



Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



Meeting Date	23 February 2021	Agenda Item	3.4
Report Title	Corporate Assurance Review of: Emergency Department Morrision Hospital		
Report Author	Nigel Downes, Head of Quality & Safety		
Report Sponsor	Christine Williams, Interim Executive Director Nursing & Patient Experience		
Presented by	Nigel Downes, Head of Quality & Safety		
Freedom of Information	Open		
Purpose of the Report	<p>Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of the Emergency Department (ED) and the Acute Medical Assessment Unit (AMAU) at Morrision Hospital on 27, 28 and 29 January 2020. HIW also inspected hospital operations, site meetings, medically fit discharge meeting, ward board rounds and daily executive led conference calls.</p> <p>HIW explored how the service met the Health and Care Standards (2015).</p> <p>The HIW Final Report was received, which included 18 immediate concerns that required the service to complete an immediate improvement plan outlining the urgent actions to be undertaken.</p> <p>Following the HIW Final Report, Morrision Service Delivery Unit devised an Improvement plan that was submitted to HIW in June 2020. This Improvement Plan was accepted as assurance by HIW and it was published on 06/08/2020.</p> <p>An unannounced SBUHB Corporate Quality Assurance Inspection was due to be undertaken on 6 October 2020. However, due to escalation of COVID-19, the full Corporate Quality Assurance Inspection could not be undertaken. Therefore, a remote Corporate Assurance Review was undertaken w/c 5 October 2020. This review focussed on scrutinising the evidence provided within the agreed HIW Immediate Improvement Plan (Appendix B of the HIW Report).</p> <p>A further Corporate Assurance update review and meetings took place in February 2021.</p>		

	<p>The Corporate Assurance Review included:</p> <ul style="list-style-type: none"> <li>• Head of Quality &amp; Safety (Corporate), Head of Corporate Nursing and Head of Nursing (HON) (ECHO) discussion around the HIW Report and Improvement Plan.</li> <li>• Head of Quality &amp; Safety (Corporate) 2 visits to ED.</li> <li>• Assurance Review of the HIW Improvement Plan with Head of Quality &amp; Safety, HON (ECHO), Senior Matron (AMAU), Matron (ED).</li> <li>• Head of Safeguarding discussion with Ward Managers of ED.</li> <li>• Infection Prevention Control – Assurance Visit.</li> <li>• Assistant Clinical Director meeting with Acting Clinical Director ED.</li> <li>• Head of Legal &amp; Risk provided Patient Experience data for ED and AMAU between (1) 1 July to 30 September and (2) 1 October to 31 December 2020.</li> <li>• Head of Quality &amp; Safety (Corporate) undertook a further visit of ED w/c 8 February 2021.</li> <li>• On 10 and 12 February further Assurance Review meetings were held with Head of Quality &amp; Safety, HON (ECHO), Senior Matron (ECHO), Senior Matron (AMAU), and Matron (ED) to review/update the Improvement Plan.</li> </ul> <p>This report provides an update and Evidence Log on the HIW Immediate Improvement Plan and progress to date.</p>			
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• HIW inspection January 2020.</li> <li>• Report findings and Improvement Plan</li> <li>• Corporate Assurance Findings</li> <li>• Appendix A – Immediate Improvement Plan – Evidence Log</li> </ul>			
<b>Appendices</b>	<ul style="list-style-type: none"> <li>• Appendix A – Immediate Improvement Plan – Evidence Log</li> </ul>			
<b>Appendices Specific Action Required (please choose one only)</b>	<ul style="list-style-type: none"> <li>• <b>Information</b></li> </ul>			
<b>Specific Action Required (please choose one only) Recommendations</b>	<input checked="" type="checkbox"/> <ul style="list-style-type: none"> <li>• <b>NOTE AND RECEIVE THE REPORT</b></li> </ul>	<b>Discussion</b> <input type="checkbox"/>	<b>Assurance</b> <input checked="" type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>

**Corporate Assurance Review of:**

**Emergency Department & Acute Medical Assessment Unit  
Morrison Hospital  
Healthcare Inspectorate Wales inspection  
and Immediate Improvement Plan**

## **1. INTRODUCTION**

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Emergency Department (ED) and the Acute Medical Assessment Unit (AMAU) at Morrison Hospital on 27, 28 and 29 January 2020. HIW also inspected hospital operations, site meetings, medially fit discharge meeting, ward board rounds and daily executive led conference calls.

HIW explored how the service met the Health and Care Standards (2015).

The HIW Final Report was received, which included 18 immediate concerns that required the service to complete an immediate improvement plan outlining the urgent actions to be undertaken.

Following the HIW Final Report, Morrison Service Delivery Unit drafted an Improvement plan that was submitted to HIW in June 2020, which was subsequently approved as an Improvement Plan by HIW and published on 06/08/2020.

This report provides an update and Evidence Log (at Appendix A, below) on the Immediate Improvement Plan and progress to date.

## **2. BACKGROUND**

In their report HIW note that during the inspection they had immediate concerns regarding some aspects for the delivery of safe and effective care. They were not assured that all the processes and systems in place were sufficient to ensure that patients consistently received an acceptable standard of safe and effective care. However, they noted that staff were continuously working hard to deliver care under very difficult and highly pressurised circumstances.

### **Areas HIW found ED & AMAU did well:**

- good staff/patient interactions, and staff being kind and compassionate to patients, and treating them with respect, courtesy and politeness
- good emphasis on teamwork and support for each other amongst the clinical teams
- The ED and AMAU staff and senior managers consistently demonstrated a commitment to learn from the inspection and to make improvements as appropriate
- Patients were mostly happy and complimentary of their care on AMAU.

**HIW recommend the service could improve in the areas of:**

- Patients were waiting within the three ED waiting areas for excessive periods of time, some up to 15 to 20 hours
- Patient nutrition and hydration needs were not being met continually within ED
- Documentation in patient records requires improvement
- The arrangements for the handover of patients between Welsh Ambulance Service Trust (WAST) and ED staff should be reviewed, to ensure there is clarity on responsibility for the patient, when patients are required to wait on an ambulance
- Cleaning schedules should be completed robustly, and audits of environment are undertaken regularly.

HIW had some immediate concerns about patient safety which were dealt with under an immediate assurance process. HIW wrote to the Health Board immediately after the inspection, outlining that urgent remedial actions were required in relation to the delivery of safe and effective patient care.

Details of the immediate improvements required are provided within the Action Plans attached to this report, which includes the following:

- Inconsistent maintenance and management of resuscitation equipment
- Inadequate management of patients with sepsis in ED
- Poor medications management
- Ligature points without risk assessments in ED
- Unsecure hazardous chemicals and sharps equipment
- Risk of patient harm and acute deterioration due to poor patient observation
- Expired sterile equipment in the Minor Operations Theatre in ED
- Inadequate infection prevention and control.

The status of the HIW Report, when it was published on 6 August 2020, was that the immediate issues within the Immediate Improvement Plan were completed.

### **3. CORPORATE ASSURANCE REVIEW**

An unannounced SBUHB Corporate Quality Assurance Inspection was due to be undertaken on 6 October 2020. However, due to escalation of COVID-19, the full Corporate Quality Assurance Inspection could not be undertaken. Therefore, a remote Corporate Assurance Review was undertaken w/c 5 October 2020. This review focussed on scrutinising the evidence provided within the agreed HIW Immediate Improvement Plan (Appendix B of the HIW Report).

A further Corporate Assurance update review and meetings took place w/c 8 February 2021.

The Corporate Assurance Review included:

- Review of the HIW Immediate Improvement Plan.
- Head of Quality & Safety (Corporate), Head of Corporate Nursing and Head of Nursing (ECHO) meeting to discuss the HIW Immediate Improvement Plan and requesting evidence to support the completed actions within the Plan.
- Head of Quality & Safety (Corporate) undertaking 2 site-visits to ED and 1 site-visit to the AMAU. Including a general inspection, reviewing documentation, reviewing equipment and undertaking a staff experience audit of the areas.
- Assurance Review of the HIW Improvement Plan with Head of Quality & Safety, Head of Nursing (ECHO), Senior Matron (AMAU), Matron (ED). The HON ECHO has provided evidence on a number of completed actions within the HIW Immediate Improvement Plan.
- Head of Safeguarding discussion with Ward Managers of AMAU/ED.
- Infection Prevention Control – Assurance Visit.
- Assistant Clinical Director meeting with Acting Clinical Director ED.
- Head of Legal & Risk provided Patient Experience data for ED and AMAU between 1 July to 31 December 2020.
- Head of Quality & Safety (Corporate) undertook a further visit of ED w/c 8 February 2021.
- On 10 and 12 February a further Assurance Review meeting was held with Head of Quality & Safety, HON (ECHO), Senior Matron (ECHO) and Matron (ED) to review/update the Improvement Plan.

The Immediate Improvement Plan included 18 immediate issues that needed addressing within ED, AMAU (including some across the wider Health Board). Appendix A of this report reviews the evidence that has been provided by Morrision Service Delivery Unit in relation to these issues/actions. Within Appendix A, the strength of evidence provided is noted as:

- No evidence
- Limited evidence
- Some evidence
- Good evidence

#### **4. FINDINGS:**

The findings of the Corporate Assurance Review of the HIW Improvement Plan are to be found at Appendix A below.

#### **5. NEXT STEPS**

Due to the nature of HIW's inspection findings and outstanding actions, and the risks associated with these findings, regular updates on the ongoing Improvement Plan (Appendix C of the HIW Report) actions to continue to be reported by Morriston Service Group's Quality and Safety Group (MSQSG) into QSGG.

Corporate Nursing Team to commence a review of all Health Board wide improvement areas within HIW's ongoing Improvement Plan (Appendix C of the HIW Report), and evidence provided of their completion. Evidence to be reported, as way of assurance, to QSGG.

#### **6. RECOMMENDATIONS**

Members of the committee are asked to note the findings of the Corporate Assurance Review.

## Incidents, Complaints &amp; Patient Experience

Improvement Needed	Service Action Undertaken	Responsible Person	Timescale / Further Information Needed	Evidence: No Evidence Limited Evidence Some Evidence Good Evidence
<p>1 Resuscitation equipment/medication is always available and safe to use in the event of a patient emergency on both the AMAU and EU and within all other wards and departments across the health board.</p>	<p><b>ED</b></p> <ul style="list-style-type: none"> <li>• Designated person assigned to carry out weekly audit of resuscitation trolley checks.</li> <li>• New lockable resuscitation trolleys obtained following consultation with the resuscitation officers, ensuring that they are suitable for ED use.</li> <li>• Daily checks of ED Resuscitation trolleys undertaken to ensure all locked and correct tag securing trolley.</li> </ul>	Matron ED		<b>Good Evidence</b>
	<p><b>AMAU</b></p> <ul style="list-style-type: none"> <li>• The second resuscitation trolley on AMAU East was removed immediately and relocated to the new ambulatory care unit on AMAU.</li> </ul>	Matron AMAU		<b>Good Evidence</b>
	<ul style="list-style-type: none"> <li>• New lockable resuscitation trolleys obtained following consultation with the resuscitation officers</li> <li>• Daily checks of resuscitation trolley to ensure all locked and correct tag securing trolley.</li> </ul>	Matron AMAU		<b>Good Evidence</b>

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	<ul style="list-style-type: none"> <li>Assurance audits for checks implemented weekly by ward manager.</li> <li>All resuscitation trolleys <u>have</u> been replaced across the Morriston Hospital</li> </ul>	<p>Matron AMAU</p> <p>UND</p>		<p><b>Good Evidence</b></p> <p><b>Good Evidence</b></p>
<p>2 Sepsis screening is completed on all applicable patients within the ED and throughout the health board, and all applicable patients are managed and treated appropriately, in accordance with local and national sepsis guidelines.</p>	<p><b>ED</b></p> <ul style="list-style-type: none"> <li>Sepsis screening is discussed daily at morning/evening handover for ED nurses and medical staff and has been added to Handover sheet.</li> <li>“Sepsis team” re-established within the Emergency Department - Previously had Morriston Unit Sepsis Team that was managed by an ED Consultant.</li> <li>Sepsis screening books available in all areas of ED. Ordering has been reviewed to ensure constant supply.</li> <li>Sepsis information board is updated with teaching material to support improvement in practice. Monthly assurance audits implemented for sepsis screening.</li> <li>SBAR sticker placed on notes, when patients are transferred to the hospital ward, which includes SEPSIS.</li> </ul>	<p>Matron ED/Clinical Director ED</p> <p>Matron ED</p> <p>Matron ED</p> <p>Matron ED</p> <p>Matron ED</p>		<p><b>Good Evidence</b></p> <p><b>Good Evidence</b></p> <p><b>Good Evidence</b></p> <p><b>Good Evidence</b></p> <p><b>Good Evidence</b></p>



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<p>4 Refrigerated medication is stored safely and securely on both the AMAU and EU, and within all other wards and departments across the health board</p>	<p><b>ED</b></p> <ul style="list-style-type: none"> <li>• Refrigerator in the paediatric area is now locked and key held by nurse in charge of the paediatric area</li> <li>• Main ED drug refrigerator has had a lock fitted and the key is held by nurse in charge within the ED</li> <li>• The fridge in ED has now also been incorporated within the Omnicell, as a further precaution</li> </ul> <p><b>AMAU</b></p> <ul style="list-style-type: none"> <li>• Two new lockable refrigerators for AMAU East and AMAU West have been obtained. Keys held by nurse in charge</li> </ul>	<p>Ward Manager</p> <p>Ward Manager</p> <p>Ward Manager</p> <p>Ward Manager</p>		<p><b>Good Evidence</b></p> <p><b>Good Evidence</b></p> <p><b>Good Evidence</b></p> <p><b>Good Evidence</b></p>
<p>5 Medication is stored securely at all times and is not left unattended and accessible to patients and visitors.</p>	<p><b>ED</b></p> <ul style="list-style-type: none"> <li>• Facilities to hold “Patient’s own drugs” installed in all designated patient spaces</li> <li>• Compliance monitored daily via matron’s daily walk through inspection</li> </ul> <p><b>AMAU</b></p> <ul style="list-style-type: none"> <li>• Assurance audits of compliance to ensure that safe storage of medication is in place. Matron &amp; Senior Matron undertake walk through inspection and ‘spot check’ peer audits are undertaken to ensure compliance.</li> </ul>	<p>Ward Manager / Matron</p> <p>Ward Manager / Matron</p>		<p><b>Good Evidence</b></p> <p><b>Good Evidence</b></p>

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<p>6 IV medication is checked and administered by two RNs as per UHB policy.</p>	<p><b>ED</b></p> <ul style="list-style-type: none"> <li>• Refresher training and education is delivered to ALL staff in ED reinforcing the Health Board IV medication policy to attain 100% compliance.</li> <li>• Learning Needs Analysis has also been completed.</li> </ul> <p><b>AMAU</b></p> <ul style="list-style-type: none"> <li>• Weekly refresher training/education sessions for IV medication for existing and new staff.</li> <li>• Education presentations and other training documentation has been reviewed.</li> </ul>	<p>Ward Manager / Matron / Clinical Educator</p> <p>Ward Manager / Matron / Clinical Educator</p>	<p>Requires training compliance record</p>	<p><b>Good Evidence</b></p> <p><b>Some Evidence</b></p>
<p>7 IV fluids are securely stored and are safely administered on both the AMAU, ED and within all other wards and departments across the health board.</p>	<p><b>ED</b></p> <ul style="list-style-type: none"> <li>• Storage Facility with appropriate shelving now in place within ED. Requires lockable door which has been ordered and will be fitted with suitable lockable keypad.</li> </ul> <p><b>AMAU</b></p> <ul style="list-style-type: none"> <li>• Doors to IV storage room kept closed at all times with signs in place for staff to ‘keep door closed at all times’ – key pad lock fitted. More prominent signs put in place.</li> <li>• Findings of the Service Group reviews to be reported to the Medicines Safety Group to consider further actions to be taken across the Health Board.</li> </ul>	<p>Ward Manager / Matron</p> <p>Ward Manager / Matron</p> <p>Service Group Nurse Director</p>		<p><b>Some Evidence – awaiting lockable door, which has been ordered</b></p> <p><b>Good Evidence</b></p>



## Incidents, Complaints &amp; Patient Experience

	<ul style="list-style-type: none"> <li>○ <b>Non anti-ligature pull-cords remain.</b></li> <li>○ <b>Suitable anti-ligature pull-cords have been ordered and will be fitted when received.</b></li> </ul>			
9 A review of the model of care for managing patients within waiting areas who are sat in chairs is immediately undertaken. This must also include patients waiting to enter the department who are waiting on ambulances.	<b>ED</b> <ul style="list-style-type: none"> <li>• Introduction of additional Emergency Department Assistant (EDA) on every shift to assist with monitoring the waiting area.</li> <li>• Monitoring of staffing roster compliance.</li> <li>• Waiting Area Co-Ordinator Role SOP drafted 05/10/2020.</li> <li>• The development of a “Target Nurse”, who is in place, to work alongside the EDA to provide ongoing monitoring, care and treatment to patients in waiting areas and within ambulances.</li> </ul>	Head of Nursing/ Sister/Matron ED		<b>Good Evidence</b>  <b>Good Evidence</b> <b>Good Evidence</b>
10 A review of the current provision of care to ensure that patients within the waiting areas have access to basic and appropriate nutrition and hydration.	<b>ED</b> <ul style="list-style-type: none"> <li>• Target Nurse and EDA assist with assessment of nutritional needs and the provision of nutrition in place.</li> <li>• Frequency for replenishment of food vending machines has been reviewed and assurance that they are adequately stocked at all times, including weekends.</li> <li>• Awaiting installation of water fountain in waiting areas. Currently Water Bottles are provided for patients.</li> </ul>	Service Manager, Emergency Care & Hospital Operations/ Head of Catering/ Matron ED/ Estates Manager		<b>Good Evidence</b>  <b>Good Evidence</b>  <b>Good Evidence</b>



## Incidents, Complaints &amp; Patient Experience

	<p>cupboard and stored in a room only accessible by staff</p> <ul style="list-style-type: none"> <li>Staff regularly reminded to of securing hazardous chemicals appropriately.</li> </ul>	<p>Ward Manager / Matron Ward Manager / Matron Ward Manager / Matron</p>		<p><b>Good Evidence</b></p> <p><b>Good Evidence</b></p>
13 All sharps instruments are stored securely	<p><b>ED</b></p> <ul style="list-style-type: none"> <li>Compliance with Health Board sharps policy reinforced. Sharp instruments have been removed from unsupervised areas and stored appropriately in a locked store room.</li> <li>Head of Quality review confirmed compliance at that time.</li> </ul> <p><b>AMAU</b></p> <ul style="list-style-type: none"> <li>Compliance with Health Board sharps policy reinforced. Sharp instruments have been removed from unsupervised areas and stored appropriately in a locked store room.</li> <li>Head of Quality review confirmed compliance at that time.</li> </ul>	<p>Ward Managers / Matron</p> <p>Ward Managers / Matron</p>		<p><b>Good Evidence</b></p> <p><b>Good Evidence</b></p> <p><b>Good Evidence</b></p> <p><b>Good Evidence</b></p>
14 All sterile instrument packs and consumables are in date and remain sterile for use within the minor operations theatre in ED, and also throughout the department as a whole.	<p><b>ED</b></p> <ul style="list-style-type: none"> <li>All sterile instrument packs are regularly checked/reviewed and returned if out of date. Designated person to be identified on a weekly basis by Matron ED</li> </ul>	<p>Ward Managers / Matron</p>		<p><b>Good Evidence</b></p>

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	<ul style="list-style-type: none"> <li>A scoping exercise has been carried out to ensure that only essential equipment is ordered and stored within ED</li> </ul>			Ongoing
15 Every appropriate effort is made to manage the incidence of an infection outbreak (or isolated incidences) appropriately and effectively and in line with local and national guidelines.	<p><b>ED</b></p> <ul style="list-style-type: none"> <li>Hand hygiene: Refresher training is included in mandatory training day for all staff importance of hand hygiene to be emphasised to staff at handover.</li> <li>PPE training continues and new trainers are in place to ensure all staff are compliant with Health Board policy.</li> <li>Monthly audits of compliance to provide assurance.</li> </ul> <p><b>AMAU</b></p> <ul style="list-style-type: none"> <li>Hand hygiene training re-commenced with all staff reminded the importance of hand hygiene as a standard.</li> <li>PPE training to be commenced during COVID-19 outbreak.</li> <li>Monthly audits of compliance to provide assurance.</li> </ul>	Ward Managers / Matron	Requires compliance checklist	<p>Good Evidence</p> <p>Good Evidence</p> <p>Ongoing</p> <p>Good Evidence</p> <p>Good Evidence</p> <p>Ongoing</p>
16 All floors within clinical areas in ED, AMAU and throughout the health board are appropriately and adequately cleaned, and where	<p><b>ED</b></p> <ul style="list-style-type: none"> <li>Flooring assessments undertaken by the Estates team, ED manager and matron. 'Snag' list has been compiled and regularly updated. Snag list work is completed on a weekly basis.</li> </ul>	Ward Manager / Matron / Head of Support Services		Good Evidence

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<p>applicable are repaired in a timely manner</p>	<ul style="list-style-type: none"> <li>Funding agreed by Health Board senior leadership team to increase domestic services staffing budget at Morriston Hospital.</li> <li>Domestic supervisor regularly reviews daily cleaning schedules and supervision of domestic staff.</li> </ul> <p><b>AMAU</b></p> <ul style="list-style-type: none"> <li>Cleaning assessments completed across the unit and areas of concern highlighted. Template produced for Cleaning/Facilities Staff to sign after particular areas of concern have been identified. These areas cleaned on a daily basis.</li> <li>AMAU has recently moved areas and new area had new floor fitted prior to move.</li> </ul>	<p>Ward Manager / Matron / Head of Support Services</p>		<p><b>Ongoing</b></p> <p><b>Good Evidence</b></p>
<p>17 A review of the role and remit of the Infection, Prevention and Control team is undertaken, to ensure that:</p> <ul style="list-style-type: none"> <li>Clear proactive instructions and support is provided to all clinical areas</li> <li>Appropriate support is provided to clinical teams, along with developing and implementing action plans for use during incidence of norovirus or other infection outbreaks</li> <li>The capacity and resources are reviewed within the IPC team, to</li> </ul>	<p><b>ED &amp; AMAU</b></p> <ul style="list-style-type: none"> <li>Roles and responsibilities of the delivery Unit and Infection Control Nurses (ICN) have been defined.</li> <li>Infection, Prevention and Control (IPC) champions have been identified who link in with ICNs.</li> <li>Implementation of MDT environmental reviews on initiation of a period of increased incidence. (PII) and follow up any actions ensuring all actions are complete before closure of the PII</li> <li>IPC team provide advice and support for core working hours 7 days a week.</li> </ul>	<p>Assistant Director of Nursing (Infection)</p>		<p><b>Good Evidence</b></p> <p><b>Allocated IPC Band 7 to cover ED &amp; AMAU</b></p>

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<p>ensure proactive and preventative measures are considered in addition to a reactive and advisory service</p>	<ul style="list-style-type: none"> <li>• ICNs work clinically where capacity allows to use the opportunity for role modelling, teaching and supporting staff.</li> <li>• Bespoke training to be delivered to Allied Health Professionals and site team on IPC.</li> </ul>			
<p>18 Confidential waste is stored appropriately and securely, prior to its collection for shredding.</p>	<p><b>ED</b></p> <ul style="list-style-type: none"> <li>• Confidential waste stored in locked waste room.</li> </ul> <p><b>AMAU</b></p> <ul style="list-style-type: none"> <li>• Confidential waste and Datix Report completed waste now stored in a locked room whilst awaiting collection.</li> <li>• Collections of confidential waste to be undertaken daily rather than weekly.</li> </ul>	<p>Ward Manager / Matron</p> <p>Ward Manager / Matron</p> <p>Ward Manager / Matron / Portering Services</p>		<p><b>Good Evidence</b></p> <p><b>Good Evidence</b></p>