

ABM University Health Board	
Date of Meeting: 5th April 2018 Name of Meeting: ABMU Quality & Safety Committee Agenda item: 2.1	
Subject	<i>Morrison Hospital: Quality & Safety Update Report</i>
Prepared by	Suzanne Holloway, Unit Head of Quality & Safety
Approved by	Rebecca Carlton, Unit Service Director Mark Ramsey, Interim Unit Medical Director
Presented by	Rebecca Carlton, Unit Service Director Mark Ramsey, Interim Unit Medical Director Suzanne Holloway, Unit Head of Quality & Safety

1.0 Situation

In acknowledging and adopting the Health Board's Quality Strategy, the Morrison Hospital Service Delivery Unit has focused on the Health Board's quality objectives and associated aims as an integral part of its service improvement planning.

In addition, the need to deliver its services in a way which provides;

- Safe, timely care
- Effective governance.
- A duty of quality and candour to its service users and workforce.
- A patient-centred focus, listening to the patient's voice and developing services in line with the principles of co-production and prudent health.

A comprehensive understanding of Morrison Hospital organisational risk and the actions required to mitigate against them to ensure that patients using our services do not come to harm, is key.

- The need for a "whole" systems approach across ABMU Health Board and partners in supporting patient flow through Morrison Hospital ensuring that we meet demand in a safe, clinically effective, timely way and that patients do not come to harm.
- That our services and the way we deliver them are consistent and equitable.
- Maintenance of a sustainable, well trained, skilled workforce.
- Recognition of the role of "human factors" in reducing harm and supporting quality improvement.
- Provision of a hospital site infrastructure and estate that provides an environment for efficient, safe, equitable service delivery.

That there is a clear understanding of our clinical outcomes and that there is learning and improvement at the centre of our service planning

2.0 Background

Since its establishment in October 2015, Morriston Hospital Delivery Unit has had the aim of delivering a variety of roles, as a secondary care provider, a tertiary hub and a supra-regional provider across the whole of NHS Wales and extending into NHS England.

Organisational development work undertaken within the first two full financial years has been critical to understanding how Morriston Hospital functions within the Health Board and the wider South-West Wales healthcare system. Operational and financial co-dependencies both inside and outside the Health Board have been recognised and acknowledged. Failures in co-dependencies will lead to poor outcomes and experience for our patients. There are particular challenges within the Emergency Department, elective surgery, theatres efficiency and overall productivity.

We continue to seek constraints, challenges and risks that lead to poor patient experience and clinical outcome, focusing our service improvement work and effort on these areas. To date this has primarily been on understanding, planning and reducing delays in accessing unscheduled and elective patient pathways. This includes cancer, cardiac and stroke pathways. The delivery of timely care is axiomatic with our ability to deliver safe, effective, patient centred care, which demonstrate positive clinical outcomes.

3.0 Assessment

Effective Care: External Review

- **HIW Cardiology IR (ME) R Review** (Announced) in September 2017: positive feedback with no key recommendations made. Observations on a poor environment within the Cardiac Short Stay Unit noted.
- **HIW Emergency Department Review** (Unannounced) in January 2018: draft report received and action plan response provided. Observations made in relation to staff training, documentation and environment.
- **CHC Inspections** (Unannounced) 10 ward/department visits throughout 2017. Feedback provided through action plans focused largely on the observed environment issues and patient experience. All action plans have now been scrutinised via Full Council of the CHC.
- **Public Services Ombudsman Reviews** received in 2017 have largely highlighted failures in the management of patient concerns rather than significant issues with the clinical treatment provided.

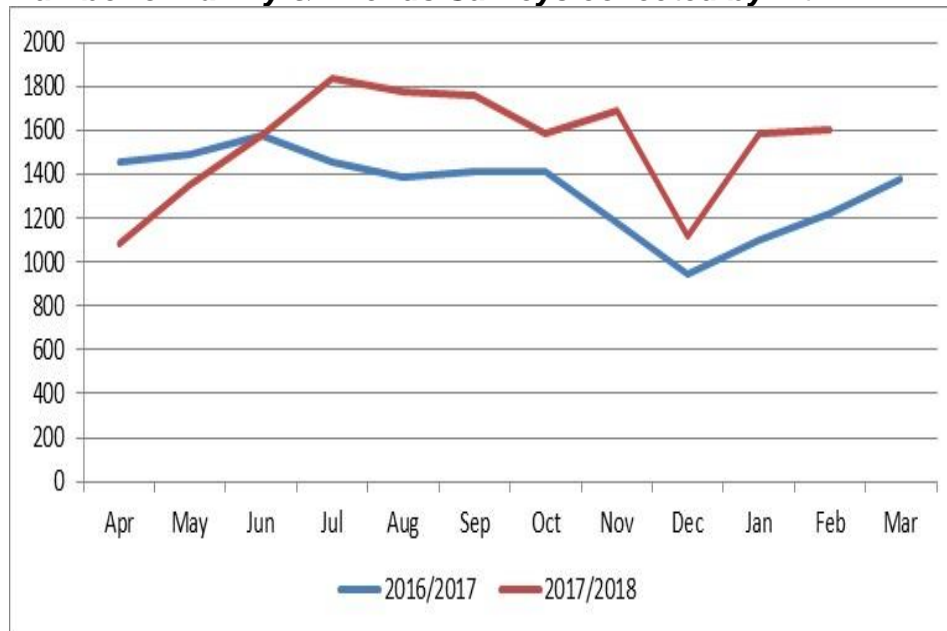
Patient Experience Feedback

During 2017, **427** formal complaints received in addition to **571** informal enquiries. In addition, 36 requests to reopen cases were received (approximately 3.5%). **82%** of formal complaints received responses within 30 days. **15** complaints were referred to the redress process.

Acknowledging that learning from this patient experience and embedding it into our service improvement plans is key to measuring our success.

Patient Experience Feedback is routinely collected from 61 locations across Morriston Hospital.

Number of Family & Friends Surveys collected by Mth



Number of Surveys
18,000+

Recommendation Rate
94% (Feb 2018)

Key Trends & Themes

- Staff (positive)
- ED/OP Waiting Times
- Car parking
- Hospital Signage

Timely Access

Unscheduled Care

- Learning from the impact of “Breaking the Cycle”, e.g. use of discharge lounge, ward liaison officers
- Therapies at the “front door” and “green to go” schemes
- Patient flow coordinators
- Nurse practitioner to support medical registrar
- Medical Director – specialty escalation

Scheduled Care

- Positive Cancer performance against national pathways
- Significant improvement in waiting time for a 1st outpatient for patients referred with a suspected cancer and a reduction in service cancellations for patients awaiting surgery
- Positive progress against RTT targets and projections
- Use of “Vanguard” facility to support elective patient flow.

Safe Care: Key Quality Priorities and Service Risks

Never Events

There have been two reported never events within 2017.

- Incorrect component implantation (elbow) – July 2017
- Wrong site surgery (spinal) – December 2017

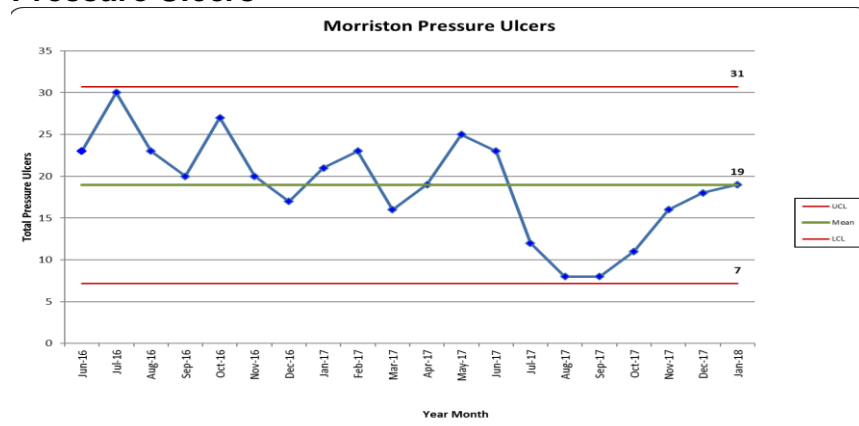
Lessons learnt and positive action is being progressed via Theatre Improvement Programme and linked to “Human Factors” training. Ongoing focused work in relation to elimination of service variation including adoption of LocSIPs methodology as outcome from HB task & finish group.

Inpatient Falls

The Morriston Hospital Inpatient Falls Group is well established and each month considers all significant fall events resulting in harm. Performance measurement is against nationally accepted standards with a sustained reduction in inpatient events.

	Target	Actual
Inpatient Falls per 1000 beddays	6.63	5.58
Significant Inpatient Falls per 1000 beddays	0.19	0.07

Pressure Ulcers

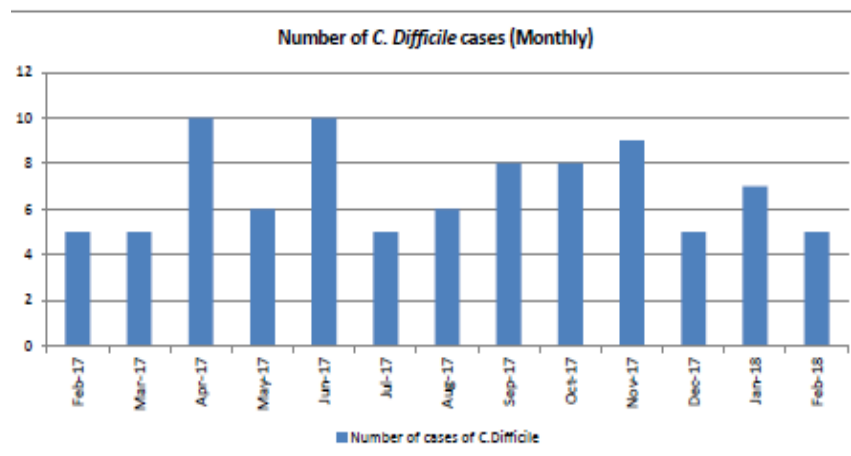


Recognised reduction over time.

Increase in incidence over the last 3 mths which is mirrored across the Health Board

Monthly case based scrutiny in place

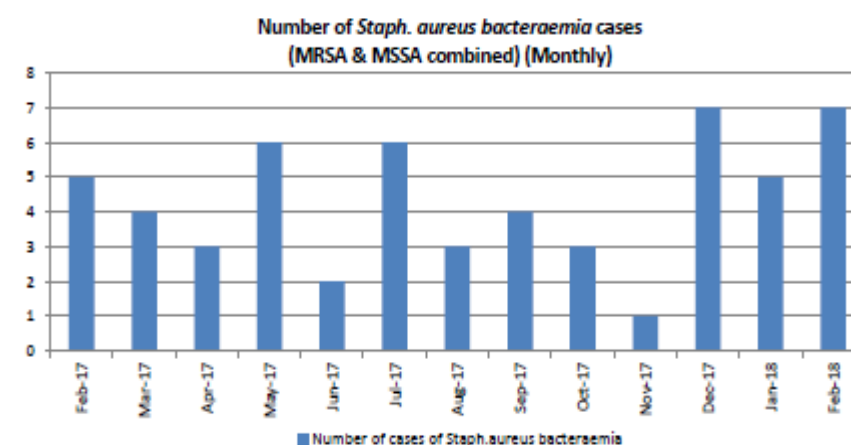
Infection Control



Hospital Targeted Infection Improvement programme –

6 priority wards – Baseline “Bug Stop” Audits undertaken & targeted ward led improvement work

Clinically led restrictive antibiotic policy



Environmental Improvement Programme – increase bed spaces & single room increase

High Risks Services

- Unscheduled Care Access
- Stroke Pathway
- Transcatheter Aortic Valve Implantation (TAVI) Service
- Elective Surgical Pathways which are delivered off Morriston site

Workforce Risks

Nurse Staffing Levels Act (2016) Compliance

There is ongoing review of risks in relation to Morriston Hospital's ability to comply with the Nurse Staffing Levels Act (2016), with a risk rating of 20. Over the last two years, Morriston Hospital has had a leading role in nursing staff recruitment.

An option papers has been provided to Health Board Executive Director of Nursing & Executive Team with options to reduce risk regarding Nurse Staffing levels – Process being led by Unit Nurse Director

Key Areas of Work – 2018/2019

Naso-gastric Tube: New Policy, Training and Documentation

Full participation in the consultation process and implementation of outcomes from serious incident "never event".

Integration in operational practice

Clinical Outcomes Group – Mortality Review

Fully understanding clinical outcomes and risks is critical to service improvement. Work has commenced in the Emergency Department

Share review outcomes at the Health Board's Clinical Outcomes Group in April.

End of Life Pathway Work

The ability to provide support to patients together with their families and friends at the end of their life is a theme emerging from patient experience feedback. Development work has commenced within the Intensive Care Unit at Morriston focusing on patients who have undergone major complex surgery.

Link in with Health Board wide improvement work

4.0 Recommendations

The Quality & Safety Committee are asked to recognise the challenges and risks identified within this paper and recognise the key areas of improvement work undertaken within 2017/2018 and the areas of improvement identified.