resulting in reduced patient cancellations – 40% reduction in February 2018 compared with February 2017.
- High level of flu prevalence continued to impact on patient flow and capacity on all sites. 146 confirmed, and 231 suspected cases in February. Flu management debrief session planned on 9th April.

# February headlines

- ED demand at Morriston and PoW increased by 1.3% and 2 % respectively compared with February 2017, whilst Minor injuries units demand reduced at Singleton and NPT.
- Gp out of hours experienced a 7% increase in demand compared with February 2017.
- Medical admissions increased by 3.7% compared with 2017, with medical admissions in the> 80 years age groups increasing by 10%. 17% increase in GP expected medical admissions into Singleton for Swansea and NPT residents.
- 1 day reduction in average length of stay for medicine in February 2018 compared with February 2017
- 29% reduction in medical outliers compared to February 2017. Improving in month delayed transfer of care position with 10% reduction in bed days lost. The number of  Medically fit patients remained high however – particularly at Morriston hospital.
- Indications of increased clinical acuity – eg ambulance categorisation of patients, critical care bed occupancy, stroke admissions

# Overarching key improvement actions

- 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 - >200 staff attended.
- Revisiting **escalation actions/triggers** to support earlier de-escalation of risk – including increased Local Authority engagement.

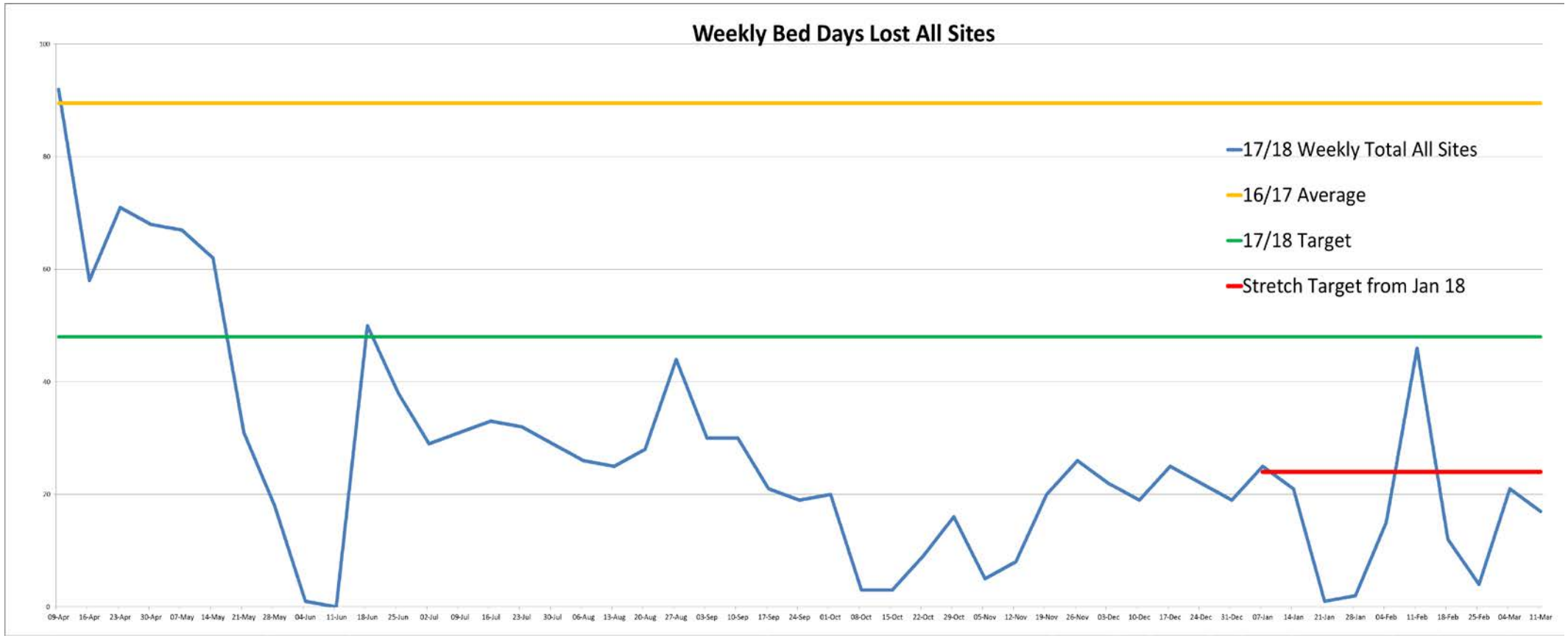
# Delivery Unit Quarter 4 Improvement Plans

# Key Quarter 4 actions – NPT Actions

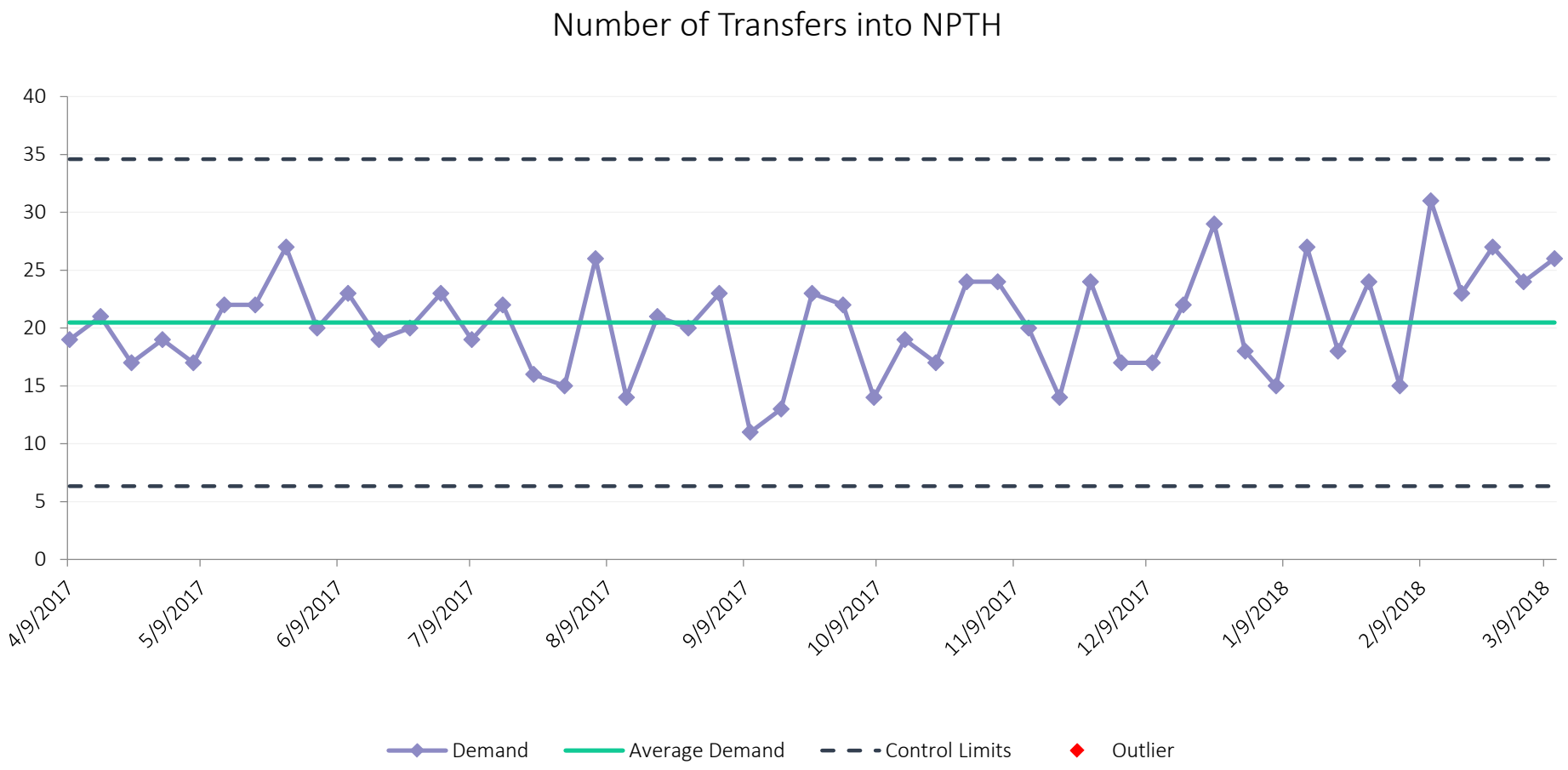
Build on service redesign improvements in Quarters 1- 3 through:

- **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. Evidence of increased throughput.
- **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. Unable to progress owing to limitations in ACT capacity so OT and additional physiotherapist have been redirected to enabling and complex care wards at NPT to support acceleration of patient discharges.
- 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. Roll out of refreshed SAFER flow bundle from mid March.
- Evidence of increasing activity and improved patient flow ( reference graphs below)

# NPT flow metrics



# NPT flow metrics



# 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 – commenced 5th March on a phased implementation basis
- Install custom made Patient Status at a Glance boards to support SAFER/Red/Green and install the electronic solution bed management tool – Boards on order for implementation during March
- Redesigned process for Medically and Discharge Fit information and patients to reduce delays – in place for the last 3 weeks – improved accuracy of information and data sharing with LA colleagues
- Implemented revised process for prioritising blood results for discharges on day of discharge – no feedback on impact to date.

**Surgical Patients and Care of the Elderly**

- Establish an area and processes for trial of ambulatory emergency surgical patients outwith of ED. Implemented 26th February for 2 week pilot. 131 patients assessed – only 20 admitted to emergency theatre. Development of proposal underway to implement on a more sustainable basis.
- Continue to embed the revised model of COTE service ( implemented) and strengthen front door working to provide links with CRT to avoid admission ( April 2017). Impact will be measured by service improvement team

**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). Sickness within core staffing has resulted in additional staff being redeployed to backfill gaps on rotas so unable to realise anticipated benefit.
- WAST HALO – positive impact and contribution to reduction in ambulance handover delays at the hospital
- Senior nurse to review outlier patients to reduce delays for medical patients on non medical wards. Implement from 19th March, impact will be evaluated

# 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 – ward liaison officers working weekends to identify 'golden discharges' and red days to support earlier flow.

Weekend opening of Discharge Lounge and Discharge Lounge Liaison role to ensure optimised use of lounge before 10:30am and 12 midday - staffed at weekends subject to staffing to improve patient flow

2. **New release winter funding schemes**

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

Clinical Navigator in ED to reduce delays in First Assessment and any patients waiting for specialist opinion - not sustainable owing to staffing gaps as reliant on additional shifts being undertaken by core workforce.

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

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

3. **Medical Director led Professional Standards**

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

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. Implemented but full effect not realised as locums are now covering staffing gaps in fragile core rota.

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

# 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 to avoid admission/ accelerate discharge. Locum OT appointed – unable to secure additional physiotherapist. Business case for ongoing support for this model is being considered by IBG on 28th March.

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. In place and extended working hours also in operation in the assessement unit – metrics are being captured on time to decision etc.

**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. In place.

**Redesign of Front Door Service**

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

Phase 1 SAU refurbishment planned for Q4 17/18 to support safe and timely patient flow through the department. Start date 19th March.

# Key Quarter 4 actions – Primary and Community Care

- **Increase Flu vaccination**
  - Target x 2: 70% in over 65 years; 50% in under 65 years (equivalent to 4 further admissions avoided )
- **Increase Smoking cessation**
  - Targets x 2: 20% increase in more individuals treated; 20% more staying quit at 4 weeks
- **Increase joint working with WAST/111 to improve UsC system**
  - Work with WAST/111 increase publicity with non-NHS partners (to increase 111 use and divert from ED)
  - Monitor and progress Bevan Exemplar WAST Stack review project by ACT (to reduce emergency admissions and WAST ambulance use – metrics being collated)
- **Enhance Community Pharmacy services**
  - Target 50% of all pharmacies enrolled in Common Ailment Scheme (to reduce GMS impact)
  - Evaluate impact of extended opening hours at the community pharmacy at PTRC (to support 111)
  - Introduce on-call OOH community pharmacy for palliative care ( to reduce emergency admissions)
- **Increase access to Oral Health services**
  - Commission equivalent of < 4 WTE dentists in high need areas (to reduce GMS/ED demand)
- **Improve GMS Access**
  - Launch Telephone First model and standards for ABMU practices (to increase GMS capacity to meet demand) – commenced 26th February.
- **Support patient flow**
  - Define and maximise use of Discharge to Assess at Home (to increase patient flow)

# 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. Additional bed capacity continues to be optimised.
- 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. Now deferred from March to ensure appropriate governance arrangements are in place. Aim to implement in April dependent on staff availability.

# ABM Health System Actions

- Undertake mini breaking the cycle during March
- Commence the phased roll out of the electronic ward dashboard at the end of March 2018, starting with NPT hospital– this will reduce duplication and support more accurate/ real time information on ward capacity, utilisation and patient flow.
- Measuring the impact of additional non recurrent winter pressures monies to inform unscheduled care improvement plans 2018/19
- Commission point of prevalence study audit during March, to inform 2018/19 service redesign programme.
- Easter plans are being developed to support system resilience over the bank holiday weekend.

# 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/capacity redesign – slower stream rehabilitation model / community capacity to support early discharge – links with redesign of frailty model. ICF deep dive review undertaken on 12th March.
- 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.

# Flow measures

- In addition to the standard national NHS performance measures for unscheduled care, with effect from April 2018 it is intended to include the following flow measures in future reports on unscheduled care:
  - The percentage of patients discharged home before midday ( target 35%)
  - The percentage of patients with an estimated date of discharge – target 100%.
  - Stranded patients – ie those patient admitted and discharged as an emergency with a length of stay > 7 days

# Key Risks

- Medical Workforce capacity in key areas – ED Morriston, Gp out of hours, Primary care.
- Infection – ongoing flu and pockets of norovirus impacting on patient flow.
- A number of the additional winter plans schemes resourced through the non recurrent WG funding were dependent on securing locums, staff overtime, additional hours – it has not proved possible to progress some of these as a result of finite capacity.
- Phased reduction in additional winter bed surge capacity.
- Deterioration of the Domiciliary Care/Social Care provision

# Projected performance end of March 2018

- The collective impact of the improvement actions is anticipated to deliver a 3% - 5% improvement impact on the 4hr target
- However their full impact may not be realised due to:
  - Increased clinical acuity
  - Ongoing infection – flu situation is gradually improving but is still impacting on capacity and patient flow.
  - Significant and ongoing impact of adverse weather conditions on the unscheduled care system the last week of February/first week of March.