

**OFFICIAL SENSITIVE**

## Immediate improvement plan

Service: **Morrison Hospital**

**Area:** Emergency Department

**Date of Inspection:** 5-7 September 2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of patient experience</b>				
No immediate improvements identified				
<b>Delivery of safe and effective care</b>				
The health board must provide HIW with details of the action taken to ensure that those patients considered high risk due to their presenting conditions are escalated so that they receive appropriate and timely triage, review, and intervention. This extends to ambulatory patients and those arriving via ambulance.	Standard 3.1 / 4.1 / 5.1	<ul style="list-style-type: none"> <li>Ensure Staff on ED Reception understand and comply with the priority patient flow process (Red Dot process)</li> <li>Seek immediate assurance through an audit process that this is being utilised appropriately and is then undertaken as part of the</li> </ul>	ED Matron	<p>Completed</p> <p>Completed</p>

**OFFICIAL SENSITIVE**

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<p>HIW was not assured that all aspects of care were being delivered in a timely and effective manner within the ED.</p> <p><b>We reviewed a sample of patient records and highlighted serious issues, which require immediate action by the health board to prevent harm to patients. Examples included:</b></p> <ul style="list-style-type: none"> <li>We observed delays beyond national guidelines in both triage and medical review of patients presenting with chest pains and associated myocardial infarction symptoms. In one record we reviewed, the length of wait between arrival and triage was two hours</li> <li>We found that another patient had been lying on a spinal board for a significant period beyond national guidelines and</li> </ul>		<p>routine audit programme of the department.</p> <ul style="list-style-type: none"> <li>Development and implementation of internal professional standards with clear roles and responsibilities for staff with regards to time sensitive presentations which includes: alerting staff to patients at risk; time to triage and associated triage activities and documentation; escalation actions for patients exceeding prescribed standards within each of the triage categories post medical assessment.</li> <li>Undertake a walkthrough of environment to increase capacity to allow for timely triage assessment.</li> <li>Finalise and implement alternative pathways for expected patients to avoid attendance at the ED.</li> </ul>	<p><b>Emergency Department CD</b></p> <p><b>Deputy Head of Nursing</b></p> <p><b>ASGD Specialised Surgical</b></p>	<p><b>Completed</b></p> <p><b>Completed</b></p> <p><b>Discussed at ASDG 28/09/2022 In progress</b></p>

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<p>that there was a delay in providing appropriate interventions, including an MRI, despite a neurological deficit being recorded</p> <ul style="list-style-type: none"> <li>We found that an older frail patient had been lying on an unsuitable surface (ambulance trolley) for over 11 hours and had complained of being in pain during this time.</li> </ul> <p><i>As discussed at the feedback session, HIW recognises the extreme system pressures that Emergency Department staff are experiencing currently.</i></p>		<ul style="list-style-type: none"> <li>Ring-fence the current allocated REACT spaces.</li> <li>Review COVID pathways within the ED with the possibility of utilising areas differently to provide additional capacity for REACT</li> <li>Review chest pain pathway within the emergency department to identify any potential shortfalls. Recommendations for any required changes to be implemented by the end of October 2022.</li> </ul>	<p><b>Service Group.</b></p> <p><b>Service Group Director</b></p> <p><b>Emergency Department CD</b></p> <p><b>ED Consultant/ Deputy Head of Nursing</b></p>	<p><b>Invited to future meetings</b></p> <p><b>Completed</b></p> <p><b>Completed</b></p> <p><b>29.09.22 Update pending</b></p>

OFFICIAL SENSITIVE

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		<ul style="list-style-type: none"> <li>• Liaise with WAST to introduce repose mattresses for patients who are unable to be offloaded from WAST trolley.</li> </ul>	<b>Executive Nurse Director</b>	<b>Completed Issue escalated to WG as part of Patient Safety Response</b>
		<ul style="list-style-type: none"> <li>• Review the practice of Intentional rounding within the ED/SDMU to provide assurance of timely delivery against agreed clinical standards.</li> </ul>	<b>Deputy Head of Nursing.</b>	<b>In Progress</b>
		<ul style="list-style-type: none"> <li>• Review of operational standards for diagnostic access within the ED/Assessment areas. Implement any identified shortfalls by end of October 2022.</li> </ul>	<b>Radiology CD</b>	<b>In Progress</b>
		<ul style="list-style-type: none"> <li>• Accelerate the further development of admission avoidance and length of stay reduction plans to support the</li> </ul>	<b>Service Group Director, Morriston</b>	<b>End Quarter 3 2022 AMSR Plan</b>

OFFICIAL SENSITIVE

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		<p>reduction in exit block from the ED aligned to the AMSR programme.</p> <p>Implementation of identified admission and length of stay plans associated with AMSR will be delivered during quarter 3 2022. Areas of focus detailed below:</p> <p>Admission avoidance include:</p> <ul style="list-style-type: none"> <li>○ WAST stack review</li> <li>○ Virtual wards – in reach</li> <li>○ OPAS</li> <li>○ Expansion of Hot clinics</li> <li>○ Home visiting service</li> <li>○ NHS Elect – extension ambulatory sensitive conditions</li> </ul>	<p><b>Service Group Director, Morriston</b></p> <p><b>Clinical Lead SDEC; AMD</b></p>	<p><b>End Quarter 3 2022 AMSR Plan</b></p> <p><b>End Quarter 3 2022 AMSR Plan</b></p>

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		Length of Stay reduction at Morriston: <ul style="list-style-type: none"> <li>○ On-going review of clinically optimised process with reinforced senior review of patients within the downstream wards and healthboard wide escalation;</li> <li>○ SAFER bundle: on-going work with Improvement Cymru regarding board rounds and real-time data;</li> <li>○ Roll out of digital solutions to support effective flow management – Safety dashboard; Signal 3;</li> </ul>	Interim Director of Nursing, <b>Morriston</b>	<b>Completed</b>
			Interim Director of Nursing, <b>Morriston</b>	<b>Additional Support Resource, linked to Qtr3 AMSR Planning</b>
			Deputy Service Group Director, <b>Morriston</b>	<b>SIGNAL Systems Delay (HB Decision) Revised Qtr4 Timescale</b>

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		<ul style="list-style-type: none"> <li>○ Review of SDMU and associated capacity to support effective flow for surgical emergency admissions;</li> <li>○ Repatriation policy review with DSU for non-MTC patients;</li> <li>○ Realignment of bed capacity to meet specialty demand and update of site management policies to support effective flow management</li> <li>• LOS reduction plan across the healthboard to support effective flow through the system. This includes: <ul style="list-style-type: none"> <li>○ Community team In-reach to support admission avoidance at the front door.</li> </ul> </li> </ul>	<p><b>Revised ASGD- Surgical Lead</b></p> <p><b>Service Group Director Morriston</b></p> <p><b>Service Group Triumvirates</b></p>	<p><b>In Progress</b></p> <p><b>End Quarter 3 2022 AMSR Plan</b></p>

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		<ul style="list-style-type: none"> <li>○ Commissioning additional transition beds to support patients who are waiting for ongoing PoC.</li> <li>○ Extension of virtual wards and home first capacity.</li> <li>○ Commissioning review of community demand and capacity to align resources across the healthboard to meet demand.</li> <li>○ Expansion of rapid response services to support admission avoidance and SDEC.</li> <li>○ Establishment of senior weekly stranded review meetings to unblock challenges to discharge.</li> <li>○ Expansion of ESD services for stroke, frailty and orthopaedics to support patients rehabilitation at home rather than in-hospital</li> </ul>		

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Quality of management and leadership				
No immediate improvements identified				

Service / health board Representative:

Name (print):

Kate Hannam

Role:

Interim Service Group Director,  
Morrison hospital

Date:

14<sup>th</sup> September 2022

OFFICIAL SENSITIVE