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Health Board



Learning from HIW inspection Morryston Hospital Jan 2020

Emergency Care and Acute Medical Admissions Unit



mark madams unit nurse director morryston

caring for each other
working together
always improving

Areas Inspected:

- Unannounced full scale inspection – 8 members of inspection team for 3 days and 1 night shift Jan 27-29th 2020
- Emergency Care, Minor Injuries and acute medical admissions wards (AMAU east and west)
- Also inspected hospital operations in terms of site meetings and patient flow, Medically fit for discharge escalation meeting and Health board wide daily conference call and ward board round.



Immediate concerns escalated during the inspection

- Immediate patient safety concerns were escalated to the UND on the morning of the first full day as well as Site Matron and Consultant in Charge of ED during the previous night shift. Action taken by UND within 1 hour.
- HIW observed patients coming to harm in ED due to overcrowding and congestion
- Deteriorating patients being missed on ambulances and in waiting room
- Sepsis patients not undergoing the sepsis screens or receiving treatment within safe times
- Breaches in dignity and privacy to vulnerable patients in ED
- Breaches in safety for mental health patients



Red Immediate actions escalated after inspection

- Resuscitation and emergency equipment provision, readiness and cleanliness
- Sepsis screening and training
- Medications safe storage – fridges and drug rooms
- Medications safe administration & documentation
- Ligature risk assessments and risk reduction plans
- Review of models of care for patients in waiting areas of ED to provide a solution to assess and monitor acutely unwell patients
- Review and provide solutions to basic hydration and nutrition to patients waiting in ED
- Review of ED nursing establishment to provide increased visibility of patients in waiting rooms
- COSHH standards for safe storage of hazardous materials adhered to (sharps and chemicals).
- Manage incidences of infection outbreak appropriately and effectively.
- All clinical area floors are cleaned and repaired
- Management of confidential waste



Actions from final report

- Patient privacy and dignity and confidentiality can be maintained throughout the ED, and also within the ED waiting areas
- Medical and nursing staff maintain patient privacy and dignity at all times
- The health board must ensure that healthcare and injury management leaflets are available in Welsh & other languages
- Appropriate translation systems are used
- The health board must ensure that staff fully complete documentation, medication charts and patient care plans, to ensure that patient needs are communicated effectively to maintain consistency, continuity of care and patient safety.



- the current and ongoing recruitment and retention issues in ED is reassessed, and any new actions are shared with HIW
- The arrangements for the handover of patients between WAST ambulance crews and ED staff is reviewed and fully communicated to ED and WAST staff, with an SOP that includes the arrangements for nutrition, hydration and toilet needs.
- Serious consideration is given to the arrangements for observing acutely unwell patients in the ED waiting areas, particularly in times of increased pressures as a result of patient flow affecting waiting times.



- The issues identified with low morale and other negative staff comments are explored across both departments, and addressed where appropriate
- A robust plan for recruitment is in place for the ED and AU, and is shared with HIW
- A robust process is in place to manage temporary staffing requirements, and is shared with HIW
- Monitoring and auditing is undertaken on the fill rate of shifts against the increased staffing levels committed to the ambulances waiting and the waiting areas of ED
- Consideration is given to completing an up-to-date staff satisfaction survey to include ED and AU
- A robust process is in place to enable all staff have the opportunity to have a formal personal annual appraisal.



- Maintenance and management of the resuscitation equipment
- The management of patients with sepsis
- Mediations management
- Ligature points in ED
- Hazardous chemicals and sharps equipment
- Risk of harm due to acute patient deterioration
- Sterility of equipment in the Minor Operations Theatre in ED
- Infection, prevention and control



- Cleaning schedules are in place and all areas are regularly audited for cleanliness
- All equipment is checked for cleanliness, and that worn items are repaired or replaced
- The storage of equipment within the corridors is monitored and addressed appropriately and promptly
- The overall storage facilities on AU and ED are reviewed, to consider appropriate storage to minimise the risk of injury and cross infection
- All bins that are not in acceptable working order are replaced in the units inspected, and elsewhere in the health board



- Nursing staff regularly reposition patients and check the patients' skin for signs of pressure and tissue damage on ED and AU
- Assessments and documentation within the relevant pressure ulcer care and falls documents are undertaken and completed robustly on AU
- Provisions are made to regularly check the skin integrity of patients waiting on ambulances for prolonged periods of time.
- On admission to AU, nursing staff must assess all patients for their risk of falls, and ensure patients are re-assessed where applicable, and with the appropriate falls care plan in place
- Patients in ED are assessed for their risk of falling as appropriate
- Staff knowledge and skills must be updated and competence assessed with further provision of training in falls management



- Proactive management of basic but adequate IPC measures and intervention take place when incidences of infection are evident
- Adequate information is immediately disseminated to all visiting departments with high infection incidence, to minimise cross infection, such as closing doors, and minimising access
- If an infection outbreak occurs on one side of a ward, then staff from the affected area do not attend and share facilities on a non-affected area. This must also be disseminated to all other clinical departments in the health board
- Labels to demonstrate that equipment is clean, are used appropriately
- Work surfaces and trolleys in the ED minor operations theatre are repaired or replaced and kept clean ready for use
- All staff clinical staff and relevant administrative staff complete mandatory IPC training.



- Nursing staff complete nutritional risk assessments for patients, and these are re-assessed as appropriate
- All patients waiting on AU for beds must have an oral assessment and care plan implemented where applicable
- The health board must ensure that all staff within the EU and AU and throughout the health board, have appropriate training with updates on the mental health act, and the DoLS process.
- The health board must ensure that pain assessments are completed and documented with each patient where applicable
- The health board must ensure that patient identifiable data and confidential waste are kept securely at all times.



- Staff are consistently documenting all aspects of the medication charts
- IV fluids are always signed by staff when being administered
- Oxygen is prescribed and signed for as applicable
- Medications are not left unattended on the ED, or other areas within the health board
- All applicable staff receive additional training for medicines management or are up to date with medicines management training.
- Consideration is given to how all or most ward staff can attend regular ward meetings

- All staff are made aware of the revised Health and Care Standards that were introduced in April 2015.



- Health board reconsiders and evaluates the approach to the effectiveness and overall governance and audit processes currently in place, for both units, the directorate and health board



Key HB wide issues

- Culture
- Basic standards and cleanliness
- Poor ward environment and aging estate
- Chronic recruitment and retention issues
- Health board wide poor flow and exit block

