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Health Board



<b>Meeting Date</b>	<b>15<sup>th</sup> December 20</b>	<b>Agenda Item</b>	<b>5.2</b>
<b>Report Title</b>	<b>Enhanced management of the medically fit patient group within SBUHB</b>		
<b>Report Author</b>	Alison Gallagher-Service Group Manager Patient Flow		
<b>Report Sponsor</b>	Craig Wilson – Deputy Chief Operating Officer		
<b>Presented by</b>	Chris White-Chief Operating Officer		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to present to the Performance and Finance Committee a revised focus on the medically fit patient group within the Health Board with a view to reducing the number of medically fit numbers occupying acute hospital beds within the Health Board.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• The medically fit patient cohort has reduced as at Monday 23<sup>rd</sup> November to 144, a reduction of 29 pts from the reported figure on Wednesday 18<sup>th</sup> November 20.</li> <li>• The number of patients waiting negative COVID swabs to enable transfer to the next pathway step remains a challenge and impact acute hospital capacity.</li> <li>• The outflow from hospitals is significantly impacted by the care home lockdown and the availability of Domiciliary Care both via local authority and private provider agencies.</li> <li>• The opportunities that existed during the first wave of COVID-19 in relation to community capacity, family support and care homes to expedite discharges are markedly reduced.</li> <li>• Acute sites are reporting a number of issues in relation to patient flow and discharges processes.</li> </ul>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<b>x</b>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <p><b>Note</b> the number of patients that are ready to move onto the next pathway step in their care journey and to note the issues and barriers that exist to expediting timely discharge or transfer of those patients that no longer require acute or step down hospital services.</p>		

# ENHANCED MANAGEMENT OF THE MEDICALLY FIT PATIENT GROUP WITHIN SBUHB

## 1. INTRODUCTION

This report sets out the number of patients deemed ready to move onto the next pathway step in their care journey within SBUHB, this patient group are referred to as 'medically fit'. The report also provides insight into the operational challenges associated with expediting the pathway of patients that fall within this category and

## 2. BACKGROUND

The pre-COVID medically fit position within the Health Board was high at approximately 280 patients at any time occupying acute hospital beds. During the first wave of the pandemic, a working group made up of health and social care teams focussed on clearing the backlog of medically fit patients, a total of 238 patients.

The number of patients deemed 'medically fit' have not reached the pre-COVID number and this sustained reduction is to be noted.

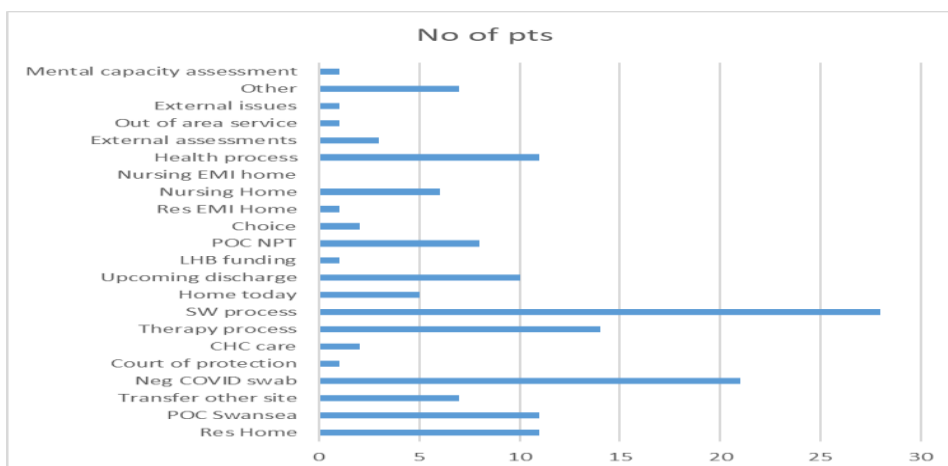
However, the number of medically fit patients has grown from the baseline that was reported during the first wave of the pandemic, which plateaued at circa 90 patients.

The baseline reported position to inform the current programme of work is 147 and variation will be reported against this figure.

This paper explores the current number of medically fit and provides insight into the reasons why patients remain in hospital and the challenges to achieving timely patient flow as escalated via the hospital units.

## 3. POSITION AS AT FRIDAY 20<sup>TH</sup> NOVEMBER:

The number of medically fit patients as at Friday 20<sup>th</sup> November can be broken down as follows:



#### 4. OPERATIONAL CHALLENGES TO PATIENT FLOW:

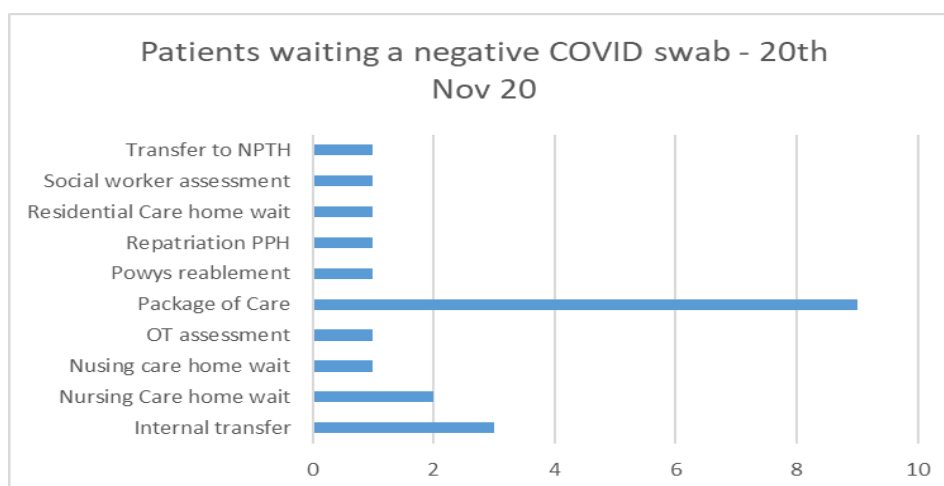
The hospital operational teams undertaking the weekly review of those patients ready to move on to the next step of their pathway are reporting the following challenges to flow:

- There are a high number of patients waiting for a negative COVID swab to move onto the next step of their pathway – this is reported as 17 patients, however this was 21 as at Friday 20<sup>th</sup> November 20.
- The staffing levels on the wards are reported as below the nurse staffing act requirements, with some areas reporting significant deficits. This is impacting the ability of ward teams to complete the necessary documentation to support timely patient discharge – this includes funded nursing care, fast track documents.
- The highest reason in bed is reported via SIGNAL as ‘social work’ process. It cannot be assumed that all of these patients are delayed, some patients are experiencing a timely ‘social work’ process, whilst others are experiencing delays. The group are working on internal standards for health and social care to define a process versus a delay.
- Variation in the discharge practice across Health Boards has been reported which deviates from the approach regionally. However, it would appear that this deviation is in breach of the WG discharge guidance issued in response to the pandemic.
- Challenges with the internal flow process and timely movement of patients into capacity within the Health Board.

Actions taken to address the reported issues:

##### Patients waiting for negative COVID swab:

- Analysis of the patients waiting negative COVID swab and sharing of this information to inform community colleagues.
- Meeting chaired by UND Primary and Community Services to explore the inconsistency in approach across Health Board areas.



**Delays in discharge documentation due to staffing levels:**

- Consider an escalation process for delays in fast track documentation being completed as this will delay patients going home or to an alternative environment for the last days/weeks of life.
- Consider pooling of the DLN nursing resource to respond to escalated patient delays for the fast track pathway.

**Delays due to the Social Work Process:**

- This makes up the highest 'reason in bed' cohort which was reported at 28 as at Friday 20<sup>th</sup> November 20, which is 19% of the total patient group.
- Weekly meetings ongoing to agree internal standard timescales to support reporting of a process versus a delay.

**Challenges with the internal flow process:**

- Opening of additional surge capacity to respond to current levels of demand.
- Adopting alternative ward operating and staffing models to integrate nursing and therapies teams to care for lower acuity patients on the medically fit pathway.
- Development of a COVID-19 inter-hospital transfer policy for sign off.

**5. RECOMMENDATION**

The members of the Health Board Performance and Finance Committee are asked to:

- **Note** the contents of the report.

Link to Enabling Objectives		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<b>X</b>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<b>X</b>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
<p>The ability to move patients through their clinical pathway in a timely fashion is constrained by a number of variables, further complicated by the infection control measures in place in response to the pandemic. Pathway delays result in the patient remaining in a hospital bed for a longer period than is required. Such delays present patient safety risks associated with unnecessary hospitalisation, and represent poor patient experience.</p>		
Financial Implications		
<p>The management of the medically fit patient group is undertaken by operational nursing leads supported by senior nursing and management staffs, financial support has not been required to enhance focus on this patient group.</p> <p>However, the increasing medically fit position results in additional costs for the health and social care system as surge capacity is opened to respond to demand which is funded outside of the baseline budget for services.</p>		

<b>Legal Implications (including equality and diversity assessment)</b>	
<b>Staffing Implications</b>	
The staffing implications of an increasing medically fit patient cohort are associated with the opening of additional capacity to respond to the demand on hospital services. The beds occupied by the medically fit patient group are essentially 'blocked' and therefore additional system capacity is a direct result of this position.	
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>	
The advent of the COVID-19 pandemic has led to accelerated change in the discharge process supported by Welsh Government policy. This policy requires a shift from assessments for discharge in the acute setting, promoting a 'discharge to recover and assess' model of care with a 'home first' ethos.	
The well established relationships with Local Authority partners and the regional partnership board have implemented changes to the discharge pathway and process and continue to focus on right-sizing community services to enable consistent 'discharge to recover and assess' pathways to be provided.	
<b>Report History</b>	Variation on the report presented to the COVID Silver Operational Group Wednesday 25 <sup>th</sup> November 20.
<b>Appendices</b>	n/a.