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Morrison Highlight Report for Quality and Safety Committee

Meeting Date:	27 th September 2022
Service Group:	Morrison Service Group
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Sponsor:	Kate Hannam, Interim Group Service Director Dr. Mark Ramsey, Group Medical Director Ceri Matthews, Interim Group Nurse Director
Presenter:	Kate Hannam, Interim Group Service Director

Summary of Quality and Safety issues since last report to the Committee (Reporting period: 01/05/2022 to 31/08/2022)

- The consistent delivery of Tier 1 targets for IP&C remains a challenge for the Morrison service group particularly in relation to Staph Aureus Bacteraemia. A rapid improvement programme is in place led by the Interim Director of Nursing and Associate Medical Director to sustainably improve this position.
- The impact from the significant challenges in patient flow experienced at Morrison and across the Health Board associated with admission profiles and extended lengths of stay (in particular for those patients whose pathways are delayed from Morrison), continue to impact negatively on the ability to meet time sensitive interventions within a number of key areas at Morrison including: Emergency Department; Trauma and Orthopaedics; Cardiac pathways; Stroke pathways and discharges from ITU.
- Whilst ambitious recovery plans have been submitted with regards to planned care and cancer services, work continues with the theatres teams and diagnostics to improve access to these services and also with regards to patient flow initiatives to increase 'green' capacity associated with COVID-19 challenges during these periods and increase in emergency demand.
- An increase in investigations by the Public Service Ombudsman for Wales has been noted during August and September 2022, related to access times experienced by patients waiting for planned orthopaedic surgery.
- Whilst our patient experience feedback is telling that 84% (August 2022) of our patients surveyed (1,629) rate our services as good or very good; with positive feedback in relation to the professionalism and competency of our staff, a key concern remains in relation to access waiting times for both unscheduled and planned care; this is reflected in the increasing volume and acuity of formal complaints that are being received.
- Delayed transfer for Clinically Optimised Patients who no longer requirement clinical services at Morrison Hospital. This impacts not only on patient flow and use of resource (as described above) but also compromises patient safety; clinical decompensation, nosocomial infection, inpatient falls,

pressure damage. The association of this group of patients to key safety indicators is currently under review.

- In line with the national implementation of an NHS Wales Medical Examiner Service, all deaths within ward based services, at Morriston Hospital are now being submitted for assurance by the regional Medical Examiner office for South-West Wales; the exception being ITU deaths and deaths within the Emergency Department, which will be phased in over Qtr3/Qtr4 of 2022/23. (This process will fully replace the local staged mortality reviews when the requirement becomes statutory in April 2023)

Review of inappropriate DNACPR is now being actioned via this assurance mechanism.

- Morriston has reported two Never Events, since previously reporting to Committee. In both instances harm to the patient involved was minimal and remedial treatment and care has been provided, with the anticipation of no long term impact on the patients' health.

Incident 1: Intra-operative retained gauze

Incident 2: Incorrect administration route for medication

Independent Patient Safety Investigations have been commissioned with immediate learning actions taken – full actions are being developed in line with final investigation findings/recommendations and will be shared within the Health Board and nationally.

- The closure of the legacy Datix system (DatixWeb) by 31/08/2022, was achieved, with all outstanding cases transferred to the new national Datix system (DatixCymru). Early review of outcomes (particularly in relation to the incident module) have highlighted some gaps in reporting consistency which is impacting on key performance reporting – these are being escalated via the national workstreams.

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

Challenge	Risks	Action/Mitigation	Status
<p>Tier1 Infection Prevention & Control (Risk Score 20)</p> <p>On-going Response to COVID-19 (Risk Score 12)</p>	<p>Avoidable patient harm as a result of healthcare acquired infection</p> <p>Failure to achieve infection control targets set by Welsh Government could impact on patient and family experience of care.</p> <p>Nosocomial transmission in hospitals could cause patient harm and create wider system pressures</p>	<ul style="list-style-type: none"> Dedicated Snr IPC Improvement Lead – appointed Twice weekly IPC Safety huddles in place 8week Tier1 IPC Improvement Plan – commenced 01/08/2022 SOP for Rapid IPC Case Review refreshed – relaunched September 2022 Joint Nursing/Medical Lead Case Review Scrutiny Panel – commenced September 2022 Opportunities for patient co-production to support infection prevention – Qtr3 Project Nurse Director/IPC Walk About – ward based review work commenced Sept 2022 Joint with Swansea University to determine the feasibility of using the Vitec Microgenix products – Ward A&B – commenced outcomes Qtr3/Qtr4 	

<p>Excess demand across unscheduled care pathways</p> <p>(Risk Score 25) <i>Risk score in line with confirmed HB risk score</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>Linked to Patient Experience Feedback and Access to Services</p>	<p>Health Board Emergency Care Assurance Audit 23rd & 24th August 2022 (in response to sharing of feedback from HIW work carried out in North Wales)</p> <p>Immediate Action Plan - feedback to Executive Nurse Director – 30/08/2022 (full Feedback Report pending)</p> <p>HIW recently undertook an unannounced assurance visit to the Morriston Emergency Department (5th to 7th Sept 2022)</p> <p>An immediate assurance improvement plan has been received (9th Sept 2022) – response submitted to HIW 16/09/2022</p> <p>Full Feedback Report Pending</p> <p>Admission avoidance and length of stay reduction plans under further development across the Health Board within the UEC programme</p>	<p>Performance as at 31/08/2022.</p> <p>Ambulance Handover >1hr = 681</p> <p>95% within 4hrs = 51.4%</p> <p>Number of patients waiting >12hrs = 1472</p> <p>Data Source: Weekly Performance Data 15/09/2022</p>
<p>Planned Care Recovery</p> <p>(Risk Score 20) <i>Risk score in line with confirmed HB risk score</i></p>	<p>Access to Planned Care 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> <p>Delivery off All Stage 104wk target</p> <p>Linked to Patient Experience Feedback and Access to Services</p>	<p>Linked to Over-Arching Service Re-design:</p> <ul style="list-style-type: none"> • Max. elective colorectal surgery in Singleton to increase the centralisation of elective services. • Transfer of elective surgery from Morriston to Singleton to increase the centralisation of elective service (ENT, Upper GI) • Development of post anaesthetic care unit in Singleton Hospital to support service transfer 	<p>Health Board 3yr Recovery and Sustainability Plan in place</p> <p>Performance as at 31/08/2022.</p> <p>Patient waiting > 26wks for first OP = 19,607 (stable)</p> <p>Patient waiting >36wks for treatment = 26,710 (stable)</p> <p>Patients waiting >52wks for treatment = 20,300 (stable)</p> <p>Patient waiting >104wks (all stages) = 8,846 (reducing)</p> <p>Data Source: Weekly Performance Data 15/09/2022</p>

<p>Access to Cancer Services</p> <p>(Risk Score 25) <i>Risk score in line with confirmed HB risk score</i></p>	<p>There is a risk of delay in diagnosing patients with cancer, and consequent delay in treatment, which could lead to poor patient outcomes and failure to achieve targets.</p> <p>Insufficient “green” bed capacity at Morriston Hospital</p> <p>Consideration of post COVID-19 Response pathways and bed allocations</p> <p>Insufficient Morriston Theatre capacity for complex Morriston only patients</p> <p>Workforce risks in Radiology and Endoscopy</p> <p><i>Linked to Patient Experience Feedback and Access to Services</i></p>	<p>Tumour Site Improvement Groups feeding into Cancer Board established;</p> <ul style="list-style-type: none"> Targeted focus on long waiting patients with trajectories in place to eradicate waits >100 days in particular. Recovery plans have been submitted. Cancer pathway reviews for >145 days Theatre capacity requirements for 22/23 submitted. Maximising use of funded Endoscopy sessions across all Units as well as utilising 40 Insourced Endoscopy sessions per month within NPTH. Continue ongoing improvement in CT USC 7day performance (40% increase in compliance between January and March) Implementation of pathway specific Rapid Diagnostic Clinics 	<p>The delivery against the cancer standards remains a significant challenge across all specialties and is driven by:</p> <ul style="list-style-type: none"> Backlog of patients waiting to access services; Lack of capacity to meet the demand at a sustainable level The long-term impact of Covid which has resulted in significant backlog across all elements of the pathway <p>56% compliance against the Single Cancer Pathway (target 75%)</p>
<p>Access to Planned Orthopaedic Services at Morriston Hospital</p> <p>(Risk Score 25)</p>	<p>Patients requiring planned orthopaedic surgery at Morriston Hospital only (due to underlying co-morbidities) currently do not have access to surgery as there is no planned orthopaedic theatre capacity at Morriston Hospital</p> <p>There are approximately 6400 patients waiting >52wks for elective Orthopaedic Surgery</p> <p><i>Linked to Patient Experience Feedback and Access to Services and</i></p>	<p>Linked to Planned Care programme of work</p> <ul style="list-style-type: none"> Escalated to Health Board Risk Register via Risk Escalation Process – <i>Accept August 2022</i> Explore further opportunity for commissioning of external capacity able to support complex post-operative patients – <i>linked to Planned Care Recovery Board</i> Explore opportunities of extending post-operative support facilities outside of Morriston – <i>linked to Planned Care Recovery Board</i> Exploration of additional space on Morriston site to provide ring fenced beds for orthopaedic activity Development of Orthopaedic centre of excellence at NPT with additional theatre capacity – <i>on track</i> 	<p>This risk has previously been included within an over-arching risk in relation to planned care (routine, urgent, USS) It was identified at the Morriston QS&PE (15/06/2022) that there was no explicit risk in relation to access to orthopaedic planned care at Morriston Hospital.</p>

	Increase in Public Service Ombudsman for Wales enquires		
Competing Demands for Key Resources	<p>Inability to provide treatment and care within national standards and timeframes</p> <p>(links to risk of increased Mortality and poor clinical outcomes)</p> <p>Impacting on and creating delays in pathways such as:</p> <ul style="list-style-type: none"> • Fracture Neck of Femur Pathway • Stroke Pathway • Cardiology/Cardiac Pathways <p>Linked to Patient Experience Feedback and Access to Services</p>	<p>Directly Linked to work programme and actions for:</p> <ul style="list-style-type: none"> • Access for Unscheduled Care • Planned Care Recovery • Transfer of Clinically Optimised patients <p>To note: COVID-19 has continued to have an impact on service delivery – particularly where ward closures mean that patients are placed outside of specialty/service ward areas</p>	<p>Fractured Neck of Femur currently outside of 36hr to surgery national standard (risk score 25)</p> <p>Stroke pathway currently outside of 4hr admission to Stroke Unit (risk score 20)</p> <p>Acute Cardiology pathway currently outside of 48hrs for inpatient transfer to Specialist Unit (risk score 20)</p>
Delayed transfer in Clinically Optimised Patients (Risk Score 20)	<p>Inability to Transfer Patients</p> <p>Avoidable harm as a result of patient placement within an inappropriate healthcare setting.</p> <p>Compromised patient safety including clinical decompensation, nosocomial infection, inpatient falls, pressure damage</p>	<ul style="list-style-type: none"> • Weekly multi-disciplinary clinically optimised review – led by Deputy Head of Nursing Emergency Care & Hospital Operations • Development of an integrated discharge team on site to support complexity and the flow demands associated with the clinically optimised patient cohort – in place • Daily/Weekly escalation of complex cases to relevant partners/agencies – identification of 3 “red” patients weekly 	<p>Appointment of resource to support nurse liaison and patient co-ordination – Completed</p> <p>120 COP patients at Morriston Hospital – 09/09/2022</p>

Progress Against Annual Plan Quality and Safety Priorities 2022/23 (as applicable)
Quality Priorities: reduction in healthcare acquired infections; improving end-of-life care; sepsis; suicide prevention; and reducing injurious falls.

	Current Status	
8 week IPC Rapid Improvement Plan: focused on embedding	See Update Above	
Implementation of National Framework for the Bereaved – linked to EOLC/NACEL	Phase 1 Completed Phase 2 on Target Presence on National Steering Group	

Implementation of the National Medical Examiner Service	On track within national statutory implementation (01/04/2023)
HB-wide Recognition of Acute Deterioration and Resuscitation (RADAR) Group - established	Health Board Clinical Leadership in place Development of KPI framework in progress
Suicide awareness training with links into Care after Death/Bereavement Support	Nominated attendance at Health Board Steering Group Roll-out in Progress Support offered to all families bereaved by suicide (in line with National Framework)
Morrison-wide ligature assessment including remedial works in process – in line with HB Policy	Environmental Annual Review to be Progressed
Morrison In-patient Falls Prevention Group – established with monthly monitoring against RCP national standards by ward/ dept.	Monthly Falls Improvement Group in place Annual Inpatient Falls Review 21/22 completed “Bay Watch” Falls Prevention Programme progressing to pilot phase

To Note: Project work underway to review existing quality & safety key performance indicators and the development of a SBUHB Quality & Safety Performance Dashboard, in line with Health Board Quality & Safety Strategy; it is anticipated that this will enable additional reporting capabilities in the future.

Progress Against Health and Care Standards 2022/23

End of Year Position: 2021/2022

Staying Health		Safe Care		Effective Care		Dignified Care		Timely Care		Individual Care		Staff & Resources	
20/21	21/22	20/21	21/22	20/21	21/22	20/21	21/22	20/21	21/22	20/21	21/22	20/21	21/22
2	2	2	2	3	3	4	3	2	2	3	3	3	3

Pending formal confirmation of the process for 2022/2023, the following actions are being taken forward to support improving all areas with the aim to ensure that we can demonstrate progress on key areas of improvement work:

- Clearly documented governance frameworks and information flows to support revised Health Board Quality & Safety structures – **completed revised Quality, Safety & Patient Experience Group ToR in place from September 2022 with reference to developing Quality & Safety Strategy (which is currently at Staff Engagement)**
- Staying Healthy improvement work linked to exploring all opportunities to develop co-production with patient – **developing clear milestones**
- Safe Care improvement linked to HB & local quality improvement work – **as above**
- Introduction of Director led “15 Step” Challenge Reviews – **from September 2022**
- Extended use of technology and digital solutions to facilitate patient experience and well-being support – for example SMS Patient Feedback – **progress on track**
- Focused work on additional Service Group Quality Priorities – Medicine Management, Pressure Damage Prevention – **progress on track**

- Multi-disciplinary virtual communication hub involving PALS, Care after Death and Chaplaincy services to support family communications – **Established, assessing outcomes to be shared October 2022**
**It is anticipated that the reinstatement of hospital visiting from 06/07/2022 will resolve a significant proportion of current communication issues. This will be closely monitored over the coming 3mths*
- Direct Patient Experience Support within the Emergency Department Waiting Area: - **PALS Team visiting 3 times daily, ED staff based in waiting area**

Any Other Issues to Bring to the Attention of the Committee

Quality Improvement Schemes –

- Joint working with Swansea University on the feasibility of using Vitec Microgenix which are technologies to support viral, bacterial and fungal control, within Ward A&B – work commenced
- Transfer of Morriston Clinical Audit Plan 2022/23 onto AMaT – to support the monitoring of National, Health Board and Local quality improvement workstreams – to be completed by 30/11/2022
- Acute Medical Service Redesign (AMSR) – phase1 of the organisational change process has concluded with the final plan issued 08/09/2022. Phase2 (staff preferences) commenced 14/09/2022. It is anticipated that the new facility in Morriston will open in Qtr3 of 2022/23.
- Hospital e-Prescribing and Medicines Administration (HEPMA) - implementation is being rolled out across Morriston – monitored via fortnightly operational group.
- Critical Care Expansion and co-location of burns services – a phased capital development scheme has been submitted to Welsh Government
- Post-Anaesthetic Care Unit facilities – arrangements for the provision of post-operative support to underpin the expansion of elective theatre capacity across the Health Board will be finalised by the end of Qtr2.
- Implementation of the NHS Wales Medical Examiner Service (MES) – Morriston taking a Health Board lead in the adoption of independent mortality assurance process. The implementation is on track to comply for 01/04/2023, when the process becomes a legal requirement.
- SIGNALv3 – launch date in Autumn 2022
- Launch of Morriston Staff Well-Being – Pilot for wider discussions on staff well-being including the promotion of the wellbeing checklist, staff wellbeing events, and Morriston H&W newsletter.

External Reports

The following external reviews have been undertaken at Morriston Service Group:

- HIW Unannounced Visit: Dan Danino Ward (Cardiac Services) Final Report published 02/09/2022: Improvement plan fully completed
- Royal College of Surgeons review of Cardiac Surgery – report received, improvement plan in progress

Pending Reports

- HIW Unannounced Visit: Morriston Emergency Department (05/09/2022 to 07/09/2022)
- HIW National Patient Flow Review - Stroke – HB evidence submission provided January 2022 and onsite visit made in May 2022 – National Report due December 2022

Recommendations

Members are asked to note progress taken to address quality & safety issues, challenges and risk facing Morriston Service Group and acknowledge ongoing work to ensure dignified, individualised care to patients whilst in the care of Morriston Service Group.

