Meeting Date	**22 February 2022**	**Agenda Item**	**4.3**
Report Title	**Situational Report: Clinically Optimised Patients, Morriston Hospital**		
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Report Sponsor	Inese Robotham, Chief Operating Officer		
Presented by	Kate Hannam, Interim Service Director, Morriston Service Group Carol Doggett, Interim Nurse Director, Morriston Service Group		
Freedom of Information	Open		
Purpose of the Report	To provide a situational report on the number of inpatients in Morriston Hospital who are clinically optimised, no longer requiring acute clinical care the level of healthcare input provided at Morriston Hospital, but who are unable to be transferred or discharged.		
Key Issues	• Patient safety • Sustainable service delivery		

Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☐	☐	☐

Recommendations	Members are asked to: • **NOTE** the challenges faced in ensuring that patients are placed in appropriate healthcare setting to support the delivery of safe, clinically effective, timely healthcare; acknowledging the actions in place to mitigate both the patient and organisational risks outlined in this paper.

Situational Report: Clinically Optimised Patients
Morriston Hospital

1. ISSUE

There are a significant number of inpatients who are currently admitted to Morriston Hospital, following an acute admission, who no longer require the level of healthcare provided at Morriston Hospital. Due to "downstream" pressures within both step-down secondary care and social care settings, these patients continue to occupy acute beds, in an inappropriate healthcare setting to support their current and future healthcare or social care needs.

The impact of this issue impacts both patients and the organisation, with clear opportunity for both in terms of the delivery of safe, clinically effective, timely healthcare.

2. Risk:

2.1 Patient Risk

Avoidable harm as a result of placement within an inappropriate healthcare setting.

This risk articulates the risk to the person and reflects the potential risk for both current and future harm. There is a wealth of evidence to support the actual and potential harm associated with unnecessary hospital stays, these harms may include:

- Increased risk of falls
- Risk of nosocomial infection
- Deconditioning and impact on level of care required to support the patient on discharge
- Quality of life –impact on patients ability to recover independence
- Poor last days of life experience – reduced access to families, friends and social activities

A review of reported incidents at Morriston Hospital for the 4month period between 1st October 2021 and 31st January 2022, identified **144 incidents** which involved patients who were deemed to be clinically optimised.

A third of the incidents reported Patient Accidents/Falls (49) of which 11 were reported as resulting in moderate or minor harm to the patient.

10 out of 17 moisture lesion incident reported were identified as healthcare acquired.

Something that perhaps we don't associate to this group of patients are behaviour incidents (11 reported) – there were a range of behaviours reported ranging from self-harm through to aggression toward staff and other patients.

Full details of the incidents are available.

2.2 Organisational Risk

Failure to provide sustainable levels of acute secondary care service, to meet population need, as a result of inefficiencies in the use of available resources
This risk articulates the risk to the organisation in relation to access to secondary care services, both planned and unplanned and the impact on system flow.

This risk explicitly links to the emergency pressures evident in the unscheduled care pathway and the capacity constraints in relation to planned care activity, both of which are scored at 25 within the Health Board's Risk Register.

It is also important to link this risk as a clear contributory factor in other service delivery risks such as the management of discharges from Critical Care and delivery of Stroke and Cardiac pathways in line with clinical best practice.

3. CHALLENGES

The challenge of ensuring that patients are placed in an appropriate healthcare setting to meet their current and future needs is multi-factorial. These factors are not new and whilst the response to COVID-19 has influenced and could be considered contributory it is not fundamentally causative.

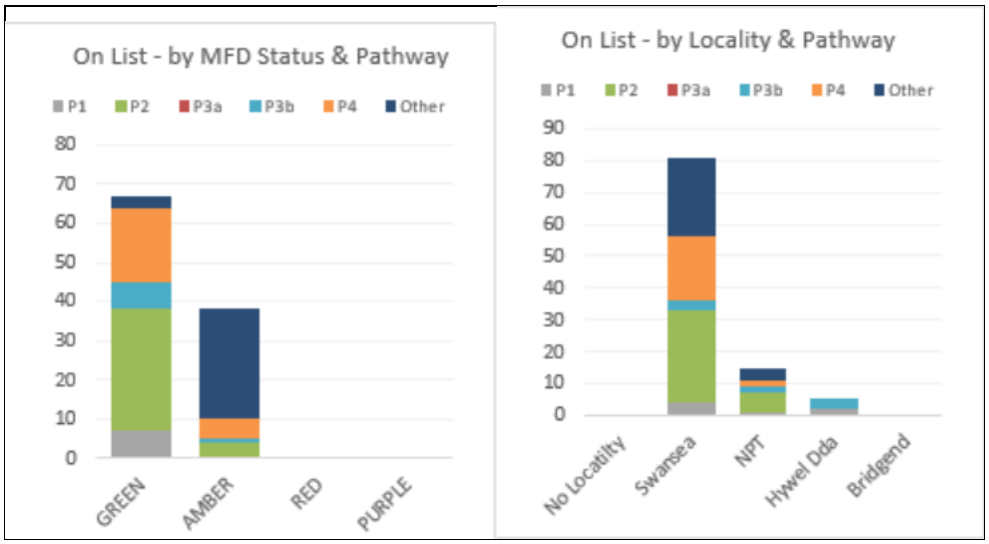
Examples of pathway challenges are shown below in Table 3;

Table 3: Challenges to Clinically Optimised Patient Pathways

The lack of Discharge to Assess Capacity across Swansea means that patients who would otherwise be accessing capacity outside hospital beds in which the ongoing next stage for the patient pathway is determined, are reviewed in the hospital environment.

Decision	Challenges Encountered
Able to be discharged home	• Homelessness • Home environment • Needs assessment and equipment provision
Able to be discharged with support and a package of social care	• Delays in social worker assignment • Delays in social care assessment • Demand outstripping capacity with regards to availability of package of care • Delays in start of domiciliary care package
Awaiting step-down hospital based care	• Delays in needs assessment • Delayed transfer of patients to internal hospital sites due to capacity constraints • Delays to healthboard transfer policy - cubicles
Awaiting placement in residential/nursing home setting	• Delays in needs assessment • Access to residential/nursing beds • Access to EMI/specialist placements • Delays in homes assessing the patients • Personal/family decision-making • Inconsistency with regards to choice policy

4. CURRENT POPULATION (Morriston Hospital as 10/02/2022)



The above data and graph provides a breakdown of the 105 patients who were coded as clinically optimised on the 7th February 2022 and the locality from which they reside. From this breakdown, it can be seen that the main reasons for those patients who are ready to leave hospital with all assessments completed and coded as 'green' are: 31 patients waiting for packages of care at home (P2); 19 patients waiting for residential/nursing beds (P4); 7 patients are waiting for bedded rehab beds in the community;

For those patients who have been coded as 'amber' – ie that they are medically well but are having further assessments to determine the next stage of their journey, the main reason for the delays here are: 19 patients are having assessments which require social care input; 10 patients were remaining in hospital due to the impact of covid; 3 were having further assessments on the ward.

There is an increase in the number of patients waiting for packages of care in the Swansea Locality impacted by waits for long term care via private providers who are unable to provide placement due to lack capacity/workforce.

The infection control outbreaks within the Morriston Hospital site has also impacted on the ability to transfer patients to other hospitals or restart of care packages until negative swab is available or for transfer into residential and nursing care placement, until a negative swab or exposure date has ended.

5. ACTIONS

ACTION	STATUS	PROGRESS
What are you doing?	RAG Rate	Improvement data
Weekly multi-disciplinary clinically optimised review		Limited impact due to service capacity constraints
Development of an integrated discharge team on site to support complexity and the flow demands associated with the clinically optimised patient cohort		• Recent appointment of 2 fixed term Discharge Liaison Nurses • Recent appointment of 4 Patient Flow Co-ordinators to support ward flow

		• Seeking opportunity for improved integration with Community Discharge Liaison team
Daily/Weekly escalation of complex cases to relevant partners/agencies		Limited impact as escalations often relate to patients requiring complex specialist placement with limited capacity to support this patient group in community. Daily escalation though to support requirement for continual focus on identifying patients early who will need support on discharge
Review of the clinically optimised weekly multi-disciplinary review		Output form a "Big conversation" event – Take the COP scrutiny to the ward where the information is to hand.
Reinstatement of Senior Therapists at ward Board rounds.		Output form a "Big conversation" event – Therapist leads reinstating week commencing 14/2/22 to add challenge at board rounds.
Minimise PJ paralysis & promote active rehabilitation.	Promotion of this to commence 14/2/22	Output from a "Big conversation" event - maximise rehab potential and promote reduction in care requirements as a consequence of extended LOS. Promoting positivity in the circumstance.

6. RECOMMENDATION

Committee members are asked to note the challenges faced in ensuring that patients are placed in appropriate healthcare setting to support the delivery of safe, clinically effective, timely healthcare; acknowledging the actions in place to mitigate both the patient and organisational risks outlined in this paper.

References

Longer waits during admission process are related to poorer outcomes in patients: *(S. Jones, C. Moulton, S. Swift, P. Molyneux et al. Association between delays to patient admission from the emergency department and all cause 30-day mortality. Emerg Med J Epub ahead of print: 09/02/22 doi 10/1136/emermed-2021-211572)*

Loss of muscle strength and functional ability associated with hospital admission: *(P Hartley, R Romero-Ortuno, I Wellwood, Christi Deaton. Age and Ageing 50 (1) 153-160,2021)*

Nosocomial infection and poorer functional outcome and excess risk of death *(Bhaskaran K, Rentsch CT, Hickman G, et al. Overall and cause specific hospitalisation and death after COVID 19 hospitalisation in England: A cohort study using linked primary, secondary care and death registration data in the Open SAFELY platform PLoS Med 2022;19: e1003871 & Carter B, Collins JT, Barlow-Pay*

F, Rickard F, Bruce E, Verduri A, Quinn TJ et al. Nosocomial Covid 19 infection: examining the risk of mortality. The COPE- Nosocomial study (COVID in Older People). Journal of Hospital Infection 2020;106:376-384)

Governance and Assurance

Link to Enabling Objectives ***(please choose)***	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☐
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☐
	Partnerships for Care	☐
	Excellent Staff	☐
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☐
	Effective Care	☐
	Dignified Care	☐
	Timely Care	☐
	Individual Care	☐
	Staff and Resources	☐

Quality, Safety and Patient Experience

The Health Board fully recognises its duty of care to ensure that both individual patients and the needs of the population that it services.

Financial Implications

There are significant opportunity costs being borne by the Health Board on a daily basis in relation the placement of patients in an inappropriate healthcare setting.

Legal Implications (including equality and diversity assessment)

On the 1st June 2020, the Health and Social Care (Quality and Engagement) (Wales) Act became law; it will come into force in Spring 2023. The Act will introduce the principle of Duty of Quality. Health services will be required to demonstrate a "system-wide way of working to provide safe, effective, person-centred, timely efficient and equitable health care in the context of a learning culture.

Staffing Implications

The availability of staff to deliver both baseline and additional service capacity to address existing waiting list demand is a critical constraint.
All opportunities to reduce this constraint including securing private healthcare capacity are being utilised.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

Briefly identify how the paper will have an impact of the "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.

- **Long Term** - The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.
- **Prevention** - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.
- **Integration -** Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.

○ **Collaboration -** Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives. ○ **Involvement -** The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.	
Report History	No linked report
Appendices	