

Hospital Inspection (Unannounced)

Neath Port Talbot Hospital

Minor Injuries Unit (MIU)

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Neath Port Talbot Hospital within Abertawe Bro Morgannwg University Health Board on the 18 and 19 September 2018. The following hospital sites and wards were visited during this inspection:

- Minor Injuries Unit (MIU)

Our team, for the inspection comprised of two HIW Inspectors, two clinical peer reviewers and one lay reviewer. The inspection was led by a HIW inspection manager.

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

Further details about how we conduct hospital inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Patients provided positive feedback about their experiences of using the Minor Injuries Unit (MIU) at Neath Port Talbot Hospital.

However, we found improvements were needed to further promote safe and effective care. We required the health board to take immediate action in relation to some of the improvements needed.

Our inspection of another MIU within the health board identified issues that required immediate assurance; some of these were replicated at Neath Port Talbot MIU. This identifies a lack of joint learning on behalf of the health board on the outcomes of the previous inspection.

This is what we found the service did well:

- Patients felt that they were treated well
- Provided a pleasant waiting area for children

This is what we recommend the service could improve:

- Clinical governance and audit arrangements
- Maintaining patient privacy and dignity
- Staff professional practice in record keeping, medicine management and infection, prevention and control
- Management arrangements
- Skill mix of staff on shift.

3. What we found

Background of the service

Abertawe Bro Morgannwg University Health Board was formed on 1st October 2009 as a result of a reorganisation within the NHS in Wales and consists of the former Local Health Boards (LHBs) for Swansea, Neath Port Talbot and Bridgend and also the Abertawe Bro Morgannwg University NHS Trust. The Health Board covers a population of approximately 500,000 people.

The Health Board has four acute hospitals providing a range of services; these are Neath Port Talbot Hospital in Port Talbot, Singleton and Morriston Hospitals in Swansea and the Princess of Wales Hospital in Bridgend. There are a number of smaller community hospitals and primary care resource centres providing clinical services outside of the four main acute hospital settings.

The MIU at Neath Port Talbot Hospital treats unexpected and urgent minor injuries. The MIU can deal with conditions such as:

- Limb injuries including broken bones and dislocations of the shoulder, finger and toes
- Grazes, wounds and minor burns
- Head or face injuries without the loss of consciousness
- Minor neck injuries where patient is mobile and has no pins and needles
- Minor back injuries not occurring from twisting or lifting
- Foreign bodies to eye, ear and nose
- Non-penetrating eye and ear injuries
- Insect, animal and human bites
- Insect stings.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Patients provided positive feedback about their experiences of using the MIU.

We identified that improvements were needed in maintaining patients' privacy and the range of information on display and available to patients.

During our inspection we distributed HIW questionnaires to patients attending the Minor Injuries Unit (MIU) to obtain their views on the standard of care they had received in these departments. In total, we received eight completed questionnaires.

Feedback provided by patients in the questionnaires was positive; they rated the care and treatment provided between seven and ten out of ten. All patients agreed that staff were kind and sensitive when carrying out care and treatment. Patients also agreed that staff provided care when it was needed.

Patients provided the following comments in the questionnaires about the care they have received:

"Very good service"

"Staff in the unit are very helpful"

"Really good waiting time... treated very well"

"Listened, caring and good advice"

Staying healthy

Whilst, there was some health promotion material available, efforts should be made to increase the range of information available to patients and their carers.

There was limited information displayed in waiting areas. There was information displayed regarding drugs and alcohol, meningitis and domestic violence. However, information should be available regarding smoking

cessation, mental health and well-being, health eating/lifestyle, heart disease, etc. in line with health promotion guidelines. There was also a lack of information available about a local support service for patients recently discharged from hospital.

The health board should explore what other, written health promotion material and information can be displayed and provided to patients and their carers and make arrangements for this to be made available.

There was no access to drinking water within the MIU reception area; we noted that this had been raised as a suggestion by patients previously through the health board's own feedback process.

Improvement needed

The health board should improve the range of health promotion information on display within the MIU.

The health board should consider the options for providing drinking water for patients within the MIU.

Dignified care

We saw that patients were treated with dignity, respect, compassion and kindness by staff looking after them.

Patients told us that staff had treated them with respect and kindness and we saw staff being courteous at all times.

Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about the hospital staff. All patients strongly agreed that staff were always polite and listened, both to them and to their friends and family. All patients that completed a questionnaire told us that staff called them by their preferred name.

The MIU consisted of treatment and consultation rooms. It was regularly observed throughout the inspection for the doors to remain open whilst staff were with patients. This impacted negatively upon the privacy of the patients whilst being seen by staff. We heard staff speak politely with patients but often conversations were not behind closed doors and therefore they could be overheard.

During our inspection, we invited staff working on the units to provide their comments on topics related to their work. This was done mainly through a HIW

questionnaire, but we also spoke to a small number of staff working on the days of our inspection. All but one staff who completed a questionnaire told us that the privacy and dignity of patients is maintained and that patients and/or their relatives are involved in decisions about their care; the other member of staff told us that they felt that these were usually satisfied.

It was positive to see that there was a designated children's waiting area at the MIU which provided an attractive child-friendly area away from the main waiting room.

Improvement needed

The health board must ensure that staff close doors to consultation and treatment rooms whilst with patients.

Patient information

As described earlier improvement should be made to the health promotion material available to help patients and their carers look after their own health and wellbeing.

Information was displayed on how patients could provide feedback to the health board about their experiences of using services. This could be provided via the health board's Friends and Family feedback arrangements or the NHS Putting Things Right¹ process. Whilst information was displayed regarding Putting Things Right there were no leaflets that people could take with them to refer to.

The submission box for Friends and Family feedback was within the MIU; however the box was tatty and defaced with writing and scrawls. This did not provide a good impression on how well people's views would be considered.

All patients agreed that staff have talked to them about their medical conditions and helped them to understand them.

¹ Putting Things Right is the integrated processes for the raising, investigation of and learning from concerns regarding treatment within the NHS

Improvement needed

The health board must ensure that patients have access to Putting Things Right information, including leaflets.

The health board should replace the defaced submission box for Friends and Family feedback.

Communicating effectively

All patients confirmed in the questionnaires that they were offered the option to communicate with staff in the language of their choice; although all patients identified this as English. There was no information displayed in Welsh throughout the MIU.

Not all areas and rooms within the MIU were clearly signed and there were no pictorial signs within the MIU displayed to assist patients.

There was a hearing loop system available at the MIU but no information readily available in Braille.

There was no information displayed to identify which staff were on duty and their roles. It was also noted that not all staff name badges were clearly visible.

Improvement needed

The health board must review the provision of information to ensure that it is available in Welsh.

The health board must ensure that staff can provide information in a range of communication preferences including Braille.

The health board must ensure that staff name badges are worn and clearly visible.

The health board should consider a "who's on duty" board.

Timely care

We found that patients attending the MIU were seen in a timely manner.

Patients that completed and returned a questionnaire told us that they had been waiting less than an hour to be seen. Throughout the inspection we observed that this was the case.

However, we did note that the estimated waiting time did not accurately reflect the situation. Throughout the inspection this displayed 1-2 hours, when in fact it was much shorter. Whilst this is positive, the displayed estimated waiting time may discourage someone who arrives at the MIU from remaining.

The inspection team considered the process for providing patients with a timely review of suspected fractures. Patients were not routinely referred to fracture clinic for timely specialist review. Patients remained in the care of the MIU and experienced delays in suspected fracture reviews, waiting up to two weeks. Typically these types of injuries would be reviewed at the earliest fracture clinic, usually within a week. Our concerns were also dealt with under our immediate assurance process. This meant that we wrote to the health board immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B. The Health Board confirmed that they will clarify the process for managing suspected fractures in the MIU; in the meantime all suspected fractures are being referred directly to Fracture Clinic for specialist review.

Improvement needed

The health board must ensure that the correct expected waiting time is displayed at all times.

The health board must confirm the process for managing suspected fractures in the MIU to ensure that patients receive appropriate timely care.

Individual care

People's rights

We found that peoples' rights were promoted within each of the clinical areas we inspected. However, we found that arrangements were not always in place to protect peoples' rights to privacy, since staff left consultation room doors open whilst with patients.

We saw that patients could be accompanied by their relatives or carers throughout their assessment and treatment process

Listening and learning from feedback

Patients and their carers had opportunities to provide feedback on their experience.

As detailed earlier, feedback was collected via the Friends and Family feedback arrangements and the health board had arrangements in place for handling concerns (complaints) raised by patients or their carers. These arrangements were in accordance with Putting Things Right.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We have identified many areas for improvement that need to be addressed before we are fully assured that the MIU provides safe and clinically effective care.

Safe care

Managing risk and promoting health and safety

We found that improvement was required to further promote a safe environment for staff and patients.

Staff were unable to provide copies of risk assessments for the unit and environmental risk assessments. There was a lack of structured governance and regular audit arrangements for maintaining the safety of the unit, its equipment and processes.

Generally the environment of the MIU looked maintained but there were stools, chairs and desks in a poor state of repair throughout the unit. Some of these posed a risk of injury to a person and increased risk of cross-contamination due to exposed sponge cushions as a result of torn outer material. Therefore, it would be difficult to clean to the required standard to maintain adequate infection prevention and control standards.

Cupboards used to store cleaning materials were not routinely locked. We identified that hazardous chlorine tablets (used for disinfection tasks) were stored in an unlocked cupboard. Staff were unable to locate the key to lock the cupboard so they moved the items to a lockable cupboard, however left the key within the lock. This meant that there was still a potential risk of unauthorised persons being able to access these tablets and be harmed.

All items in continuous positive airway pressure (CPAP) box² were out of date with the most recent expiry date being December 2017. When we informed staff they confirmed that it was no longer required within the MIU and removed it.

Calibration of the International Normalized Ratio (INR) machine (used to determine the clotting tendency of blood) is carried out in line with manufacturer's guidelines. Whilst records of the calibration checks were not provided during the inspection, the health board submitted evidence of these following the inspection to demonstrate that these are completed. The health board also confirmed that the INR machine has automated internal quality control check that ensures that the machine is calibrated as and when required.

A large number of portable electrical equipment items had expired Portable Appliance Testing (PAT) dates. Therefore they did not evidence that these had been recently checked to ensure that they are safe to use. In addition, a set of weighing scales in store cupboard had a faulty sticker on the side but staff confirmed that they were unaware of this and believed that the scales were still in use. Our concerns regarding this were also dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B. The health board confirmed that an inspection of all portable electrical equipment to be undertaken by 26 September 2018 and for items to be fully PAT tested or removed from use as appropriate.

Our other findings in relation to the environment and safety are also described in the sections 'infection prevention and control' and 'medicines management'.

Improvement needed

The health board must ensure that the environment of care is regularly reviewed to identify and address any defects.

The health board must ensure that hazardous cleaning materials are securely stored.

² Patients with obstructive sleep apnoea treated with CPAP wear a face mask during sleep which is connected to a pump (CPAP machine) that forces air into the nasal passages at pressures high enough to overcome obstructions in the airway and stimulate normal breathing

The health board must ensure that portable electrical equipment within the MIU adhere to the health board's policy on testing of portable electrical equipment.

Preventing pressure and tissue damage

Due to the type of care provided by the MIU, the routine completion of documentation in relation to skin care, the routine completion of such documentation was not deemed necessary by the unit staff team. Staff told us that patients attending the MIU were usually mobile and independent (i.e. self caring).

However, there were instances where patients with limited mobility could be within the MIU for a prolonged period. During our conversations held with staff, we identified that patients were not routinely assessed for their risk in the development of pressure ulcers. The health board had a policy in place for the prevention and management of pressure ulcers. However, the MIU was not compliant with this policy nor did the practice reflect the All Wales Pressure Ulcer Guidance or NICE Guidance and could result in pressure damage.

Improvement needed

The health board must ensure that there is a defined process for the MIU to inform staff when to complete risk assessment to identify a patient's risk of developing pressure damage in line with health board policy and national professional guidance.

Falls prevention

Staff told us that patients attending the MIU were usually mobile and independent (i.e. self caring). A risk assessment to identify a patient's risk of falls was not, therefore, completed as this was felt unnecessary.

However, within the sample of patient records reviewed there were a number of cases of patients coming to the MIU following falls, including one patient whose injuries included a cut to the head. The patient records for these did not contain any risk assessments, review of comments regarding the ongoing risk of falls.

Improvement needed

The health board must ensure that there is a defined process for the MIU to inform staff when to complete a patient fall risk assessment in line with health board policy.

Infection prevention and control

We identified that improvements were needed around aspects of infection prevention and control. These related to the environment and staff practice.

We saw that personal protective equipment (PPE), such as disposable aprons and gloves was readily available but we observed staff dressing wounds and removing bandages without wearing appropriate personal protective equipment.

All treatment/consultation rooms on the MIU had hand washing facilities. This meant that staff were able to easily wash their hands when working in these areas. Effective hand hygiene is important to reduce the risk of patients developing healthcare acquired infections. Hand washing and drying facilities were also located elsewhere around the MIU together with a number of hand sanitizers in line with the health board's policy.

Arrangements were in place to safely dispose of and store medical sharps, such as hypodermic needles in sharps bins. Sharps bins have a date written on them indicating when the box was first put into circulation within the department, written by the person putting the box together ready for use. These boxes should be closed and put for disposal when they are either $\frac{3}{4}$ full or after the box has been in use for 3 months, whichever is earlier, to assist with maintaining infection control. There were sharps bins with dates exceeding 3 months and staff we spoke with were unable to confirm whether there was a process to remove these at 3 months.

On our initial observations the MIU appeared both visibly clean and tidy; all patients' responses in the questionnaires also reflected this. However, on closer inspection we observed numerous areas that were covered in dust or grubby. We observed dust on the bases of the beds, door frames, pictures, clocks, resuscitation trolley and nursing station. The computers and screens in the MIU were very dusty and a high risk of harbouring infections. As noted earlier, there were also items of furniture that were damaged and would not be able to be cleaned to the required standard. Again, the intravenous (IV) pumps, mattresses, blood pressure cuffs and other equipment were clean but due to them not being required regularly on the MIU were very dusty. We also noticed a hospital gown left in a consultation room.

The sluice room was tidy and generally clutter free but there was a box of children's toys inappropriately located on the sink within the room. The stored commodes were clean and dated with green tape; however the dates not coincide with the record on the wall.

The health board employed housekeeping staff to maintain the general cleanliness of the MIU as part of their duties for the whole hospital. However, there were no clinical cleaning schedules or audits in place for ward staff to complete to identify and address the areas of improvement we identified during the inspection in regards to infection prevention and control.

There were foot pedal bins within the MIU to assist with infection control. However, the health board should improve the signage to indicate how to operate bins and what items can and can not be disposed within them.

There were no sanitary bins within the MIU or Neath Port Talbot Hospital. The health board should review their policy to consider whether sanitary bins should be placed throughout the hospital³.

Improvement needed

The health board must ensure that staff wear the required personal protective equipment when undertaking patient care

The health board must ensure that sharp bins are removed in a timely manner.

The health board need to ensure that there are clinical cleaning schedules and audits in place for the MIU.

The health board should improve the signage to indicate how to operate bins and what items can and can not be disposed within them.

The health board should review their policy to consider whether sanitary bins should be placed throughout the hospital.

³ The Workplace (Health, Safety & Welfare) Regulation 1992 recommends that all businesses should ensure all female toilets are provided with a suitable method for disposing of sanitary waste.

Nutrition and hydration

Staff told us that patients attending the MIU were usually independent (i.e. self caring) and generally only short term care provided. Documentation around nutrition and hydration was not, therefore, routinely completed as this was felt unnecessary. However, when required, meals were obtained for patients on the MIU on an ad hoc basis, depending on their care needs.

As stated earlier, there was no direct access to drinking water within the MIU.

Medicines management

We identified that improvements were needed around aspects of medicines management.

On the whole medicines were safely stored within an automated dispensing cabinet⁴, medication fridges and the Controlled Drugs cupboard. We found that controlled drugs, which have strict and well defined management arrangements, were safely secured in locked cupboard. In addition, records indicated that daily checks of the controlled drugs had been performed. This meant that we were assured that daily checks were being completed in accordance with the health board's medication policy.

Whilst, we saw that the temperature of the medication fridges were being taken but with records having gaps therefore these had not been completed daily. This meant that we could not be assured that medicines requiring refrigeration were being stored in accordance with the manufacturer's instructions. There was saline stored within a locked warming cabinet, however the use for the saline was not clearly identified.

Medication was documented on individual patient's CAS Cards. The patient's identification was recorded on the CAS Card and signed by staff when prescribing and giving of medication.

⁴ An automated dispensing cabinet (ADC) is a computerised drug storage device or cabinet designed for hospitals. ADCs allow medications to be stored and dispensed near the point of care while controlling and tracking drug distribution.

Improvement needed

The health board is required to provide HIW with details of the action taken to ensure that medicines are stored at temperatures recommended by the manufacturer.

The health board must ensure that all medication/solutions are stored securely within designated cabinets, medication cupboards and medication fridges.

Safeguarding children and adults at risk

Staff confirmed that there was a health board wide policy on safeguarding and we saw this was available to staff via the health board's intranet.

Training records showed that all but three staff (88%) were up to date with adult safeguarding training and all but two staff (92%) were up to date with child protection training. The health board should, however, explore the reasons why not all staff were up to date and support them to complete training as appropriate.

Medical devices, equipment and diagnostic systems

The MIU had a range of equipment to meet the needs of patients. This included monitoring equipment, adjustable beds and moving and handling equipment.

We considered the arrangements for the checking of resuscitation equipment on the MIU. We identified improvement was needed around the checking of this equipment.

There was no evidence to support that this had been audited on the MIU. We informed senior staff of our findings so that appropriate corrective action could be taken. The lack of regular checks meant that there was potential risk for the resuscitation trolley not being sufficiently stocked with equipment/medication for use in the event of a patient emergency. Our concerns regarding this were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B. The health board immediately implemented daily checks of resuscitation trolley.

Effective care

Safe and clinically effective care

We have identified areas for improvement throughout the report. We require the health board to take action to address these before we are fully assured that the MIU provides safe and clinically effective care.

Record keeping

We reviewed a large sample of approximately 150 patient records and concluded that the majority of these were insufficiently completed and to a low professional standard. Areas of improvement are required in record keeping.

The details recorded on the majority of the patient records reviewed did not give a good baseline for presenting problem, the care needed, the care given and any follow up required.

Records were poorly completed with areas of detail left blank rather than marked as not applicable. There were examples of pain relief medication being provided to patients without any assessment of pain being recorded. We also identified that the time of discharge and the time medication was administered on one CAS card was an hour in advance of actual time. This was amended when brought to staff's attention.

As detailed earlier, there were examples where patient fall risk assessments and assessments to identify patient's risk of developing pressure damage were not completed as would be expected.

Improvement needed

The health board is required to provide HIW with details of the action taken to improve the professional standard of record keeping.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.

There was a lack of established governance and audit processes for the MIU. Many MIU Standard Operating Procedures and processes were out of date or not in place.

There were unclear lines of management and accountability, with difficulties in ensuring an appropriate skill mix of staff were always on shift.

Our inspection of another MIU within the health board identified issues that required immediate assurance; some of these were replicated at Neath Port Talbot MIU. This identifies a lack of joint learning on behalf of the health board on the outcomes of the previous inspection.

Governance, leadership and accountability

The MIU had an organisational management structure with individual roles and responsibilities identified. However, in practice the management of the MIU was not clear; with undefined separation of clinical MIU management and operational MIU management. The MIU lacked embedded clinical governance arrangements to ensure that safe and effective care was provided.

The organisational structure of the MIU identified the Matron (who was the Lead Emergency Nurse Practitioner (ENP)) as the manager of the MIU overseeing a team of ENPs, Trainee ENPs, triage nurses and health care support workers. The MIU had a designated Consultant Nurse.

During our inspection, we invited staff working on the MIU to provide their comments on topics related to their work. This was done through a HIW questionnaire and speaking directly with staff working on the days of our inspection. In total, we received 5 completed questionnaires from staff

undertaking a range of roles on the MIU. Staff completing the questionnaires had worked within this speciality ranging from a number months to over 15 years.

Those staff we spoke with and those who completed and returned a questionnaire told us that they felt supported by their manager. However, staff were unclear with lines of management within the MIU, particularly as the Lead ENP was not provided with an supernumerary management time to manage the MIU. A number of staff identified the organisational restructure of the MIU in the last two years as a difficult period with uncertainty around the operation of the MIU and imbalance of skill mix with too few ENP for Trainee ENPs on shift.

We reviewed the MIU Standard Operating Procedures and processes available; the vast majority were out of date by a number of years and required to be reviewed and updated. We have also documented areas of care, such as risk of patient falls or pressure damage, which should have been completed as part of patient treatment. However, there were no standardised process in place on the MIU for staff to follow to provide consistent care guided by health board policies and national professional guidance. The health board must ensure that there are up to date Standard Operating Procedures and processes in place.

Our findings throughout the inspection highlight the lack, or infrequent completion, of clinical audits. It is essential that the MIU has robust clinical audit and governance arrangements in place to ensure that safe and effective care can be provided. These omissions identify a lack of governance arrangements within the health board which allowed the MIU to operate without the completion of regular governance reports on the operation of the MIU.

During our feedback session at the end of the inspection, senior staff within the health board demonstrated a commitment to learn from the inspection and to make improvements as appropriate. The health board provided HIW with an update on immediate actions that had been taken as a result of our finding being shared with senior representatives throughout the inspection. They also assured us of their commitment to support the MIU in addressing the areas of concern and develop the service.

However, it was disappointing to note that we undertook an inspection of another MIU within the health board the preceding year and identified a number of similar issues in to clinical practice that requires immediate assurance. This identifies a lack of joint learning on behalf of the health board on the outcomes of the previous inspection.

Improvement needed

The health board must review the organisational structure of the MIU to ensure there is an appropriate skill mix of staff with clear lines of management.

The health board must ensure that the Matron / Lead ENP has sufficient "management time" to fulfil their managerial responsibilities.

The health board must ensure that there are up-to-date MIU Standard Operating Procedures and processes in place.

The health board must ensure that the MIU has robust clinical audit and governance arrangements in place to ensure that safe and effective care can be provided.

The health board must ensure that there are arrangements in place for shared learning across the health board following inspection activity.

Staff and resources

Workforce

The MIU had a staff team who were committed to provide the required care to patients; however at times this was impeded due to the staff skill mix on shift.

The MIU had a team of ENPs (including the Lead ENP) and Trainee ENPs; both roles were appointed to with registered nurses. To become an ENP the Trainee ENPs are required to complete ENP competencies, supported and verified by qualified ENPs. Once a trainee is competent in a specific area of care they are able to undertake these duties without the oversight of an ENP.

The feedback from staff working at the MIU told us that there were occasions when an ENP would be working on shift with multiple Trainee ENPs and therefore unable to adequately support and develop the ENPs during that time. Reviewing staff rotas we could see that this had been the case on a number of occasions in the proceeding months. This was compounded by a number of long term staff absences. This means staff did not feel they were not always provided with sufficient support in performing and learning the skills required.

Some members of staff also raised their concerns that on occasions they were finishing a late shift (approximately 23:00) to return on shift for 7:30 the following morning. A review of staff rotas evidenced that this had occurred on a small number of occasions the preceding three months. Staff stated that that this had been required to ensure that the MIU was staffed due to the

unavailability of some staff members. Staff comments stated that they had found this tiring and stressful; the health board should review this practice.

On the whole staff had completed their mandatory training, however there were a few members of staff that require completing the training or refresher training. There were however only a few members of staff that had completed training in respect of the Mental Capacity Act and Deprivation of Liberty Safeguards.

There were records of team meetings being held, however it was evident that there was low attendance and a number of individual members of staff regularly not attending. The health board need to review staff meeting to identify what arrangements can be put in place to support staff to attend team meetings.

It was noted that any policy or guidance updates and alerts were held within a file for staff to review. We were also informed that staff would be sent an email to notify them. However, there was little evidence to support that staff had read and understood these documents. Therefore we were not assured that MIU staff were up to date with relevant professional policies, guidance and alerts to guide their practice.

It was evident throughout the inspection that staff morale was very low on the MIU. This was confirmed by staff through our conversations with them and feedback in the completed questionnaires. A number of staff stated that they found that working at the MIU was stressful and had impacted upon their wellbeing. The health board need to review the support for the MIU to ensure that staff's wellbeing is not affected by their work.

Improvement needed

The health board must ensure that the MIU is always staffed with the appropriate skill mix.

The health board is required to provide HIW with details of the action taken to support staff to attend mandatory training (as identified by the health board).

The health board is required to provide HIW with details of the action taken to support staff to complete training in respect of the Mental Capacity Act and Deprivation of Liberty Safeguards.

The health board is required to provide HIW with details of the action taken to support staff to attend team meetings.

The health board must ensure that staff are up to date with relevant professional policies, guidance and alerts to guide their practice.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings 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.

5. How we inspect hospitals

We have a variety of approaches available to us when we inspect NHS hospitals, including:

- In-depth single ward inspection: we undertake a thorough and detailed review of one ward
- Multi ward inspection: we visit a number of wards and departments within one hospital site to identify issues or themes which may apply to the whole hospital
- Multi hospital inspection: we visit a number of hospitals within the same health board to assess the governance and delivery of whole services.

Hospital inspections are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how hospitals are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within hospitals.

Further detail about [how HIW inspects the NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
All items in continuous positive airway pressure (CPAP) box were out of date	This meant medical equipment had expired and not safe for use.	We raised this concern with ward staff during the inspection and requested this was immediately resolved.	Staff removed the item from the MIU.
The time of discharge and the time medication was administered on one CAS card was an hour in advance of actual time.	This meant that this patient record was inaccurate	We raised this concern with ward staff during the inspection and requested this was immediately rectified.	This was amended when brought to staff's attention

Appendix B – Immediate improvement plan

Hospital: Neath Port Talbot Hospital

Department: Minor Injuries Unit (MIU)

Date of inspection: 18 & 19 September 2018

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The inspection team considered the arrangements for the checking of resuscitation equipment on the MIU.</p> <p>There was no evidence to confirm that resuscitation trolley (and contents) had always been checked daily as required by local policy.</p> <p>Improvement needed</p> <p>The health board is required to provide HIW with details of the action taken to ensure that resuscitation equipment/medication is always available and safe to use in the event of a patient emergency on the MIU and other wards</p>	<p>Standards 2.6 & 2.9</p> <p>Medicines Management</p> <p>Medical Devices, Equipment and Diagnostic Systems</p>	<p>Daily checks of resuscitation trolley and defibrillators being undertaken and recorded.</p> <p>This is evidenced through ENPs signing a checking book to record checks and through a daily signed RESUS room check.</p> <p>All clinical areas in Neath Port Talbot Hospital have been reminded verbally of the need to ensure that daily checks are undertaken on resuscitation trolleys and</p>	<p>Matron MIU</p> <p>Matron</p>	<p>Complete 25.9.2018</p> <p>Complete 26.9.2018</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
and departments across the health board.		<p>equipment.</p> <p>Monitoring of this arrangement will be included within the Matron spot-checks and Neath Port Talbot Hospital unannounced assurance visits. The findings from these unannounced audits are reported formally to the Neath Port Talbot Quality Safety and Improvement Group.</p> <p>Corporate Actions</p> <p>1.The Resuscitation Policy has been circulated which highlights the need for daily checks including a check list.</p> <p>2.Lead nurses in all ABMU sites have been contacted to remind them of the requirement to undertake daily checks of resuscitation equipment.</p>	<p>Resuscitation Officer</p> <p>Resuscitation Officer</p>	<p>Complete 28.09.2018</p> <p>Complete 28.9.2018</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>3. The findings of the HIW inspection will be forwarded to the Chair of the Health Board Resuscitation Committee for sharing and learning across the organisation.</p> <p>4. The Health Board internal audit department have carried out a review of Nursing Quality Assurance. Audit Brief Attached.</p>	Internal Audit	Complete
<p>The inspection team considered the arrangements for checking the safety of portable electrical equipment on the MIU.</p> <p>A large number of portable electrical equipment items had expired Portable Appliance Testing (PAT) dates.</p> <p>Improvement needed</p> <p>The health board is required to provide HIW with details of the action taken to ensure that portable electrical equipment on the MIU is safe</p>	<p>Standard 2.9</p> <p>Medical Devices, Equipment and Diagnostic Systems</p>	<p>The Electricity at Work Regulations 1989 require that any electrical equipment that has the potential to cause injury is maintained in a safe condition. The Regulations do not specify what needs to be done, by whom or how frequently (i.e. they don't make inspection or testing of electrical appliances a legal requirement, nor do they make it a legal requirement to undertake this annually).</p>	Assistant Director of Strategy-Estates	Complete 26.9.2018

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
to use.		<p>The Health Board acknowledge the inspectors' concerns regarding the safety of electrical equipment within the MIU and arranged for an inspection of all portable electrical equipment to be undertaken by a member of our Estates team by 26.9.2018 and for items to be fully PAT tested or removed from use as appropriate.</p> <p>Corporate Action</p> <p>The Health Board's draft Policy on Testing of Portable Electrical Equipment will be reviewed at the Health and Safety Committee in November 2018. The committee will look to standardise the Health Boards approach to PAT testing across ABMU. If any concerns are highlighted the committee will forward its findings to the Health</p>	Assistant Director of Strategy Estates	November 2018

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		Boards Risk Management Group.		
<p>The inspection team considered the process for providing patients with a timely review of suspected fractures.</p> <p>Patients were not routinely referred to fracture clinic for timely specialist review. Patients remained in the care of the MIU and experienced delays in suspected fracture reviews.</p> <p>Improvement needed</p> <p>The health board is required to review the MIU process for suspect fractures to ensure that patients receive appropriate timely care.</p>	<p>Standard 3.1</p> <p>Safe and Clinically Effective Care</p>	<p>The Health Board is clarifying its process for managing suspected fractures in the MIU, and across the Health Board through the development of a pathway for managing suspected fractures. This is based on best practice including The College of Emergency Medicine, Unscheduled Care Guidelines, 2009, The college of Emergency Medicine Guidelines for the Management of Suspected Scaphoid Fractures in the Emergency Department 2013.</p> <p>This pathway will be presented to the Unit Quality Safety and Improvement Group in October 2018 for formal ratification</p> <p>In the short term, until the pathway is ratified, all suspected fractures</p>	<p>Consultant in Emergency Medicine and Consultant Nurse</p> <p>Head of Nursing Emergency Care and Hospital Operations</p>	<p>19.10.2018</p> <p>21.9.2018</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>are being referred directly to Fracture Clinic for specialist review.</p> <p>Furthermore, the MIU is undertaking a retrospective audit of 50 patients seen in clinic to review time from presentation in clinic to diagnosis and fracture clinic review. In order to establish whether or not there has been a delay in suspected fracture reviews.</p> <p>The Unit is also auditing 50 past patients referred directly to fracture clinic to measure the time from initial presentation to Fracture Clinic review and to ascertain where the Fracture Clinic diagnosis and management concurs with that made in MIU.</p>		<p>19.10.2018</p> <p>19.10.2018</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.

Service representative:

Name (print): Brian Owens

Job role: Service Director Neath Port Talbot Service Delivery Unit

Date: 29 September 2018

Appendix C – Improvement plan

Hospital: Neath Port Talbot Hospital

Department: Minor Injuries Unit (MIU)

Date of inspection: 18 & 19 September 2018

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board should improve the range of health promotion information on display within the MIU.	1.1 Health promotion, protection and improvement	Health promotion information is displayed in the reception area. Additionally the MIU is developing a patient information board using QR codes so that a range of up to date health promotion and patient information can be displayed.	Quality Safety and Improvement Manager	Complete 2.11.2018 31.12.2018
The health board should consider the options for providing drinking water for patients within the MIU.	1.1 Health promotion, protection and	There is bilingual signage in place in the MIU advising patients that they can request drinking water from staff, or	Quality, Safety and Improvement Manager	Complete 21.9.2018 through

Improvement needed	Standard	Service action	Responsible officer	Timescale
	improvement	<p>where to access refreshments.</p> <p>The ABMU Water Safety Committee is considering a request to install a water fountain within the MIU.</p>	Site Manager, Neath Port Talbot Hospital	<p>display of signage.</p> <p>31.12.2018</p>
The health board must ensure that staff close doors to consultation and treatment rooms whilst with patients.	4.1 Dignified Care	All staff have been instructed to ask patients if they wish the door to be closed, during their consultation and are recording this discussion on the notes. Exceptions would be based on the MIU risk assessment for risk of violence and aggression.	Matron MIU	Completed through email advice to all staff on 21.9.2018 and supported through spot check audits of notes.

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that patients have access to Putting Things Right information, including leaflets.	4.2 Patient Information	<p>Bilingual Putting Things Right information is now on display in the main waiting and sub-wait area.</p> <p>Additionally there are bilingual leaflets, including an easy-read version available in the main waiting area.</p> <p>In the longer term Putting Things Right information will be displayed on the MIU QR code board.</p>	<p>Patient Experience and Advice Service</p> <p>Quality, Safety and Improvement Manager</p>	<p>Completed 21.9.2018 through display of information.</p> <p>31.12.2018</p>
The health board should replace the defaced submission box for Friends and Family feedback.	4.2 Patient Information	The Friends and Family feedback box has been replaced with a locked plastic suggestions box	Patient Experience and Advice Service	Complete 5.10.2018 with replacement box put in situ.
The health board must review the provision of information to ensure that it is available in Welsh.	3.2 Communicating effectively	<p>All information in the waiting area has been replaced with bilingual information.</p> <p>There is a programme of translation underway for clinical patient information.</p>	<p>Assistant Governance Manager</p> <p>Assistant Governance Manager</p>	<p>Complete 2.11.2018</p> <p>17.11.2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that staff can provide information in a range of communication preferences including Braille.	3.2 Communicating effectively	All staff have been reminded of how to access interpretation and translation services for other languages including Braille. The MIU will invite the Health Board Disability Reference Group to undertake an inspection visit	Matron MIU	All staff reminded via email with link to staff information page on 25.10.2018
The health board must ensure that staff name badges are worn and clearly visible.	3.2 Communicating effectively	New badges ordered for all MIU staff	Site Manager	17.11.2018
The health board should consider a "who's on duty" board.	3.2 Communicating effectively	The MIU is developing a "Who is in charge" board to be displayed in waiting areas, along with a board displaying staff uniforms and what the roles are.	Matron MIU	31.12.2018
The health board must ensure that the correct expected waiting time is displayed at all times.	5.1 Timely access	Waiting times are displayed on the reception area window and the accuracy of these times are monitored through spot checks. The MIU communication screen will display live waiting times in the front reception area.	Admin leader team Admin leader team	Complete 21.9.2018 17.11.2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must confirm the process for managing suspected fractures in the MIU to ensure that patients receive appropriate timely care.	5.1 Timely access	<p>Immediate arrangements were made to refer all suspected fractures to Fracture Clinic, this is subject to review based on national guidelines.</p> <p>A retrospective audit of suspected fractures has been undertaken to review their clinical outcome and the timeliness of their care.</p>	<p>Unit Service Director</p> <p>Consultant Emergency Medicine in</p>	<p>Immediate action taken 21.9.2018, review to be complete by 31.12.2018.</p> <p>Complete 19.10.2018</p>
Delivery of safe and effective care				
The health board must ensure that the environment of care is regularly reviewed to identify and address any defects.	2.1 Managing risk and promoting health and safety	<p>Daily checks are undertaken to ensure that environment is free from defects.</p> <p>Damaged chairs, desk and stools have been removed from use and replacements ordered.</p>	<p>Matron MIU</p> <p>Matron MIU</p>	<p>Complete 21.9.2018</p> <p>Complete 28.9.2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that hazardous cleaning materials are securely stored.	2.1 Managing risk and promoting health and safety	Locks placed on cupboards used for storing hazardous materials. The key is kept by the Registered Nurse.	Matron MIU	Complete 28.9.2018
The health board must ensure that portable electrical equipment within the MIU adhere to the health board's policy on testing of portable electrical equipment.	2.1 Managing risk and promoting health and safety	The Health Board is revising its Portable Appliance Testing process to reflect the regulatory requirement to adopt a risk based approach to PAT testing. In the interim, all portable appliances in MIU have been PAT tested.	Head of Estates	Immediate action complete 21.9.2018
The health board must ensure that there is a defined process for the MIU to inform staff when to complete risk assessment to identify a patient's risk of developing pressure damage in line with health board policy and national professional guidance.	2.2 Preventing pressure and tissue damage	A task and finish group will be established to revise the current documentation in order to ensure that are processes in place to manage patients at risk of developing pressure damage.	Matron MIU	31.12.2018
The health board must ensure that there is a defined process for the MIU to inform staff when to complete a patient fall risk assessment in line with health board policy.	2.3 Falls Prevention	A task and finish group will be established to revise the current documentation in order to ensure that are processes in place to manage patients at risk of developing pressure damage.	Matron MIU	31.12.2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that staff wear the required personal protective equipment when undertaking patient care	2.4 Infection Prevention and Control (IPC) and Decontamination	All staff have been reminded of the requirement to use personal protective equipment.	Matron MIU	All staff emailed by 28.9.2018
The health board must ensure that sharp bins are removed in a timely manner.	2.4 Infection Prevention and Control (IPC) and Decontamination	Portering staff remove sharps bins three times per day, including any identified in daily checks that have been assembled for three months. Sharps bins are stored in the sluice area whilst awaiting collection and a digi-lock has been ordered for this door.	Site Manager	31.12.2018
The health board need to ensure that there are clinical cleaning schedules and audits in place for the MIU.	2.4 Infection Prevention and Control (IPC) and Decontamination	Infection Prevention and Control Specialist Nurse has undertaken an independent spot check assurance visit to the MIU. There are cleaning schedules in each room with daily record checks in place.	Matron MIU	28.9.2018, assurance gained through additional spot check audits.
The health board should improve the signage to indicate how to operate bins and what items can and can not be disposed within them.	2.4 Infection Prevention and Control (IPC) and	Bilingual signage is in place in toilet areas advising of what waste can be placed in bins.	Matron MIU	2.11.2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Decontamination			
The health board should review their policy to consider whether sanitary bins should be placed throughout the hospital.	2.4 Infection Prevention and Control (IPC) and Decontamination	The Health Board will review the arrangements for managing sanitary waste in line with the our policy on the management of waste segregation.	Site Manager	30.11.2018
The health board is required to provide HIW with details of the action taken to ensure that medicines are stored at temperatures recommended by the manufacturer.	2.6 Medicines Management	Daily fridge temperature checks are undertaken and this is checked further in the daily assurance check.	Matron MIU	2.11.2018
		Clear signage has been put on the warming cupboard for storing saline. This states that the saline is for use in eye lavage and not for IV use. This cabinet is locked.	Matron MIU	17.11.2018
		A Standard Operating Procedure will be developed to describe the storage arrangement for saline in the warming cupboard. In accordance with Patient Safety Notification 015 and in line with Health Board policy we can confirm that a ward monitoring log has been implemented.	Matron MIU	2.11.2018

Improvement needed	Standard	Service action	Responsible officer		Timescale
The health board is required to provide HIW with details of the action taken to improve the professional standard of record keeping.	3.5 Record keeping	The Health Board will commission an independent review of the professional standard of record keeping in order to develop a targeted improvement plan.	Unit Director	Nurse	31.12.2018
Quality of management and leadership					
The health board must review the organisational structure of the MIU to ensure there is an appropriate skill mix of staff with clear lines of management.	Governance, Leadership and Accountability	<p>A Clinical Educator post has been advertised internally in order to support the supervision and development of trainee nurse practitioners.</p> <p>The Consultant Nurse portfolio has been revised on a temporary basis to increase their dedicated supervision and teaching time.</p> <p>We have advertised to recruit additional Emergency Nurse Practitioners within the MIU.</p>	Unit Director	Nurse	2.11.2018
The health board must ensure that the Matron / Lead ENP has sufficient "management time" to fulfil their managerial responsibilities.	Governance, Leadership and Accountability	The establishment within the MIU is being reviewed in order to ensure that there is sufficient managerial time.	Unit Director	Nurse	30.11.2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that there are up-to-date MIU Standard Operating Procedures and processes in place.	Governance, Leadership and Accountability	An overarching operational policy is being developed for the MIU. Reviewed Standard Operating Procedures at Neath Port Talbot Delivery Unit, Quality Safety and Improvement Group on 19 October 2018	Unit Service Director	31.12.2018
The health board must ensure that the MIU has robust clinical audit and governance arrangements in place to ensure that safe and effective care can be provided.	Governance, Leadership and Accountability	A Clinical Governance meeting for MIU has been established in order to provide robust quality assurance within the service. The MIU will report the outcome of their clinical audits to the Neath Port Talbot Clinical Audit Group on November 7th	Consultant in Emergency Medicine, Consultant Nurse	30.11.2018
The health board must ensure that there are arrangements in place for shared learning across the health board following inspection activity.	Governance, Leadership and Accountability	Learning from the review has been shared through the Neath Port Talbot Quality, Safety and Improvement Group. Learning will be presented to the Health Board Assurance and Learning Group for dissemination across units.	Consultant Nurse Quality Safety and Improvement Manager	19.10.2018 31.12.2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that the MIU is always staffed with the appropriate skill mix.	7.1 Workforce	<p>A Clinical Educator post has been advertised internally in order to support the supervision and development of trainee nurse practitioners.</p> <p>The Consultant Nurse portfolio has been revised on a temporary basis to increase their dedicated supervision and teaching time.</p> <p>We have advertised to recruit additional Emergency Nurse Practitioners within the MIU.</p>	Unit Nurse Director	2.11.2018
The health board is required to provide HIW with details of the action taken to support staff to attend mandatory training (as identified by the health board).	7.1 Workforce	<p>All staff that are on the active planned roster are compliant with mandatory training.</p> <p>Those currently on long term absence will be supported with training compliance on their return.</p>	Matron MIU	Complete
The health board is required to provide HIW with details of the action taken to support staff to complete training in respect of the Mental Capacity Act and Deprivation of Liberty	7.1 Workforce	A bespoke training package will be put in place for the MIU on the Mental Capacity Act.	Matron, MIU	31.12.2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
Safeguards.				
The health board is required to provide HIW with details of the action taken to support staff to attend team meetings.	7.1 Workforce	Staff meetings are held within the MIU and notes shared for those unable to attend.	Matron MIU	Complete 28.9.2018
The health board must ensure that staff are up to date with relevant professional policies, guidance and alerts to guide their practice.	7.1 Workforce	The MIU Clinical Governance meetings will ensure that staff are up to date with professional policies, guidance and alerts.	Consultant in Emergency Medicine	30.11.2018

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.

Service representative

Name (print): Brian Owens

Job role: Unit Service Directors

Date: 31 October 2018