

Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 February 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on Actions to Manage and Mitigate Risks Associated with 'NSTEMI Pathway Delays' (Corporate Risk 117)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Smith, Service Delivery Manager (SDM) for Unscheduled Care, Glangwili General Hospital (GGH), Cardiology and Renal Medicine

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This paper provides an update on measures and actions currently undertaken by the Health Board's Cardiology Service to manage risks associated with 'NSTEMI Pathway Delays' (Corporate Risk Reference 117).

The Committee is asked to note the update and take assurance from the content of the report.

Cefndir / Background

There is a risk of avoidable harm (death and serious deterioration in clinical condition and outcomes) for Hywel Dda University Health Board (HDUHB) patients requiring non-ST elevation myocardial infarction (NSTEMI) pathway care. This is caused predominantly by a combination of delayed pathway referral from HDdUHB to Swansea Bay University Health Board (SBUHB) and Cardiac Catheter Laboratory capacity constraints at Morrison Hospital, which is further compounded by transport and logistical challenges in transferring patients in a timely manner, particularly from Withybush General Hospital (WGH) and Bronglais General Hospital (BGH). Delayed NSTEMI treatments are associated with the potential risk for significant adverse clinical outcomes for patients, increased length of stay, increased risk of exposure to hospital acquired infection/risks and impaired patient flow into Morrison Hospital resulting in cardiology/unscheduled care flow pressures within HDdUHB acute sites. NSTEMI pathway delays are also resulting in poorer patient experience due to anxieties associated with delayed treatment/prolonged hospitalisation, together with poorer staff work experience/satisfaction given associated clinical and outcome risks for patients.

National Institute for Health and Care Excellence (NICE) Guidelines for Acute Coronary Syndromes (ACS) (NG185) recommend an NSTEMI pathway of no more than 72 hours – i.e. 'coronary angiography (with follow-on PCI if indicated) within 72 hours of first admission (presentation) for people with unstable angina or NSTEMI who have an intermediate or higher risk of adverse cardiovascular events' (Recommendation 1.1.6). In support of this

recommendation/target, we aim to identify and refer patients to Morriston Cardiac Centre, Morriston Hospital for angiography within 24 hours of admission/presentation.

For 2021 the median wait between admission/presentation and angiography for HDdUHB patients was 213.5 hours (8.9 days) and the median time between admission/presentation and referral was 39.5 hours.

For context, the 2021 position is a deterioration from that achieved in 2019 where the Prince Philip General Hospital (PPH) NSTEMI Treat and Repatriate service supported a median admission/presentation to angiography wait of 120 hours (5 days) – see *table 1*. This service was suspended at the outset of COVID-19 due to PPH site pressures.

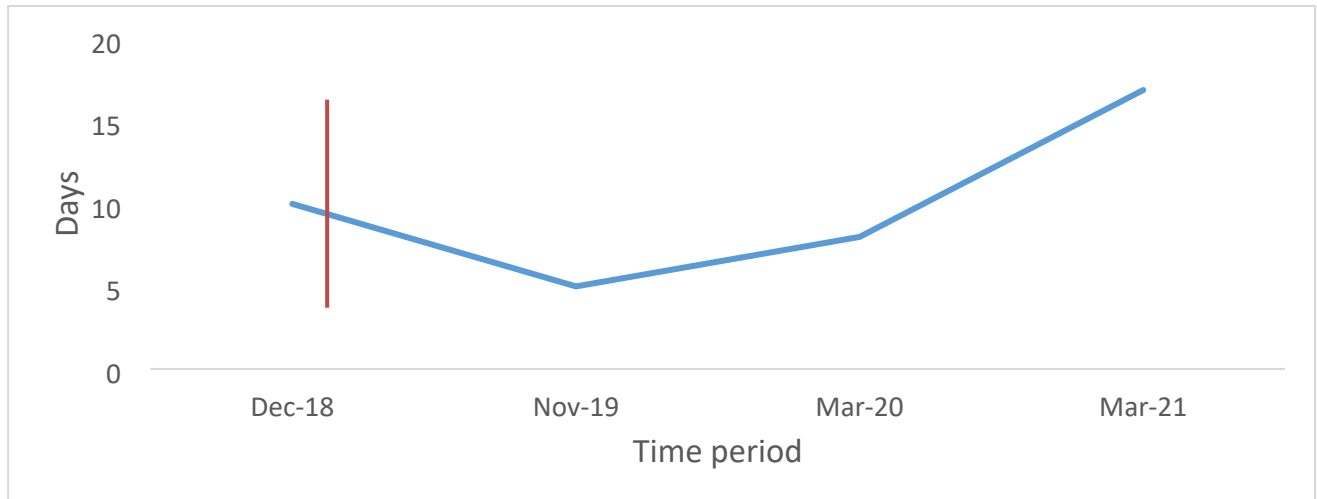


Table 1: Impact of PPH NSTEMI Treat and Repatriate service on pathway performance between Dec 18 – Mar 21.

There is also a known geographical inequity of NSTEMI pathway access across the Health Board, with the greatest delays for patients at WGH and BGH – see *table 2*.

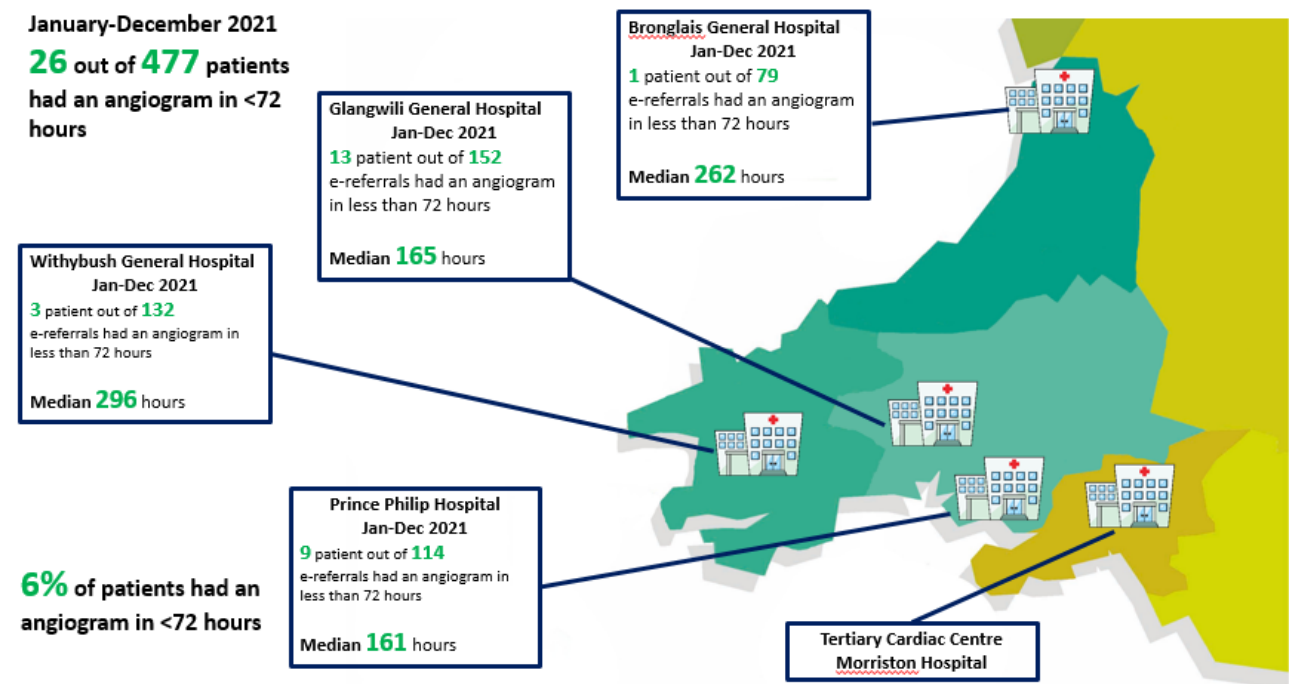


Table 2: NSTEMI pathway delays by HDdUHB acute hospital site in 2021.

Furthermore, there is also a variation of the timeliness of patient referral to Morriston Hospital, with the greatest referral delays for patients at WGH and GGH – see table 3.

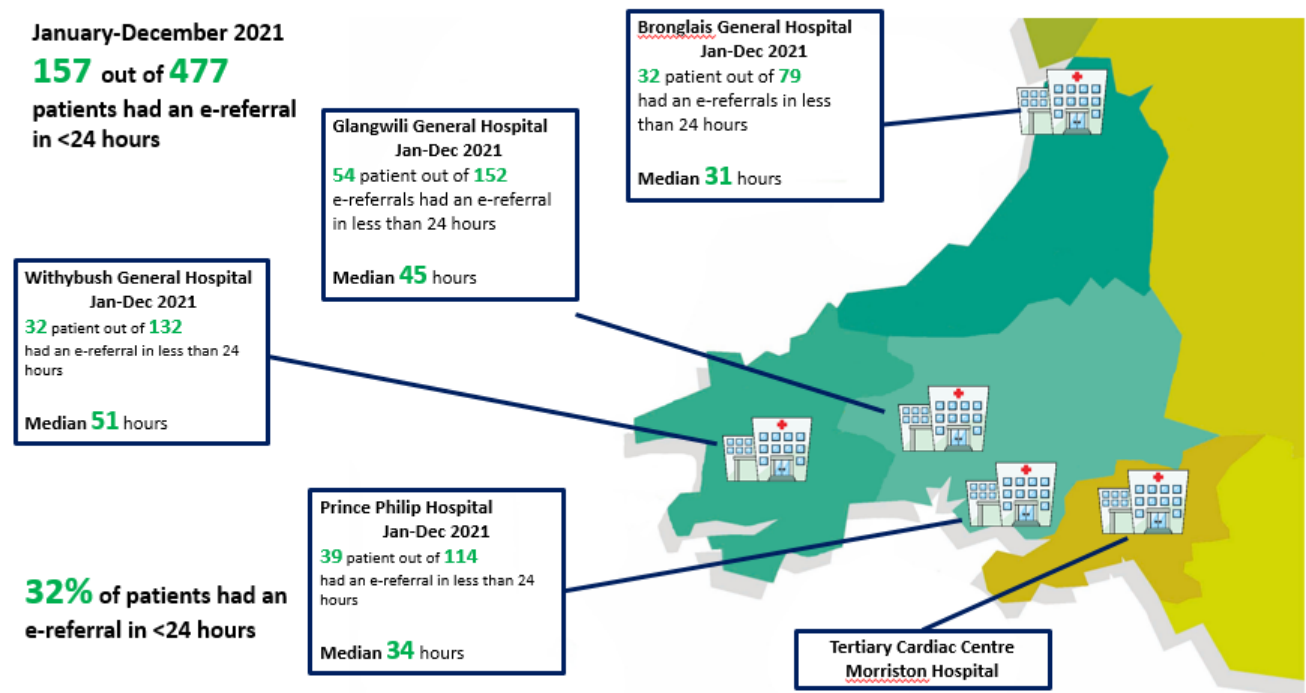


Table 3: NSTEMI pathway referral delays by HDdUHB acute hospital site in 2021.

Further to the impact on quality, safety and patient / staff experience associated with these delays, there is also a significant operational and cost efficiency impact. It is estimated that a NICE compliant / 72 hour NSTEMI pathway would achieve a saving of £1,480,287 in associated bed occupancy costs per year.

Asesiad / Assessment

Existing controls and processes in place to manage the risk:

- All patients are risk-scored by HDdUHB Teams on assessment and referral onto NSTEMI pathway.
- Medical and nursing staff review patients daily and update the SharePoint referral database as appropriate to communicate and escalate changes in level of risk/priority for patients awaiting transfer.
- Increased numbers of patients waiting / prolonged transfer delays are identified on daily Sitrep Calls and escalated by HDdUHB Cardiology Clinical Lead / SDM to SBUHB Cardiology Clinical Lead / Cardiology Manager.
- All patients are risk-scored by the cardiac team at SBUHB on receipt of patient referral from HDdUHB and discussed at weekly Regional Multi-disciplinary Team (MDT).
- Weekday telephone call between SBUHB Cardiology Coordinator and all 4 hospital Coronary Care Units (CCUs) to review patients awaiting transfer, in particular the progress on identified work-up actions.
- Bi-monthly operational meeting with SBUHB to monitor activity/patient flow and address associated risks/issues.
- Reporting arrangements in place to monitor waiting times.

- NSTEMI Pathway Improvement workstream within HDdUHB Cardiology Transformation Project.
- NSTEMI Pathway Improvement workstream within A Regional Collaboration for Health (ARCH) Cardiology Programme.

Identified gaps in controls:

- Continuing delays in referring HDdUHB patients to Morriston Cardiac Centre for angiography.
- Compromised logistics and patient pathway flow (particularly for BGH and WGH) due to absence of a Treat and Repatriation service and/or effective patient transportation.
- Inadequate Cardiac Catheter Laboratory capacity at Morriston Cardiac Centre.

Further actions necessary to address the gaps in controls and thereby improve quality, safety and patient / staff experience associated with this pathway:

	Action	Progress
1	Introduce a number of system and process solutions to reduce presentation to referral to a median time of 24 hours	Service and NSTEMI Project Group have commenced work on a range of initiatives.
2	Introduce workforce solutions to support the reduction of presentation to referral to a median time of 24 hours	Indicative investment highlighted in Integrated Medium Term Plan (IMTP) - detailed business case in development and scheduled for completion in February 2022 in support of IMTP.
3	Re-instatement of NSTEMI Treat and Repatriation service and/or identify steps to improve patient transportation and logistics	Supported by ARCH, HDdUHB and SBUHB currently reviewing the requirement/fit of a NSTEMI Treat and Repatriate service within the future regional model/future pathway.
4	Increase regional capacity at Morriston Cardiac Centre to meet the 72 hour NICE guidelines	Supported by ARCH, SBUHB currently finalising report outlining plans for increased capacity and delivery of 7-day Cardiac Cath Lab service at Morriston Cardiac Centre.
5	Explore options to commission NSTEMI pathway angiography service from an alternative provider/s across Wales	ARCH Regional Cardiology Project Group and HDdUHB ACS Working Group currently pursuing a plan that will see the required Cardiac Cath Laboratory service from Morriston Cardiac Centre, whilst recognising the future potential need to explore alternative commissioning arrangements if this is not achieved.

Argymhelliad / Recommendation

QSEC is asked to review the update and consider whether assurance is received on the mitigating actions in place.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.9 Provide assurance to the Board that current and emerging clinical risks are identified and robust management plans are in place and any learning from concerns is applied to these risks as part of this management. 3.10 Provide assurance to the Board in relation to improving the experience of patients, including for those services provided by other organisations or in a partnership arrangement. Patient Stories, Patient Charter and Board to Floor Walkabouts will feature as a key area for patient experience and lessons learnt.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk Register Reference 117 Risk score 20
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 2.1 Managing Risk and Promoting Health and Safety 3. Effective Care 3.1 Safe and Clinically Effective Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NICE guidelines for Acute Coronary Syndromes (NG185)
Rhestr Termiau: Glossary of Terms:	Contained in report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phroffid: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	HDUHB NSTEMI Pathway Improvement Group ARCH NSTEMI Pathway Improvement Group Previous update to QSEC in June 2021

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There are financial implications for the Health Board due to increased hospital stays for patients using Cardiac Services.
Ansawdd / Gofal Claf: Quality / Patient Care:	Where clinical access cannot be secured and patients are delayed in receiving care, there is potential for harm
Gweithlu: Workforce:	Reduced staff work experience/satisfaction due to delays in treatment.
Risg: Risk:	All risks outlined in the report.
Cyfreithiol: Legal:	It is highly probable that there could be legal challenges if a patients outcome is compromised due to delays in treatment
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable