

# Quality Check Summary

## Children's Emergency Unit, Morriston Hospital

Activity date: 29 June 2021

Publication date: 3 September 2021



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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of the Children's Emergency Unit (CEU) at Morriston Hospital as part of its programme of assurance work. The CEU was set up at the start of the COVID-19 pandemic in an effort to provide a separate single point of access for children, and allow the Emergency Department (ED) to handle the expected increase of adult patients. The unit has 11 beds in total, including one high dependency unit (HDU) bed for children requiring more acute care.

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 Sister, Clinical Educator and a Paediatric Consultant on 29 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 meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- How do you ensure that the 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 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
- Data on the number of incidents occurring on the unit over the last three months

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:**

The CEU was set up at pace in March 2020 in response to the expected increase in demand on the hospital during the pandemic. The new unit combined the duties of the hospital's Paediatric Emergency Department and Paediatric Assessment Unit into one location for all children aged 16 and under. The unit has a separate entrance that can be locked if necessary, but is also accessible from within the ED. We were told that patients would be transferred immediately to the resuscitation area of the ED in the event of an emergency, and cared for in one of two dedicated bays for paediatric cases.

Staff told us about the arrangements put in place at the CEU to help protect patients and staff from the risk of transmission of COVID-19. The unit was split into separate 'blue' and 'red' areas. The blue area contains a reception desk, waiting room, triage room, and an open bay with four beds. Any patients experiencing or displaying any signs or symptoms of COVID-19 are allocated a bed within the red area and treated as suspected positive cases. Markers were placed on the floor throughout the unit, and the waiting room in the blue area was split into separate sections, in line with social distancing guidelines. Limits were also placed on the number of people allowed inside each room at any one time to encourage social distancing between staff. We were told that toys were removed from the waiting area to avoid cross-contamination. Instead, each cubicle has a separate box of toys available, which are cleaned between patients.

We were told that a Standard Infection Control Precautions (SICPs) audit is carried out monthly, which include checks on the general condition of the environment of the CEU. We saw that the most recent audit had been undertaken in June 2021, and that it did not identify any issues with the environment.

Staff informed us that the unit is committed to ensuring all patients are triaged within 15 minutes of arrival whenever possible. Patients are monitored regularly to ensure their needs are met throughout their stay at the unit. Patients have access to food and snacks as required,

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and have been provided with bottles of water since the onset of COVID-19.

In line with Welsh Government guidelines, visiting restrictions were put in place during the pandemic. Only one visitor (parent) has been allowed on the unit at any one time; however, parents can take it in turns to be with their child. We were told that parents are checked for symptoms of COVID-19 before being allowed into the unit, and are required, along with children aged 11 and over, to wear masks at all times. Staff have continued to provide timely updates to families and carers of patients via telephone when necessary.

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

Prior to the quality check we were provided with information on paediatric incidents occurring at the CEU/ED over the last three months. We saw that the learning from one incident that occurred in March 2021 was centred on the importance of regular observations, and putting procedures in place to ensure the tracking of observations required was visible, and transparent, for the whole department. Following the quality check we reviewed a sample of records from patients that had attended the unit June 2021. We found that observations were still not being undertaken at the required frequency. The health board must ensure that regular clinical observations are undertaken and documented to ensure that any deterioration in a patient's condition can be escalated early. Furthermore, HIW recommends that regular audits are undertaken on patient records by staff to monitor ongoing compliance with this issue.

We were told that staff members wear a small badge on their uniform to indicate to patients and their relatives that they can speak Welsh. However, staff confirmed that patients are not asked on their arrival at the unit of their language preference. The health board must help staff to make an 'Active Offer'<sup>1</sup> to ensure patients are provided with the option to communicate in the language of their choice.

## 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 documents we reviewed included:

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

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<sup>1</sup> An 'Active Offer' means providing a service in Welsh without someone having to ask for it.  
<http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

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**The following positive evidence was received:**

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 regular updates on COVID-19 were discussed with staff and were also circulated via email to ensure staff were kept up to date.

We were informed about the arrangements in place at the CEU to safely manage patients and control the risk of infection. Staff are allocated to work solely within the blue or red area each shift to avoid the risk of transmission throughout the unit. Handwashing facilities are available in each area and clinical waste bins are located outside each cubicle to allow staff to dispose of personal protective equipment (PPE). Staff have been fit tested for FFP3<sup>2</sup> masks to wear when providing care to suspected infectious patients within the red area. Each piece of equipment is cleaned and staff don a new set of PPE between patients.

We were told that all staff received COVID-19 awareness training and training on how to safely don and doff PPE at the beginning of the onset of COVID-19. Checks of PPE supplies have been undertaken daily to ensure the unit has had sufficient stocks.

Staff informed us that lateral flow tests have been offered to staff who wish to test themselves to help identify anyone who is infectious without displaying symptoms of COVID-19. Any staff member experiencing or displaying symptoms is expected to stay home and can only return to work after receiving a negative Polymerase Chain Reaction<sup>3</sup> (PCR) test result.

We were told that staff monitor compliance with infection control procedures through regular audits. Staff described how these have previously identified issues with hand hygiene compliance, which resulted in extra training being organised for staff. We were told that this has increased compliance considerably amongst staff working on the unit. We saw that the most recent SICPs audit contained checks on hand hygiene, appropriate use of PPE and disposal of waste, and noted that it did not identify any issues.

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

We saw that compliance with mandatory IPC training was 62 percent across all staff members working within the establishment of the CEU. Given the previous issues identified by staff at the unit in relation to poor hand hygiene compliance, the health board must ensure that all staff are fully compliant with IPC training as a matter of priority.

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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.

<sup>3</sup> A PCR test for COVID-19 is the most accurate and reliable test used to diagnosis people who are currently infected with SARS-CoV-2, which is the coronavirus that causes COVID-19.

## Governance / Staffing

As part of this standard, HIW questioned the 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 ward 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:**

We were told about the arrangements put in place at the CEU to help provide safe and effective care. The unit provides 24 hour cover, and is staffed by two registered nurses, with one allocated to the blue area, and the other to the red area. A twilight shift between the hours of 15:00 and 03.30 has also been introduced to the rota, where an additional registered nurse is allocated to the unit to take over responsibility for all triaging of patients. The unit also has access to two dedicated paediatric emergency medicine consultants.

Staff told us that rotas are developed six weeks in advance using 'Healthroster', which as an electronic tool that takes into account staff working preferences and staff absences, such as leave or sickness. Rotas are scrutinised by senior managers before being signed off. We were told that bank and agency staff with experience of working in an emergency department have been used to fill any vacant shifts. The same members of staff are allocated wherever possible to aid continuity within the nursing team.

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. Access to Trauma Risk Management<sup>4</sup> (TRiM) practitioners has been available for staff who have needed support throughout the pandemic.

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

During our review of the documentation submitted to us ahead of the quality check, we noted instances where the current percentage completion rates for mandatory training by staff at

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<sup>4</sup> TRiM is a trauma risk management model being utilised by the health board to help identify and respond to early signs of trauma. It is aimed primarily at frontline staff with clinical leaders and supervisory staff trained as practitioners.

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the CEU was low. HIW are aware of the challenges faced by healthcare settings to ensure staff training requirements were being met during COVID-19. However, the health board should consider all options to address the risks of staff not keeping up to date with mandatory training and provide evidence to HIW within three months that compliance has improved.

We also saw evidence that annual Performance Appraisal and Development Reviews (PADRs) were overdue for some staff working at the unit. The service must improve their ongoing compliance with staff PADRs and provide evidence to HIW within three months that all overdue PADRs have been completed.

We were told that the CEU is staffed at all times by two registered nurses, with at least one paediatric nurse on every shift. Guidance developed by the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings<sup>5</sup> states that every emergency department treating children must be staffed with two registered paediatric nurses. As the CEU is the main point of access for children, we were therefore not assured that this standard was being met. Our concerns were dealt with under our immediate assurance process. This meant that we wrote to the health board immediately following the quality check requiring that urgent remedial actions were taken.

As part of the quality check we looked at the arrangements in place to safely manage and treat children in the event of an emergency, such as respiratory or circulatory failure and cardiac arrest. We were told that a dedicated resuscitation bay for paediatric patients was available in the ED, and that staff from both the CEU and ED could assist in providing emergency treatment. We checked the levels of compliance of qualified staff working within the CEU and ED for relevant resuscitation training, and found that levels of compliance with Paediatric Immediate Life Support and European Paediatric Advanced Life Support was low. The Standards for Children and Young People in Emergency Care Settings states that a minimum of two paediatric nurses per shift in dedicated children's emergency departments must possess recognisable post-registration trauma and emergency training. We requested evidence of previous staff rotas for the CEU and ED and found multiple instances where the standards were not being met. Our concerns regarding this issue were also dealt with under our immediate assurance process.

We saw evidence that showed all staff at the CEU had completed their safeguarding children level three training. However, we saw that compliance for the same training was low among staff in the ED. Due to the rotation of staff between the CEU and ED, we were not assured that there would always be an appropriate level of knowledge and experience among staff on each shift at the CEU to appropriately identify concerns regarding any safeguarding or child protection issues. We informed the health board of our concerns regarding this issue through our immediate assurance process.

Details of the actions taken by the health board to address the concerns raised through our immediate assurance process are provided in the improvement plan at the end of this

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<sup>5</sup> ['Facing the Future: Standards for Children in Emergency Care Settings'](#)

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document.

## 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 were told that patients are triaged within 15 minutes of arrival wherever possible and that access to consultant physicians and specialist multidisciplinary team professionals has continued as required. Staff confirmed that the unit is committed to meeting the national performance targets for patients to spend less than four hours in emergency departments from arrival until admission, transfer or discharge. Staff informed us that the volume of patients seen at the CEU was lower during the pandemic than usual. However, over the last few months the unit has become much busier and waiting times are starting to increase.

We were provided with the current policy that outlined the procedures in place for escalating any delays in patient assessments that could impact on patient flow. Staff described the actions they would take to escalate any issues which we noted were in line with the policy. We were told that the health board was currently developing a new patient flow escalation policy which is to be implemented by healthcare services across the health board once formally agreed.

**No areas for improvements were identified.**

# 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

Ward: Children's Emergency Unit

Date of activity: 29 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 service must ensure that regular clinical observations are undertaken and documented to ensure that any deterioration in a patient's condition can be escalated early. Furthermore, regular audits must be undertaken on patient records by staff to monitor ongoing compliance with this issue.	Health and Care Standards 2.1 and 3.1	Audits to be undertaken with effect from Monday 16/8/21. Launch event completed and template for weekly audit agreed.	Deputy head of Nursing ECHO R Davies. Sister L Scannell.	Completed August 2021
2	The service must help staff to make an 'Active Offer' to ensure patients are provided with the		As part of the triage process there will be an initial discussion around preferred language and communication method.	Deputy Head of Nursing ECHO R Davies and Sister	Completed August 2021

	option to communicate in the language of their choice.		Posters displaying information regarding welsh language on display. All staff aware of how to access language line. Integrated Clerk Undertaking British sign language course to support department.	Louise Scannell CEU	
3	The service must ensure that all staff are fully compliant with IPC training as a matter of priority.		<p><b>HB Mandatory Training</b> Infection Prevention &amp; Control (3yr) - 95% against HB target of 100%</p> <p><b>Fundamental of Care - Safety Indicators</b> Hand Hygiene (monthly point prevalence) - 77% against HB target of 85%</p> <p>Our forecast is that by the end of September 100% of all staff in post and in work will be compliant against both indicators. This equates to 85% of all staff in post ( including those in post but not in work)</p>	Deputy Head of nursing ECHO R Davies.	September 2021
4	The service must improve their overall compliance with staff mandatory training and provide evidence to HIW within three months that compliance has improved.		<p>An improvement plan in place which will deliver: 77% compliance against SBUHB Mandatory training requirements by September 2021 and 85% compliance by December 2021.</p> <p><b>Training Requirements linked Standards of Care for Children in Emergency Care Setting (Jun2018)</b> Delivery of the training improvement plan (as set out the in the HB 'immediate improvement plan' submission made on 22/07/2021) to support;</p> <ul style="list-style-type: none"> <li>• Paediatric Immediate Life Support (PILS)</li> <li>• European Paediatric Advanced Life</li> </ul>	Deputy head of Nursing ECHO R Davies	September 2021  December 2021

			<p>Support (EPLS) is in progress with staff booked on training sessions in September through to December 2021.</p> <p>Additional training capacity is being sought to support immediate requirements post COVID-19 training suspension and to support long term access to training plan.</p>		October 2021
5	The service must improve their ongoing compliance with staff Performance Appraisal and Development Reviews (PADRs) and provide evidence to HIW within three months that all overdue PADRs have been completed.		All (100%) of CEU staffing have undertaken a PADR within the last 12mths	Deputy Head of Nursing ECHO R Davies	August 2021

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: Carol Doggett, Head of Nursing for Medicine and Emergency Care (on behalf of Unit Nurse Director)

Date: 20/08/2021