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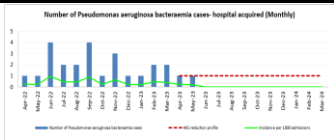
Service Groups' Highlight Report for Quality and Safety Committee

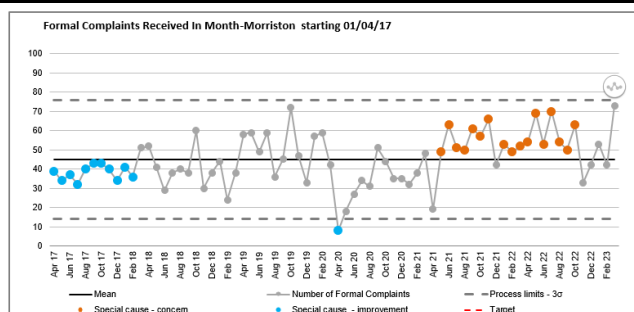
Meeting Date:	27 th June 2023
Service Group:	Morrison Service Group
Author:	Suzanne Holloway Group Head of Quality, Safety & Patient Experience
Sponsor:	Kate Hannam, Interim Group Service Director Dr. Mark Ramsey, Group Medical Director Ceri Matthews, Interim Group Nurse Director
Presenter:	Suzanne Holloway, Group Head of Quality, Safety & Patient Experience Emma Mitchell, Interim Head of Nursing – Medicine & Emergency Care Shirley Hoskins – Interim Associate Service Manager, Emergency Care & Hospital Operations
Progress Against the Quality Priorities: reduction in healthcare acquired infections; improving end-of-life care; sepsis; suicide prevention; and reducing injurious falls (as applicable)	
Successes	<ul style="list-style-type: none"> Quality, Safety & Patient Experience (QS&PE) arrangements – updated and approved Phased implementation of in-hospital falls prevention programme “Baywatch” across Surgical wards Morrison’s IP&C Rapid Review Scrutiny Panel (weekly) fully established Biannual Controlled Drugs Review – presented with positive feedback Health Board “Hosted” Programmes <ul style="list-style-type: none"> Development of Volunteer Service roles within ED/AMU Completion of Phase1 of MES/CADS implementation in support of End of Life Care and NACEL targets
Priorities	<ul style="list-style-type: none"> Embed revised QS&PE Governance Structure at Divisional Level Implementation of QS&PE Improvement Plan for 23/24 Integration of Pressure Ulcer & Nutrition & Hydration (new for 2023/24) into Quality Priority monitoring and reporting Introduction of Morrison Quality Priorities Group – from July 2023 Review of Mortality Module within Datix to support Medical Examiner Service and Care After Death workstreams (national project lead) 6mth “Fit for Purpose” Testing of Significant Event Case Review process in line with Duty of Candour process Introduction of NatSSIP2 methodologies (Health Board wide lead) Critical Assessment of current Sepsis Monitoring at a Ward Level
Opportunities	<ul style="list-style-type: none"> Implementation of Health Board 5yr Quality Strategy – across all 4 Quality Ambitions

	<ul style="list-style-type: none"> Establishment of Health Board Community of Practice to support Quality Improvement Development of AMaT to support evidence based delivery of Quality Priorities via clinical audit and review Links to other Health Boards and national programme as part of DatixCymru development
Risks & Threats	<ul style="list-style-type: none"> Implementation of the statutory requirements for Duty of Candour from 1st April 2023 and implications for workload (no revenue resource provided) Need for clearly articulated baseline training programmes – to support audit, investigation and improvement processes Restrictive Datix Development – to support local Quality Priority work Constraints from external organisations/agencies e.g. Medical Examiner Service, Social Services Implementation of Sepsis training plan and monitoring programme across Morriston

Areas of Greatest Quality Risk and Mitigating Actions

Challenge	Risks	Action/Mitigation	Status
Increase in the number of Serious Incidents	Avoidable patient harm as a result of a failure/omission in treatment and care, in line with recognised clinical practice	<ul style="list-style-type: none"> Daily review of ALL patient safety incidents reporting moderate/significant harm, with immediate senior management review Local Significant Case Review process established and implemented Fortnightly Director led Serious Incident Scrutiny Process established Immediate “make safe” actions taken In-hospital Falls Scrutiny Process fully established Pressure Injury Scrutiny Process fully established Trends, themes and learning shared at HB Patient Safety Congress (Jun23) Trends, themes and learning shared at National Patient Safety Symposium (Apr23) 	<p>Apr23 – 9 SI</p> <ul style="list-style-type: none"> 3 Unexpected Deaths 1 delayed Diagnosis 5 inhospital falls <p>May23 – 1 NE, 6SI</p> <ul style="list-style-type: none"> 1 Wrong Site Surgery 1 Unexpected Death 5 Healthcare Acquired Pressure Injury <p>(Apr&May22 = 1NE,3SI)</p> <p>Emerging volumes potentially linked to more focused review of reported patient safety incidents as a consequence of Duty of Candour reporting requirements</p>
Tier1 Infection Prevention & Control (Risk Score 20) Health Quality Priority	<p>Avoidable patient harm as a result of healthcare acquired infection</p> <p>Failure to achieve infection control targets set by Welsh Government could affect patient and family experience of care.</p>	<ul style="list-style-type: none"> Dedicated snr nurse lead post extended to June 2023 All HCAI cases reviewed within 72 hours of result confirmation Weekly Director led MDT Scrutiny Process in place – with immediate learning Twice weekly “Infection Prevention Safety Huddle” meetings established Invasive Device “Bug Stop” principles in place 	

	<p>Lack of single room capacity and over-crowding impacting on risk of in-hospital transmission</p> <p>Lack of decant capacity to support and facilitate cleaning and maintenance programmes</p>	<ul style="list-style-type: none">Focus on training and awareness – improvement plan in placeOverarching IPC Improvement Plan for 2023/24 in placeDevelopment of Divisional IPC Improvement Plans - progressing	<div><div><div>Number of Pseudomonas aeruginosa bacteremia cases-hospital acquired (Monthly)</div></div><div><p>2022/23 End of Year CDI – 92 (up6%) SABSI – 64 (up36%) E.coli BSI – 58 (up9%) KI BSI – 36 (equal) PAER BSI – 19 (prev. 7)</p></div></div>															
<p>Excess demand across unscheduled care pathways</p> <p>(Risk Score 25)</p> <p>Please note now includes Minor Injuries Unit NPT from 05/12/2023</p> <p><i>Access times primary driver in complaints and negative patient experience feedback</i></p>	<p>Access to Unscheduled Care Services If we fail to provide timely access to Unscheduled Care, then this will have an impact on quality & safety of patient care as well as patient and family experience and achievement of targets.</p> <p>Ongoing challenge within ED medical workforce.</p> <p>Capacity reduction in alternative services - GPOOH</p>	<ul style="list-style-type: none">HIW led Improvement Plan in place and nearing completionImplementation of Acute Medical Redesign from 05/12/2022 – now fully establishedOperational Action Plan in place and monitored fortnightlyRedirection of specialty expected patients away from EDED/OPAS/Frailty Hub/ Virtual Ward – to target older persons admissions in line with 6 goalsOutline specification for the introduction of rapid assessment (pre-triage model of care)Introduction of new Ambulatory Lounge in ED to improve patient pathwayRecruitment to Children Emergency Unit in progress	<p>Performance for end of May23 (as at 08/06/23)</p> <ul style="list-style-type: none">12,186 New Attendances (7,266 in Morriston & 4,920 in NPT)75.3% seen within 4hrs (60.5% in Morriston & 97.1% in NPT)1,303 waited >12hrs (All at Morriston)708 WAST Handover>1hr (All at Morriston) <p>Data Source: Weekly Performance Data 08/06/2023</p> <p>Internal Assurance Visit undertaken Apr2023 (corporate nursing) – with positive progress noted against:</p> <ul style="list-style-type: none">Waiting room Staffing & ProcessWaiting room comfort (new seating)De-clutter visibleTeam communication observedActive learning observed															
<p>Planned Care Recovery</p> <p>(Risk Score 20)</p> <p><i>Access times primary driver in complaints and negative patient experience feedback</i></p>	<p>There is a risk of harm to patients if we fail to diagnose and treat them in a timely way.</p> <p>Access to Theatre Capacity</p> <p>Competing Priorities</p> <p>Delivery of Stage1 (outpatient) 52wk target</p>	<ul style="list-style-type: none">Focus on reducing >52wks Stage1 patientsFocus on reducing >104wks all stage patientsFocus on outpatient efficiencies to support use of capacityProfile additional orthopaedic sessions into NPT – from Aug23Focus on opportunities to reduction IP length of stay and utilise 23:59 patient pathways through day surgery	<p>Health Board 3yr Recovery and Sustainability Plan in place</p> <p>Performance for end of May23 (as at 08/06/23)</p> <table><tr><th></th><th>May 22</th><th>May23</th></tr><tr><td>>26wks *</td><td>19498</td><td>10179</td></tr><tr><td>>52wks *</td><td>11258</td><td>2476</td></tr><tr><td>>36wks **</td><td>26411</td><td>18748</td></tr><tr><td>>104wk **</td><td>9718</td><td>4779</td></tr></table> <p>Data Source: Weekly Performance Data 08/06/2023</p>		May 22	May23	>26wks *	19498	10179	>52wks *	11258	2476	>36wks **	26411	18748	>104wk **	9718	4779
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81% Compliance 30day target Dec22
 75% Compliance 30day target Jan23
 64% Compliance 30day target Feb23
 70% Compliance 30day target Mar23
Current workload (05/06/2023)

- Pending 30day (within target) – 71
- Outstanding 30day – 60
- Redress - 7
- Reopened - 7

As with survey based patient experience feedback, the primary themes within formal complaints focus on access times, to both planned and emergency care and outcomes associated to delays in access.

Duty of Candour: Implemented from 01/04/2023

A Duty of Candour triggers when a failure or omission in healthcare results in a significant harm to a patient.

The requirement to assess all patient safety incidents reported as resulting in moderate/severe became a legal requirement from 1st April 2023.

Risk

No additional resource has been provided within NHS Wales to support the requirement, which includes explicit notification both verbal, and in writing, investigation and assessment against the legal requirements of the redress process within 30days.

	Cases Reviewed	Cases Triggered
April 2023	135	11
May 2023	126	9

Please note ALL Incidents which trigger a Serious incident/Never Event investigation will also trigger a Duty of Candour

Details of Serious Incidents/Never Events in Apr & May 2023 are above, Duty of Candour only cases are;

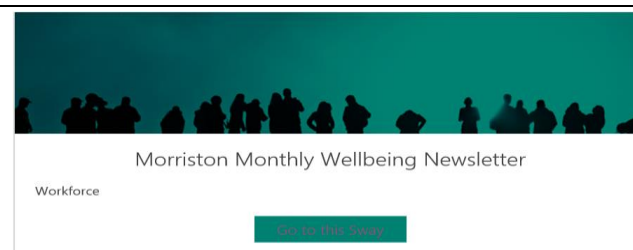
- 1 Delayed Diagnosis
- 1 Unexpected Death
- 1 Post-operative pack retention (intentional)
- 1 In-hospital Fracture (Femur)

Staff Experience Update

The primary reason for sickness and absence of staff within Morrison Service Group is Anxiety/Stress/Depression/Other Psychiatric Illnesses (Apr23 data), with more than 50% of cumulative absences resulting in a long-term period of sickness (>28days)

Staff wellbeing is a high priority for the Morrison Group, as well as working with the wellbeing department to promote and encourage staff to utilise wellbeing resources the below actions are being taken by the Group

- Morrison Well-being and Engagement Group – meeting every 6wks
- Task & Finish Group looking at space & suitability of staff break areas
- Compassionate rounds and team working encouraged
- International Nurses Day – event and celebration
- Team Resilience Days
- Monthly Well Being Newsletter – sign-posting support and resources
- “Going home end of day checklist”
- Pulse surveys for areas of high staff turnover

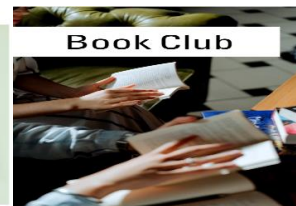


- Organisational Development support for “hot spots” with team and culture development
- Well-being Champions
- Outside Work Activities

Click on the hyperlinks below for resources

- [NHS Activate your life Course](#) online course to improve your health and wellbeing.
- [Meddwl](#) Welsh Mental Health Self Help resources.
- [NHS Fitness Studio](#) Instructor led workout video's including yoga and Pilates.
- [NHS in mind](#) mental health coping exercises.
- [NHS Audio Guides](#) short audio guides with Dr Chris Williams covering, anxiety, depression, sleeplessness etc.
- [Every Mind Matters](#) mindful breathing exercise.
- [Every Mind Matters](#) tips for a better sleep.

International Nurse's Day



Recommendations

Members are asked to note progress taken by Morriston Service Group in relation to the Health Board's Quality Priorities, the challenges and risks faced by the Service Group and acknowledge ongoing work to ensure safe, dignified, individualised care to patients whilst at the same time recognising the importance of an engaged happy, healthy workforce.

Service Groups' Health and Safety Highlight Report

Summary of Health and Safety key issues since last report to the Committee (Reporting period: December 2022 to March 2023)

Corridor Storage / clutter causing a fire risk
Infrastructure of the hospital to include roof and power supply
Sharps injuries and violence and aggression incidents against staff remain an issue
Gaps in the number of Authorised Persons within Estates

Challenges, Risks, Mitigation and Action being taken relating to Health and Safety issues noted above (what, by when, by who and expected impact)



RAID log - March
2023.xlsx

Risk around fire safety is being addressed with the reimplementation of the Fire Safety meeting, at the time of implementation there were no formal records of fire training or Fire wardens. Following the first meeting, directorates identified 63 fire wardens with training agreed for this number. Fire risk assessment are now reviewed and updated at each meeting. Monthly site walk arounds with the HB fire safety officers and directorate representation are now in place.

Storage remains an issue; there is no dedicated space to store beds or extra equipment. This has been raised as an issue with the capital team in the monthly corridor storage meeting.

Performance Progress to include: Statutory and Mandatory Training; PADR compliance; Serious Incidents; Staffing and Sickness Levels;

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS CSTF Fire Safety - 2 Years	4193	4193	3403	81.6%
NHS CSTF Health, Safety and Welfare - 3 Years	4193	4193	3485	83.11%
NHS CSTF Moving and Handling - Level 1 - 2 Years	4193	4193	3296	78.61%
NHS CSTF Violence and Aggression (Wales) - Module A - No Specified Renewal	4193	4193	3556	84.81%
NHS MAND Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years	4193	4193	3058	72.93%

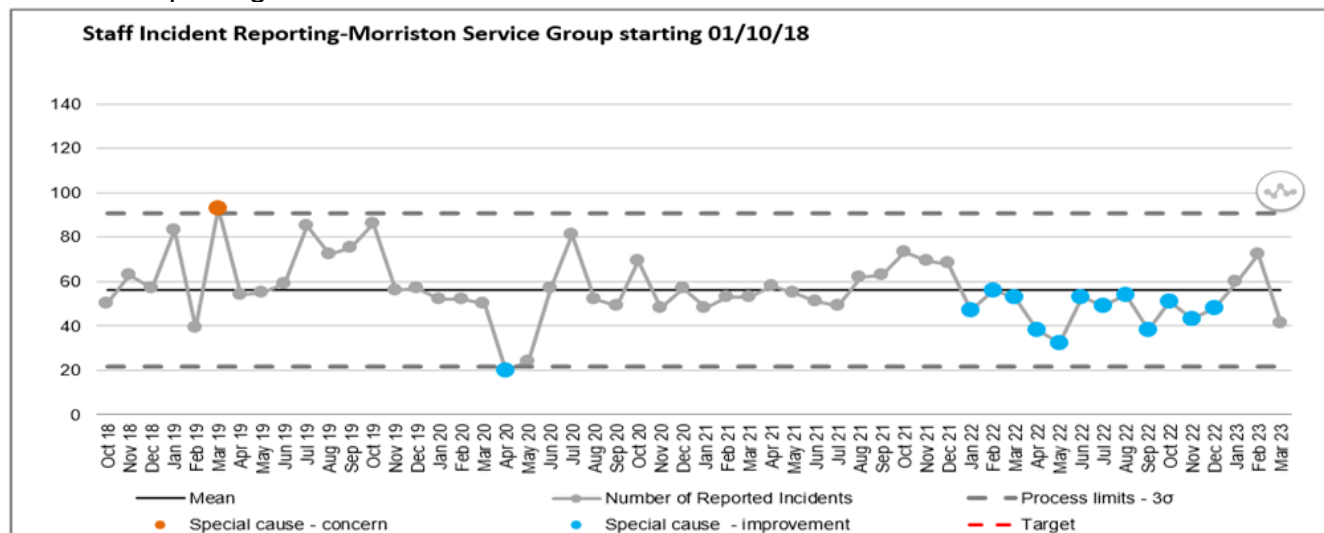
Governance and Risk Issues to include risks relating to Health and Safety on the risk register

There are current 49 risks on the Morriston SG Risk Register relating Health & Safety or Environment, Estate or Infrastructure. With a breakdown shown below:

COSHH	4
Environment	29
Estates	4

Fire	2
Manual Handling including LOLER	1
Security	1
Sharps	2
Transport	1
Violence & Aggression, Lone Working	1
Violence and Aggression	4
Grand Total	49

Incident Reporting



Qtr4 had not been closed at time of meeting however; this is the first cut position for staff incidents. From a trend, perspective the numbers increased during January and February but have come back down in March this may be evened out once they are fully validated – but in general are following the numbers since January 2022.

Behaviour (including violence and aggression)	65
Accident, Injury	61
Infrastructure (including staffing, facilities, environment)	17
Equipment, Devices	10
Communication	7
Information Governance, Confidentiality	4
Records, Information	2
Medication, IV Fluids	2
Access, Admission	2
Ill health (work related)	2
Infection Prevention and Control	1
Grand Total	173

From a severity, perspective at the point of reporting the degree of harm is low or none for the majority of the incidents.

Severe	3
Moderate	34
Low	92
None	44
Grand Total	173

Managers reported six RIDDOR incidents during the period of review.

- Only 2 incidents were reported to HSE within the statutory period of 15 calendar days
- 2 incidents were reported 2 days late
- 1 incident was reported 60 days late
- 1 incident is still not reported. This was partially due to the failure of the member of staff to report the incident for 3 weeks

The low number of RIDDOR trained staff in MSG (33) may have attributed to this lack of reporting, additional training dates have been provided by Laurie Higgs.

Current issues for 2023-24 for the Attention of the Committee

Car Parking remains an issue and has resulted in a number of incidents being reported.

Estates are non-compliant with the Black Building test

Recommendations

Members are asked to note the current risks and ongoing mitigation and risk reduction measures.