

## Hospital Inspection

### (Unannounced)

University Hospital of Wales,  
Cardiff and Vale University Health  
Board. Emergency Unit and  
Assessment Unit.

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2019

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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](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://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 receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **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 the University Hospital of Wales (UHW) within Cardiff and Vale University Health Board on the 25, 26 and 27 March 2019. The following hospital sites and wards were visited during this inspection:

- Assessment Unit (AU)
- Medical Emergency Ambulatory Care Unit (MEACU)
- Emergency Unit (EU)

The inspection was conducted in response to concerns received by HIW from South Glamorgan Community Health Council (CHC). The CHC had conducted an unannounced visit to the Assessment Unit on 2 September 2018 and raised concerns around poor patient experience and lack of care and dignity. The CHC was concerned that the issues it had observed extended beyond patient experience and into the clinical care and treatment being provided. The CHC therefore advised HIW of these issues. In order to assure itself of the standard of the standard of care being delivered, HIW decided to undertake an inspection of the service.

Our team for the inspection comprised of three HIW Senior Inspectors, three clinical peer reviewers and one lay reviewer. Also present on day one, was a HIW information technology support team member, since our plan was to undertake the inspection fully electronically. 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

During the inspection we had immediate concerns regarding the quality of patient experience within the lounge area of AU. We also had further concerns, regarding the delivery of safe and effective care for patients. We were not assured that all the processes and systems in place, were sufficient to ensure that patients consistently received an acceptable standard of safe and effective care.

We identified that patients were sitting in chairs within the lounge area of the AU for unacceptable and prolonged periods of time. The lounge was cramped and offered little or no privacy for patients. Many patients were sat in chairs throughout the night, leaving them vulnerable and preventing them from sleeping. In addition, patients in the lounge did not have immediate access to drinking water and did not always have their nutritional needs met.

We found that timely access to care within the AU was affected by staffing and recruitment issues, where a number of vacancies were not filled, often leaving shifts short of staff.

The health board was not fully compliant with all Health and Care Standards in all areas therefore, significant improvements are required to improve the quality of patient care and the delivery of safe and effective care, in particular within the lounge of the AU.

This is what we found the service did well:

- Each unit had a good supply of health promotion and relevant health related and community service information
- The visual display unit in the emergency unit paediatric waiting area displayed very good and displayed interesting information for patients and visitors
- We saw staff being kind and compassionate to patients, and treating patients with respect, courtesy and politeness at all times

- The patient journey boards were a good initiative to inform patients of their journey through the departments
- Medication was dispensed from a mechanical device, otherwise known as an Omnicel. This is a noteworthy method of safe drug storage and dispensary
- The paediatric EU had separate paediatric Cas Cards (documentation notes), specifically to meet the holistic needs of children, and the EU was about to implement the same for adolescent patients. These are used instead of the general Adult Cas Card.
- There was a good emphasis on teamwork and support for each other amongst the clinical teams
- The health board's department staff and senior managers consistently demonstrated a commitment to learn from the inspection and to make improvements as appropriate.

This is what we recommend the service could improve:

- Patients were sat in chairs within the lounge area of the Assessment Unit (AU), for excessive and prolonged periods of time
- Maintaining patient privacy and dignity within the lounge area of AU was below the expected standard
- Patient nutrition and hydration needs were not being met continually within the lounge of the AU
- Nursing assessments and documentation requires improvement in the AU
- The arrangements for the handover of patients between WAST ambulance crews and EU staff is reviewed, to ensure there is clarity on responsibility between the EU staff and WAST crews, when patients are required to wait on an ambulance
- Cleaning schedules are completed robustly and audits of environment are undertaken regularly
- Patient identifiable data and care records are kept securely at all times
- All staff are made aware of the revised Health and Care Standards that were introduced in April 2015

- A robust plan for recruitment is in place to maintain compliance with the Nurse Staffing Levels (Wales) Act 2016.

We had some immediate concerns about patient safety which were dealt with under our immediate assurance process. This meant that we wrote to the service immediately after the inspection, outlining that urgent remedial actions were required. These were in relation to some aspects for the quality of patient experience and the delivery of safe and effective patient care.

Details of the immediate improvements we identified are provided in Appendix B.

## 3. What we found

### Background of the service

Cardiff and Vale University Health Board (CVUHB) is one of the largest NHS organisations in the UK. It is a teaching health board with close links to the university sector, and together they train healthcare professionals and work together on research.

The health board employs approximately 14,500 staff, and spends around £1.4 billion every year on providing health and well-being services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan. It also serves a wider population across south and mid Wales for a range of specialties, and provides acute, primary care, community, and mental health and learning disability services to adults and children. These services are provided through acute, general and community hospitals, health centres, GP's, dentists, pharmacies and optometrists.

The UHW is a 1,080 bed hospital located within the Heath district of Cardiff. The hospital is the third largest university hospital in the UK and the largest hospital in Wales. The UHW site also houses a dental hospital and the Noah's Ark Children's Hospital for Wales.

The UHW operates a 24 hour EU and will be the major trauma centre for southern Wales from April 2020. The hospital also houses the largest adult and paediatric critical care units in Wales. The hospital also provides, general and specialist surgery, orthopaedic & trauma surgery, acute, specialist and general medicine, obstetrics and gynaecology services, and radiology and diagnostic services.

The EU is located on the lower ground floor of UHW, and deals with serious accidents and emergencies, and has approximately 11,500 attendances each month (138,000 attendances each year). The unit has 12 emergency medicine consultants who provide care to adults, with an additional four consultants who specialise in paediatric emergency medicine.

The AU is situated on the lower ground floor of UHW, and is directly linked to the EU, and is open 24 hours. The AU has 27 trolley spaces with 15 in the north wing and 12 in the south wing. On entrance to the AU, and opposite the reception area, there is an area that houses numerous chairs (otherwise known as the AU lounge), and there are 20 chairs where patient sit awaiting assessment or allocation to an AU trolley, prior to being admitted to the in-patient wards or treated and discharged home.

To the east of the AU, there is a MEACU. This was developed to allow streaming of medical patient flow, to facilitate more efficient and effective management of critically injured patients in EU. The MEACU is open and staffed from 09:00am until 11:00pm. Patients attend the MEACU following referral by their GP for further medical assessment. Patients access the MEACU by initially entering the AU via reception, and are guided from there through double doors and in to a corridor.

The MEACU has a seating area where patients wait to be assessed, and there are five assessment bays. The unit is staffed by one registrar, one junior doctor, a band six staff nurse and a band three Health Care Support Worker. An Advanced Nurse Practitioner (ANP) also supports the MEACU. There is also a band five staff nurse who works twilight hours, who covers both the MEACU and AU lounge.

Although not planned within the original scope of our inspection, we did visit the MEACU, since this was close to the AU and when the MEACU closed later in the evening, patients would be sent to the AU from there if assessment was still required. In addition, we were told that on Monday to Friday, one registered nurse works a twilight shift and runs between both the MEACU and AU.

## 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.*

During the inspection, we identified that numerous patients were sitting in chairs within the lounge area of the AU for unacceptable and prolonged periods of time, with many in excess of 20 hours. The lounge was cramped and offered little or no privacy for patients. Many patients were also sat in chairs throughout the night time therefore, leaving them vulnerable and often preventing them from sleeping.

There were no chair side tables available in the lounge for patients and water jugs and other refreshments were therefore not readily available to patients, or within their easy reach, to maintain basic and adequate hydration.

Most patients rated the care and treatment provided during their stay in hospital as excellent, although some said this was average.

The units displayed large patient journey boards throughout different areas. This was a good initiative to inform patients of their journey through the departments, and we felt that this was noteworthy practice. However, within the lounge on AU, the chairs did block vision of the boards.

During the inspection we had immediate concerns regarding the quality of patient experience within the lounge area of AU, and this was dealt with under our immediate assurance process. This meant that we wrote to the service immediately following the inspection requesting that urgent remedial actions were taken. Further details can be found in Appendix B of this report, and as follows.

During the inspection, we identified that numerous patients were sitting in chairs within the lounge area of the AU, for unacceptable and prolonged periods of time, with many in excess of 20 hours. The chairs were in a good condition, however, they were of a high back design, with wooden arms and could not be reclined.

Therefore, patient comfort could not be maintained, particularly over prolonged periods of time.

The lounge area was opposite the reception desk and was the point of entry to the AU. The area was very cramped with many chairs, and was also exposed, offering little or no privacy and dignity for patients. The area was a busy thoroughfare to both the north and south sides of the unit, and to access the MEACU. The cramped area also leads to issues with privacy and dignity, when, for example, patients needed to use toilet facilities and request assistance with this. Numerous patients were also sat in chairs throughout the night time, leaving them vulnerable and often preventing them from sleeping. This could result in sleep deprivation, in addition to their presenting problem or illness.

Within the lounge area, we identified that patients were not always offered food (cold sandwiches and biscuits) during our inspection, and were never offered hot food. We were told by nursing staff that hot food within the lounge was not offered due to the risk of compromising health and safety, in relation to potential hot food spillage. There were no chair side tables available for patients and water jugs and other refreshments were therefore not readily available to patients, or within their easy reach, to maintain basic and adequate hydration. Further details of the immediate improvements we identified are provided in Appendix B.

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the services provided. A total of 15 were completed (ten on the AU and five in the EU). We also spoke to a number of patients during the inspection. Patient comments included the following:

*"I've had good care while on the ward, also I was in for twelve days before in Assessment and A1 which was excellent. All the staff have been great and have taken their time to look after you, they do a great job, even under pressure"*

*"I have been sitting here (in a chair) through the night, I'm tired, cold and hungry. I have not been given any food and have to wait until I'm asked for a drink. Also no warm blankets"*

*"Been sat in this chair all through the night and in so much pain, there are no beds available, but all I want is to lie down"*

*"The staff are wonderful when you get to see them. They are very busy all the time"*

Most patients rated the care and treatment provided during their stay in hospital as excellent, although some said this was average. All but one patient agreed

that staff were kind and sensitive when carrying out care and treatment. Most patients agreed that staff provided care when it was needed, however, some patients within the AU lounge disagreed with this.

We observed excellent interaction between staff and patients, and they were demonstrating a kind and compassionate approach to patients.

## **Staying healthy**

The hospital was a designated no smoking zone. This also extended to the use of vapour/e-cigarettes. These arrangements complied with Smoke-free Premises Legislation (Wales) 2007. However, despite this, it was disappointing for us to see numerous patients or visitors smoking outside of the entrance to EU, with many discarded cigarette ends on the floor.

Each unit had a good supply of health promotion and relevant health related and community service information for patients, their families and visitors to read and to take away. Within the EU there were two visual display unit (VDU) screens, one in the adult EU and one in the paediatric section of the EU. Unfortunately the VDU within the adult section was switched on, but only had one display page, in relation to Brexit and the NHS.

The VDU in the paediatric waiting area displayed some very good and interesting information for patients and visitors. The information displayed was on a rotational page basis, and this included; vaccination information regarding Measles and flu, and other health promotion displays. In addition, there was information about using primary care services, such as attending the GP, Pharmacy or opticians for other ailments, and interesting information about UHW and CVUHB.

It would be beneficial to patients and visitors if the VDU information within the paediatric area was replicated on the VDU within the EU adult waiting area.

It was also good to learn that CVUHB promotes a healthy lifestyle by encouraging walking to the local train station and lunch time walking on a route from the hospital through a nearby park and back to the hospital.

## **Dignified care**

During the inspection, we considered how patient privacy and dignity was considered and maintained by staff. Patients were asked in the HIW questionnaires whether they agreed or disagreed with a number of statements

about the hospital staff. All patients agreed that staff were always polite and listened, to them and to their friends and family. In addition, patients told us that staff called them by their preferred name.

All patients who completed a questionnaire said that they had been treated with dignity and respect during their time in hospital. However, one patient we spoke with felt that their dignity was not maintained whilst sitting in the lounge area of AU. This was because the patient had lost their hair following chemotherapy and felt exposed and vulnerable with so many people around.

As highlighted earlier, the cramped lounge area in the AU can impact on patient privacy and dignity. We also identified that numerous patients were sat in chairs throughout the night time, leaving them vulnerable and often preventing them from sleeping. This could result in sleep deprivation in addition to their presenting problem or illness.

In addition to the above, where patients were offered drinks or food in the lounge area, they had to hold these in their hand or balance on their lap, because there were no side tables available. This increased the risk of spillage of both drink and food on to the person, or spillage on to the floor. Furthermore, this arrangement did not allow for immediate patient access to drinking water, as there was nowhere to place this. This issue is discussed later within the report within the section for nutrition and hydration.

Both the AU and EU cared for patients in non-gender specific areas. This is due to the nature of both environments, where patients were admitted as an emergency or urgently, prior to admission to the relevant ward within the hospital. This meant that male and female patients could be cared for in the trolley areas beside each other or opposite each other.

During the course of our inspection we saw many examples of staff being kind and compassionate to patients. We saw staff treating patients with respect, courtesy and politeness.

Within the AU trolley areas, we saw staff promoting privacy and dignity when helping patients with their personal care and when being assessed by doctors. This was achieved by closing dignity curtains around trolley areas and closing doors to toilets and shower rooms.

The EU had a number of assessment and treatment areas, including a resuscitation area, majors and minor's cubicles and a triage room. In general, we saw staff maintaining patient privacy and dignity by drawing curtains around the patient when necessary. However, this was not done consistently. We saw some patients being assessed by doctors with the curtains open. In addition, we saw

some patients partially clothed when being assessed therefore, patient privacy and dignity was not always maintained in the EU.

In the EU, there was good access via the main entrance, for self-presenting patients, including those who were wheelchair users and for people pushing wheelchairs or pushchairs. The waiting area within the main EU provided sufficient seating for patients. There was also sufficient space available for people with mobility difficulties and for people using mobility aids and scooters. The seating area was a lot smaller in the paediatric waiting area and space for those requiring mobility aids and scooters was minimal. During very busy periods, the area would become very crowded and cramped. Staff told us that if additional seating was required, then they could provide additional chairs for patients and visitors to sit on.

Within both the paediatric and adult areas of EU there was a small triage room. During inspection we consistently saw that both triage rooms doors were left open when patients were being assessed. This did not maintain patient privacy and dignity because other patients or visitors could hear and see what was being discussed or taking place within the rooms. We raised this with senior staff and we were told that this is to maintain the safety of EU staff inside the rooms.

Within the resuscitation area of the EU there was a quiet room/ viewing room. This was used in the unfortunate situation where a patient may have died within the department, so that the bereaved family could spend time with the patient in private. The room was quite small and was adjoined to a seating area for bereaved relatives. It was neutrally decorated and was quite dull and dark with little lighting and no natural light, and it had an unwelcoming appearance and feeling. With a small amount of redecoration, both rooms could be improved to become a more pleasant environment to be used in bereaved situations.

#### Improvement needed

The health board is required to ensure that:

- Consideration is given to how patient privacy and dignity can be maintained when patients are assessed within the adult and paediatric triage rooms in EU
- Medical and nursing staff maintain patient privacy and dignity at all times when assessing patients in the EU by closing curtains when appropriate.

#### Patient information

Directions to the EU were clearly displayed throughout the hospital and also externally. However, directions to both the AU and MEACU were not clearly displayed and many patients would arrive at the EU and then be directed to the AU. Once in the AU, patients were then directed to the MEACU when necessary. The other issue we identified was that when patients or visitors left the MEACU; there was no signage to direct them towards the normal exit to the left and back through the AU to exit the department. This was confusing for us on our first visit there, and would also likely be confusing for any other new visitor to the department.

Once inside each unit, there were signs directing patients to the toilets and exits and also the emergency exits. There were also laminated maps of the EU footprint, to guide patients and visitors around the department and to the AU and MEACU.

Throughout the EU and AU, there were large patient journey boards that were coloured dark blue and with white font. On some, there were also some pictorial notices. For example, in the EU waiting area, the board would explain what the area was for. It also explained that a patient would be assessed and then redirected back to the waiting area, to wait for results or further investigations. In addition, the board also informed patients and visitors that whilst staff aimed to treat people as quickly as possible, there may be long delays. This is because the staff are prioritising patients due to urgency. The board also explained that in this area, the patient may be assessed by a doctor, emergency nurse practitioner or advanced nurse practitioner.

Displaying these boards throughout different areas within the EU and AU was a very good initiative to inform patients of their journey through the departments, and we felt that this was noteworthy practice.

The ANP team that support the MEACU had developed a patient information leaflet for the MEACU and what to expect there. This is a good source of information for patients waiting to be seen. The ANP team told us that they were in the process of creating an information leaflet for the patients in the AU.

Within the paediatric EU, there was an interactive information board for children to see the types of equipment that they may require, such as face masks, and finger probes, to check circulating oxygen levels. The paediatric EU also employed a children's play therapist by day. This was a good initiative as this person would interact with children to help ensure that their time in EU was as stress free as possible, and to help children understand what was happening.

There was a comprehensive supply of patient information leaflets available in EU, for patients and carers to read and take away, that were specific to their ailment

and ongoing advice. However, there was very little patient information available bilingually, for example, post injury information cards were solely in English. The health board should consider obtaining Welsh versions of all leaflets, and to have the availability to print these out in Welsh or in different languages if required.

Staff on both the AU and EU told us that in the event that they had patients admitted who could not speak or understand English, then they had access to a translation service if required.

### Improvement needed

The health board is required to ensure that:

- Signage at the hospital is reviewed to ensure it is easy to read and able to direct patients and visitors to the AU and MEACU. Consideration should also be made to ensure all signage is bilingual to include Welsh
- Health, care and injury management leaflets are available in Welsh, and to consider the option to provide each leaflet to be translated and printed in to other languages.

### Communicating effectively

Overall, patients seemed to be positive about their interactions with staff during their time in hospital. Most patients who completed a HIW questionnaire told us that they could always speak to staff when they needed to. The majority of patients also said that they felt that they had been listened to by staff during their stay.

The majority of patients told us in the questionnaires that staff had always talked to them about their medical conditions and helped them to understand them. However, almost a third of the patients that completed a questionnaire told us that they were not always offered the option to speak to staff in their preferred language. This included patients whose preferred language was English or Welsh.

We were told by staff on each unit that doctors and nurses met separately at set times every day for patient and department handover, when shift changes took place. This was in order to communicate and discuss patients' needs, plans, relevant risks and any safety issues, and to maintain continuity of care. We also saw that staff had access to prepared patient handover sheets, which were updated daily, so that all staff were aware of key patient treatment, care plans and any significant issues.

The EU staff also had two hourly huddles, where key staff within the department such as the coordinator, leads and consultants, would meet to discuss the current unit status and any plans for the next two hours for patients, obtaining results and undergoing tests. We were told that this also included any issues related to the ambulance arrivals, and if any ambulances were waiting to offload patients. However, there were no ambulance offloading issues during our inspection.

The EU and AU had a Patient Safety at a Glance (PSAG) board<sup>1</sup>. The PSAG board on AU clearly communicated patient safety issues and daily care requirements or plans, as well as the support and progress required for admission to other wards or discharge arrangements. The information was used on a daily basis by all multidisciplinary team members.

The PSAG board in the different EU sections were not always up to date with all relevant information. We were told by staff that this is because the turnover of some patients is quite fast, and the speed of receiving ongoing tests and investigations is quite quick. Therefore, staff usually documented the patient progress on their personal handover sheets. They would then feedback at regular intervals prior to the huddles to the nurse in charge and coordinator.

Most staff attempted to maintain patient privacy when communicating information. However, we saw for both units that there were many conversations between nurses and doctors taking place in both units and at reception near the lounge area in AU. We were able to see and hear what was being discussed without being part of the conversation. In addition, as there are no doors on the entrance of the patient bays, and the ward and bed spaces are compact, it is likely that other patients and visitors could hear the conversations.

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<sup>1</sup> The Patient Status at a Glance Board (PSAG) is used in hospital wards for displaying important patient information such as; the infection risk levels, mobility, admission and discharge flow, occupied number of beds, nursing and medical teams, amongst others.

### Improvement needed

The health board is required to ensure that all staff make every attempt to maintain patient privacy and confidentiality when communicating care and plans amongst team members.

## Timely care

Within the main EU, self-presenting patients were able to register at the main reception desk. We observed sufficient numbers of staff available to deal with the flow of patients attending the department on the days of our visit. However, staff told us that this was not always the case, and they often ran the unit short of staff, and that they were reliant on agency staff to fill the shortfall.

Signs and small maps of the EU were displayed within the department to help patients and visitors find their way around. Colour coded lines were observed on the floor within the EU to assist people to find their intended destination in a timely manner. However, these were quite worn and the strips were chipped.

Within the AU, we found that timely access to care was affected by staffing and recruitment issues, where a number of vacancies were not filled, and we were told that often temporary staff requests were not filled. The recruitment issues and the impact on timely care on AU was reflected in our findings within this report. Patients' comments also included:

*"At times I have felt the ward was a bit chaotic. I didn't know what was going on and I worried my dad wasn't getting what he needed, which was stressful sometimes"*

*"I have not been offered anything to eat and only one cup of tea and I've been sitting here (in the lounge) over 6 hours, but I understand and can see that staff don't have time for this"*

*"I have been sat here (in the lounge) since 10:00pm last night (current time 09:00am). I am in agony with my tummy and have a history of ischaemic bowel disease. All I want is to lie down but I can't"*

The majority of the AU staff indicated in the questionnaires, and those who spoke with us, said that they are not always able to meet all the conflicting demands on their time at work. This also impacted on their ability to plan and implement timely and individualised care. We also witnessed this during inspection. As highlighted within the questionnaires, staff also felt that there were not always enough staff

in the organisation to enable them to do their job properly. Staff comments on the questionnaires from the AU, and those who we spoke with included:

*"The biggest failing of this health board is the practice of nursing patients in inappropriate areas for long periods of time. It is not uncommon or is increasingly common to nurse patients in chairs for 20-30 hours and more. These patients are unwell, septic, requiring intravenous treatment and sit in chairs throughout their treatment, in areas where there is only one nurse to 10-20 patients. Alongside this inappropriate patients are nursed in ambulatory areas for more than 30-40 hours, waiting for a bed. This means that one nurse works in an ambulatory area but can have a mix of ambulatory and non-ambulatory patients which directly affects the quality/safety of care being provided"*

*"Patients are often sat in uncomfortable chairs for over 24 hours, due to lack of beds. We have started sending people home overnight and bringing them back the next day to continue the treatment, as they are unwilling, when feeling unwell, to sit in a chair for 24-48 hours and will take the risk of going home overnight. The number of patients in the unit in the evening is often overwhelming"*

*"It is difficult to provide a good standard of care due to staff: patient ratios, high demand and pressure on movement can compromise care. Everyone works as hard as they can however, patient needs are not always met".*

Staff on MEACU who spoke with us said that they generally had enough time to provide timely care to patients during their shift, but at times it was very busy, and it could become very stressful with the amount of people waiting to be seen. They also said that the number of staff on duty was not always sufficient to meet the needs of the patients. However, staff also told us that there had recently been a business case submitted, with the aim of acquiring an additional registered and unregistered member of clinical staff. They did not yet know the outcome of this.

In addition, some MEACU staff commented that there were numerous inappropriate referrals from the primary care GPs in to the unit. This meant that some patients should have been sent directly to the EU, or should not have been sent to MEACU at all. Staff told us that the process of accepting a patient for assessment was by the GP calling the unit and asking an unregistered member of clinical staff for authorisation for further assessment at the unit. Additionally,

GPs did not always complete the relevant assessment and conclude a score, to determine the need for assessment at hospital, but the patients were authorised to attend regardless. We recommended that staff should review the process of accepting patients in to the MEACU from primary care GPs and out of hours GPs.

Staff within the EU also provided comments within the HIW questionnaires and those we spoke with. Some of the comments included:

*"Patients journeys through the unit can be delayed if patients have breached the 12 hour target- this being done to prevent further breaches from other patients"*

*"Focus on 12 hour breaches, not patient care. Sometimes prioritise ambulance off load instead of clinical need (i.e. walking patient requires trolley), this is to reduce waiting times and reduce numbers"*

*"The unit is unsafe and patients are sat in chairs for long periods of time. The assessment unit lounge is the same. Patients are on trolleys for long periods of time in both units".*

We spoke with a number of Welsh Ambulance Service Trust (WAST) ambulance crew in the EU. Whilst there were no offload issues (ability to bring patients in to EU from the ambulance), during our inspection, in very busy times, patients can be kept waiting on an ambulance for many hours. However, in general they did say that the EU staff will always try and bring the patient in to the department as soon as a space is available. Some ambulance crews did provide some concerning examples of patients being kept on an ambulance at UHW. These are as follows:

- A patient being sat on an ambulance for over four hours complaining of chest pain however, they did acknowledge that this was assessed as non-cardiac type pain
- A patient who was suffering with a stroke, was on the ambulance so long, that they did not receive timely treatment for the stroke
- During a previous 12 hour shift, a paramedic gave an example where due to offloading issues at UHW, they had only attended to three patients in 12 hours, due the length of time they were sat outside the EU, with patients on an ambulance.

Both ambulance crew and the EU staff told us, that when a patient arrives via ambulance, and they must remain on the ambulance (due to lack of EU trolley spaces), then the patient remains under the care of the ambulance crew, and not

the EU staff. Therefore, responsibility of the patient lies with the ambulance crew. As a result, if a patient required to use the toilet then paramedics would have to escort the patient in to EU and to use the toilets with in the Majors area (if patients were well enough to do so). However, if they were not well enough to enter the EU for toilet purposes, then they would have to use a urine bottle on the ambulance if male, and if female or either gender requiring a bedpan, they would have great difficulty in enabling them to use a bed pan, due to the lack of crew available to help with turning a patient to place a bed pan. Therefore, they could not always use the toilet in a timely manner.

In addition to the above, ambulance crews highlighted concerns that if a patient was required to lie on the stretcher for a number of hours, then they were not always able to check a patient's pressure areas, or check for skin tissue damage, as the stretcher was not wide enough to safely turn a patient to check their pressure areas. Furthermore, patients are not offered meals or drinks by the hospital staff therefore, the ambulance crew would obtain sandwiches from a refrigerator in EU and also obtain drinks for them whenever possible.

We had concerns with the information discussed with us by the ambulance crews. We therefore, raised this with the senior EU nurses during the inspection. The senior nurses told us that when a patient arrives via ambulance and waits on-board for a trolley space in EU, once triaged, they remain jointly under the care of EU staff and paramedics. However, this is not how the paramedics and some EU staff described the situation to us. We asked to see a Standard Operating Procedure (SOP) of the arrangements between EU staff and paramedics, however, staff were not able to provide one to us. In addition, many EU staff we spoke with were unaware of a SOP for this.

Registered nurses who worked within the adult triage and reception area of EU told us that once self-presenting patients have checked in to the reception desk, they are always assessed within 15 minutes of check in time. However, we were present for approximately one hour in the main waiting area during one day of our inspection, and saw that at least three people had been waiting over 30 minutes, before they were called for triage.

If patients required an urgent Computerised Tomography (CT) scan<sup>2</sup>, the EU had a CT machine within the department and Radiographers would attend urgently to undertake the scan. This provided a timely diagnosis in order to plan the required additional care.

The issues we identified above in relation to the timely access to appropriate care and adequate staffing arrangements within the lounge area of the AU, were dealt with under our immediate assurance process. Our findings following discussions with staff around the 12 hour breach times within EU and our concerns based on staff comments during inspection, were also dealt with under our immediate assurance process. Further details of the immediate assurance that we required, can be found in appendix B.

We discussed our concerns with senior managers during the inspection, and they did acknowledge the difficulties in managing patient flow through EU, AU and other assessment units in the health board as well as through other wards and back out in to the community. The senior staff told us that they had plans in place to commission the company Lightfoot who has experience, knowledge and understanding of the Canterbury Model of Care<sup>3</sup>, as part of their plan to explore options of improving patient flow throughout the organisation.

Lightfoot helps health care organisations transition from a traditional silo based structure to a flow-based and system-wide management approach. The health system in Canterbury, New Zealand, has undertaken a significant programme of transformation over recent years. As a result of the changes, the health system is supporting more people in their homes and communities and has reduced demand for hospital care, particularly among older people.

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<sup>2</sup> A CT (computerised tomography) scanner is a special type of X-ray machine. Instead of a single X-ray being sent through your body, like an ordinary X-ray, several beams are sent simultaneously from different angles. This allows more detailed images from within the body to be constructed, which can then be analysed by a doctor. CT scanners may also be referred to as CAT scans (computerised axial tomography)

<sup>3</sup> [Canterbury Model of Care](#)

## Improvement needed

The health board is required to ensure that:

- The plan for addressing the ongoing recruitment and retention issues of staffing in AU is shared with HIW
- The process for accepting patients from GPs into the MEACU for assessment is reviewed, to ensure appropriate attendance
- The arrangements for the handover of patients between WAST ambulance crews and EU staff is reviewed, to ensure that there is clarity between the EU staff and WAST crews, when patients are required to wait on an ambulance
- A SOP is readily available for staff relating to patient arrivals and delayed handover of care from WAST to the EU. This should also include the arrangements for when patients require the use of UHB facilities for situations such as the toilet.

## Individual care

### Planning care to promote independence

On the AU, patients with dementia were highlighted within the butterfly scheme<sup>4</sup>. The butterfly scheme provides a system of hospital care for people living with dementia or who simply find that their memory isn't as reliable as it used to be. The AU used a blue butterfly on the PSAG boards, and for communication purposes in the notes, to highlight those with dementia.

We found that physiotherapy and occupational therapy staff were working together to address the mobility needs of patients where appropriate. This was evident in both the EU and AU. Mobility aids such as walking frames were placed close to patients so that they could use them without having to ask staff for assistance (in accordance with their assessed level of mobility). For patients who required assistance, they were also assisted to mobilise following an assessment

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<sup>4</sup> [Butterfly Scheme](#)

of their requirements. However, due to the very busy environment and work pressures that the staff were under, they could not always assist with this in a timely manner.

We looked at a sample of patient records on the AU and found evidence of attempts to revise generic care plans to reflect the provision of individualised care. The care plans also reflected the emphasis placed by staff on promoting people's independence based on their assessed abilities. However, the documented entries for this were ad hoc and not always completed in full. This could therefore, potentially lead to communication issues amongst the teams, impact on the provision of prescribed care to patients and also put patients at risk of not having all basic health needs met, when promoting their independence.

For patients sitting within the lounge area, they could not independently help themselves to fresh water and neither could they adequately call for assistance. This is because they did not have any side tables in the area to place readily available fresh water on. In addition, there were no means of alerting or calling nursing staff to the lounge area. This was particularly concerning, since there were not adequate numbers of staff on duty to safely monitor the patients within the lounge area. In addition, where required patients' mobility aids they were not always close by, since they were regarded as a trip hazard or obstruction in the thoroughfare, due to the location of the lounge within a corridor area.

The above issues were raised at the time of inspection, and senior managers assured us that an immediate response for this issue, was to increase the number of staff on duty in the lounge area, to provide adequate care and supervision of patients. This was addressed through our immediate assurance process and further details can be found within appendix B.

#### Improvement needed

The health board is required to ensure that staff fully complete patient care plans to ensure that patient needs are communicated effectively to maintain consistency and patient safety.

#### People's rights

We found that within all units, family/carers were able to accompany and provide patients with assistance where appropriate, and be involved in patient care in accordance with their wishes and preferences. We were told that on the AU, such arrangements would be recorded in patients' notes, as this was to ensure that all members of the ward team were informed. However, as previously highlighted

there were issues with consistency of completion in nursing documentation on the AU.

Discussions with patients and staff on the AU revealed that there were set times for visiting. However, we were also informed that in instances when family members needed to travel long distances to the hospital, they were able to visit at any reasonable time. Staff also told us that relatives could stay with their family member if they were very unwell and were provided with armchairs if staying for prolonged periods, usually within the lounge area. This demonstrates that the staff were attempting to meet the holistic needs of patients, and consideration of the visitors, with their flexibility around visiting.

The hospital provided a chaplaincy service and had a small chapel. Visits were also made to each ward where required if patients were bed bound. However, due to the acute nature of the patients, they were not always well enough to attend the chapel, and the chaplaincy service was not always immediately available to patients at short notice.

### **Listening and learning from feedback**

Conversations with staff indicated that there was a Patient Advice and Liaison Service (PALS) team based in the hospital. Their role was to ensure that there was an emphasis on obtaining people's views on the care and services provided to patients. They also supported patients where they raised any concerns to them.

We were informed that any information obtained by the PALS team (whether positive or negative), was shared with unit teams. In addition, ward managers and staff encouraged patients to provide comments about their care and appropriate action was taken wherever possible, if there were issues.

Staff members who completed a questionnaire knew that patient experience feedback (e.g. patient surveys) was collected within their ward. It was positive to hear that the majority of staff felt that they received regular updates on the patient experience feedback and felt that it was used to make informed decisions within their area of work.

If a patient or relative/carer was not happy and wanted to make a complaint, we found that there was an absence of information displayed about the NHS (Wales)

Putting Things Right (PTR)<sup>5</sup> process on each unit. In addition, Putting Things Right leaflets were not readily available, and patients or visitors had to ask for one if required (if they knew they were available). This meant that patients and their families did not have clear information and the process, about how to raise any concerns/complaints they may have. However, we were told that if a patient did complain, then they would be provided with a leaflet at that point.

#### Improvement needed

The health board is required to ensure that patients and their families/ carers understand their rights in terms of raising concerns/complaints about NHS care, and that PTR posters are displayed and leaflets are readily available, to read and take away.

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<sup>5</sup> Putting Things Right relates to the integrated processes for the raising, investigation of and learning from concerns within the NHS across Wales.

## Delivery of safe and effective care

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

Overall, we were not assured that all the processes and systems in place, were sufficient to ensure that patients consistently received an acceptable standard of safe and effective care.

We had a number of immediate concerns relating to the safe care of patients, and these were dealt with under our immediate assurance process. The AU staff told us that in their opinion, patient safety was frequently compromised by day and particularly so by night.

We looked at a range of assessment tools, checklists, monitoring charts, care plans and evaluations of care for nursing, medical and other healthcare staff. Overall, we found numerous issues in relation to documentation. These have been addressed throughout the report.

We identified a range of issues in some areas, and the health board is required to address these issues.

### Safe care

Our immediate concerns regarding the delivery of safe and effective care to patients within the lounge of the AU, were dealt with under our immediate assurance process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

As previously highlighted within our Quality of Patient Experience section of this report, we identified that numerous patients were sitting in chairs within the lounge area of the AU, for unacceptable and prolonged periods of time. We saw evidence that some of these patients were acutely unwell and should be lying on a bed or at least on a trolley, and that some were in moderate pain and in considerable discomfort, as a result of sitting in chairs.

Due to the location of the lounge and the number of chairs within it (which has the potential to accommodate up to 20 patients), we had significant concerns for patient safety. Furthermore, medical and nursing staff told us that they often cannot provide the appropriate care and treatment required to all patients within the lounge and the small section of trolleys entering the south side of the unit due to the reliance on one nurse for the whole area.

Staff told us through discussion and in the questionnaires, that in their opinion, patient safety was frequently compromised by day and particularly so by night. Some staff said that they also felt that they could cry whilst on duty as a result of the stress they felt in relation to patient safety concerns and their inability to provide adequate care, and they sometimes did cry on duty and at home, when reflecting on their time in work.

We were told and also witnessed that there is often only one registered nurse allocated to the lounge and small trolley area adjacent to the lounge. This made it very difficult for one person to assess, treat and monitor the ongoing care of up to 24 patients in a timely manner. This included the timely assessment and management of pressure ulcers and the assessment and management of patients at risk of falling.

We saw for ourselves and were also informed by staff that there are often acutely unwell patients sat on the chairs, who should be in a bed or at least on a trolley. Staff provided us with some examples, which included patients with sepsis<sup>6</sup>, diabetics in ketoacidosis<sup>7</sup>, patients with a head injury, patients requiring high levels of oxygen, patients having seizures, and one with meningitis.

During our inspection we saw patients in moderate to severe pain, elderly patients slumped to one side in the chairs, and patients receiving Intravenous (IV) fluids, with the fluid line often being trapped under the arm of the chair. We also saw patients falling asleep and almost falling off the chair, and some patients showing signs of distress. It was evident that any nurse allocated to these

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<sup>6</sup> Sepsis is a serious complication of an infection. Without quick treatment, sepsis can be life threatening.

<sup>7</sup> Diabetic ketoacidosis (DKA) is a serious problem that can occur in people with diabetes if their body starts to run out of insulin. This causes harmful substances called ketones to build up in the body, which can be life-threatening if not spotted and treated quickly.

patients and other nurses on duty allocated to the north or south sides, could not always have sight of the patients, or assist them quickly in their times of need. In addition, the patients did not have access to a nurse call bell to attract the attention of anyone. This was of particular concern since we often saw the reception desk unattended.

Staff from both the AU and EU also told us that patients are often inappropriately moved off a trolley from the EU where they may breach the 12 hour admission target, to sit in a chair within the lounge of the AU, and that some patients were unfortunate to remain in the EU for very prolonged periods, to prevent other patients breaching the 12 hour target.

Further immediate concerns that we identified during our inspection, were dealt with under our immediate assurance process, and further details are provided in Appendix B along with our concerns above. These concerns are highlighted below.

We considered the arrangements for the checking of resuscitation equipment on the AU, MEACU and EU. Some records had been maintained of checks by staff, however, there were a number of gaps in the records over the past three months on both units. This was particularly evident on the AU. In addition, neither unit used the standard UHB record chart, which was required for recording resuscitation equipment checks.

This demonstrated that resuscitation equipment had not always been checked daily or weekly (if film cover was intact), as required by local policy. The lack of regular checks meant that there was a risk to patient safety, whereby the resuscitation trollies in both units may not be sufficiently stocked, or equipment/medication may not be in-date and ready for use, in the event of a patient emergency.

We considered the safety of medication management on both the AU and EU. In both units, we identified that the drug fridge temperatures had not been checked daily on a number of occasions. As a result, we were not assured that patient safety is always maintained in relation to the viability of refrigerated drugs, which were stored for use with patients on both units.

We also identified that the refrigerators used to store patient food within the AU did not have a thermometer to safely monitor and record the storage temperature of food. The inability to check and record fridge temperatures, prevents the ability to take action if temperatures were out of an acceptable range, such as discarding the food. As a result we could not be assured that ongoing patient safety is maintained.

## Managing risk and promoting health and safety

We found that the EU was generally well maintained but with some signs of wear and tear. The MEACU, which was a relatively new environment, appeared to be very well-maintained and also clean and tidy. However, throughout the AU, most areas did not look well-maintained. There was damage to the walls, doors and equipment, and also within the AU triage room. Many items of furniture such as staff chairs and stools were also worn or torn. This collectively posed a risk for cross infection, since damaged areas of the environment and equipment and furniture, could not be adequately cleaned and may harbour microorganisms.

In the EU and AU, the environment did not look clean or tidy in all areas. This is because we saw heavy layers of dust and visible dirt in the main EU reception area, main triage room and corridors. This was the same within the lounge area of the AU, the surrounding corridor and the triage room. In addition, on AU equipment such as, the blood pressure machine and other essential equipment appeared dusty or dirty. This included the blood pressure cuff in the triage room, which was worn, dirty and contained debris and hair within the Velcro connectors. This was also a risk of cross infection, as this was used between patients without being cleaned.

We also saw that the sofa within the room used for patients presenting with mental health issues in EU, was torn and exposing the internal cushion filling. This is therefore an infection risk, and must be repaired or replaced.

We found the paediatric EU, to be generally clean, however, there was a hard plastic seat missing from the metal seating bench frame, and this was covered with tape. This increased the perception that this area is unkempt. Furthermore, whilst this was not of an immediate risk to patients for injuring themselves, a small young child could become curious of this, and attempt to sit on it, or pick at the tape, thus increasing the risk to fall, or to transfer potential infections. This is because the taped area could not adequately be cleaned.

We saw multiple items of consumables and boxes stored in corridors in the vicinity of EU, and between AU and MEACU. There were also a number of small items of equipment, which we were told were for disposal, stored behind some fire doors on the corridor and old chairs stored in the corridor. This posed a trip hazard to the staff, patients and visitors. We addressed this during inspection with senior staff, and these items were removed.

Both triage rooms were much cluttered. There was also a large pack of cleaning wipes that were on the floor of the adult triage room, behind the bin and which were surrounded by thick layers of dust. This was also visible to people in the

waiting area. We addressed this with staff in EU, but the pack remained on the floor for many hours.

We had concerns for the safety of staff who were lone working within the adult triage room. There was only a single point of entry and exit to the room. Therefore, if staff became trapped in the room by an aggressive or violent patient, then they had no means of escape.

On all three units it was evident that there was a lack of sufficient storage space. The main corridors on the AU were being used to store equipment such as lifting aids, trolleys and monitoring equipment. The lack of storage presented potential trip hazards to patients, visitors and staff, as well as a risk to cross infection.

On AU during the first day of our inspection, we saw that the mechanical lids to some clinical and domestic waste bins were broken, did not open with the foot pedal, or were not fully closing. These posed a risk to staff and patients of potential cross infection. We addressed this with senior staff, and the bins were replaced by the end of our inspection.

#### Improvement needed

The health board is required to ensure that:

- Cleaning schedules are in place and all areas are regularly audited for cleanliness
- All equipment is checked for cleanliness, and that worn items are repaired or replaced
- The torn sofa in the room used for patients presenting with mental health issues is repaired or replaced
- The seating bench in the paediatric EU is repaired appropriately or replaced
- The storage of equipment within the corridors is monitored and addressed appropriately and promptly
- Consideration is given to the vulnerability and safety of lone workers within the adult triage room in the main waiting area, due to the single point of entry and exit
- The overall storage facilities on AU and EU are reviewed, to consider appropriate storage areas to minimise the risk of injury and cross infection

- All bins that are not in acceptable working order are replaced in the units inspected, and elsewhere in the health board.

### Preventing pressure and tissue damage

During the inspection, we reviewed a sample of patient care records on the AU and EU. Within the AU patient records, we saw that patients had not always been assessed for their risk of developing pressure ulcers on admission. Not all nursing staff demonstrated an understanding of the risks for developing pressure ulcers and the prevention of them.

The monitoring records on AU had not always been completed to demonstrate that nursing staff had regularly repositioned patients and checked patients' skin for signs of pressure and tissue damage. There was minimal evidence of reassessment of patients deemed at risk. In addition, since care plans were not completed well, communication regarding some patients' care needs was poor. This meant that some patients remained at risk of developing pressure damage to their skin.

When reviewing patient records in EU, where applicable, all patients were assessed for their risk of developing pressure ulcers, and had a skin assessment undertaken on admission. We also saw ongoing assessment of pressure areas. However, there was no evidence that any of the patients had been repositioned if deemed at risk of developing pressure ulcers.

Specialist pressure relieving equipment (such as air mattresses and cushions) was available if required. Staff confirmed that they had always had enough pressure relieving equipment, when required.

#### Improvement needed

The health board is required to ensure that:

- On admission to AU, pressure ulcer risk assessments and skin assessments are completed for all appropriate patients
- Nursing staff regularly reposition patients and check the patients' skin for signs of pressure and tissue damage on AU and EU

- Assessments and documentation within the relevant pressure ulcer care documents are undertaken and completed robustly on AU.

## Falls prevention

We considered the arrangements in place for managing patients at risk of falling, and concluded that this was below the required standard on AU. We reviewed a sample of six patient records on AU and saw that all but one patient had not been assessed on admission for their risk of falls. Therefore, there was no evidence that patients had been reassessed, or that the care records were updated during their stay. We identified patients at risk of falling who had not had an assessment carried out. This was reported during the inspection.

All patient records we reviewed in EU showed that an assessment of the patient for their risk of falls had been completed on admission. Ongoing falls management and documentation for this, was not applicable, as the patients did not stay long enough in the department to warrant this.

On discussion with senior nursing staff, we were told that there is a dedicated service that covers a number of different areas including falls. However it is not clear to us how the unit nursing teams assess or approach falls prevention. On discussion with staff on the AU, they said that falls prevention lies within the domain of community healthcare provision. Overall, there appeared to be some confusion by staff around what the procedure is, and this suggests that falls prevention care is not consistent across the units.

### Improvement needed

The health board is required to ensure that:

- On admission to AU, nursing staff must assess patients for their risk of falls, and that patients are re-assessed where applicable, and with the appropriate falls care plan in place
- Staff knowledge and skills must be updated and competence assessed with further provision of training in falls management.

## Infection prevention and control

We saw that all areas in both the AU and EU did not always appear clean and contained much clutter. As highlighted earlier, numerous large equipment and other items were stored in the main corridors and throughout the unit environments.

There were a number of areas where levels of cleaning appeared below standard. This was evident within the EU and AU corridors, EU waiting area and lounge area of AU. There was also dust present throughout the units and corridors. This all posed a risk for cross infection.

Designated labels were available and should be signed and dated to signify that equipment was clean and ready for use. The labels were routinely used on EU but not always used on AU. This was to show that shared equipment, such as commodes and monitoring equipment, had been appropriately cleaned and decontaminated. We saw tape suggesting that commodes were clean and ready to be used, however, the legs and wheels of the commodes were dirty and had grime embedded into them.

Side rooms were available to care for patients who required isolation to minimise the risk of cross infection, but the availability of side rooms were minimal. This meant that those admitted with infections, could not always be isolated. There was an isolation room in the resuscitation area of EU, for any patient requiring immediate isolation on arrival for example, a patients presenting with a contagious infection or may have been exposed to noxious chemicals. This helped prevent other patient and staff being exposed to that patient.

Personal protective equipment (PPE) such as disposable aprons and gloves, was available, and was being used appropriately to maintain effective infection prevention and control. Appropriate facilities were in place for the safe disposal of clinical waste (with the exception of the bins discussed earlier), including medical sharps such as needles. We saw staff using PPE to clean patient side rooms in AU, however, whilst cleaning the rooms, staff did not clean the equipment stored within them, thus posing a risk of cross infection.

Effective hand hygiene is essential to help prevent cross infection. Hand washing and drying facilities were available throughout the units together with hand sanitising gel. However, despite being readily available on the AU, we saw evidence that many staff did not always wash or sanitise their hand between patients. When we asked why this was, they said that they did not always have the time to do this.

Within the sample of patients' care records we reviewed, we saw that a sepsis screening tool<sup>8</sup> was available within the All Wales National Early Warning Score (NEWS)<sup>9</sup> (patient vital observation charts). On discussion with staff, they were aware of the screening and reporting mechanism for sepsis. The actions required for a patient with sepsis were displayed in the treatment rooms. This helped staff to identify patients promptly, who may be developing sepsis, to ensure that a prompt medical review and treatment could be commenced. Prompt treatment of sepsis helps increase the patient recovery and survival rate of sepsis.

We saw that not all staff were up to date with infection prevention and control training.

#### Improvement needed

The health board is required to ensure that:

- Cleaning schedules are completed robustly and audits of environment are undertaken regularly
- All staff are aware of the importance of continuous basic hand hygiene, and maintain hand hygiene at all times
- All staff have updated knowledge and understanding in infection, prevention and control and complete training

#### Nutrition and hydration

There was a process in place requiring staff to complete nutritional risk assessments for patients within 24 hours of admission. During review of the patient care records, they demonstrated that not all patients had been assessed within 24 hours of admission on AU.

Food and fluid charts were not always in place where required in the AU, to ensure that oral intake is monitored to maintain adequate hydration and nutrition. As highlighted earlier in the Quality of Patient Experience section of the report,

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<sup>8</sup> [Sepsis Screening Tool](#)

<sup>9</sup> [National Early Warning Score \(NEWS\) charts.](#)

we had concerns around basic hydration for patients within the lounge on AU and with the provision of adequate nutrition.

We saw evidence, and were also told by patients and staff, that patients did not always have access to food due to the times they arrived in the unit. In addition, if patients were sat in the lounge area of AU, then they did not have access to hot food, due to the risk of hot food spillage. This was because there were no chair side tables available on which to place food or drinks. We asked some staff why patients did not have soup served in cups. We were told that there was not always enough cups available for this purpose, and some patients did not like to have soup from a cup. Not all patients in the lounge area of the AU had water jugs readily available to them for basic hydration. This has been addressed through our immediate assurance process as discussed earlier.

We saw and were also told that the AU and EU was supported by volunteer Red Cross staff. We saw that they assisted patients who were on a trolley with eating and drinking and provided some general chit chat to those without visitors. However, staff told us that this assistance would soon end because, the Red Cross service was funded out of additional winter pressures funding.

The issues relating to nutrition and hydration were addressed through our immediate assurance process. Further detail and actions of the health board can be seen in Appendix B.

Most patients (not sat in the lounge), told us that they had a choice of meals each day and were happy with the food.

There was a visible presence of dietetic staff within the AU during our inspection

None of the patient notes we reviewed on the AU demonstrated that patients had an oral care plan in place. Although we did see that oral assessments had been completed in the assessment booklets for some patients.

#### Improvement needed

The health board is require to ensure that:

- Nursing staff have completed nutritional risk assessments for patients and reassessed patients as appropriate
- All patients must have an oral assessment and care plan implemented for oral care where applicable, on the AU and other inpatient areas.

## Medicines management

We considered the arrangements on the EU and AU for medicines management. For this we inspected the areas that staff stored medication and also the preparation of medication at ward level and the prescription and administration process.

The All Wales Drug Charts on the AU were not always completed correctly. They were not all consistently signed and dated when medication was prescribed and administered. The patient names were not always recorded throughout the chart. Some drug charts were also inconsistent with documentation of allergies.

One patient had been admitted to the AU the day prior to our inspection; medication had been prescribed for the morning of the day before and the day of the inspection, but none were recorded as being given to the patient. We addressed this with ward staff at the time during inspection. On other charts we reviewed, where drugs were not given, this was appropriately recorded on the drug charts.

Medication on AU was dispensed for patients from a mechanical device, otherwise known as a ward robot. The ward robot is a standalone dispensing system that provides secure medication storage in a physically robust module. Staff operated the robot with a passcode. This is a noteworthy method of drug storage as this ensured the safe security of medicines, and helped prevent wastage. A dedicated Pharmacist was witnessed filling the robot daily to ensure adequate stock was available.

There is a health board medicines policy and it was stored in both ends of the AU. The staff also told us that the policy is HB wide and stored on the Intranet and is easily accessible. Some staff on EU were not aware of where their policy was stored on the unit, but were aware of how to access this on the intranet if required.

Intravenous (IV) fluids were appropriately prescribed when required on AU, and they were also being monitored and recorded on the All Wales fluid prescription chart. However, we did see that this was not always consistent on the EU.

When patients were receiving oxygen on the AU, this was sometimes prescribed, but not always signed for by the nursing staff. Oxygen was not prescribed or recorded in EU, when patient were receiving this.

We asked staff to accompany us to the Controlled Drugs (CDs), which were stored securely. All controlled drugs were recorded and signed for correctly and

there was a regular daily stock check of them. We found the same in EU. There were no CD drugs stored in the MEACU.

The drug fridges were locked on the AU during our inspection, however, drug fridges were not locked in the EU. Medicines should always be stored safely and securely, therefore the EU was not compliant with the health board policy for this.

We observed medication rounds on the AU. All patients were wearing correct identification bands. These were checked by the nursing staff for any patients who lacked capacity (such as dementia patients), before administering medication.

Patients were positioned appropriately in readiness for medication and medicines were checked and administered to patients appropriately. Where required, patients received support to take their medication.

Within the EU, in the area where patients' eyes were assessed, the medication cupboard was not locked. There was also a full box of antibiotics stored on the top of the work surface. We raised this with senior staff on EU on day one of inspection. The cupboard was still not locked on day two, so we escalated this to senior nurses. This was then rectified by the end of day two.

Not all applicable staff were up to date in medicines management training on each unit.

#### Improvement needed

The health board is require to ensure that:

- Staff are always documenting consistently, all aspects of the medication charts
- IV fluids are always signed by staff when being administered
- Oxygen is prescribed and signed for as applicable
- The eye treatment area and all other drug cupboards are locked when not in use
- Ensure all applicable staff are up to date with medicines management training.

#### Safeguarding children and adults at risk

The health board had policies and procedures in place to promote and protect the welfare of children and adults who were vulnerable or at risk. Training for safeguarding children and adults was mandatory and there were adequate processes in place to ensure staff completed training and training updates.

Patients said they felt safe and would be comfortable in speaking to a member of staff if needed. Conversations with staff in ward areas showed that they had an awareness of safeguarding procedures, including how they would report any alleged suspicions or known incidents of abuse.

Comments from ward staff who completed a questionnaire said that they were encouraged to report any patient safety issues, incidents and safeguarding concerns. This indicates a positive reporting culture that promotes patient safety.

During our inspection, there were no patients which staff deemed as being deprived of their liberty, such as, requiring a 24 hour one-to-one care provision, to maintain their safety. However, on EU we saw a patient who was receiving continual on-to-one observation because they were shouting and screaming for help. This patient had not received a mental capacity assessment. If it were identified that a patient lacks capacity, and they required one-to-one care, therefore being deprived of their liberty, then staff must complete a Deprivation of Liberty Safeguarding (DoLS)<sup>10</sup> application. Staff should also make a referral to the independent mental capacity advocate (IMCA)<sup>11</sup>, and complete an appropriate care plan to accompany this.

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<sup>10</sup> DoLS - The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect vulnerable adults, who may become, or are being deprived of their liberty in a care home or hospital setting. These safeguards are for people who lack capacity to decide where they need to reside to receive treatment and/or care and need to be deprived of their liberty, in their best interests, otherwise than under the Mental Health Act 1983 (MCA Code of Practice). The safeguards came into force in Wales and England on the 1st April 2009.

<sup>11</sup> The local authority, or the NHS decision maker must make a referral if a patient is un-befriended (has no 'appropriate' family and friends who can be consulted), and has been assessed as lacking the capacity to make a decision about: Serious medical treatments, Long-term moves (more than 28 days in hospital or more than 8 weeks in a care home) and Deprivation of Liberty Safeguards (DoLS).

Staff on the EU informed us that due to the environment, they do not complete a DoLS referral, even if the patient has arrived with a DoLS action in place for example, from a care home they were living in.

During conversations with numerous staff, it appeared that their knowledge and understanding of mental capacity assessments and the DoLS process was below the standard expected.

#### Improvement needed

The health board is required to ensure that all staff within the EU and AU and throughout the health board, have appropriate training with updates on the mental health act, and the DoLS process.

### Medical devices, equipment and diagnostic systems

We saw that the units had a range of equipment such as, emergency equipment, patient monitoring equipment, pressure relieving mattresses and moving and handling equipment. These did not always appear visibly clean and well-maintained, as highlighted earlier in the report.

We considered the arrangements for the checking of resuscitation equipment on all wards. On both the AU, MEACU and EU, records had been maintained periodically for resuscitation equipment checks by staff. However, there were a number of gaps in the records. This indicated that the resuscitation trolley had not always been checked regularly, as required by local policy. The lack of regular checks meant that there was a potential risk for the resuscitation trolley not being sufficiently stocked or safe to use in the event of a patient emergency (such as collapse).

Our concerns regarding resuscitation equipment checks were dealt with under our immediate assurance process. Details of the required immediate improvements are provided in Appendix B.

### Effective care

#### Safe and clinically effective care

We saw that patients on each unit generally appeared comfortable and well cared for within the trolley areas. However, this was not always maintained in the lounge area of AU. This was addressed under our immediate assurance process as discussed earlier, and further details can be found in Appendix B. The care

observed on the AU was not, however, always reflected within the patients' nursing records.

In addition to our findings, as highlighted earlier, regarding prevention of pressure and tissue damage, falls and nutrition and hydration, written assessments in relation to patients' pain had not always been completed within the patient care records that we reviewed on the AU.

There was some evidence that pain was being assessed on AU, and relieved with medication and evaluated, but this was not consistent. There were pain assessment tools in place to support assessment, but they were not always used. Patients did not always have up to date pain scores. However, pain was being managed with suitable analgesia, and was administered as prescribed on a regular basis.

#### Improvement needed

The health board is required to ensure that pain assessments are completed and documented with each patient where applicable.

#### Quality improvement, research and innovation

Within the EU patient records were kept at the patient bedside. The record was used exclusive to the EU, and is otherwise known as a Cas Card.

The paediatric EU had separate paediatric Cas Cards specifically to meet the holistic needs of children. This is to differentiate them from the adult Cas Card. This is an area of noteworthy practice.

The EU has recently completed a Cas Card for adolescent patients from age 16 to 18, to ensure that their needs are also appropriately assessed and met holistically. This is yet to be implemented in the department, but again is an area of noteworthy practice.

As highlighted earlier, the health board had plans in place to commission the company Lightfoot, who has experience, knowledge and understanding of the Canterbury Model of Care, as part of their plan to explore options of improving patient flow throughout the hospital and organisation.

#### Information governance and communications technology

There was a system in place which aimed to ensure patient data was effectively and safely stored. This was good electronically, however, in the AU, patient notes

were not always stored securely. Patient case notes were stored in a designated notes trolley and they were lockable to prevent inappropriate or unauthorised access to the notes. However, they were often left open and unattended. This increased the risk of breaching patient confidentiality and inappropriate and unauthorised access to patient data.

#### Improvement needed

The health board is required to ensure that patient identifiable data and care records are kept securely at all times.

#### Record keeping

Patient care information was recorded in three separate records in the AU, (medical notes, nursing notes at the bedside, and more sensitive information held at the nurses' station). Substantive staff we spoke with did not find this arrangement to be difficult in any way. As highlighted earlier, within the EU, patient Cas Cards were kept at patient bedside.

Overall our findings in relation to record keeping have been described in various sections throughout the report. We looked at a range of assessment tools, checklists, monitoring charts, care plans and evaluations of care for nursing, medical and other healthcare staff. Overall, we found a number of issues in relation to documentation, and these have been addressed throughout the report, and where appropriate we have recommended a number of actions for improvement.

## 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.*

All staff we spoke with said that they were striving to deliver a good quality, safe and effective care to patients, within very busy units. However, some staff told us that they could not always deliver the care they wanted to, due to staff deficits and time constraints.

We found evidence of good teamwork and support amongst nursing and medical teams within all units. Staff were mostly positive within the HIW staff questionnaires and those who we spoke with, regarding their ward managers and senior manager, and the support they received from them.

Due to our findings with patient acuity and the complexity of needs, combined with the number of vacancies, there was a reliance on temporary staff (bank and agency). Therefore, staffing levels and skill mix were not always appropriate to the identified needs of patients in all areas.

## Governance, leadership and accountability

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. In total, we received 25 completed questionnaires across the three units. These were received from staff undertaking a range of roles on the units. Staff completing the questionnaires had worked on the units ranging from a few months to over 10 years.

A management structure was in place and senior staff described clear lines of reporting to the wider health board management team. Roles, responsibilities and lines of accountability were also described.

A full time band seven unit manager was in post covering the AU and the MEACU. The manager was responsible for the general management of the both units and the staff working within them.

There were a number of unit managers on the EU, which were overseen and line managed by a senior nurse. They managed teams of EU staff and had delegated responsibility for aspects of the EU.

There were three senior nurses in post, and they provided management and support to the unit managers in EU and AU. They also had numerous management responsibilities throughout the hospital. There was also a lead nurse who was overall responsible for the EU, AU and MEACU, and who directly line managed the three senior nurses.

Staff we spoke with and those who completed a questionnaire, told us that they felt supported by their line managers on each of the three units. Some comments from the staff questionnaires said:

*"I agree that 95% of "on shop floor" managers are approachable and will assist with the team when needed.*

*"Always approachable - gives honest constructive feedback. Engages and supports my education and helps celebrate my success".*

This was particularly so for the unit manager for the AU, where staff unanimously praised the manager and felt that there was good leadership and change improvements to the unit, since she had been in post. However, low morale and motivation was evident on AU where there seemed to be issues with the workload and patient safety concerns as discussed earlier within the section for Delivering Safe and Effective Care of the report.

Most staff who completed a HIW questionnaire told us that their manager encourages team working and either always or usually gives clear feedback on their work. Staff also told us that their manager asks for their collaborative opinion before decisions were made that affect their work, and that their manager was always supportive in a personal crisis.

Senior staff confirmed that a process of regular monthly audit activity was in place, so that areas for improvement could be identified and addressed as appropriate. Examples of audit results were provided and included activity in relation to nursing documentation, infection prevention and control, medicines management and incidence of complaints and compliments, amongst others.

We saw that audit results were generally satisfactory, however, improvements were required to improve some aspects of care related audit scores.

Arrangements were described for reporting audit findings and monitoring improvement plans as part of the health board's governance arrangements. We also saw some minutes of staff meetings where some findings from audit activity were shared with a view to making improvements as appropriate on EU. There were minimal meetings held on AU due to the staff workload and shortfall in the establishment. The staff told us that they found it difficult to be released to attend meetings, and many staff who were not working, did not turn up for meetings.

Given our findings in relation to some of these areas above, the health board must review its approach to aspects of the audit process to ensure that quality and safety issues in all areas are addressed. In addition, follow-up on actions set to the relevant ward managers, should be undertaken to assess the reasons why there are some areas of care audited, where there has been minimal improvement.

Senior staff described the system for reporting and investigating patient safety incidents. Arrangements were also described for providing reports and action plans to senior managers within the health board to promote service improvements.

Half of the staff told us in the HIW questionnaires that they had seen errors, near misses or incidents in the last month, which could have hurt staff or patients. One staff member commented:

*“Too many incidents to comment on. We have confused and aggressive patients here all the time for many medical reasons. There are not enough staff to give them or our colleagues the support that is needed”*

Staff that completed a questionnaire agreed that the organisation encourages them to report errors, near misses or incidents. Most staff felt that if they reported some types of incidents or concerns relating to patient safety, action would be taken and they would be supported. However, on discussion with some staff they felt there was fear of reprisal, and that the organisation would not always take action to minimise the risk of the issue occurring again.

Most staff told us in the questionnaires that they were informed about errors, near misses and incidents that happen in the organisation, and given feedback about changes made in response to such incidents.

Some but not all staff members that completed a questionnaire said that they always knew who the senior managers were in the organisation. Staff mostly felt that on the whole, senior managers were committed to patient care, and there is generally effective communication between senior management and staff, however, some said that this was not the case. Some staff comments from the questionnaires included:

*"I don't really see senior managers unless they come down to move patients to help with patient flow. I think that they don't even know my name".*

*"Majority of senior managers have worked up through the department so understand the needs of the department and assist when needed".*

*"Patients journeys through the unit can be delayed if patients have breached the 12 hour target- this is being done to prevent further breaches from other patients".*

*"It feels like numbers and targets are more important than patients. Targets are sometimes being met at the detriment of other patients, for example those in the assessment unit".*

Under half of the staff members that completed a questionnaire said that they had been made aware of the revised Health and Care Standards that were introduced in April 2015.

During the inspection, and at our feedback session at the end of the inspection, senior staff present demonstrated a commitment to learn from the inspection and to make improvements as appropriate.

#### Improvement needed

The health board is required to ensure that:

- The issues identified with low morale and motivation on AU or any other departments are explored and addressed where appropriate
- Low scores within the monthly care audits are addressed to ensure an improvement is made where appropriate
- Ward staff are able to attend regular ward meetings
- All staff are made aware of the revised Health and Care Standards that were introduced in April 2015.

## Staff and resources

### Workforce

We found that there were numerous registered nurse vacancies on the AU and EU. In addition, we were told that the band five nurses rotated between the EU, AU and the assessment unit in University Hospital Llandough. Therefore, there were vacancies were impacting on all three areas.

As a result of vacancies, both the EU and AU at UHW were heavily reliant on temporary staffing. This included bank and agency nurses, to ensure adequate care was implemented to patients, and in line with compliance of the Nurse Staffing Levels (Wales) Act 2016<sup>12</sup>. Every attempt was made to secure the same group of nurses/support workers to maintain some consistency and continuity of care in the clinical areas concerned.

Where it wasn't possible to secure additional registered nursing staff, we were told that the health board sometimes provided areas of the hospital with an increased number of HCSWs (if they were available). However, due to the ongoing unpredictable, complex needs of some patients on some wards, HCSWs were limited in their role, and additional work was required and expected of the existing registered nurses. Therefore, we were told by staff that this was not an option for EU.

The senior nursing teams would also risk assess acuity and dependency in all areas to establish the greatest need for qualified staff. Some registered nurses were also moved to other wards or departments at times, if the patient acuity was deemed higher than their own ward area.

Due to our immediate concerns for patient safety of patients in the AU, and in particular the lounge area, senior managers assured us that as of the day our concerns were raised on inspection, there would be an immediate increase in

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<sup>12</sup> [Nurse Staffing Levels \(Wales\) Act 2016](#). The Nurse Staffing Levels (Wales) Act 2016 became law in March 2016 and was fully implemented in April 2018. The Act requires health service bodies to have regard for the provision of appropriate nurse staffing levels, and to ensure that they are providing sufficient nurses to allow the nurses time to care for patients sensitively.

staffing levels. This was to provide one additional registered nurse and one additional HCSW to care for patients in the lounge area.

The above longstanding issues were reported by staff to have existed for 12 - 24 months, and had resulted in reduced team-working and increased pressure on substantive registered nurses, particularly within AU. This was because substantive staff frequently had to support temporary staff to familiarise them with the ward, hospital and health board practice and policies. Whilst we felt assured the UHB was attempting to address the lounge area staffing issues, it must ensure that it regularly audits the fill rate of these additional shifts, until substantive staff can be recruited in these posts.

Based on our overall inspection findings, there was evidence to suggest that staffing levels and skill mix were not appropriate to the identified needs of patients.

The majority of staff members neither agreed nor disagreed when asked in the HIW questionnaires whether in general, their job was good for their health. Staff members agreed that their immediate manager takes a positive interest in their health and well-being, but neither agreed nor disagreed that their organisation takes positive action on health and well-being. Some comments included:

*"I have health problems, haven't had a health assessment done. Pressure on the unit puts more strain on health. Constantly go home and can't move due to constant poor manual handling".*

*"Often feel anxious about attending work and can become frustrated/ tearful of shifts when it's particularly busy/ pressured".*

*"My job is not good for my health due to severe pressure from the general flow of numbers attending the EU/ AU and lack of staff".*

Senior nurse managers and ward staff confirmed that there was a staff appraisal process in place, for unit managers to monitor and discuss individual's progress, performance and identify any individualised or team training needs. However, ward managers did not always have sufficient time to complete all required appraisals in a timely manner. This was because the ward managers sometimes worked clinically and were allocated a number of patients due to staffing issues. We also found that staff often could not be released from their clinical duties to attend mandatory/other relevant training due to staffing issues and patient acuity.

The majority of staff who completed a HIW questionnaire stated that the last time they had undertaken training or learning and development in areas such as health and safety, and the privacy and dignity of older people, was within the last year. Staff also indicated that the training or learning and development they had completed to date helped them to stay up to date with professional requirements and ensured that they delivered a better experience for patients.

The units had a practice educator for training and development of staff, and from discussion, there appears to be a very good programme of induction, training and further development for staff of all bands within the AU and EU, and who rotate to Llandough. There is a study leave planner in place to capture data of training undertaken and that required. However, not all training undertaken is linked to the electronic staff record. In addition, there are ongoing plans in place to develop training an education further of all staff.

Unfortunately, half of the staff members that completed a questionnaire told us that they had not had an appraisal, annual review or development review of their work in the last year. For those staff who received an appraisal, over half told us that their manager always supported them to try and achieve the training, learning or development needs identified.

#### Improvement needed

The health board is required to ensure that:

- A robust plan for recruitment is in place to maintain compliance with the Nurse Staffing Levels (Wales) Act 2016
- A robust process is in place to manage temporary staffing requirements to maintain compliance with the Nurse Staffing Levels (Wales) Act 2016
- Monitoring and auditing is undertaken on the fill rate of shifts against the increased staffing levels committed to for the lounge area of AU
- Consideration is given to completing an up-to-date staff satisfaction survey to include AU, EU, MEACU and Admissions Unit in Llandough
- A robust process is in place to enable all staff have the opportunity to have a formal personal annual appraisal.

## 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, measurable, 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
No immediate concerns were resolved on this inspection.			

## Appendix B – Immediate improvement plan

**Hospital:** University Hospital of Wales  
**Ward/department:** Assessment Unit and Emergency Unit  
**Date of inspection:** 25 to 27 March 2019

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.

Quality of patient experience				
Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p><b>The health board is required to provide HIW with details of the action it will take to ensure that:</b></p> <p>Patient comfort is maintained within the lounge area in AU, whilst they are waiting for assessment or allocation to a bed.</p>	<p><b>Standard 2.5, 4.1 and 5.1</b></p>	<p>The immediate actions the Health Board has taken to address the concerns raised are as follows:</p> <p>To support the provision of effective assessment and the provision of the fundamentals of care as well as ensuring that risk assessments are</p>	<p>Lead Nurse (EU and AU)</p>	<p>In place and subject to daily monitoring</p>





<p>Patients are not left sitting in the chair within the lounge for prolonged periods of time, particular by night, resulting in sleep deprivation.</p>		<p>available to support patients to mobilise to the toilet and with other aspects of their care.</p> <p>4 Recliner Chairs are now available for patients to use (due to lack of space the use of the chairs will be available following an individual patient risk assessment by the nurse in charge ). Patients will be risk assessed and the most vulnerable and those expected to spend longer in the department will be prioritised for a trolley or a recliner.</p> <p>All Clinical Staff have been reminded of their responsibility to keep the noise and disturbance by night to a minimum</p>	<p>Lead Nurse EU/AU</p> <p>Lead Nurse EU/AU</p> <p>Director of Nursing MCB</p>	<p>Complete</p> <p>Complete</p> <p>In place and embedded as part ofn routine practice</p>
<p>Hot meals are offered to patients along with consideration of their nutritional requirements, for those identified as requiring</p>		<p>MCB have agreed that they will be providing Surgery Clinical Board with regular updates on escalation levels and risk within the AU department so that there is an improved approach to managing this.</p>		





		<p>and support for patients in eating and drinking.</p> <p>The HCSW for AU lounge will to help facilitate and promote good hydration as well as help those patients who require assistance to mobilise.</p> <p>The Red Cross are a valuable support to patients and their families: They spend time with patients, families and carers whilst waiting for treatment.</p> <ul style="list-style-type: none"> <li>• Speak to medical staff on behalf of patients to explain their needs and find out information.</li> <li>• provide practical assistance such as contacting a relative on the patient's behalf, providing drinks, food, blankets, collecting pharmacy prescription and accompanying patients whilst having tests.</li> <li>• Prompt and encourage any patients at mealtimes as</li> <li>• guided by the Nursing staff.</li> </ul> <p>Health promotion posters that support good nutrition and hydration are displayed within AU.</p>		<p>Funding agreed until end of September 2019</p>
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		<p>The AU will work with dietetic services to source and display health promotion posters that support good nutrition and hydration.</p> <p>A schedule of unannounced visits by the Corporate professional nursing standards team will be put in place over the next 6 months ensure that standards in relation to nutrition and hydration are being maintained throughout EU and AU</p>	Professional Standards Team	Ongoing until December 2019
<b>Delivery of safe and effective care</b>				
<b>Improvement needed</b>	<b>Regulation/ Standard</b>	<b>Service action</b>	<b>Responsible officer</b>	<b>Timescale</b>
<p><b>The health board is required to provide HIW with details of the action it will take to ensure that:</b></p> <p>A review of the model of care for managing patients sat in the chairs with the AU lounge is immediately undertaken. This must include</p>	<p><b>Standard 2.1, 2.2, 2.3, 2.5, 3.1, 5.1 and 7.1</b></p>	<p>Since the inspection, and following discussions at the Health Board's Management Executive the Health Board is actively pursuing options for decongesting the Assessment Unit seating area by 'streaming' more</p>	<p>Dir Ops and Dir Nursing Surgery Clinical Board</p>	<p>Initially identify preferred option by end June 2019</p>

<p>a solution to ensure that those who are acutely unwell are able to lie on a bed/ trolley, in an appropriate and timely manner.</p>		<p>surgical patients to a separate surgical assessment unit. This would involve a significant extension of the current Surgical Assessment Unit service. Our Surgical Clinical Board have drafted initial options for delivering this. These are being brought together for consideration and approval at our Management Executive. It is anticipated that the UHB will be able to identify the best option and work through funding within June.</p> <p>The commissioning of this additional service would then require a period of recruitment before implementation. Therefore, the short term measures outlined in the actions within this document would then be followed by an interim term change in the model (diverting a larger group of surgical patients away from the AU) leading to ongoing improvement based on LOS and flow work – as described in other actions.</p>	<p>Dir Ops and Dir Nursing Surgery Clinical Board</p>	<p>Review September 2019</p>
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		<p>Working with our external partner, Lightfoot, a series of multi-disciplinary workshops have commenced to identify solutions to the wider issues of 'Flow' that affect the EU/AU and Lounge area. The workshops have resulted in a number of work streams:</p> <ul style="list-style-type: none"> <li>• Everyday Counts – focusing on the implementation of Red to Green and the SAFER initiative. This includes timely medical reviews, progressing patients through their episode of care in a timely manner. It is anticipated that this workstream, will improve patient flow and therefore improve bed capacity and transfer of patients from the EU / AU to wards as required.</li> <li>• Rather than existing as a stand-alone improvement tool, Red2Green has served to bring together good practice</li> </ul>	<p>Medicine Clinical Board Director of Operations</p>	<p>Review September 2019</p>
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<p>Review of the current provision of care to ensure that patients within the lounge are having their needs met in relation to prevention of pressure ulcers, falls prevention and the adequate assessment and provision of basic and appropriate nutrition and hydration.</p>		<p>and allow wards to convert this into actual bed savings.</p> <p>These initiatives impact on EU/AU as they have improved flow within MCB enabling wards to receive patients earlier and helping to reduce LOS in the EU/AU department.</p> <p>Four recliner chairs have are now available for vulnerable patients. Individual risk assessments will be undertaken by the nurse in charge to ensure vulnerable patients are accommodated including those who are expected to spend longer periods in the department.</p> <p>All registered and non-registered staff have been reminded of the importance of accurate and complete documentation. Compliance will be audited by the nurse in charge and spot checks by the senior nurses to ensure due process and procedures are being followed.</p>	<p>Lead Nurse EU/AU</p>	<p>Complete</p>
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<p>A review of the registered nursing establishment is immediately undertaken, which takes in to account the layout of the unit and visibility of the patients, and to consider the immediate increase in staffing numbers particularly within the lounge area where visibility of all patients is poor.</p> <p>A clear understanding is gained of the reasons why senior medical staff, nurses and other staff within the AU feel that there is a risk to patient safety.</p>		<p>The increased nursing establishment will support the improved delivery of the fundamentals of care within the lounge area.</p> <p>The Emergency and Acute Medicine directorate (EAMD) has reviewed registered nursing establishment and put in place a permanent additional Registered Nurse and Health Care Support Worker in AU lounge 24/7 to support the nurse in delivering the fundamentals of care and ensure that risk assessments are maintained and acted upon.</p> <p>The Emergency and Acute Medical Directorate (EAMD) is actively encouraging staff to complete a Datix form to record the instances when the staff feel that patient safety is at risk and why.</p> <p>The Senior team have spoken with staff on an individual basis and as</p>	<p>Lead Nurse EU/AU</p> <p>Lead Nurse EU/AU/Clinical Director EU/AU</p>	<p>March 2020</p> <p>Complete</p>
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<p>Ensure that patients are not transferred to the AU inappropriately from the EU, to prevent a 12 hour breach.</p>		<p>A schedule of unannounced visits by the Corporate professional nursing standards team will be put in place over the next 6 months ensure that standards in relation to nutrition and hydration are being maintained throughout EU and AU. These inspections will be documented and reported to the Medicine Clinical Board to action.</p> <p>The Lead Nurse is meeting with the Head of Patient Safety to discuss the governance arrangements. A review of all Patient safety incidents reported over the previous quarter will be undertaken to establish if there are any actions or investigations outstanding.</p> <p>All staff have been reminded of all the available channels to feedback safety concerns and these include the UHB Freedom to Speak Up and Safety Valve processes.</p>	<p>Professional Standards Team</p> <p>Lead Nurse EU/AU</p> <p>Lead Nurse EU/AU</p>	<p>Ongoing until December 2019</p> <p>End July 2019</p> <p>Complete</p>
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		<p>AU length of Stay is currently monitored at Management Executive and reported to the Board. A Board Development day has been arranged with focus on the patient flow experience within the Assessment Unit as part of the unscheduled pathway</p> <p>The UHB uses a systematic approach to managing our hospital urgent and emergency admission areas. This risk-based patient access and bed allocation approach was adopted following extensive work with the Welsh Government Delivery Unit. It ensures individual patient concerns form the basis of our bed allocation system and ensures that clinical staff both inform and prioritise the allocation of beds based on system clinical risk.</p> <p>A snapshot audit of patients in the lounge area will be undertaken over three weeks to understand the acuity</p>	<p>Chief Operating Officer</p> <p>Lead Nurse EU/AU; and Clinical Director EU/AU</p>	<p>From April 2019</p> <p>Embedded as part of routine practice</p> <p>April to end June 2019</p>
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		governing emergency unit transit times.  The Health Board will ensure that it's flow management processes identify and record prolonged waits within the AU to ensure that patients are prioritised according to clinical prioritisation.		June 2019
<p><b>The health board is required to provide HIW with details of the action it will take to ensure that:</b></p> <p>Resuscitation equipment/medication is always available and safe to use in the event of a patient emergency on both the AU and EU and within all other wards and departments across the health board.</p>	<p><b>Standard 2.6 and 2.9</b></p>	<p>All defibrillation trolleys were immediately updated with the latest UHB resuscitation checklist and are checked daily as per guidelines. These are now standardised throughout the EU and AU. The checks will be monitored by the nurse in charge of the units. Weekly checks will be carried out by the senior nurses to ensure compliance with the process.</p> <p>Communication with staff via Facebook, email accounts and daily handovers has been put in place to reiterate the importance of daily</p>	Senior Nurse	Complete

		checks for the quality and safety of our patients.		
<p><b>The health board is required to provide HIW with details of the action it will take to ensure that:</b></p> <p>Refrigerated medication is stored safely and at the correct temperatures on both the AU and EU, and within all other wards and departments across the health board.</p> <p>Thermometers are installed within the refrigerators used to store patient food on the AU, and that the temperatures are recorded</p>	<p><b>Standard 2.1, 2.6 and 2.9</b></p>	<p>The schedule of unannounced visits by the Corporate professional nursing standards team will also ensure that standards in relation to appropriate checks of resuscitation equipment are being maintained</p>	<p>Deputy Executive Director Of Nursing</p>	<p>To start April 2019</p>
		<p>All fridges that store medications have a checklist and are checked daily. These checks are in line with the manufactures guideline for both the fridge and the drugs within. All staff have been reminded of the requirement for daily checks. The checks will be monitored on a daily basis by the nurse in charge. Spots checks will be carried out by a senior nurse to ensure the process is being followed. The checklist is standardised across EU and AU.</p>	<p>Lead Nurse</p>	<p>Complete</p>
		<p>Both of the food fridges in AU north and south have been condemned and food is now stored in a fridge with an</p>	<p>Lead Nurse EU/AU</p>	<p>Complete</p>

<p>on a daily basis. In addition, that this is replicated across all other wards and departments across the health board.</p>		<p>internal and external thermometer. This fridge will be checked three times a day in accordance with food hygiene recommendations.</p> <p>The schedule of unannounced visits by the Corporate professional nursing standards over the next 6 months will also ensure that standards in relation the recording of fridge temperatures is being maintained throughout EU and AU</p>	<p>Professional Standards Team</p>	<p>In progress until December 2019</p>
<p>Quality of management and leadership</p>				
<p>There were no concerns that needed to be rectified immediately – our report with provide further information in this area.</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 representatives:**

**Name (print):** Rebecca Aylward, Director of Nursing

Geraldine Johnston, Medicine Clinical Board Director Operations

**Date:** 5 April 2019

## Appendix C – Improvement plan

**Hospital:** University Hospital of Wales  
**Ward/department:** Assessment Unit and Emergency Unit  
**Date of inspection:** 25 to 27 March 2019

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
<b>Quality of the patient experience</b>				
<p>The health board is required to ensure that:</p> <ul style="list-style-type: none"> <li>Consideration is given to how patient privacy and dignity can be maintained when patients are assessed within the adult and paediatric triage rooms in EU</li> </ul> <p>Medical and nursing staff maintain patient privacy and dignity at all times when</p>	4.1 Dignified Care	<p>All staff have been reminded of their responsibility to maintain patient's privacy at all time and this includes:</p> <ul style="list-style-type: none"> <li>Ensuring that the doors to the triage rooms are closed as appropriate (while maintaining staff safety) when it is necessary to ensure patient privacy and dignity</li> </ul>	Lead Nurse EAMD	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>assessing patients in the EU by closing curtains when appropriate.</p>		<ul style="list-style-type: none"> <li>ensuring that curtains are drawn around the assessment areas when consultations or care is underway</li> </ul> <p>Nurse in Charge will monitor performance around this recommendation on a daily basis</p> <p>A schedule of short unannounced visits to the department over the next 12 months will include this as a necessary observation</p>	<p>Lead Nurse EU/AU</p> <p>Corporate Nursing Standards and Professional practice team</p>	<p>Daily</p> <p>To commence with immediate effect</p>
<p>The health board is required to ensure that:</p> <ul style="list-style-type: none"> <li>Signage at the hospital is reviewed to ensure it is easy to read and able to direct patients and visitors to the AU and MEACU. Consideration should also be made to ensure all signage is bilingual to include Welsh</li> </ul>	<p>4.2 Patient Information</p>	<p>Signage for both AU and MEAU has been reviewed and revised signage has been ordered and is a priority to be erected.</p>	<p>General Manager</p> <p>Lead Nurse EU/AU</p>	<p>Review August 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>Health, care and injury management leaflets are available in Welsh, and to consider the option to provide each leaflet to be translated and printed in to other languages.</li> </ul>		<p>Health, care and injury management leaflets will be translated into Welsh and made available to patients.</p> <p>Provision of health care and injury management information in languages other than English and Welsh will be considered on a case by case basis, utilising WITS and Language Line and if required providing translated written material on demand.</p>		End June 2019
<p>The health board is required to ensure that all staff make every attempt to maintain patient privacy and confidentiality when communicating care and plans amongst team members.</p>	3.2 Communicating effectively	<p>The importance of ensuring patient's privacy and confidentiality has been raised at the Band 6 and 7 nursing away day. Minutes of the meeting have been sent to all nursing and medical staff.</p> <p>The issue is on the agenda to be discussed at the July Nursing and Medical Away Day.</p> <p>Staff have been reminded of the importance in the safety briefing.</p>	<p>Lead Nurse / Clinical Director</p> <p>Lead Nurse / Clinical Director</p> <p>Lead Nurse / Clinical Director</p>	<p>Complete</p> <p>End July 2019</p> <p>Complete</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board is required to ensure that:</p> <ul style="list-style-type: none"> <li>The plan for addressing ongoing recruitment and retention of staffing issues in AU is shared with HIW</li> <li>The process for accepting patients from GPs into the MEACU for assessment is reviewed, to ensure appropriate attendance</li> <li>The arrangements for the handover of patients between WAST ambulance crews and EU staff is reviewed, to ensure that there is clarity between the EU staff and WAST crews, when patients are required to wait on an ambulance.</li> </ul>	5.1 Timely access	<p>There is a detailed plan for recruitment and retention of staffing in EAMD.</p> <p>A joint project between Primary Community and Intermediate Care (PCIC) and Medicine is underway to review the streaming of patients into MEACU. A pilot proposal is currently being developed and will be presented to the Local Medical Committee prior to launch. The project will include the development of a crib sheet to ensure adequate assessment of patients.</p> <p>A Standard Operating Procedure in already in existence which details the agreed arrangements around handover between WAST and EU.</p> <p>All staff have been reminded of the jointly agreed SOP</p>	<p>EAMD</p> <p>General Manager EU/AU</p> <p>General Manager EU/AU</p>	<p>Complete</p> <p>A pilot will commence end of August</p> <p>Monthly meetings in place</p> <p>Complete</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>A SOP should be readily available for staff relating to patient arrivals and delayed handover of care from WAST to the EU. This should also include the arrangements for when patients require the use of UHB facilities for situations such as the toilet.</li> </ul>		<p>A monthly EAMD and WAST meeting is undertaken to discuss all operational issues including the handover between WAST and EU and arrangements around toileting etc. A flow chart has been agreed with WAST around processes for toileting patients included in.</p> <p>All staff have been reminded of the jointly agreed arrangements for managing the situations where patients on ambulances require the toilet.</p> <p>There is an expectation that all EAMD staff will support WAST colleagues in providing the fundamentals of care</p> <p>WAST will be given an opportunity to raise any concerns about support and care delivery of patients at the monthly meetings</p>	<p>Lead Nurse EU / AU</p> <p>Lead EU/AU Nurse</p>	<p>Complete</p>
<p>The health board is required to ensure that staff fully complete patient assessments and care plans to ensure that patient needs are</p>	<p>6.1 Planning Care to promote independence</p>	<p>There is a Joint Assessment Documentation in use across the department where all care, results and treatment is documented. This is used by</p>		

Improvement needed	Standard	Service action	Responsible officer	Timescale
communicated effectively to maintain consistency and patient safety.		<p>Doctors and Allied Health Professionals and ensures treatment is communicated effectively and that there is continuity of care.</p> <p>Nursing staff use a separate nursing booklet which contains the nursing risk assessment. There are specific time frames associated with each risk assessment and compliance is monitored and reported</p> <p>An audit schedule has now been developed reviewing compliance with each of the documentation and care audits. These audits will be reported through the department Q&amp;S meeting.</p> <p>All staff will be reminded of their responsibility to maintain patient records in line with their professional codes of conduct.</p>	Lead Nurse EU /AU	Complete and will be embedded as and reported as part of routine practice on a monthly basis
The health board is required to ensure that patients and their families/ carers understand their rights in terms of raising concerns/complaints about NHS care, and that	6.3 Listening and Learning from feedback	Putting Things Right poster are now displayed throughout the department and	Lead Nurse EU /AU	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>NHS PTR posters are displayed and leaflets are readily available, to read and take away.</p>		<p>leaflets are displayed on both reception desks.</p> <p>The nurse in charge of each unit undertakes a daily spot check and Senior Nurses undertake the same checks on a weekly basis. The availability of Putting Things Right leaflets has been added to the Spot Check list.</p> <p>Staff will be reminded of the importance of supporting patients and their carers and relative to raise concerns. In April 2019, 100% of concerns raised were managed informally and within 48 hours</p>		
<b>Delivery of safe and effective care</b>				
<p>The health board is required to ensure that:</p> <ul style="list-style-type: none"> <li>Cleaning schedules are in place and all areas are regularly audited for cleanliness</li> </ul>	<p>2.1 Managing risk and promoting health and safety</p>	<p>Cleaning schedules are in place for the department. C4C undertake environmental audits on a weekly basis the nurse in charge will ensure that a member of the nursing team is delegated to support this audit process and highlight issues. The results of the</p>	<p>Lead Nurse Operational Service Manager</p>	<p>August 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>All equipment is checked for cleanliness, and that worn items are repaired or replaced</li> <li>The torn sofa in the room used for patients presenting with mental health issues is repaired or replaced</li> <li>The seating bench in the paediatric EU is repaired appropriately or replaced</li> <li>Consideration is given to the vulnerability and safety of lone workers within the adult triage room in the main waiting area, due to the single point of entry and exit</li> </ul>		<p>environmental audits will be forwarded to the Lead Nurse to review.</p> <p>The Cleaning of equipment is the responsibility of the nursing staff and is included on the daily checklist for nursing staff.</p> <p>All staff have been reminded of this role and responsibility</p> <p>A review of Furniture and Equipment will be undertaken to ensure that all equipment that is found to be damaged is condemned and disposed of.</p> <p>The sofa in the Mental Health Assessment Room has now been replaced</p> <p>The seating Bench in the Paediatric EU has been removed</p>	<p>Lead Nurse EU / AU</p> <p>Lead Nurse EU/AU</p> <p>Lead Nurse EU/AU</p> <p>Lead Nurse EU/AU</p>	<p>Completed</p> <p>End of July 2019</p> <p>Completed</p> <p>Completed</p> <p>August 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>The overall storage facilities on AU and EU are reviewed, to consider appropriate storage areas to minimise the risk of injury and cross infection</li> <li>The storage of equipment within the corridors is monitored and addressed appropriately</li> <li>All bins that are not in acceptable working order are replaced in the units</li> </ul>		<p>A second swing door will now be constructed within the triage rooms to allow a second point of access/ exit.</p> <p>Since the inspection, a de-clutter and deep Clean of the Assessment Unit has been undertaken and similar is planned for EU by the end of June.</p> <p>All broken trolleys and equipment have been removed from the department.</p> <p>Consideration will be given as to how larger items in the department can be stored in a safer way (bearing in mind the lack of available space)</p> <p>A stock manager reviews the department stock levels and orders on a daily basis to prevent stockpiling and additional pressure on storage capacity.</p> <p>The daily spot check undertaken by the nurse in charge includes identification and removal of trip hazards, Issues are identified that cannot be immediately</p>	<p>Lead EU/AU      Nurse</p> <p>Lead EU/AU      Nurse</p> <p>Lead EU/AU      Nurse</p>	<p>Complete/ repeat end June 2019</p> <p>End July 2019</p> <p>In place</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
inspected, and elsewhere in the health board.		<p>resolved will be escalated to the Senior Nurse.</p> <p>All bins within the department have been replaced since the inspection</p>		Complete
<p>The health board is required to ensure that:</p> <ul style="list-style-type: none"> <li>On admission to AU, pressure ulcer risk assessments and skin assessments are completed for all appropriate patients</li> </ul>	2.2 Preventing pressure and tissue damage	<p>There is a specified schedule of risk assessments to ensure timely completion. Waterlow Assessments should be completed within 6 hours of a patient arrival in the department. Vulnerable patients are prioritised and risk assessments will be completed much sooner.</p> <p>All staff have been reminded of the need to assess all patient for their risk of developing pressure damage</p> <p>A new nursing booklet has been produced this booklet contains guidance on how to identify and grade pressure ulcers. This includes pictures of differing grades of damage. It also contains guidance about what dressings and equipment should be used and how to access this them. It also provides</p>	<p>Lead EU/AU Nurse</p> <p>Lead EU/AU Nurse</p>	<p>July 2019</p> <p>Complete</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>Nursing staff regularly reposition patients and check the patients' skin for signs of pressure and tissue damage on AU and EU</li> <li>Assessments and documentation within the relevant pressure ulcer care documents are undertaken and completed robustly on AU.</li> </ul>		<p>ongoing care planning. This will be implemented within the department.</p> <p>The education team will disseminate and promote the new nursing booklet in support of pressure ulcer risk assessment, prevention and management</p> <p>Intentional rounding is in place for all appropriate patients and this includes repositioning of patients and checking of pressure areas two hourly.</p> <p>The UHB will benchmark practices against neighbouring health boards to identify processes to support the reduction in pressure damage.</p> <p>All grades of pressure damage are reported and monitored. All grade 3, 4 and unstageable health care related pressure damage is reported as a Serious Incident. All are reviewed using the All Wales Pressure Damage Tool. There is a low threshold for identifying pressure damage as health care</p>	<p>Lead Nurse EU/AU</p> <p>EU /AU education team</p> <p>Pressure Damage Group</p>	<p>Review end June 2019</p> <p>September 2019</p> <p>October 2019</p> <p>In place as part of routine practice</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>acquired, and failure to document a risk assessment or intentional rounding within UHB best practice is deemed evidence that the pressure damage is health care related in keeping with WG guidance.</p> <p>Monthly audits of compliance against this schedule are undertaken.</p> <p>Results of these audits will now be reported through the department Q&amp;S meeting.</p> <p>The Pressure Damage Group will ensure that lessons learnt from the inspection are disseminated across the health board.</p> <p>The Pressure Damage Group is piloting an approach to greater scrutiny of pressure damage RCAs to ensure that the lessons are understood and learned.</p> <p>Benchmarking with practice in other organisations will be undertaken to ensure that best practice is being applied</p>	<p>Lead Nurse EU/AU</p> <p>UHB Pressure Ulcer Group</p> <p>UHB Pressure Ulcer Group</p> <p>UHB Pressure Ulcer Group</p>	<p>To be reported monthly</p> <p>September 2019</p> <p>September 2019</p> <p>September 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board is required to ensure that:</p> <ul style="list-style-type: none"> <li>On admission to AU, nursing staff must assess patients for their risk of falls, and that patients are re-assessed where applicable, and with the appropriate falls care plan in place</li> <li>Staff knowledge and skills must be updated and competence assessed with further provision of training in falls management.</li> </ul>	<p>2.3 Falls Prevention</p>	<p>All patients should have a risk assessment undertaken within 4 hours of arrival into the department. All staff have been reminded of this responsibility</p> <p>Audit of compliance against this standard is undertaken monthly and results of the audit will now be reported through the department Q&amp;S meeting.</p> <p>The UHB will benchmark practices against neighbouring health boards to identify processes to support the reduction in Injurious Falls</p> <p>The department education team have attended the Falls simulation suite 'train the trainers' session and are now undertaking a phased approach to training the department staff with Health Care Support Workers being trained initially. This has already been evaluated very successfully in the UHB</p> <p>Options for UHB wide online falls training are currently being explored by the Falls</p>	<p>Lead Nurse EU/AU</p> <p>Falls Group Delivery</p> <p>Department education team</p> <p>Falls Lead Strategy</p>	<p>August 2019 and reported monthly thereafter</p> <p>September 2019</p> <p>Review quarterly</p> <p>Review August 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>Strategy Lead in conjunction with the Falls Delivery Group.</p> <p>The Falls delivery Group will ensure that lessons learnt from the inspection are disseminated across the health board</p>	Falls delivery Group	September 2019
<p>The health board is required to ensure that:</p> <ul style="list-style-type: none"> <li>• Cleaning schedules are completed robustly and audits of environment are undertaken regularly</li> <li>• All staff are aware of the importance of continuous basic hand hygiene, and maintain hand hygiene at all times</li> <li>• All staff have updated knowledge and understanding in infection, prevention and control and complete training</li> </ul>	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>Cleaning schedules are in place for the department. C4C undertake environmental audits on a weekly basis the nurse in charge will ensure that a member of the nursing team is delegated to support this audit process and highlight issues. The results of the environmental audits will be forwarded to the Lead nurse to review.</p> <p>All staff have been reminded of the importance of basic hand hygiene and the importance of washing and sanitising hands between patients</p> <p>Hand hygiene audits are undertaken monthly which includes episode of hand washing and being bare below the elbows. Compliance is reported and monitored through the Executive</p>	<p>Operational Service Manager and Lead Nurse</p> <p>Lead EU/AU Nurse</p> <p>Lead EU/AU Nurse</p>	<p>July 2019</p> <p>Complete</p> <p>Monthly</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>Performance Reviews. This will also now be reported through the monthly QSE meetings</p> <p>All staff are expected to complete level 1 IP&amp;C mandatory training. Compliance was 70% in April. The department will work towards 100% compliance with mandatory IP&amp;C training</p> <p>All staff will be reminded of the need to complete the training and PADR's will not be signed off without completion of mandatory training.</p>	<p>Lead nurse EU/AU</p> <p>Lead Nurse EU/AU</p>	<p>Review end June 2019/keep under monthly review.</p> <p>Complete</p>
<p>The health board is require to ensure that:</p> <ul style="list-style-type: none"> <li>Nursing staff have completed nutritional risk assessments for patients and reassessed patients as appropriate</li> <li>All patients must have an oral assessment and care plan implemented for oral care where</li> </ul>	<p>2.5 Nutrition and Hydration</p>	<p>Nutritional risk assessment must be completed within 24 hours of admission to the department. All staff have been reminded of this requirement.</p> <p>The education team will ensure that training around nutritional assessment and optimisation is available to all appropriate staff.</p> <p>Audit of compliance against this standard is undertaken monthly and</p>	<p>Lead Nurse EU/AU</p> <p>EU/ AU education Team</p> <p>Lead Nurse EU/AU</p>	<p>Complete</p> <p>September 2019</p> <p>Monthly QSE meetings</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>applicable, on the AU and other inpatient areas.</p>		<p>results of the audit will now be reported through the department Q&amp;S meeting</p> <p>Oral care is included on the intentional rounding document and as a result should be considered every two hours. Staff have been reminded of this requirement</p> <p>The UHB oral care assessment will be introduced into the department. The education team will undertake a teaching session and will develop a poster for staff to remind them to use the trigger questions to identify patients who need support with oral care and to trigger a full assessment. Oral packs are available across the department.</p>	<p>Lead Nurse EU/AU)</p> <p>EU education team</p>	<p>Complete</p> <p>Review end September 2019</p>
<p>The health board is require to ensure that:</p> <ul style="list-style-type: none"> <li>Staff are always documenting consistently, all aspects of the medication charts</li> </ul>	<p>2.6 Medicines Management</p>	<p>Pharmacy currently undertake monthly audits of prescribing and medication administration metrics in the assessment unit. These include:</p> <ul style="list-style-type: none"> <li>Allergy status</li> <li>VTE risk assessment</li> </ul>		

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>IV fluids are always signed by staff when being administered</li> <li>Oxygen is prescribed and signed for as applicable</li> </ul>		<ul style="list-style-type: none"> <li>Prescribing Of thromboprophylaxis</li> <li>Omitted doses</li> <li>Critical Time Omitted doses</li> </ul> <p>The result of these audits are shared with the Clinical Directors and Senior Nurses. The results will now be reported and review at local Q&amp;S forums and Consultant meetings.</p> <p>The importance of recording allergy status, administration of IV fluids and accurately prescribing oxygen will be raised by the Clinical Director at the next consultant meeting and at the department Q&amp;S meeting</p> <p>The eye treatment area is now locked when not in use</p> <p>Medicines management practice will be considered as part of the PADR process and identified development needs addressed as appropriate)</p>	<p>Lead Nurse EU/AU</p> <p>Clinical Director Lead Nurse</p> <p>Lead Nurse EU/AU</p> <p>Patient Safety team/Medication Safety Executive group</p>	<p>Monthly</p> <p>July 2019</p> <p>Complete</p> <p>Embedded as part of PADR process</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Medicines related issues identified as a result of this inspection will be included in the next Patient Safety Newsletter and also in the next Medication Safety newsletter		By end July 2019
The health board is required to ensure that all staff within the EU and AU and throughout the health board, have appropriate training with updates on the mental health act, and the DoLS process.	2.7 Safeguarding children and adults at risk	<p>A bespoke update session on the mental Health Act will be provided to all relevant EU/AU staff.</p> <p>A bespoke update session on DoLS legislation will be provided to all relevant EU/AU staff</p> <p>In addition Mental Capacity Act training is mandated and the e-learning is accessible to all staff.</p> <p>Since the beginning of May completion of MCA training is recorded on individual ESR records. Historical attendance at training will be captured and departmental compliance will be reportable within a month. Compliance with MCA training will be reviewed and monitored through the performance reviews.</p>	<p>MH implementation manager</p> <p>DoLS lead</p> <p>EAMD Education Team</p>	<p>End July 2019</p> <p>End July 2019</p> <p>July 2019</p> <p>In place</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>The Mental Capacity Act manager delivered face to face training for all nursing staff last year. This is repeated intermittently.</p> <p>There is a mental health link worker and a consultant lead identified to support staff around issues relating to DoLs and Mental Capacity assessments.</p>		<p>Complete</p> <p>In place</p>
<p>The health board is require to ensure that pain assessments are completed and documented with each patient where applicable</p>	<p>3.1 Safe and Clinically Effective care</p>	<p>The Service Improvement Team are currently undertaking a project to review the pain assessment documentation. The pain assessment will be incorporated at the bottom of the NEWS chart to increase visibility and improve compliance.</p> <p>The efficacy of the service improvement will be evaluated after 2 months of roll out of the document.</p> <p>A specific pain assessment tool is in place for patients with a learning disability.</p>	<p>Lead Nurse EU/AU</p>	<p>Review end September 2019</p> <p>Review 2 months after implementation</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		In paediatric EU the pain assessment tool is linked to guidance around prescribing of analgesia		
The health board is required to ensure that patient identifiable data and care records are kept securely at all times.	3.4 Information Governance and Communications Technology	<p>The UHB has had recent discussions with the Information Commissioner around secure storage of patient information. This highlighted the need to balance risk of data breach with the clinical risk associated with difficulties in accessing records and specified that there was not an explicit requirement to keep notes in locked facilities if there was a detrimental risk around clinical care.</p> <p>All staff will be reminded to ensure that records are stored securely, that all records are returned to the notes trolley and that the trolley is kept closed when not in use.</p> <p>All clinical staff should be wearing clearly visible ID and therefore be identifiable. Nursing stations in the Assessment unit are constantly attended by clinical staff and therefore medical records remain</p>	Lead Nurse EU / AU	June 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>within sight at all times. This applies to records of patients currently being cared for in the department.</p> <p>All records of patients who have been discharged from the department will be transferred to secure storage.</p> <p>All staff have been reminded of the need to protect patient identifiable information appropriately.</p>	Lead Nurse EU	August 2019
<b>Quality of management and leadership</b>				
<p>The health board is required to ensure that:</p> <ul style="list-style-type: none"> <li>The issues identified with low morale and motivation on AU or any other departments are explored and addressed where appropriate</li> </ul>	Governance, Leadership and Accountability	<p>There are a number of initiatives in place to support staff wellbeing and morale.</p> <ul style="list-style-type: none"> <li>Wellbeing champions are in place across the department</li> <li>A closed Facebook page is maintained to communicate with a staff members</li> <li>A communication board is populated with up to date information</li> <li>The Clinical Board undertake department walkrounds</li> </ul>	Lead Nurse EU/AU	July 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>• Low scores within the monthly care audits are addressed to ensure an improvement is made where appropriate</li> <li>• Ward staff are able to attend regular ward meetings</li> <li>• Investigation is undertaken into errors, near misses or incidents in the last quarter, which could have hurt staff or patients</li> </ul>		<ul style="list-style-type: none"> <li>• The results of the UHB staff survey were reported at departmental level and reported to the EAMD. There is now a plan to undertake a Pulse Survey of staff within 2 months.</li> </ul> <p>Health and Care monitoring audits results will now be reported through the Department Quality and Safety meetings.</p> <p>There is a three monthly nursing away day and staff are rotated to ensure that everyone has the opportunity to attend. Minutes of every meeting are circulated to all staff.</p> <p>All Datix incidents are reported to a manager and feedback is sent to the reporter relating to the actions. A review of all the incidents reported will be undertaken to ensure that they have all/are all being appropriately investigated.</p> <p>The Head of Patient Safety and the Lead Nurse EU/AU are meeting to discuss</p>	<p>Lead Nurse EU/AU</p> <p>Lead Nurse EU/Patient Safety team</p>	<p>Monthly</p> <p>End July 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>Investigation is undertaken in to the reasons why there is a perception by some staff, that the organisation would blame or punish the people who are involved in such incidents</li> <li>All staff are made aware of the revised Health and Care Standards that were introduced in April 2015.</li> </ul>		<p>governance, structure and process within EU to put in place a plan to strengthen current systems and to address any issues that staff are raising.</p> <p>The Patient Safety team will deliver a bespoke session for staff to cover:</p> <ul style="list-style-type: none"> <li>Basic patient safety principles</li> <li>Incident reporting, investigation and management</li> <li>Safety culture and fair and just culture</li> <li>Health and care Standards/Annual Quality Statement</li> <li>Quality, Safety and improvement Framework</li> <li>Clinical Audit</li> </ul> <p>The UHB Safety Valve processes is in place to support staff to raise concerns confidentially directly to the Chair. The safety Valve mechanism has been highlighted to staff across the</p>	<p>Lead Nurse EU/AU, Head of Patient Safety</p> <p>Head of Patient Safety</p>	<p>End June 2019</p> <p>End July 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		department through all communication channels.		
<p>The health board is required to ensure that:</p> <ul style="list-style-type: none"> <li>• A robust plan for recruitment is in place to maintain compliance with the Nurse Staffing (Wales) Act 2016</li> <li>• A robust process is in place to manage temporary staffing requirements to maintain compliance with the Nurse Staffing (Wales) Act 2016</li> <li>• Monitoring and auditing is undertaken on the fill rate of shifts against the increased staffing levels committed to for the lounge area of AU</li> <li>• Consideration is given to completing an up-to-date staff satisfaction survey to include AU, EU, MEACU and Admissions Unit in Llandough</li> </ul>	7.1 Workforce	<p>A nursing establishment is reviewed and agreed by the executive Nurse Director six monthly. Breaches of agreed staffing are highlighted to the deputy Executive Nurse Director on a daily basis.</p> <p>Bank and agency fill rates are reported through the performance reviews monthly and risks are highlighted. Risk assess pressure on different areas within the department. Senior nurses will work clinically to fill, gaps where required and are available for escalation of risks.</p> <p>A Pulse Survey will be undertaken within 2 months and evaluated as to how often to undertake</p>	<p>Lead Nurse</p> <p>Director of Nursing MCB</p> <p>Lead Nurse EU/AU</p>	<p>In place and embedded as part of routine practice</p> <p>In place and embedded as part of routine practice</p> <p>End July 2019</p>

