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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	16 July 2019	Agenda Item	5.2
Report Title	Unscheduled Care Performance		
Report Author	Jan Thomas, Assistant Chief Operating Officer		
Report Sponsor	Chris White, Chief Operating Officer		
Presented by	Chris White, Chief Operating Officer		
Freedom of Information	Open		
Purpose of the Report	This paper outlines the Health Board's plan to recover Unscheduled care performance.		
Key Issues	<p>The Health Board's Unscheduled care performance has declined in Quarter 1 when compared with performance for the same period in 2018.</p> <p>In response this paper summarises the key actions that are being implemented to recover this position and to bring the Health Boards performance back on track with the performance improvement trajectory.</p>		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> Note the range of actions that are being progressed to recover and to then sustain improvement in our unscheduled care performance. 		

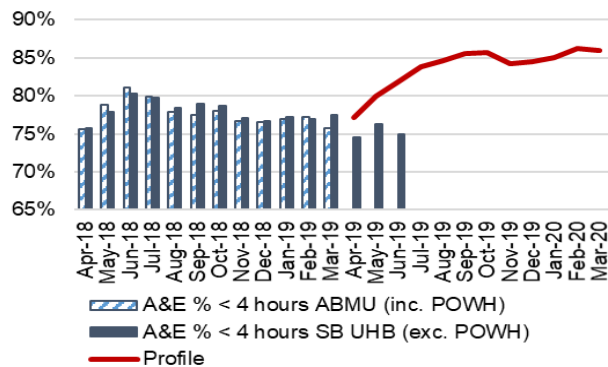
UNSCHEDULED CARE Performance and Finance Committee Meeting 16th July 2019

1. Introduction

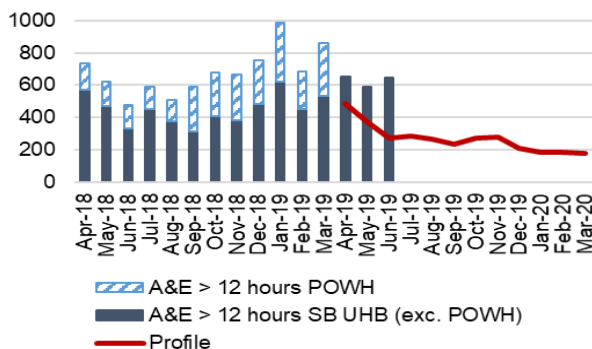
Following concerns raised at the Performance and Finance Committee meeting on 18th June 2019 regarding the deteriorating position in the Health Board's Quarter 1 unscheduled care performance compared with 2018, the Committee requested further detail on the system wide plans to stabilise and recover this position.

The run charts below show the comparative performance on the main performance metrics since the start of Quarter 1 2018/19. The fully shaded bars are Swansea Bay University Health Board figures only. The lined areas are the former Abertawe Bro Morgannwg University Health Board figures.

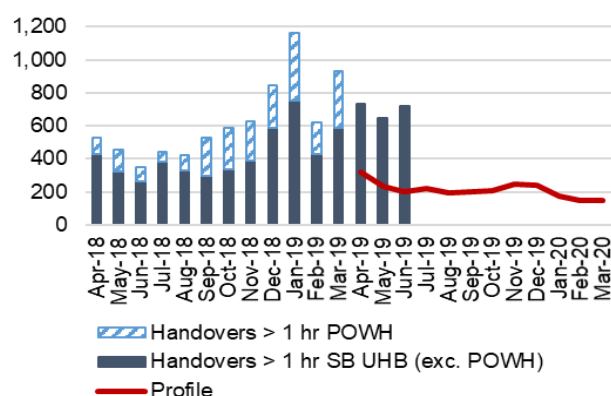
ED – 4 hour %



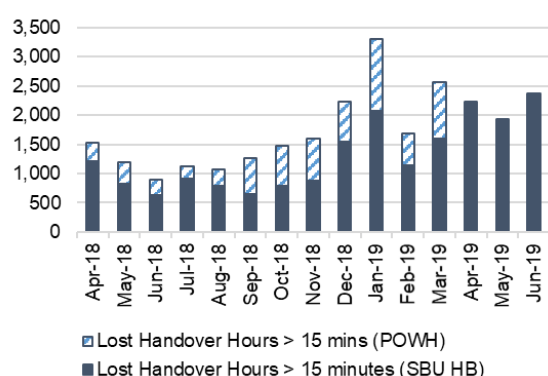
ED – numbers of patients waiting over 12 hours



Handover – number of handovers delayed over 1 hour



Handover – hours lost over 15 mins



This paper outlines the main actions being progressed by the Health Board in conjunction with partner organisations to arrest the decline in performance.

2. Improvement plans

2.1 Unscheduled care improvement plans.

Each of the service delivery units has developed an unscheduled care improvement plan that reflects the main priority areas agreed through the Health Board's annual planning process. These plans are attached in **Appendix 1** for information.

In light of the challenges experienced in the unscheduled care system during Quarter 1, the unit service directors, together with the support of the interim director of information and IT, commenced weekly unscheduled care improvement meetings in mid-June, focussing on specific areas identified to stabilise unscheduled care in the first instance, and then to deliver improvement in the Health Board's unscheduled care performance against the key performance metrics.

At the first meeting of this group on 19th June 2019, the following 5 priority areas were agreed and are being progressed:

- Every service director will ensure that the daily deep dives/ board rounds comply with the standards outlined in the SAFER flow policy, ensuring an action

focussed approach on a daily basis, highlighting and addressing any delays affecting a patient's discharge plan.

- To ensure that the 4 hour performance calculations are aligned with other Health Boards – Welsh Government is actively involved in these discussions to ensure consistency of approach.
- The Assistant Chief Operating Officer (COO) will follow up progress on the WAST handover plan agreed with NCCU colleagues in early May.
- Strengthening our electronic data capture for medically fit for discharge patients alongside a more targeted focus and escalation of discharge delays for patients in hospital > 60 days.
- Each service director has identified the top 3 immediate actions from their USC plans that will contribute to improvement in the key USC performance measures. These actions are as follows:

Primary and Community services	<ul style="list-style-type: none"> • Improving fast track process for Continuing Health care patients. • Introduce daily duty manager role for community and primary care services to strengthen communication and escalation arrangements. • Implement direct contact arrangements with private providers of domiciliary care regarding patient packages of care with the aim of reducing discharge waits.
Morrison hospital	<ul style="list-style-type: none"> • Bolster on-site flow management to ensure unnecessary delays for discharge and admission are minimised. • Ambulatory emergency medicine pilot. • Reduction in ambulance handover delays – joint project with NCCU.
Singleton hospital	<ul style="list-style-type: none"> • WAST stack review by AGPU GPs. • Front door manager of the day to manage ambulance arrivals. • Enhancing use of SIGNAL to improve flow and communication.
Neath Port Talbot hospital	<ul style="list-style-type: none"> • Triumvirate ward rounds on all medical wards. • TOCALs POW change – reengagement with POW. • Breaking the Cycle – for a fortnight with Silver command.
Mental Health and Learning Disabilities	<ul style="list-style-type: none"> • Continued Gatekeeping function of the Crisis Teams and Psychiatric Liaison across Swansea and Neath Port Talbot to ensure all USC admissions meet clinical threshold for admissions. • Maintain daily reviews and oversight of all USC admissions through morning ward reports and daily conference calls. Escalation Matrix to assist decision making process has been in place since end May 2019. Crisis Team lead and service manager review contingencies across all areas on a daily basis. This includes progression with discharges. • Weekly Pathway reviews of all USC admissions have been established. These are multi-agency and include Local Authorities, Social and Health Care Coordinators and Community Teams.

At the second meeting on 26th June 2019 it was agreed to implement a 2 week “Breaking the Cycle” approach, with the aim of ‘rebooting the system’ to de-escalate from the sustained high levels of escalation pressures and system risk experienced during the month of June. The aims of this approach are outlined in **Appendix 2**, and which also identifies the measures that will be used to evaluate the success of this approach.

3. Ambulance handover plan

Despite an overall reduction in the number of patients conveyed to hospital by an emergency ambulance in Swansea Bay Health Board, the number of patients who have a delayed handover to hospital care has increased. Swansea Bay Health Board is accountable for circa 25% of ambulance handover delays across Wales, which predominantly occur at Morriston hospital.

Whilst acknowledging that ambulance handover performance is in part dependent on positive patient flow across the wider Unscheduled care system, the Health Board agreed a Morriston hospital handover improvement plan with the National Commissioning Collaborative unit (NCCU) in early May to deliver a reduction in handover delays on this site.

A copy of this plan is attached in **Appendix 3**, and these actions are in the process of being implemented with the support of NCCU. Singleton hospital has also produced an ambulance handover improvement plan, which is attached in **Appendix 3** for information.

In addition, a joint meeting took place on 20th June 2019 between the respective Chief Executives for Welsh Ambulance Services NHS Trust (WAST), Swansea Bay University Health Board and the National Commissioner for ambulance services in Wales, to discuss ambulance handover performance in this Health Board.

Further joint improvement actions and timescales for implementation were agreed, focussing on 3 key work streams:

- Revised escalation plans including cross border regional and national support arrangements – ending the postcode acceptance criteria for patients conveyed to hospital by an ambulance (4 weeks)
- Review admission criteria for accepting sites to convey appropriate patients away from Morriston to other hospitals in Swansea Bay and Prince Phillip hospital in Hywel Dda. (6 weeks)
- Alternative pathways – develop 3 new pathways that avoid conveyance to hospital, to include respiratory/COPD patients (4 weeks).

Senior managers from Swansea Bay Health Board have been identified to contribute towards these programmes of work.

4. Hospital to Home model of care – Transformation programme

The Health Board has agreed an overarching plan to improve the unscheduled care system, which acknowledges the priorities included in the agreed annual plan for

2019/20, the transformation work being developed through the Hospital to Home transformation of care model, and the particular focus on improving services for the frail older person.

The Hospital to Home model was developed following the findings of the bed utilisation audit which was jointly commissioned by the Health Board and Swansea and NPT local authorities in October 2018, and which recognised the need to remodel our current system and capacity to meet the care needs of our older population in a more appropriate and timely way.

This overarching plan is summarised in the attached plan on a page (**Appendix 4**).

The Unscheduled care Board and the Adult services Transformation Board have oversight of the Older Persons clinical redesign programme of work, which is underpinned by 4 project groups, namely :

- The Keeping People at Home group focussing on the development of alternative pathways of care and capacity that supports admission avoidance. This group is chaired by the Service Director for Primary care and Community services.
- The Good Hospital Care Implementation Group focussing on standardisation of the frailty model, pathways and supporting documentation for patients in the Health Board boundary, and ensuring that the principles the SAFER flow are fully embedded as standard operational practice. This group is chaired by the Service Director for the Singleton delivery unit.
- The Hospital to Home Implementation group and the DToC improvement Group. These groups are chaired by the service director and nurse director for Primary care and community services and are focussed on right sizing the capacity required to maximise patient independence (John Bolton model), and also ensuring that best practice principles for discharge are adopted and implemented.
- Dementia Plan. The aim of this group is to deliver best practice for patients with dementia across all health and social care setting and to implement the National Dementia Plan. The chair for this group is to be confirmed.

The project plans and communication reports for the first 3 groups were shared with the June Unscheduled care board and progress will be reported on a monthly basis going forward – highlighting any risks or slippage against plan and corrective actions. There is an identified project manager for each of these programmes.

Copies of the project plans and highlight report for each of these programmes of work are attached for information in **Appendix 5**.

5. Unscheduled Care Board

The Unscheduled Care board meets on a monthly basis and is chaired by the Chief Operating Officer.

A copy of the agenda for the June meeting is attached for information in **Appendix 6**, as this reflects the breadth of work being progressed under the umbrella of














Unscheduled care. In addition to the work already outlined in this paper, the Health Board's escalation policy, Patient flow and discharge policy, and Choice of Accommodation policy are all being refreshed to strengthen the frameworks within which unscheduled care services operate, and to set out and reinforce expected operating processes and standards.



6. Performance

The complexity and interdependencies of the unscheduled care system makes it difficult to assign performance improvement trajectories to any individual action or programme. However, there is confidence that the combined work programme and actions described in this paper will achieve a 2-3% improvement in 4 hours performance and a 2-3% reduction in 12 hour and ambulance handover delays.

7. Recommendation

Members of the Performance and Finance Committee are requested to note the range of actions that are being progressed to recover and to then sustain improvement in our unscheduled care performance.

Appendix 1	Unscheduled care improvement plans	 PCS USC DTOC PLAN 03.06.2019 (1.  Copy of 20190603 USC Recovery plan.x  Copy of Singleton Unscheduled Care P  Copy of Action Plan 2019 2020 May.xlsx
Appendix 2	Breaking the Cycle	 Perfect Week July 2019.doc
Appendix 3	Ambulance handover programme improvement	 Shane Mills 9 5 2019.docx  Delayed ambulance offload - action plan
Appendix 4	Hospital to Home Programme	 Worksheet in C Users ja001695 Appl
Appendix 5	Hospital to home project plans	 Keep Me at Home Communication Slid  Copy of Copy of KM@H Project Plan  GHC Communication Slid  Copy of GHC Project Plan v3.xlsx  H2H Communication Slid

		 Copy of H2H Project Plan v7.xlsx
Appendix 6	June Unscheduled care board agenda	 Agenda 17.6.19.docx