

# Quality Check Summary

## Acute Medical Assessment Unit, Morrison Hospital

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of the Acute Medical Assessment Unit (AMAU) at Morriston Hospital as part of its programme of assurance work. Patients are admitted to the AMAU from the Emergency Department at Morriston Hospital to be assessed and treated for a range of acute medical illnesses. In December 2020, the health board relocated the AMAU to Ward D within the hospital. The AMAU currently has 25 beds split between four bays and three individual cubicles.

HIW's quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Health and Care Standards 2015 (and other relevant regulations). Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to assurance and inspections can be found [here](#).

We spoke to the matron and senior sister on 08 June 2021 who provided us with information and evidence about their service. We used the following key lines of enquiry:

- How do you ensure that the risk of healthcare associated infection is assessed and managed to keep patients, visitors and staff safe?
- How do you ensure that the environment is safe for staff, patients and visitors and that it maintains patient dignity? How are patients' rights upheld?
- How do you ensure that the Assessment Unit governance arrangements are effective and that there are sufficient numbers of appropriately trained staff to provide safe and effective care?
- How do you ensure a timely flow of patients through the Assessment Unit? Where the flow is not timely, how do you respond?

## Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

The key documents we reviewed included:

- The most recent environmental risk assessments / audits
- Most recent falls audit results
- Most recent pressure and tissue damage audit results.

We also questioned the service representatives on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

### **The following positive evidence was received:**

We were told about the challenges faced by staff as a result of the relocation of the AMAU to Ward D. The overall environment of Ward D is smaller and narrower than the previous location of the AMAU, which has meant that it has been difficult to always enforce social distancing measures between patients and staff. The senior sister felt that despite these challenges, staff have managed as best as they could do in the circumstances to help protect staff and patients from the risk of transmission of COVID-19. Patient records were removed from the beds of patients and kept in a single lockable drawer to minimise footfall throughout the unit. The staff room and treatment room have been limited to two staff members only at a time to encourage social distancing between staff. We were also told that the number of clinicians seeing patients at each bedside is limited to key staff members only, to minimise the amount of people on the unit.

We were provided with a copy of a risk assessment that had been carried out in May 2021 which included checks on the cleanliness and general condition of the environment of the AMAU. The senior sister informed us that the risk assessment is undertaken every month and that any improvements identified are communicated to staff as standard.

We were told that each patient is assessed on admission and that they are monitored regularly to ensure their needs are met throughout their stay at the AMAU. Each patient has a locker to store personal belongings and any existing medication prescribed to them. When personal care is provided to patients, the curtains around the patient bed are closed and a red peg is attached to the outside of the curtains to ensure staff know not to enter, and to keep the curtains closed. We were informed that new privacy curtains around each bed were purchased which have a clear plastic panel at one end. This has meant the curtains can be closed to help protect patients from each other, while also allowing staff to observe patients for their safety. We were assured by the senior sister that the position of the plastic panel

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also meant that the privacy and dignity of patients was preserved.

The senior sister told us that all patients receive a pressure or tissue damage risk assessment on admission to the AMAU, and a falls risk assessment within 12 hours of admission. Patients at high risk of pressure or tissue damage, or falls, are identified and documented onto 'Signal'<sup>1</sup> to ensure all staff are aware. We saw evidence of the most recent monthly pressure and tissue damage and falls audits that had been undertaken, to monitor staff compliance with the procedures in place to identify patients at risk. We noted that improvements had been identified from these audits. These included ensuring that pressure damage prevention care plans in place for patients are documented clearly within patient records, and ensuring that falls prevention letters are issued to patients and their families. The senior sister confirmed that all staff have subsequently been reminded of the importance of doing this.

We were told that visitation to the unit was restricted during the pandemic in line with Welsh Government guidelines. Visitors were only permitted to the AMAU in exceptional circumstances, including end of life care, and where patients had specific needs such as a learning disability or a cognitive impairment. Visitors were required to book a visiting slot ahead of time and wear personal protective equipment (PPE) during their time at the unit. Electronic tablets have been available for patients to use to stay in contact with their families and friends remotely. The senior sister told us that arrangements have also been put in place to ensure regular communication between staff and patients' relatives. Staff allocated to each bay are required to call each designated family member at least once per shift to provide an update.

**The following areas for improvement were identified:**

We were told that the relocation of the AMAU to Ward D was a short term solution during the pandemic and that plans are in place to move the AMAU again to the front of Morriston Hospital towards the end of 2021. The health board must provide further information to HIW on these plans and provide assurance that the new location will provide adequate space for storage of essential items such as linen, and allow for safer social distancing of patients and staff throughout the unit.

## Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key information we reviewed included:

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<sup>1</sup> 'Signal' is an electronic version of the 'patient safety at a glance' whiteboard that is usually displayed in clinical settings to provide live information for each patient.

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- Generic infection control policies and Covid-19 specific policies
  - Most recent hand hygiene audit results
  - Most recent infection control risk assessments / audits

**The following positive evidence was received:**

We were told that staff have electronic access to a range of Infection Prevention and Control (IPC) guidance. We were provided with a copy of a 'Protocol for Infection Outbreak/Incident Management in Secondary and Tertiary Care' document which had been updated and published by the health board in response to COVID-19. The document contained links to other relevant IPC guidance such as the National Infection Prevention and Control Manual developed by Public Health Wales and other COVID-19 resources issued by the Welsh Government. We were told that relevant updates on COVID-19 have also been circulated via email to ensure staff are kept up to date.

The senior sister told us about the arrangements in place at the AMAU to manage potential COVID-19 cases in relation to the safe admission and discharge of patients. All patients receive a COVID-19 test during their time at the Emergency Department at Morrison Hospital. Patients that receive a positive COVID-19 test, or are displaying symptoms, are transferred and triaged at a separately located Respiratory Assessment Unit (RAU) within the hospital. Patients are only admitted to the AMAU if they have received a negative COVID-19 test or if they are not experiencing or displaying any symptoms. Patients are subsequently tested on day 3 and 5 of their stay, and on every Wednesday and Saturday thereafter if their stay is prolonged. Any patient that tests positive for COVID-19 while at the unit is transferred to a dedicated COVID-19 ward within the hospital, and the bed is deep cleaned before it can be used by another patient. Patients can only be discharged home, or to another setting such as a care home, from the AMAU after a negative COVID-19 test has been confirmed.

We were told about the procedures in place in relation to the use of PPE to reduce the risk of infection at the AMAU. Staff have received training on how to correctly put on and take off PPE safely. Such training has also been included as part of the induction for any new members of staff joining the unit. Staff are required to wear fluid resistant masks along with gloves, an apron and eye protection when providing care to patients within two metres. Staff have been fit tested for FFP3<sup>2</sup> masks and long sleeved gowns have been available to wear when undertaking aerosol generating procedures or providing care to suspected infectious patients. Checks of PPE supplies have been undertaken daily to ensure the unit has had sufficient stocks.

We saw that regular audits were being undertaken by staff at the AMAU to monitor compliance with infection control procedures. The frequency of hand hygiene audits has increased from monthly to weekly to help identify any issues more timely. We were told that

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<sup>2</sup> FFP3 face masks are filtering face masks. They are used in specific circumstances following risk assessment and in accordance with infection prevention and control guidance. Staff must be 'face fit tested' to ensure that they can achieve a suitable face fit of the mask and that it operates at the required efficiency.

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audits have also been undertaken fortnightly by the central IPC team at the health board, with issues raised immediately to ensure issues are rectified as soon as possible.

The senior sister informed us that lateral flow tests will soon be available so that staff can be regularly tested to help identify anyone who is infectious without displaying symptoms of COVID-19.

**The following areas for improvement were identified:**

We saw that compliance with mandatory IPC training was 81 percent across all staff members working at the AMAU. Given the recent relocation of the AMAU and the ongoing pandemic, the health board should ensure staff are fully compliant with IPC training as a matter of priority.

We reviewed the audit undertaken at the AMAU by the central IPC team in May 2021 and noted that issues were identified with doctors and consultants not adhering to the hand hygiene and PPE procedures in place at the unit. We recommend the health board reminds doctors and consultants of their responsibility to adhere to the bare below the elbow policy and the unit's PPE requirements when seeing patients at the AMAU.

## Governance / Staffing

As part of this standard, HIW questioned service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored whether management arrangements ensure that there are sufficient numbers of appropriately trained staff on the unit to provide safe and effective care.

The key documents we reviewed included:

- Data on staff sickness and staff vacancies
- The current percentage completion rates for mandatory training
- The current percentage completion rates for Performance Appraisal and Development Reviews (PADRs)

**The following positive evidence was received:**

The senior sister described the arrangements in place to help ensure that there is an appropriate skill mix and sufficient numbers of staff to provide safe and effective care. The needs of the AMAU and the RAU are jointly assessed, and rotas are developed for each unit at the same time. 'Healthroster' is used as an electronic tool to organise staff rotas based on staff working preferences and staff absences, such as leave or sickness. We were told that agency staff have been used to fill any vacancies, predominantly during night shifts. Agency staff have been block booked wherever possible to aid continuity within the nursing team, and

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experienced existing staff have been allocated to work night shifts to provide support. Rotas are scrutinised by senior managers before being signed off, and are subject to a review after two weeks to check that any subsequent changes have not impacted on the delivery of care. We were told that acuity levels across the directorate are monitored daily at management meetings and safety huddles, and that staff are subsequently redeployed to areas identified as having the highest levels of risk at any given time when required.

We looked at the opportunities available to staff to access relevant training. We were told that some face to face training was stopped during the pandemic and alternative solutions were implemented where possible, such as online training. However, access to computers has been an issue for staff since the AMAU was relocated to Ward D. Staff have therefore been encouraged to use the library within the hospital or complete training at home, with the time credited back to them.

We were told that all new starters receive a formal induction to the AMAU. This includes a period of six weeks of supernumerary<sup>3</sup> time to become familiar with the unit and learn and practice skills safely. Each new starter is allocated a more senior member of staff who provides supervision, and will have regular access to a clinical educator who oversees their training needs.

We spoke about the support offered to staff since the onset of COVID-19. Staff have received COVID-19 risk assessments to help protect the health and wellbeing of staff members who may be at more risk of being infected and/ or an adverse outcome if infected. HIW is aware that the past 12 months have been particularly challenging and difficult for staff due to a bereavement of a colleague. We were told that sessions have been run for staff to speak to psychologists, and quiet rooms have been made available for staff to have quiet reflective time if needed during their shifts.

**The following areas for improvement were identified:**

We were told that there were currently 13 staff vacancies across the AMAU and RAU at band 5 level, which are being filled by utilising agency and bank staff. We noted that some of the vacancies would be filled by newly qualified nurses graduating in September 2021. The health board must provide assurance on the actions being taken to permanently recruit new members of staff to fill the vacancies, and on how the recruitment of newly qualified nurses will impact on the skill mix and experience of staff working at the AMAU.

We saw that that the overall compliance rate with mandatory training by staff at the AMAU was 80 percent at the end of May 2021. We were told that an action plan was currently in place to ensure the compliance rate reaches 85 percent by the end of August 2021. While the action plan is a positive step, the health board must provide assurance of its plans to ensure all staff are fully compliant with their mandatory training as soon as possible.

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<sup>3</sup> During this time, staff are not counted as part of the staffing required for safe and effective care at the unit.



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We saw that the percentage completion rates for Performance Appraisal and Development Reviews (PADRs) for all staff at the unit as at the end of May 2021 was 58 percent. We were told that an action plan was currently in place to ensure the compliance rate reaches 85 percent by the end of June 2021. Again, while this is a positive step, PADRs are important for staff to discuss objectives, identify learning opportunities and areas for improvement. The health board must ensure any outstanding PADRs are completed with staff as a matter of priority.

We were provided with a list of incidents that had occurred at the AMAU during March 2021 and May 2021. We noted that moisture lesions (37) and pressure ulcers (11) accounted for nearly half of the 102 incidents that had occurred during the three month period. The health board must provide assurance on the actions being taken to help reduce the high number of such incidents, and review whether such issues are being managed appropriately through patient care plans and treatment that accurately reflect the underlying cause of the problem.

## Patient Flow

For Assessment Units, HIW felt it was important to explore the flow of patients through the department. The aim of this is to make sure patients are being assessed, admitted and discharged in a timely way.

### **The following positive evidence was received:**

We discussed the challenges faced by the service during COVID-19 to ensure the flow of patients through the unit was still timely, safe and effective. We were informed that it has been difficult at times to discharge patients from the AMAU, especially during the first and second waves of the pandemic. The unit had patients that had tested positive for COVID-19, which impacted on transfers to other specialty wards. The senior sister confirmed that patient flow has since improved with the reduction in cases of COVID-19 in the community.

The senior sister confirmed that patients have continued to have their needs assessed, and that access to consultant physicians and specialist multidisciplinary team professionals has continued as required and in a timely manner. The estimated dates of discharge for each patient are discussed by senior clinical staff daily. The unit has recently recruited a navigator, whose role is to manage patient flow by monitoring empty beds to accept admissions, and liaising with other medical specialties for discharges to other wards. The navigator is also responsible for identifying and escalating any patient flow issues to senior managers.

The senior sister informed us that the new electronic Signal system has provided more timely access to therapies and packages of social care for patients, which has resulted in quicker patient discharges. Patients have also been able to be discharged earlier through joint working with the Ambulatory Emergency Care (AEC) service and with the acute community

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team. This has allowed patients to be discharged home and either be transported back to hospital via the AEC as an outpatient for any further tests or treatment, or receive care and any medication needs through home visits by the acute community team.

**No areas for improvements were identified.**

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## What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

Where an improvement plan is required, it should:

- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the areas for improvements identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the quality check.

As a result of the findings from this quality check, the service should:

- Ensure that the areas for improvements are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.

# Improvement plan

Setting: Morriston Hospital

Department: Acute Medical Assessment Unit

Date of activity: 08 June 2021

The table below includes improvements identified during the Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

| Reference Number | Improvement needed   | Standard/Regulation          | Service Action  | Responsible Officer   | Timescale                      |
|------------------|--|------------------------------|---|---|--------------------------------|
| 1                | The health board must provide further information to HIW on the future plans for the AMAU, and how any new location will be suitable in terms of providing space for access throughout the unit, and adequate storage space. | Health and Care Standard 2.1 | <p><b>Update</b><br/>The redevelopment of the assigned area for the new AMAU is currently undergoing tender and once completed architects design drawings will be completed. Storage and adequate access will be part of the brief provided to the successful company.</p> <p><b>Action</b><br/>Architect design, showing the storage space, to be provided to HIW.</p> | Acute Medical Service Redesign (AMSR) lead with Capital planning director | Completed<br><br>December 2021 |

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|---|---|------------------------------|---|---|---|
| 2 | The health board must ensure staff are fully compliant with IPC training as a matter of priority.   | Health and Care Standard 2.4 | <p><b>Current AMAU IPC Training Compliance (Mandatory) = 81% as per report</b><br/> The AMAU matron will oversee the delivery of a recovery plan to ensure all appropriate nursing staff have completed IPC training requirement</p> <p>(Mandatory Training reviewed monthly by Divisional Snr Team as part of Workforce Indicators)</p> <p>Head of Infection, Prevention &amp; Control to review recovery plan and IPC training compliance and escalate any concerns to the Service Group Nurse Directors and Executive Director of Nursing.</p> | Deputy HON<br><br><br><br><br><br><br><br><br><br>Head of Infection, Prevention & Control | August 2021<br><br><br><br><br><br><br><br><br><br>September 2021 |
| 3 | The health board must remind doctors and consultants of their responsibility to adhere to the bare below the elbow policy and the unit's PPE requirements when seeing patients at the AMAU.   | Health and Care Standard 2.4 | Group Medical and Nurse Director to write out to all staff to remind them of their IPC, BBE and Hand Hygiene compliance responsibilities.   | Group Medical and Nurse Director  | Completed May 2021  |
| 4 | The health board must provide assurance on the actions being taken to permanently recruit new members of staff to fill existing vacancies, and on how the recruitment of newly qualified nurses will impact on the skill mix and experience of staff working at the AMAU. | Health and Care Standard 7.1 | <p>VCF's for vacancies approved at panel to be completed and adverts to be refreshed.</p> <p>Ensure the induction programme is in place for all new starters in AMAU and mitigate any risk in relation to skill-mix</p>   | Matron AMAU<br><br><br><br><br><br><br>Matron AMAU  | 31 July 2021<br><br><br><br><br><br><br>30 August 2021            |

|   |   |                                    |  |  |   |
|---|---|------------------------------------|--|--|---|
| 5 | The health board must provide assurance of its plans to ensure all staff are fully compliant with their mandatory training as soon as possible.   | Health and Care Standards 3.1, 7.1 | Hospital Service Group's plan for AMAU is monitored as part of their improvement to meet the mandatory training targets by the executive team at quarterly performance reviews.  | Director of Workforce & OD   | Completed July 2021   |
| 6 | The health board must ensure any outstanding PADRs are completed with staff as a matter of priority.  | Health and Care Standard 7.1       | Hospital Service Group's plan for AMAU is monitored as part of their improvement to meet the mandatory training targets by the executive team at quarterly performance reviews.  | Director of Workforce & OD   | Completed July 2021   |
| 7 | The health board must provide assurance on the actions being taken to help reduce the high number of moisture lesions and pressure ulcers incidents, and review whether such issues are being managed appropriately through patient care plans and treatment that accurately reflect the underlying cause of the problem. | Health and Care Standard 2.2       | <p><b>Update</b><br/>The HB has a strategic assurance and challenge review process delivered through a Pressure Ulcer Prevention Scrutiny Group ("PUPSG") that feeds in to the HB Quality Safety and Governance Group. There is a strategic improvement plan for the HB.</p> <p><b>Action</b><br/>Morrison Pressure Ulcer Scrutiny Panel to continue to provide case level peer scrutiny for all health care acquired pressure ulcer and moisture lesion events to ensure that lessons learnt are implemented site wide and to support wider education.</p> <p>Refresh Morrison HCA Pressure Ulcer/Moisture Lesion improvement plan.</p> | <p>PUPSG chair</p> <p>Head of Nursing - Morrison</p> <p>Head of Nursing - Morrison</p> | <p>July 2021</p> <p>Completed (Monthly meetings in place)</p> <p>September 2021</p> |

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Name: Mark Madams, Group Nurse Director - Morriston Hospital Service Group

Date: 15 July 2021