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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27th July 2021		Agenda Item	2.3
Report Title	Management of the clinically optimised patient group within SBUHB			
Report Author	Alison Gallagher-Service Group Manager Patient Flow Helenna Jarvis Jones – Head of Nursing -Corporate			
Report Sponsor	Rab McEwan – Interim Chief Operating Officer			
Presented by	Rab McEwan – Interim Chief Operating Officer			
Freedom of Information	Open			
Purpose of the Report	The purpose of this report is to present to the Health Board Performance and Finance Committee an update on the clinically optimised patient group within the Swansea Bay University Health Board. The paper describes the operational and strategic responses aimed at reducing the number of patients that are deemed clinically optimised occupying hospital beds.			
Key Issues	<ul style="list-style-type: none"> The clinically optimised patient position is a growing concern for the Health Board, the baseline reported numbers have reset from a baseline of 147 in November 2020 to 198 as at Friday 9th July 2021. There is an increase in the number of patients waiting for packages of care in the community, with a high number of delayed patients waiting for long term care via private providers. The allocation of a social worker (SW) and the wait for first SW assessment make up the majority of the Social Work Process delays. There are early indications that a surge in COVID presentations is impacting the Care Homes sector and the associated staffing challenges seen in previous waves are emerging. LA partners and the Service Groups are implementing extraordinary operational responses which are set out on the paper 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members of the Performance and Finance Committee are asked to: <ul style="list-style-type: none"> NOTE the contents of the paper and the work in progress to reduce the number of clinically optimised patients occupying in-patient beds. 			

MANAGEMENT OF THE CLINICALLY OPTIMISED PATIENT (COP) GROUP WITHIN SBUHB

1. INTRODUCTION

This report sets out the number of patients deemed clinically optimised within the Health Board and ready to move onto the next pathway step in their care journey within SBUHB. The report also provides insight into some of the operational challenges associated with expediting the pathway of patients that fall within this category and describes the actions taken to address these constraints.

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 clinically optimised patients, a total of 238 patients.

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

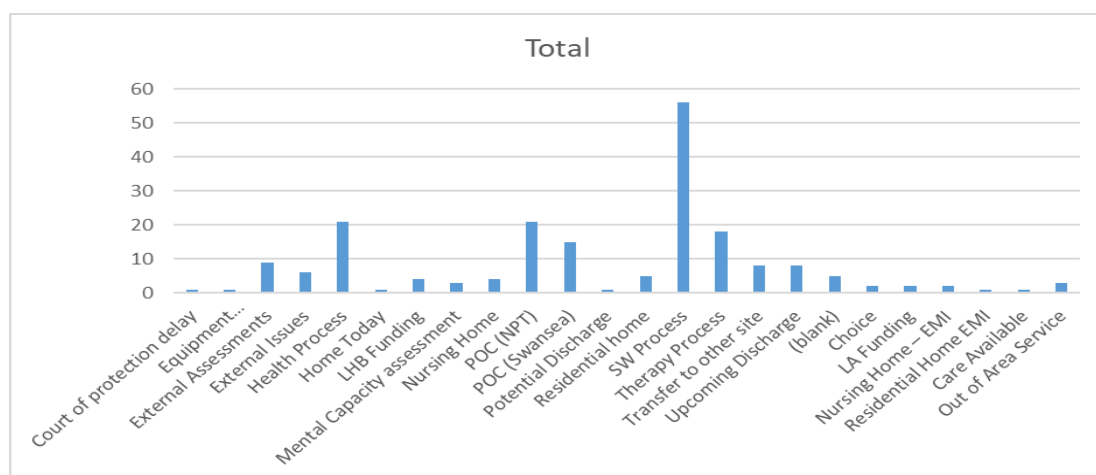
However, the number of clinically optimised patients has grown from the baseline that was reported during the first wave of the pandemic, which plateaued at circa 90 patients.

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

This paper summarises the number of clinically optimised patients and provides insight into the reasons why patients remain in hospital. The extraordinary operational responses that have been implemented by the Health Board in partnership with the Local Authorities are discussed. Increasing emergency pressures and high demand for urgent and emergency care services is driving the need for a different response and this is discussed within the paper.

3. POSITION AS AT FRIDAY 9TH JULY 2021:

A breakdown of the clinically optimised patients as at Friday 9th July 2021:



The above table is numerically represented in Appendix 1.

4. **OPERATIONAL RESPONSE TO REDUCE THE NUMBER OF CLINICALLY OPTIMISED PATIENTS:**

Service Groups:

The Service Groups currently hold weekly review meetings for the clinically optimised patient group attended by Ward Managers, LA partners, Matrons and Senior Nurses in the respective hospital sites. Despite these partnership review meetings escalation of patients delayed in the hospitals has proven limited and the number of clinically optimised patients has continued to grow.

The Morriston Service Group has revised the operational plan for patient reviews and has developed a standard operating protocol which sets out the review process at 7, 14 and 21 days with Director led review of the 21 day patients with relevant service group and partner organisation representatives. This process will commence next week and will be supported by Digital services to ensure reporting and measurement is available.

Patients requiring small packages of care with a low level of support who remain stranded in the hospitals are being asked to go home with family support to bridge the period until such a time that care is made available, this has accelerated small numbers of discharges this week.

Partnership working with Local Authority Partners:

There remain significant challenges in the community to provide care to patients in their own homes. This is due to workforce gaps in the core Home First teams and a high number of patients waiting for long term packages of care via the private sector who do not currently have capacity to accept the patients. NPT Local Authority has confirmed it aims to increase domiciliary care capacity and is redirecting resource from other services into the domiciliary care teams to increase capacity. The details of their efforts and finalised plans has not yet been communicated and remains a work in progress, with no indication of significant impact.

Swansea Local Authority has local Care Homes as part of its core services and has identified available residential beds into which patients in a 'social work' process can be transferred. In turn, to support these patients the Health

Board needs to improve resilience in its Home First nursing team and the overall discharge nursing workforce. This pathway to LA Care Homes is a significant development as it is based on 'Discharge to Recover and Assess' principles which have not previously been implemented in Swansea Bay. In the absence of a confirmed operational policy, the approach has been led by a Matron in the Home First and the Community DLN team with input from hospital DLN's, Social Work colleagues and commissioning colleagues in the Local Authority. On 11th July a total of 22 patients had been assessed for this pathway. There has been a high patient refusal rate due to the need to isolate for 14 days on arrival in the Care Home and also there has been some resource barriers to enable this to happen such as pressure in the District Nursing team to support these patients in the Care Homes. The multi-disciplinary team will focus on an agreed operating protocol and will aim to introduce a less labour intensive process to support this pathway to local Care Homes. The learning will inform the wider work currently in progress in relation to Pathway 4 in which the Health Board have committed an investment in Care Home capacity for patients with nursing care needs.

5. GOVERNANCE:

The current clinically optimised patient numbers present both risks to individual patients and the local health system including:

- The impact of unnecessary hospitalisation for individual patients including risk of hospital acquired infections, de-conditioning and falls in the frailer older patient group.
- Likelihood of increased dependency on community services due to de-conditioning and prolonged periods of hospitalisation
- System flow risks as a result of the hospital bed pool being occupied by patients who do not require acute hospital services. This results downstream in an overcrowded Emergency Department, inability to offload and release ambulances and to delayed ambulance response to people waiting for 999 response in the community.

6. RECOMMENDATION

The members of the Health Board Performance and Finance Committee are asked to note the contents of the report.

APPENDIX 1:

Numerical Breakdown of the clinically optimised patient group by 'reason in bed'.

Data Source: SIGNAL

Count of Ward ReasonInBed	Total
Court of protection delay	1
Equipment (equipment/adaptations?)	1
External Assessments	9
External Issues	6
Health Process	21
Home Today	1
LHB Funding	4
Mental Capacity assessment	3
Nursing Home	4
POC (NPT)	21
POC (Swansea)	15
Potential Discharge	1
Residential home	5
SW Process	56
Therapy Process	18
Transfer to other site	8
Upcoming Discharge	8
(blank)	5
Choice	2
LA Funding	2
Nursing Home – EMI	2
Residential Home EMI	1
Care Available	1
Out of Area Service	3
Grand Total	198