Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection (Unannounced)

Morriston Hospital, Swansea Bay University Health Board.

Emergency Department and Acute Medical Admission Unit.

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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 Morriston Hospital within Swansea Bay University Health Board on the 27, 28 and 29 January 2020. The following hospital wards were reviewed during this inspection:

- Emergency Department (ED)
- Acute Medical Assessment Unit (AU)

Our team, for the inspection comprised of three HIW Senior Healthcare Inspectors (two of which were observing the inspection), one HIW Healthcare Inspector who was supporting the inspection manager, three Clinical Peer Reviewers, one HIW Clinical Research Fellow (who undertook the role of a Clinical Peer Reviewer), and one Lay Reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

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 some aspects for the delivery of safe and effective care. 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. However, we saw that staff were continuously working hard to deliver care under very difficult and highly pressurised circumstances.

Some of our concerns included, inconsistent maintenance and management of resuscitation equipment on ED and AU, and the management of patients with suspected sepsis within ED. We also had significant concerns with infection prevention and control, particularly on AU.

We witnessed that patients were sat on chairs in the three ED waiting areas and outside on ambulances, for unacceptable and prolonged periods of time. Many patients were unobserved in the waiting areas, with some quite elderly and left alone throughout the night, leaving them vulnerable. In addition, for those who were particularly unwell, there was a risk that their condition may deteriorate due to basic needs not being met. This was because they were often experiencing long waits without being able to sleep and without access to drinking water and adequate nutrition.

We found evidence that timely access to care within ED was affected by staffing and recruitment issues. This was because there were a number of staff vacancies and shifts which were not filled adequately, often leaving shifts short of staff, and without the appropriate skill mix to manage the identified needs of patients. In addition, the ED was affected by the serious consequences of overcrowding as a result of patient flow issues throughout Morriston Hospital site and the health board.

Overall, 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.

This is what we found the service did well:

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

This is what we recommend the service could improve:

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

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 the delivery of safe and effective patient care.

Details of the immediate improvements required are provided in Appendix B, which includes the following:

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

3. What we did

Background of the service

Swansea Bay University Health Board (UHB), was formed on 1 April 2019 as a result of a reorganisation within the Bridgend County Borough. Bridgend County Borough (which includes the Princess of Wales Hospital), was previously within Abertawe Bro Morgannwg UHB. Bridgend County Borough along with the Princess of Wales Hospital amalgamated with Cwm Taf UHB, and this became Cwm Taf Morgannwg UHB, and Abertawe Bro Morgannwg UHB, became Swansea Bay UHB.

Swansea Bay UHB covers a population of around 390,000 in the Swansea and Neath Port Talbot areas. It has a budget of around £1bn and employs approximately 12,500 staff. The health board has three major hospitals providing a range of services; Morriston and Singleton in Swansea, and Neath Port Talbot Hospital in Baglan, Port Talbot. There is also a community hospital and primary care resource centres providing healthcare services outside the main hospitals.

Morriston Hospital

Morriston Hospital is the second largest hospital in Wales, with approximately 720 beds. It is the regional acute tertiary hospital for south west Wales, offering a range of specialist services, including trauma and orthopaedics, renal medicine, neurology, oral and maxillofacial surgery, and it hosts the regional cleft lip and palate service for children and adults.

Morriston offers one of two cardiac centres in Wales and is home to the Welsh Centre for Burns and Plastic Surgery, and also the Bariatric (obesity) Service for Wales. It also provides acute medical beds and a wide range of surgical and urological services, children's wards and a children's high dependency unit. It has a full range of high quality diagnostic and therapeutic services, and outpatient services.

Emergency Department (ED)

Morriston has one of the busiest emergency departments in Wales, and hosts the Emergency Medical Retrieval and Transfer Service Cymru (EMRTS), otherwise known as the Flying Doctors.

The ED at Morriston Hospital provides healthcare services for serious and life-threatening conditions that need immediate medical attention, such as breathing difficulties, persistent severe chest pain, heavy blood loss, severe burns, loss of

consciousness, suspected stroke or deep wounds. Patients with less serious conditions can attend the Minor Injuries Unit within Morriston hospital and at Neath Port Talbot Hospital, or by contacting their General Practitioner (GP), dentist, or the Out of Hours GP/Dental service.

The ED is divided in the following areas:

- Triage[1]
- REACT[2]
- Treatment Area and Minor Surgery Theatre
- Trolley Bay
- Resuscitation area
- Paediatric area
- Main waiting area at reception and two smaller waiting areas.

Acute Medical Assessment Unit (AU)

The AU is situated on the ground floor of Morriston Hospital, and is accessed from the main hospital corridor and from the ED via a small corridor to the main hospital corridor. The AU is a ward environment, and is divided in to east and west sides. There are 22 beds on the west side and 24 beds on the east side.

It is important to note that throughout the inspection, the inspection team did not undertake any part of the inspection on the east side of AU. This is because the east side was closed to new admissions and discharges to other healthcare areas, and staff and visitors were limited to the essential only. This was due to

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[1] Emergency department triage is used to identify patients' level of urgency in order to treat them in a timely way, and in accordance with identified need.

[2] The hospital ED uses a Rapid Evaluation and Commencement of Treatment (REACT) approach, for patients who arrive by ambulance. An allocated REACT nurse meets ambulance admissions at the designated area of the ED in order that prompt patient assessment can take place.

an infection outbreak of Norovirus[3] on the ward. Whilst we only inspected the west side, when making reference for improvements on the assessment unit, this includes both east and west sides.

Context of ED during inspection

During our inspection, the ED as the front door to a wider system, was experiencing a period of heightened pressure. It was therefore, experiencing an unrelenting demand on its services, which was disproportionate to the usual service provision and capacity. This includes timely access to diagnostic and other essential services, hospital bed availability and patient flow throughout the hospital. We acknowledged that this was a very challenging and stressful environment for some staff, who were striving to do their utmost for the patients presenting at the department.

For ease of reference, the Emergency Department will be referred to as ED and the Acute Medical Assessment Unit will be referred to as AU throughout this report.

[3] Norovirus, sometimes referred to as the winter vomiting bug, is the most common cause of gastroenteritis. Infection is characterized by diarrhoea, vomiting, and stomach pain.

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 sat on chairs in the three ED waiting areas for unacceptable and prolonged periods of time, with many waiting for assessment or treatment in excess of 15 to 20 hours. The waiting room offered little or no privacy for patients and many elderly patients had to wait alone throughout the night, leaving them vulnerable and often preventing them from sleeping.

Fresh water jugs or other refreshments were not readily available to patients in ED, to maintain basic and adequate hydration, particularly if patients presented to the ED without money for the vending machines.

Most patients within AU rated the care and treatment provided during their stay in hospital as good, although some said this was average. We also observed very good interaction between staff and patients, with staff demonstrating a kind and compassionate approach to patients on AU and, once being treated or on a trolley, in the ED.

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the services provided. A total of six were completed for ED and six for AU west. We also spoke with nine patients during the inspection. Patient comments included the following:

> *"I was told that the wait to be seen was 4 hours, but I have been waiting here in reception [ED] for 10 hours. Nobody has updated me or even offered me a drink"*
>
> *"We are so angry and exhausted, as we've been waiting to see a doctor since first seen at 9pm last night and no sleep, or food or drink offered, unless you get it from the vending machine. God help anyone without money!!"*

“Nurses [ED] are quite rude and abrupt and unhelpful”

“The care on this ward [AU] has been great, no complaints”

“Nursing staff [AU] are lovely and really helpful, nothing is too much trouble for them”.

Feedback provided within the questionnaires was positive in relation to the care and treatment provided by staff on AU. Patients and their relatives/carers also agreed that staff on AU were kind. However, within some patient conversations in the ED and the ED patient questionnaires, feedback was mostly negative, but this mainly related to the long waiting times after arrival at the department.

We observed very good interaction between staff and patients, and they were demonstrating a kind and compassionate approach to patients on AU and once being treated or on a trolley in the ED.

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 some of the entrances, with many discarded cigarette ends strewn on the floor.

Patients and relatives who we spoke with said that they had noted some information on large screens within the ED that related to health and well-being, but the information was quite repetitive. Within the large screens we saw that minimal information was available to the public bilingually. There were some health and well-being leaflets for patients and their families to take away, but again this was minimal.

There was minimal information available for health promotion and well-being on the AU.

For injury specific or illness related information, leaflets were readily available for future reference, and these were provided to patients by the ED staff during their stay or on discharge.

Improvement needed

The health board must ensure that:

- Consideration is given to how patients and visitors can be prevented from smoking in the immediate building entrances
- Appropriate health promotion and well-being information is readily available on ED, AU and all other relevant clinical areas in the heath board.

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 on AU agreed that staff were always polite and listened to them and to their family and friends. However, most patients disagreed with this in ED. In addition, most patients told us that staff called them by their preferred name.

It was evident on AU that staff made every effort to ensure that curtains around individual areas were closed when patients were being examined and/or treated. Staff also explained that there were occasions when curtains remained open, for the purposes of patient safety and observation, but maintained privacy when undertaking private interventions or conversations.

The ED had a number of assessment and treatment areas, including a resuscitation area, majors and minor's cubicles, REACT 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 despite curtains being available.

We saw some patients being assessed by doctors with the curtains open, and patients were based on trollies in the decontamination room, as there were no other spaces for them to rest in. There were no bedside curtains available for these patients, however, staff attempted to maintain privacy by the use of mobile screens. In addition, we saw some patients partially clothed when being assessed in the main ED departments, and within the waiting area, some patients were sat in their bed clothes having arrived very late at night, with no house coat or blanket to protect their modesty further. Therefore, patient privacy and dignity was not always maintained in the ED.

There was good access to the ED via the main entrance for self-presenting patients, including those who were wheelchair users and for people pushing wheelchairs or pushchairs. The main waiting area within ED provided sufficient seating for patients and within the smaller second and third waiting areas.

Improvement needed

The health board must ensure that:

- Consideration is given to how patient privacy and dignity can be maintained throughout the ED, and also within the ED waiting areas
- Medical and nursing staff maintain patient privacy and dignity at all times when assessing patients in the ED by closing curtains when appropriate, and using adequate mobile screens in areas, such as the decontamination room.

Patient information

Directions to the ED were clearly displayed throughout the hospital and also externally. Inside both clinical areas, there were signs directing patients to the toilets and exits and also the emergency exits.

There was a supply of patient information leaflets available in ED, 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 ability to print these out in Welsh or in different languages if required.

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

Improvement needed

The health board must ensure that healthcare and injury management leaflets are available in Welsh, and consider the option to provide each leaflet to be translated and printed in to other languages.

Communicating effectively

Patients seemed to be positive about their interactions with AU staff during their time staying in hospital. Most patients who completed a questionnaire on the AU told us that they could always speak to staff when they needed to. The majority of patients also said they felt that they had been listened to by staff during their stay. However, this was not the same response by patients in the ED.

The majority of patients told us in the questionnaires for both departments, that staff had always talked to them about their medical conditions and helped them to understand them. Additionally, most told us that they were offered the option to speak to staff in their preferred language.

We were told by staff in each department 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 ED staff also had regular huddles, where key staff within the department, such as the coordinator, doctors and nurse practitioners, would meet to discuss the current unit status and any plans for the next few hours for patients, such as obtaining results and undergoing tests. We were told that this meeting also included any issues related to the ambulance arrivals, and if any ambulances were waiting to offload patients.

The ED and AU had a Patient Safety at a Glance (PSAG) board[4]. The PSAG board on AU communicated some but not all 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, so this should be maintained and updated as appropriate.

The PSAG boards in the different ED 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

[4] 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.

progress on their personal handover sheets. They would then feedback at regular intervals prior to the huddles to the coordinator.

Most staff attempted to maintain patient privacy when communicating information. However, we saw for both ED and AU that there were many conversations between nurses and doctors taking place in both departments by nurse bases and in corridors. We were able to see and hear what was being discussed without being part of the conversation. In addition, as the ward and bed spaces are compact, it is likely that other patients and visitors could hear the conversations.

Within ED, we also witnessed that a patient with cognitive impairment and who was unable to speak/understand English, could not communicate effectively with staff. Therefore, staff were using a relative of a different patient in another trolley area, to translate information for the patient; this was a concern for the inspection team for patient confidentiality reasons and to ensure there was clarity of understanding both ways, during translation.

As highlighted earlier, the east side of AU was closed to admissions and discharges and had restricted access to the ward. However, this was not communicated effectively to the wider hospital teams and visitors to the ward. This was evidenced by the entrance doors repeatedly left open, and the small signs that were attached to the outside of the doors could not be seen, as they were facing the walls. This issue has been raised further and addressed under the Delivery of Safe and Effective Care section of the report.

Improvement needed

The health board must ensure that:

- All staff make every attempt to maintain patient privacy and confidentiality when communicating care and plans amongst team members
- Staff do not use inappropriate resources for translation with patients, such as other patients, or relatives of other patients.

Timely care

We found overall that ED staff interacted well with patients, were courteous and professional, although clearly working to maximum capacity. During the inspection the department was well over capacity, and included up to nine ambulances waiting outside to handover patients to the ED staff. Some

handovers were delayed up to eight or nine hours. This was due to the number and complex needs of patients who presented at the department, and was exacerbated by the issues with patient flow through the hospital site. We saw evidence of the hospital patient flow issues, and also attended the site management meetings and had numerous conversations with staff regarding this issue.

During our inspection we saw evidence that the hospital was at a Red Escalation Level Four, as specified within the National Emergency Pressures and Escalation and De-escalation Action Plan[5], and the risk score was a level 20. However, during this period of extreme pressure, we were told by senior hospital staff, that there was very little presence or support onsite from the health board's executive team, and we did not see executive command and control of the situation. However, we were informed that the executive team were regularly well informed of the onsite extreme pressures, and provided telephone communication as applicable. We saw that the hospital senior management teams were taking control and managing the situation to the best of their ability.

We were told by numerous staff that the patient flow issues are the norm for the hospital site, as is the level four escalation status, and there could at times be up to 150 patients medically fit for discharge at the hospital. However, there were delays with ongoing care issues in the community, preventing patients from being discharged home, such as delays in social services provision, packages of care, and lack of spaces in nursing or residential homes.

Registered nurses who worked within the adult triage and reception area of ED, 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, during the inspection, we saw that numerous people had been waiting over 30 to 60 minutes, before they were called for triage. Following triage, patients could then be waiting up to 20 hours to be seen by an ED doctor or Advanced Emergency Nurse Practitioner. We had to intervene and escalate our concerns to senior ED

[5] http://www.wales.nhs.uk/sitesplus/documents/862/Item10lA7NationalEmergencyPressuresEscalation%26De-EscalationActionPlan.pdf

staff and other senior managers on a number occasions, for acutely unwell patients in the waiting areas.

Within the ED, self-presenting patients were able to register at the main reception desk with an adequate amount of reception staff on duty. However, whilst we observed sufficient numbers of clinical staff available to deal with patients within the ED during some periods our visit, this was not consistent. Staff also told us that, as a result of staffing vacancies, they often ran shifts and the unit short of staff, and they were heavily reliant on temporary agency staff for both nursing and medical staff, to fill the shortfall.

Within the ED and AU, we found that timely access to care was affected by these ongoing staffing shortages due to unfilled vacancies and the wider hospital patient flow issues. This is because shifts often ran short of the required staff. We discussed the recruitment issues with senior hospital staff. We were told that a range of recruitment activities have been undertaken but that these have not led to a material improvement in the staffing position. The recruitment activities include posts being advertised internally and through NHS Jobs[6], the use of health board open days and recruitment fayres, and the process of recruiting overseas nurses.

The recruitment issues and the impact on timely care in ED is reflected in our findings throughout this report. Patients' comments also included:

> *"The department [ED] is chaos. I don't know what is going on, which is quite stressful"*
>
> *"I have not been offered anything to eat and only one cup of tea and I've been sitting here since last night (internal waiting area [ED]), but I don't think the staff have time for this"*

During the inspection, we saw that timely access to basic nutrition and hydration was at times poor. A water jug that was placed in the main ED waiting area was filled early in the day, and left uncovered, often standing for many hours. Whilst we were pleased to see a drink and snack vending machine in the waiting area, for those without any money, they would not be able to use it. Furthermore, we

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[6] NHS Jobs Website

saw many patients who had been waiting in the reception for up to 15 to 20 hours, and many throughout the night, who had not been offered any drinks or food from the hospital staff. Additionally, there was no water available for patients in the two smaller ED waiting areas.

The majority of the ED staff who completed questionnaires, or spoke with us, indicated 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 the 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 ED, and those who we spoke with included:

> *"I feel at times I am unable to give efficient patient care and deal with their needs, due to the ever-growing demand on ED"*
>
> *"Every day there are errors or near misses due to the lack of staff, such as nurses and nursing assistants, as well as equipment"*
>
> *"Sometimes I go home in tears due to the stressful shift as I can't do everything I need to do, with patients rammed in everywhere, and many stuck on the back of an ambulance outside"*

Staff on AU 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 if they were short staffed. However, they also said that the number of staff on duty was not always sufficient to meet the needs of the patients.

Staff within the ED also provided additional comments within the HIW questionnaires. Some of the comments included:

> *"Care given by the ED nurses is always 100%, and in extreme conditions we always try to do our best"*
>
> *"ED is very unsafe at times, too many patients, not enough nurses. Unable to get hold of relevant teams when patients have been in ED longer than 1 day, and deteriorate"*

"I am always concerned when my friends or relatives are in hospital, due to the strain of staff, knowing they could make mistakes"

We spoke with a number of Welsh Ambulance Service Trust (WAST) ambulance crew in the ED. There were numerous offload issues (ability to bring patients in and handover to ED from the ambulance) during our inspection, and we were also told that in very busy times, patients can be kept waiting on an ambulance for many hours. We saw evidence that ambulances were waiting outside for up to nine hours. However, in general, the paramedics told us that the ED staff will always try and bring the patient in to the department as soon as a space is available, although patients are sometimes overlooked when they are waiting in the ambulance, and have inconsistent medical reviews.

Some ambulance crews did provide some concerning examples of patients being kept on an ambulance at Morriston. These include:

- During a previous 12 hour shift, a paramedic gave an example where due to offloading issues at Morriston, they had only attended to two patients in 12 hours, due the length of time they were waiting outside the ED, with patients on an ambulance
- Some patients kept on the ambulance with high National Early Warning Score (NEWS)[7] scores, and were not having regular reviews from the medical staff in ED
- Patients with serious head injuries and low Glasgow Coma Scale (GCS)[8] are kept on an ambulance for many hours, without being reviewed by a doctor.

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[7] National Early Warning Score (NEWS). NEWS is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcome

[8] The Glasgow Coma Scale (GCS) is a neurological scale which aims to give a reliable and objective way of recording the state of a person's consciousness for initial as well as subsequent assessment. A person is assessed against the criteria of the scale, and the resulting points give a person's score between 3 (indicating deep unconsciousness) and either 14 (original scale) or 15 (more widely used, modified or revised scale).

Both ambulance crew and the ED staff told us when a patient arrives via ambulance they are assessed in the REACT area, and then return and must remain on the ambulance (due to lack of ED trolley spaces). The patient then receives care jointly by the ambulance crew and the ED staff. This means that once the ED staff have assessed the patient, the responsibility of the patient lies with the department, but the patient is observed and some care is provided by ambulance crews. However, there was a discrepancy when speaking with the ED staff, as to who was responsible for the patient.

The senior hospital staff told us that when a patient arrives via ambulance and waits on-board for a trolley space in ED, once assessed, they remain jointly under the care of ED staff and paramedics. We asked to see a Standard Operating Procedure (SOP) to clarify the arrangements between ED staff and paramedics, however, staff were not able to provide one to us. In addition, many ED staff we spoke with were unaware of a SOP for this.

One registered nurse within the ED commented in our questionnaires that:

> *"When there are multiple ambulances outside, there should be an allocated nurse to look after these patients, i.e. for pressure care and medications. Issues are always raised with the nurse in charge/matron and they are supportive, but when there are no beds in the hospital, and no extra staff, there's only so much they can do".*

If a patient waiting on an ambulance needs to use the toilet, then paramedics had to escort them into ED to use the facilities. However, if patients were not well enough to enter the ED to do this, they would have to remain on the ambulance. Male patients could use a urine bottle, however, if either gender required a bedpan, we were told that ambulance crews would have great difficulty in enabling them to use this, due to the lack of staff available to help with turning a patient to place a bed pan. Therefore, patients could not always use the toilet in a timely or appropriate 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 trained to assess skin integrity and also were not always able to check a patient's pressure areas, or skin for tissue damage, as the stretcher was not wide enough to safely turn a patient. Furthermore, patients are not always offered meals or drinks by the hospital staff, so their basic hydration and nutritional needs are not always being met.

We saw evidence of some concerns raised by the ambulance crews, particularly where some patients were scoring high with NEWS scores, and had not been

reviewed by an ED doctor. As a result of our concerns, we raised this with the senior ED nurses during the inspection, and escalated further to the Hospital Nurse Director, who actioned immediate assessment on the patients.

The issues we identified above in relation to the timely access to appropriate care and adequate staffing arrangements within ED, were dealt with through discussions with senior hospital managers and through our immediate assurance process. Further details can be found in Appendix B.

Through discussions with senior managers during the inspection, they did acknowledge the difficulties in managing patient flow through ED, AU and other assessment units in the hospital, as well as through other wards and the wider health board, and back out in to the community.

Improvement needed

The health board must ensure that:

- The existing plan for addressing the current and ongoing recruitment and retention issues in ED is reassessed, and any new actions are shared with HIW

- The arrangements for the handover of patients between WAST ambulance crews and ED staff is reviewed and fully communicated to ED and WAST staff, to ensure that there is clarity around responsibility for patient care and staff intervention when patients are required to wait on an ambulance

- A SOP is developed and implemented for ED staff relating to patient arrivals at main reception and for delayed handover of care from WAST to the ED. This should also include the arrangements for nutrition, hydration and toilet needs.

Individual care

Planning care to promote independence

We found that the documentation of patients' plans of care and ongoing management or discharge arrangements was limited in a number of instances. More specifically, there were certain aspects of the ED patient documentation cards that were incomplete. This included patient vital observations and other aspects of assessment needs, care provided and re-assessment of individuals admitted to the ED. This information is essential so that all staff who may be

involved in patient care are clear and up to date about the patient’s condition and plans to ensure the delivery of safe and effective care.

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 ED 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 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.

Improvement needed

The health board must ensure that staff fully complete documentation and patient care plans, to ensure that patient needs are communicated effectively to maintain consistency, continuity of care and patient safety.

People’s rights

We found that within both departments, 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 or visit out of hours, they were able to visit at agreed reasonable times. Staff also told us that relatives could stay with their family member if they were very unwell. 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, such as 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

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 department 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 (for example, patient surveys), was collected within their department. It was positive to hear that the majority of staff felt that they received regular feedback on the patient experience.

If a patient or relative/carer was not happy and wanted to make a complaint, we found that there was minimal information displayed about the NHS (Wales) Putting Things Right (PTR)[9] 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 about the process and 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.

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[9] Putting Things Right relates to the integrated processes for the raising, investigation of and learning from concerns within the NHS across Wales.

Improvement needed

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

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.

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.

Safe care

During our inspection of AU west side and the ED, we identified numerous immediate concerns relating to patient safety. These concerns related to the following, and will be addressed along with others throughout this section and others of the report:

- Maintenance and management of the resuscitation equipment
- The management of patients with sepsis
- Mediations management
- Ligature points in ED
- Hazardous chemicals and sharps equipment
- Risk of harm due to acute patient deterioration
- Sterility of equipment in the Minor Operations Theatre in ED
- Infection, prevention and control.

As previously highlighted, our immediate concerns regarding the delivery of safe and effective within ED and 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 concerns we identified are provided in Appendix B.

Managing risk and promoting health and safety

We found that the ED was generally well maintained but with some signs of wear and tear. However, throughout the AU, most areas did not look well-maintained, and we found damage to the walls, floors, doors and equipment. Many items of furniture, such as staff chairs and stools, were also worn or torn. In addition, within patient bathrooms on AU, there were no splashback tiles behind the hand basin, with only painted plasterboard in place, which could harbour microorganisms. There was also visible black mould around the shower trays. 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 ED 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 ED reception area, main triage room, corridors and waiting areas. This was the same within the bathrooms and corridors and clinical areas of the AU.

In addition, on AU, equipment such as the blood pressure machine and other essential equipment appeared dusty or dirty. This included the blood pressure cuffs, which were worn, dirty and contained debris and hair within the Velcro connectors. This was also a risk of cross infection, as this equipment was used between patients without being cleaned.

In both departments 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, this was the same in ED. These posed a risk to staff and patients of potential cross infection. We addressed this with senior staff, and we were informed that new bins were ordered by the end of our inspection.

Within ED, hazardous chemicals and some sharps instruments, such as scissors and surgical blades, were within easy reach of patients and visitors, and the

chemicals were not stored as per Control of Substances Hazardous to Health (COSHH)[10] Regulations 2002.

On AU, hazardous chemicals were stored on surfaces in the unlocked sluice, which also had its door wedged open on the first two days of inspection, despite raising this to the nurse in charge. There were also other hazardous chemicals stored in unlocked cupboards in the corridor, therefore not compliant with COSHH Regulations 2002.

Within ED, there were a number of unattended and unlocked areas, containing numerous ligature points. These areas were easily accessible to patients and the public. We asked to see the environmental ligature point risk assessments, but there were none completed. This poses a significant risk for self-harm for some patients, in particular those presenting to ED with mental health crisis issues.

During our inspection, a patient who presented with mental health issues and was identified as suicidal and drowsy had suddenly left the ED waiting area. The patient was not being observed by any member(s) of staff which is a concern since they were at an increased risk of self-harm. As a result, hospital security was called for assistance and the police were contacted to undertake a welfare check. The following day, we were made aware that the patient had been found safe, and subsequently returned to the ED for assessment.

Our immediate concerns relating to COSHH and sharps instruments, and ligature points and risk assessments were addressed under our immediate assurance process, and further details can be found in Appendix B.

Improvement needed

The health board must 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

[10] COSHH is the law that requires employers to control substances that are hazardous to health

- The storage of equipment within the corridors is monitored and addressed appropriately and promptly
- The overall storage facilities on AU and ED are reviewed, to consider appropriate storage 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
- Serious consideration is given to the arrangements for observing acutely unwell patients in the ED waiting areas, particularly in times of increased pressures as a result of patient flow affecting waiting times.

Preventing pressure and tissue damage

During the inspection, we reviewed a sample of patient care records on the ED and AU. 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 ED, 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.

In addition to the patients in ED, we found there was inconsistent ongoing recording of patients' skin checks, particularly in respect of those patients who arrived at the ED via ambulance, assessed within the REACT area, and returned to the ambulance until such time that a space was available in ED. More specifically, skin assessments (for patients who were unable to move independently), did not take place whilst patients were in an ambulance for long periods of time. Such circumstances had the potential to result in acquired skin

damage, since ambulance staff are not trained to check and monitor skin integrity and do not have the appropriate resources to do this.

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

Improvement needed

The health board must 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 ED and AU
- Assessments and documentation within the relevant pressure ulcer care documents are undertaken and completed robustly on AU
- Provisions are made to regularly check the skin integrity of patients waiting on ambulances for prolonged periods of time.

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 patient records and saw that some patients had not been assessed for their risk of falls on admission to AU where appropriate to do so. Therefore, there was no evidence that patients had always been reassessed, or that the care records were updated during their stay.

All patient records we reviewed in ED demonstrated and inconsistency with falls assessment for those applicable when admitted to the ED. 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.

Improvement needed

The health board must ensure that:

- On admission to AU, nursing staff must assess all patients for their risk of falls, and ensure patients are re-assessed where applicable, and with the appropriate falls care plan in place

- Patients in ED are assessed for their risk of falling as appropriate

- Staff knowledge and skills must be updated and competence assessed with further provision of training in falls management.

Infection prevention and control

Our immediate concerns regarding Infection Prevention and Control (IPC), were dealt with under our immediate assurance process. Details of the immediate concerns we identified are provided below and in Appendix B.

As highlighted earlier, we did not inspect the east side of AU as it was closed due to an infection outbreak and high incidences of Norovirus. However, we identified the absence of proactive management of basic IPC measures and intervention. This includes the following:

- Entrance doors to the east side were repeatedly left open, which also prevented anyone approaching the ward seeing the signs highlighting ward closure. This increased the risk of cross infection and Norovirus spreading to other areas

- Although there were Norovirus cases on west side of AU two to three weeks earlier, and cases were currently affecting east side, floors on west side were dirty and thick dust was present throughout. Furthermore, the floor was damaged in key clinical areas

- We were told by ward staff, and also observed that, there were no clear written instructions, support and/or action plans in place from the IPC team during this high incidence of Norovirus. We were informed by members of the IPC team that their service was advisory and reactive, and they did not have the capacity or resources to always work in a proactive and preventative manner, and were therefore not able to regularly visit the ward concerned due to resource issues

- We had significant concerns that 22 staff members of the AU ward teams were absent from work as a result of contracting Norovirus. This could indicate an absence of knowledge and understanding by staff

around effective hand hygiene, the use of Personal Protective Equipment (PPE) and IPC. When discussing this with IPC staff members, they told us that increased numbers of affected staff were to be expected with a Norovirus outbreak.

- We also identified that immediate re-education was required for the AU staff in relation to robust hand hygiene and the use of PPE. Staff were not seen to be cleaning their hands when applicable and appropriate to do so, and were moving from bay to bay wearing the same PPE. In addition, there was a patient in a side room with suspected Norovirus but no signs present to warn anyone entering the room; neither was there appropriate PPE or hand gel present outside of the room. Furthermore, the patient was allowed to have a window open and the door to the room was open on a number of occasions during the inspection. This was highlighted with the staff present.
- We identified that human traffic, including hospital staff, was high in affected areas (east side). This includes examples of the following:
    - There were full teams of medics entering the affected east side to review patients
    - AU staff were walking between both west and east sides of the ward
    - East side staff were sharing the same coffee room based on west side during the outbreak, and also using the office on west side whilst wearing the same uniform and shoes from east side. This therefore increased the risk of cross infection/contamination to west side, and in to non-clinical areas. On the last day of our inspection, we were informed that one six bed bay was closed on west side, as a result of new cases of suspected Norovirus.

We saw that all areas in both the ED and AU 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, and there was an absence of cleaning schedules for both the clinical staff teams and housekeeping staff. This was evident within the ED and AU corridors, ED waiting area and most patient and clinical areas of AU. There was also dust present throughout the units and corridors. These issues all posed a risk for cross infection.

Designated green labels were available which should be signed, dated and attached to equipment, to signify that it was clean and ready for use. The labels were routinely used on ED 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. On AU, we saw tape suggesting that commodes or shower chairs were clean and ready to be used, however, the legs and wheels of these were dirty and had grime embedded into them. In addition, the resuscitation trolley had a green label attached, but it was signed and dated for September 2019, potentially suggesting it had not been cleaned for four months.

Side rooms were available on AU to care for patients who required isolation to minimise the risk of cross infection. However, the availability of side rooms was minimal. This meant that those admitted with infections could not always be isolated.

There was an isolation room (decontamination room) in the ED for any patient requiring immediate isolation on arrival, for example, a patient presenting with a highly contagious infection or who may have been exposed to noxious chemicals. This would help prevent other patients and staff being exposed to that patient. However, during the inspection, this room, on its immediate entrance was used to care for two or three patients as a result of ambulance queues and offloading issues. More concerning to the inspection team was that the inner right hand section of the room was heavily cluttered with various and multiple items of equipment and mattresses, which were placed directly on the floor, it also appeared very dusty and dirty throughout. It was therefore not ready for use should an infected or chemical exposed patient required urgent admission to the room, and was also a trip hazard for staff in this accessing this area.

Staff PPE, such as disposable aprons and gloves, was available in ED and AU. This was being used appropriately to maintain effective infection prevention and control on ED, but this was not the case on AU. We saw numerous examples of staff on AU wearing PPE from one bay to another, and coming in contact with at least two different patients wearing the same PPE.

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.

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 ED and AU, we saw evidence that many staff did not always wash or sanitise their hands

between patients. When we asked why this was, they said that they did not always have time to do this. Nursing staff visiting the AU from specialist teams were witnessed not removing outdoor clothing or adhering to hand hygiene requirements when visiting patients.

Within the minor operations theatre located in ED, the amputation sterile pack had passed its sterile expiry date, and two jaw wiring packs had also passed their expiry dates. Therefore, this posed a risk of harm to patients with the increased risk of infection as a result of sterility. This was addressed under our immediate assurance process, with details highlighted in Appendix B. In addition, the worktops within the minor operations theatre were in poor condition and damaged, and there was dirty tape on both trolley and work surfaces, therefore rendering the theatre unsuitable for any sterile procedures.

Within the sample of patients' care records we reviewed on AU, we saw that a sepsis[11] screening tool[12] was available within the All Wales National Early Warning Score (NEWS)[13] (patient vital observation charts). In addition, there were also sepsis screening tools in booklets readily available for use with patients suspected of sepsis.

On discussion with staff, we identified that 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 on ED and AU. 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. However on ED, we saw issues with the management of patients with suspected sepsis.

Within ED, sepsis screening was not completed on all applicable patients, and sepsis recognition and management of acutely unwell patients was not always in

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[11] Sepsis (also known as blood poisoning) is the immune system's overreaction to an infection or injury. Normally our immune system fights infection – but sometimes, for reasons we don't yet understand, it attacks our body's own organs and tissues. If not treated immediately, sepsis can result in organ failure and death. Yet with early diagnosis, it can be treated with antibiotics.

[12] Sepsis Screening Tool

[13] National Early Warning Score (NEWS) charts.

line with national and local guidelines and standards. Therefore, this increased the risks of patients sustaining avoidable deterioration and harm as result of sepsis.

Our immediate concerns regarding sepsis management were dealt with under our immediate assurance process. Details are provided in Appendix B.

In addition to the above, we saw that not all staff were up to date with infection prevention and control training.

Improvement needed

The health board must ensure that:

- Proactive management of basic but adequate IPC measures and intervention take place when incidences of infection are evident
- Adequate information is immediately disseminated to all visiting departments with high infection incidence, to minimise cross infection, such as closing doors, and minimising access
- If an infection outbreak occurs on one side of a ward, then staff from the affected area do not attend and share facilities on a non-affected area. This must also be disseminated to all other clinical departments in the health board
- Labels to demonstrate that equipment is clean, are used appropriately
- Work surfaces and trollies in the ED minor operations theatre are repaired or replaced and kept clean ready for use
- All staff clinical staff and relevant administrative staff complete mandatory IPC training.

Nutrition and hydration

There was a process in place requiring staff to complete nutritional risk assessments for patients within 24 hours of admission. Our review of patient care records 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,

we had concerns around basic hydration for patients within the waiting area on ED, where patients have been waiting for prolonged hours and throughout the night time without access to water.

Most patients on AU told us that they had a choice of meals each day and were happy with the food. We saw that staff assisted patients on AU with eating and drinking where applicable.

None of the patient notes we reviewed on the AU demonstrated that patients had an oral care plan in place, where applicable for those patients staying in hospital for numerous days, and awaiting beds on other wards. However, we did see that oral assessments had been completed in the assessment booklets for some patients.

Improvement needed

The health board must ensure that:

- Nursing staff complete nutritional risk assessments for patients, and these are re-assessed as appropriate
- All patients waiting on AU for beds must have an oral assessment and care plan implemented where applicable.

Medicines management

We considered the arrangements on ED and AU for medicines management. For this we inspected the areas where medication was stored, the preparation of medication at ward level and the prescription and administration process. We identified a number of immediate concerns for medication management which were dealt with under our immediate assurance process. Further details of this can be found in appendix B.

In ED, we identified that that the medication fridges were not locked and medication was left unattended and accessible to patients and visitors. In addition, we saw evidence that a number of Intravenous (IV) medications were checked and administered by only one nurse, whereas the policy states that this should be completed by two registered nurses.

The IV fluids were also not securely stored in ED, and were easily accessible to unauthorized individuals and therefore were not tamper safe. We saw a nurse retrieve a bag of IV fluid to administer to a patient and this had not been stored within the vacuum seal. When challenged by our team, the nurse told us that they were happy to use this fluid. We intervened and stopped the use of this fluid due

to the risk it may have been tampered with, but the nurse had no understanding of the issue associated with this.

On AU, the IV fluid room door was wedged open on the first two days of our inspection, despite us raising this with the nurses in charge. In addition, the door does not have a lock in place, so even if closed, fluids are not securely stored.

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.

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 ED, 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 ED.

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 patients with dementia), 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 ED, there were a number of medications, such as IV antibiotics, stored on the top of the work surface. We raised this with senior staff on ED on day one of inspection. However, we repeatedly saw medication items left unattended and easily accessible to unauthorised individuals. One registered nurse in ED commented that:

> *"There is no safe place to draw up medications, only recently have patient medication lockers been put in each area"*

As a result of our findings, we could not be assured that patient safety is maintained in relation to the safe management and administration of medication. Details of this can be found in Appendix B.

Since we found a number of issues in relation to medicines management, registered staff should receive additional training or education to maintain appropriate and safe medicnes management.

Improvement needed

The health board must ensure that:

- Staff are consistently documenting all aspects of the medication charts
- IV fluids are always signed by staff when being administered
- Oxygen is prescribed and signed for as applicable
- Medications are not left unattended on the ED, or other areas within the health board
- All applicable staff receive additional training for medicines management or 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 supervision/ care provision, to maintain their safety. 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)[14] application. Staff should also make a referral to the independent mental capacity advocate (IMCA)[15], and complete an appropriate care plan to accompany this.

Staff on the ED 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. A DoLS assessment is not transferrable from one environment to another, and would require a new referral, if a patient remained subject to a DoLS.

On AU, where patients should have received a mental capacity assessment, this had not always been completed where appropriate to do so.

We had conversations with some staff on ED and AU, in relation to the legal process required, for patients who lack mental capacity, and who may need deprivation of their liberty. We found that their knowledge and understanding of the processes was below the standard expected, despite the mandatory training available and the health board having processes and policy in place.

Improvement needed

The health board must 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.

[14] 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.

[15] 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).

Blood management

During the inspection, no patients were receiving blood products. On discussion with registered nurses, we were assured that they were fully aware of the policy for blood product transfusions, and the appropriate use of the All Wales Blood Prescription and Administration charts.

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 both the AU west side and the ED. Some records had been maintained of checks by staff, however, there were a number of gaps in the records on some trolleys. This was particularly evident on the AU, where in the green bay we identified that checks had only be carried out 13 times in three years. In addition, the trolley in green bay contained numerous items that were past the expiry date, such as syringes for IV use, and the drawers contained thick levels of dust and were dirty. To note, the trolley in green bay was removed from use, and relevant contents were discarded during our inspection.

Each resuscitation trolley on AU and ED was open and not secure, and allowed for items to be removed and not replaced. In addition, staff had documented on ED that checks had been completed and were correct, however, on checking the contents of the drawers, there were numerous items missing. On AU, staff were documenting that checks were completed and correct on the trolley in the main corridor, however, there was no checklist available for staff to check that the correct items were present.

This demonstrated that resuscitation equipment in both the AU and ED had not always been checked correctly or daily as required by local policy. The lack of regular checks meant that there was a risk to patient safety, whereby the resuscitation trolleys 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 (such as collapse).

Our concerns regarding resuscitation equipment 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 in ED generally appeared comfortable and well cared for within the trolley areas, and also within the AU. However, this was not always maintained in the three waiting areas of ED, and within the decontamination room as well as on ambulances.

Within the three waiting areas in ED, patients are triaged and then placed back into these areas. Following this, the patients are not always observed consistently, and there is a significant lack of oversight and ownership regarding the care of these patients. During the inspection we found cases where patients had been exposed to significant risk of acute deterioration and harm due to this lack of oversight, ownership and ongoing clinical monitoring and care. The inspection team had to intervene and escalate this with staff in ED and senior managers on a number of occasions.

As highlighted earlier, we also identified patients who were scoring high with NEWS, who were waiting on ambulances after assessment in REACT. Whilst the inspection team acknowledge that they were supervised by a paramedic, they were not always receiving regular nursing and medical input or basic oversight from doctors. Our team had to intervene and escalate our concerns for some patients to senior hospital managers.

These concerns were addressed under our immediate assurance process as discussed earlier, and further details can be found in Appendix B.

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 must ensure that pain assessments are completed and documented with each patient where applicable.

Information governance and communications technology

There was a system in place which aimed to ensure patient data was effectively and safely stored. Patient case notes were stored in a designated notes trolley and they were lockable to prevent inappropriate or unauthorised access to the notes. However, on AU, there were numerous sacks of confidential waste awaiting collection stored in the IV fluids room. As highlighted earlier, this room was not secure, therefore compromised the safety of patient identifiable information.

Improvement needed

The health board must ensure that patient identifiable data and confidential waste 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. Within the ED, patient documentation cards were stored in a rack in a secure corridor, or kept at patient bedside. Once patients had been in ED for many hours and were waiting for a hospital bed, their medical records were retrieved from the medical records department, and information was then documented within these.

In the majority of patient records we reviewed in ED, there was limited information available to highlight the agreed plans of patient care and action required, and some were short of regular documenting of patient vital observations such as blood pressure, heart rate or temperature. In addition, assessment booklets, although comprehensive in content, were not always completed where applicable.

We also advised of the need to ensure that all entries made within patients' records were signed and dated with the name and role of the person responsible for the entry. This is in accordance with professional guidelines.

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.

Improvement needed

The Health Board must ensure that:

- All pages of the assessment booklet used within the ED must be completed, and also on the AU
- Sufficient and consistent information is documented within patients' ED records and other nursing/medical records
- All entries made within patients' ED records must be signed and dated and contain the name and role of the person concerned.

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 good quality, safe and effective care to patients, within very busy departments. However, some staff told us that they could not always deliver the care they wanted to, due to staff deficits, time constraints and overcrowding of the ED.

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

Despite the evidence of good and supportive teamwork within each unit, we identified numerous issues which impacted on safe and effective patient care. This highlights significant concerns regarding the governance processes in place within the units, Morriston hospital and the health board. Therefore, the health board must review the overall governance processes from ward to board, as a matter of urgency.

Due to our findings with patient acuity and the complexity of patient 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 ED.

Governance, leadership and accountability

During our inspection, we invited staff working in ED and AU to provide their comments on topics related to their work. This was done mainly through a HIW questionnaire but we also spoke with a small number of staff working on the days of our inspection. In total, we received 16 completed questionnaires across both departments. 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 Ward Manager was in post covering the AU. The Ward Manager was responsible for the general management of both east and west sides of AU, and the staff working within them, and was supported by a number of band six senior staff nurses. The Matron responsible for AU was also based in an office on the AU ward.

There were a number of band seven unit managers on the ED, which were overseen and line managed by a Matron. They managed teams of ED staff and had delegated responsibility for aspects of the ED.

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

> *"Really supportive manager in work and when related to outside work issues"*
>
> *"Matron has been very supportive"*
>
> *"Sometimes the immediate managers have so much on their plates, they cannot always be there 100% for their team, due to no fault of their own"*
>
> *Depending on who is in charge, depends on the level of support. They have a very demanding role often being in charge of a very often dangerous department".*

The Matron for ED was praised by many staff, and they felt that there was good leadership and change improvements to the unit. However, low morale and motivation was evident on ED where there seemed to be issues with the workload and patient safety concerns, as highlighted earlier within the section for

Delivering Safe and Effective Care of the report. Morale on AU was generally good, however, staff raised concerns of having to regularly work short of staff due to vacancies and short term sickness.

Most staff who completed a 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 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, such as nursing documentation, IPC, medicines management and incidence of complaints and compliments, amongst others.

We saw that audit results were very good, with many results on both units scoring 100 percent. However, as a result of the numerous issues which we found during the inspection, including concerns identified with IPC and medicines management, we would question whether the current audit and governance processes in place on both units and within the directorate are robust.

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. The staff told us that they sometimes found it difficult to be released to attend meetings, and many staff who were not working, did not always turn up for meetings.

Given our findings in relation to some of these areas above, the health board must review its approach to the audit process and overall governance, to ensure that quality and safety issues in all areas are addressed. This includes the validity of some scores, particularly since our findings contradicted some audit result, such as scores of 100 percent. 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.

Almost 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. Some staff comments included:

> *“Every day there are errors and near misses due to lack of staff, such as nurses and EDA’s, as well as equipment”*
>
> *“I’ve never witnessed anything, but would report it if I did”*
>
> *“I make sure near misses or incidents are reported immediately to senior managers, and they are dealt with”*

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, discussion with some staff revealed that there were fears of reprisal, and that the organisation would not always take action to minimise the risk of the issue occurring again. One comment stated:

> *“Staff feel unsafe reporting incidents due to not knowing if it will affect them”.*

Most staff told us in the questionnaires that they were not always informed about errors, near misses and incidents that happen in the organisation, and are not always given feedback about changes made in response to such incidents.

Most 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:

> *“Sometimes I feel like there is such a strong need to discharge patients as quick as possible, that care isn’t always a priority”*
>
> *"My perception is that the top priority for the organisation is targets”*
>
> *“Senior managers are under pressure for targets and sometimes forget the patients’ needs"*

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 hospital and executive, staff present demonstrated a commitment to learn from the inspection and to make improvements as appropriate.

Improvement needed

The health board must ensure that:

- It reconsiders and evaluates the approach to the effectiveness and overall governance and audit processes currently in place, for both units, the directorate and health board
- Consideration is given to how all or most ward staff can 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 ED and AU. As a result of vacancies, both the ED and AU were heavily reliant on temporary staffing. This included bank and agency nurses, to ensure adequate care was implemented to patients. 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. We also noted the use of locum medical staff.

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 Health Care Support Workers (HCSW) (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 ED.

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. We saw examples of this during our inspection.

Due to our immediate concerns for patient safety of patients in the ED, senior managers assured HIW within their immediate assurance action plan that there would be an immediate increase in staffing levels. This was to provide one additional registered nurse to be allocated to oversee patients on ambulances and in areas, such as the decontamination room when used for increased capacity, and one additional HCSW to care for patients in the waiting areas.

Whilst we found that there were sufficient medical staff on duty within ED during our inspection, we were informed by senior managers and doctors that following an external review, it was identified that the department had insufficient numbers of medical staff within their rotas, and that further recruitment was required. The review also demonstrated that additional nursing staff with an improved skill mix was also required.

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

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 developed anxiety and constantly feel on edge. I also have feelings of depression due to lack of sleep and socialising, and unable to let go of the day"*
>
> *"I leave work often exhausted, can sometimes go without breaks. On days off I recover from shifts worked"*
>
> *"My job is not good for my health cos of severe pressure from the high number of people attending the ED and lack of staff".*

Senior nurse managers and ward staff confirmed that there was a staff appraisal process in place, for 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 ED and AU managers sometimes worked clinically and did not have admin time 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 ED had a designated educator for training and development of staff, and from discussion, there appears to be a good programme of induction, training and further development for staff of all bands. 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.

Just under 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 must ensure that:

- The issues identified with low morale and other negative staff comments are explored across both departments, and addressed where appropriate
- A robust plan for recruitment is in place for the ED and AU, and is shared with HIW
- A robust process is in place to manage temporary staffing requirements, and is shared with HIW
- Monitoring and auditing is undertaken on the fill rate of shifts against the increased staffing levels committed to the ambulances waiting and the waiting areas of ED
- Consideration is given to completing an up-to-date staff satisfaction survey to include ED and AU
- 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
There were no immediate concerns identified and rectified on site during our inspection.			

Appendix B: Immediate improvement plan

Service: Swansea Bay University Health Board

Area: Acute Medical Assessment Unit & Emergency Department

Date of Inspection: 27 – 29 January 2020

Quality of patient experience				
Improvement needed	**Regulation / Standard**	**Service action**	**Responsible officer**	**Timescale**
There were no concerns that needed to be rectified immediately – our report will provide further information in this area.				
Delivery of safe and effective care				
Improvement needed	**Regulation / Standard**	**Service action**	**Responsible officer**	**Timescale**

The health board must provide HIW with details of the action it will take to ensure that: Resuscitation equipment/medication is always available and safe to use in the event of a patient emergency on both the AMAU and EU and within all other wards and departments across the health board.	**Standards 2.1, 2.6, 2.9, 3.1 and 3.5**	**Emergency Department:** The 3 Trolleys in New/Old Trolley Bay and minors have all been checked, cleaned and new checklist attached. Designated person assigned to carry out weekly audit of resuscitation trolley checks. New lockable resuscitation trolleys to be ordered following consultation with the resuscitation officers, ensuring that they are suitable for ED use. As an interim measure until the arrival of new lockable trolleys (above), all trolley drawers have had breakable tape applied to them to ensure equipment is not removed for purposes other than resuscitation. Scoping exercise to be undertaken to ensure essential equipment is readily available and in sterility date.	Matron ED Matron ED Matron ED Matron ED Matron ED	Completed - 28/01/2020 Started 05/02/2020 Weekly thereafter. Completed – date of delivery by 31/03/20 Completed 05/02/20 Completed - 07/02/2020

		AMAU East & West:		
		The second resuscitation trolley on AMAU East was removed immediately and relocated to the new ambulatory care unit on AMAU.	Matron, Medicine	Completed 27/01/20
		New lockable resuscitation trolleys to be ordered following consultation with the resuscitation officers	Matron, Medicine	Completed delivery by 31/03/20
		Assurance audits for checks to be implemented weekly by ward manager.	Senior Ward manager, AMAU	Start 28/01/20 ongoing weekly
		All resuscitation trolleys will be replaced across the Morriston Hospital Site in conjunction with the Resuscitation Committee in two stages: Stage 1: 50% of trolleys by March 2020 Stage 2: remaining 50% by April 2020	Resuscitation Service Manager and Heads of Nursing	31/03/20 30/04/20

		All resuscitation trolleys to undergo audit assurance that are clean, checked and complete. Morriston Service Delivery Unit will provide assurance reports on compliance with the resuscitation trolleys to the Health Board's Quality and Safety Governance Group. A local Patient Safety Notice to be issued across the Health Board to ensure all staff adhere to the checking of resuscitation equipment in line with policy.	Matrons and Heads of Nursing Unit Nurse Director Head of Health & Safety/Resus Service Manager	Completed 04/02/2020 31/03/20 14/02/20
The health board must provide HIW with details of the action it will take to ensure that: Sepsis screening is completed on all applicable patients within the ED and throughout the health board, and all applicable patients are managed and treated appropriately, in accordance with local and national sepsis guidelines.	**Standards 2.1, 2.7, 3.1, 3.5 and 5.1**	**Emergency Department:** Sepsis screening to be discussed daily at morning/evening handover for ED nurses and medical staff. "Sepsis team" to be re-established within the Emergency Department. Sepsis screening books to be made available in all areas of ED. Ordering	Matron ED/Clinical Director ED Matron ED Clinical Educator ED	Completed - 04/02/20 Completed 05/02/20 Completed 26/01/20

		has been reviewed to ensure constant supply. Sepsis information board to be updated with teaching material to support improvement in practice. Monthly assurance audits to be implemented for sepsis screening. Health Board Infection Control Committee to consider the results of the sepsis audit. **AMAU East & West:** Section on Sepsis screening to be added to handover sheets to prompt staff to discuss at "safety huddles" on each change of shift for nursing staff.	Clinical Educator ED and Matron ED Unit Nurse Director Senior Ward Manager AMAU and Matron, Medicine.	ongoing daily. Completed 05/02/20 Completed 07/02/20 02/04/20 Completed - 04/02/20. Ongoing twice daily.
All staff within ED and AMAU must complete training or update training on sepsis screening and the management of patients with sepsis. This must also be considered for all other areas within the health board where appropriate.		**Emergency Department:** Sepsis screening is included on mandatory training day, compulsory for all ED Staff.	Clinical Educator ED	Completed 05/02/2020

		Sepsis screening training compliance to reach 100%. **AMAU East & West:** Clinical educators for medicine to reintroduce sepsis screening training onto mandatory training days for all registered nurses. Regular assurance audits implemented to measure sepsis screening. Infection, Prevention & Control Committee to consider whether any further actions need to be taken across the Health Board in regard to sepsis management	ED Clinical Educator & ED Matron Clinical Educator, General Medicine and Clinical Educator, AMAU. Ward Manager AMAU/Matron, Medicine. Assistant Director of Nursing – IP&C	complete by 30/06/20 Starts 27/02/20 repeated last Thursday each month. Immediate effect 04/02/20 monthly thereafter. 02/04/2020

The health board must provide HIW with details of the action it will take to ensure that:	Standards 2.1, 2.4, 2.6, 2.9, 3.1 and 3.5			
Refrigerated medication is stored safely and securely on both the AMAU and EU, and within all other wards and departments across the health board		**Emergency Department:** Refrigerator in the paediatric area is now locked and key held by nurse in charge of the paediatric area Main ED drug refrigerator has had a lock fitted and the key to be held by nurse in charge within the ED. Review options for amalgamating the fridge into the Omnicell, as a further precaution. **AMAU East & West:** Order two new refrigerators for AMAU East and AMAU West so they can be locked and keys held by nurse in charge.	Matron ED Matron ED Matron/ Head of pharmacy/ Ward manager, AMAU	Completed 03/02/20 Completed 07/02/2020. Ongoing till Omnicell operational. 14/02/20 Completed 04/02/20

Medication is stored securely at all times and is not left unattended and accessible to patients and visitors.		**Emergency Department:** Facilities to hold "Patient's own drugs" installed in all designated patient spaces. Compliance monitored daily via matron's daily walk through inspection. **AMAU East & West:** Assurance audits of compliance to ensure that safe storage is in place	Matron ED Matron ED Matron medicine/ AMAU ward manager/ Pharmacist	Completed Jan 2020 Started 04/02/20 continue daily Completed - 04/02/20 ongoing weekly
IV medication is checked and administered by two RNs as per UHB policy.		**Emergency Department:** Refresher training and education to be delivered to ALL staff in ED reinforcing the Health Board IV medication policy to attain 100% compliance. **AMAU East & West:** Weekly refresher training/ education for existing and new staff	Clinical Educator ED Clinical Educator, AMAU	31/03/2020 Implement 04/02/20, achieve 100% compliance by 31/03/20
IV fluids are securely stored and are safely administered on both the AMAU, ED and		**Emergency Department:** IV fluids no longer stored in resuscitation bays.	Matron ED	Completed 05/02/2020

within all other wards and departments across the health board.		Estates department to assess the feasibility of fitting a lockable door to the current IV fluids storage facility. **AMAU East & West:** Doors kept closed at all times. More prominent signs put in place. Order to be made to replace current door to one that has spring closing mechanism and key pad lock. Units, using revised Patient Safety Notice 30 (to be issued imminently), undertake an audit against the notice. Findings of the Unit reviews to be reported to the Medicines Safety Group to consider further actions to be taken across the Health Board.	Estates Manager / Matron Ward Manager AMAU East Ward Manager AMAU East / Head of Estates Unit Nurse Directors Unit Nurse Directors/Principal Pharmacists	Completed 05/02/2020 Storage facility secure by 28/02/20. Completed 20/01/20. Completed – door ordered. 30.06.2020 31.07.2020
The health board must provide HIW with details of the action it will take to ensure that:	**Standards 2.1, 2.7, 2.9, 3.1**			

Within ED, the unattended and unlocked areas which are accessible to patients and visitors, and contain numerous ligature points, are risk assessed, to minimize the risk of self harm to people in distress.		**Emergency Department:** Risk assessment completed and given to estates with recommendations for improvements to the areas to minimise the risk of harm, including ligature free bays/rooms. Risk assessment recommendations agreed with Unit Nurse Director and funding agreed for changes. Review of security cameras currently carried out and agreed to be installed with display screens. **AMAU – East and West:** Risk assessment to be completed and given to estates with any recommendations for improvements to the areas to minimise the risk of harm. All Units to include a ligature update in their reports for the Health & Safety Operational Group.	Matron ED Estates Matron, UND and Assistant Director of Health &Safety Ward Manager AMAU Unit Nurse Directors	Completed 06/02/2020 Visual inspections 04/02/20 Risk assessment 07/02/20 Complete 04/02/20. Installation timetable by 14/02/20 05/02/20 31/05/20

		Results of the Health Board wide review against the Ligature Points Policy to be reported to the Health & Safety Committee.	Associate Director of Health & Safety	30.06.2020
The health board must provide HIW with details of the action it will take to ensure that:	**Standards 2.1, 2.2, 2.3, 2.5, 3.1, 3.2, 4.1, 5.1, 6.2 and 7.1**			
A review of the model of care for managing patients within waiting areas who are sat in chairs is immediately undertaken. This must also include patients waiting to enter the department who are waiting on ambulances. The review must demonstrate a solution to ensure that those who are acutely unwell are monitored and assessed in an appropriate and timely manner.		**Emergency Department:** Immediate introduction of additional Emergency Department Assistant (EDA) on every shift to assist with monitoring the waiting area. Monitoring of staffing roster compliance. The development of a "Target Nurse" to work alongside the EDA to provide ongoing monitoring, care and treatment to patients in waiting areas and on the back of ambulances i.e. reviewing	Matron ED Matron ED Head of Nursing/ Sister/Matron ED	Increased establishment agreed 04/02/20. Started 04/02/20 ongoing monthly Establishment increase Agreed 04/02/20.

		NEWS, sepsis and deteriorating patients, and re-triaging of patients whose NEWS scores have increased to re-inform triage category.		
		Introduction of Ambulance white board, detailing NEWS, skin integrity, treatment and investigations. Ambulance triage nurse to undertake this under supervision of nurse in charge and consultant ED until the "Target Nurse" role is implemented.	Matrons / WAST Clinical Team Leader (CTL)	Started 07/02/20. Introduction of role by 28/02/20.
		The "Target Nurse" role will work alongside WAST crews and triage nurse to ensure patient information is communicated and acted upon.	Matrons/ WAST	Implemente d 04/02/20
		Bi monthly meetings with WAST and triage nurses to discuss improvements and challenges with oversight of ambulance patients, triage and deteriorating patients.	Matrons/ WAST manager	Completed & Daily Monitoring
		Introduce the ED safety checklist, such as the tool developed by the University	Matrons	Completed Last meeting 30/01/20

		of West of England Academic Health Science Network (UWE AHSN). Visit North Bristol NHS Trust to see UWE AHSN safety checklist in action.	Matrons	Implementation date TBC after visit to NBNHST. Scheduled 10/02/20
A review of the current provision of care to ensure that patients within the waiting areas have access to basic and appropriate nutrition and hydration.		**Emergency Department:** Target Nurse and EDA will assist with assessment of nutritional needs and the provision of nutrition. Triage Nurse to undertake this until EDA in place. Replenishment frequency of food vending machines to be reviewed and assurance to be gained that they are adequately stocked at all times, including weekends. Installation of water fountain in waiting areas.	Matron ED Service Manager, Emergency Care & Hospital Operations/ Head of Catering/ Matron ED/ Estates Manager	Completed 10/02/20. Installation date planned by 14/02/20.

A review of the registered nursing establishment is undertaken, which takes in to account the layout of the unit and waiting areas and visibility of the patients.		**Emergency Department:** Meeting planned with external review body (Kendall- Bluck) to discuss proposed increase to establishment medical and nursing Executive sign-off of nursing and medical increase in establishment. To be reported to Board Nursing Staffing Act/Nursing Workforce Group. **AMAU East & West:** Review of Nursing establishment completed and agreed as the area is not currently part of the statutory reporting within the Nurse Staffing Act legislation. Acuity data collection completed and will be validated prior to review or ward staffing in this area. Executive review of all ward staffing model against January 2020 data	ECHO Team Executive team Unit Nurse Director/Deputy Director of Nursing Head of Nursing and Unit Nurse Director Ward Manager & Matron Unit Nurse Director/	Completed 05/02/2020 14/02/20 31/03/20 Completed November 2019. Complete 31/01/20.Validation by 28/02/20. 31/03/20

		collection. To be reported to Board Nursing Staffing Act/Nursing Workforce Group.	Head of Nursing/ Executive Director of Nursing	
The health board must provide HIW with details of the action it will take to ensure that:	**Standards 2.1, 2.4, 2.7 and 3.1**			
All hazardous chemicals are stored securely as per COSSH standards.		**Emergency Department:** All hazardous chemicals now locked away in cupboard and storage room only accessible by staff Wall mounted COSHH-compliant cupboards to be ordered Staff reminded to of securing hazardous chemicals appropriately. **AMAU East & West:** New COSSH recommended wall mountable cupboards to be ordered and then installed. Procurement are	Matron ED /Charge Nurse ED Matrons ED Matrons ED Matron, Medicine/ Ward	Complete 03/02/20 12/02/20 Completed 04/02/20 Ordered 03/02/20 await delivery.

		aware of the urgency. Once delivered to be installed 3 working days later	managers AMAU	
All sharps instruments are stored securely.		**Emergency Department:** Compliance with Health Board sharps policy reinforced. Sharp instruments have been removed from unsupervised areas and stored appropriately in a locked store room **AMAU East & West:** Compliance with Health Board sharps policy reinforced. Sharp instruments have been removed from unsupervised areas and stored appropriately in a locked store room. Health & Safety Operational Group to consider timescales of next deep dive review of Sharps management and COSHH.	Matron ED Ward managers AMAU (E) and (W) Associate Director of Health & Safety	Completed 3/2/20 Completed 03/02/20 31/05/20
The health board must provide HIW with details of the action it will take to ensure that:	**Standards 2.1, 2.4, 2.9 and 3.1**			

All sterile instrument packs and consumables are in date and remain sterile for use within the minor operations theatre in ED, and also throughout the department as a whole.		**Emergency Department:** All sterile instrument packs checked and returned if out of date. Designated person to be identified on a weekly basis by Matron ED Scoping exercise to be carried out to ensure that only essential equipment is ordered and stored within ED	Matron ED	Started 28/01/2020. Ongoing Weekly To complete by 29/02/20
The health board must provide HIW with details of the action it will take to ensure that:	**Standards 2.1, 2.4 and 3.1**			
Every appropriate effort is made to manage the incidence of an infection outbreak (or isolated incidences) appropriately and effectively and in line with local and national guidelines.		**Emergency Department:** Hand hygiene: Refresher training is included in mandatory training day for all staff importance of hand hygiene to be emphasised to staff at handover PPE training to be continued and new trainers to be trained to ensure all staff are compliant with Health Board policy.	Sister ED / Clinical Educator Sister ED / Clinical Educator	Started 04/02/2020 Ongoing from 04/02/2020

		Regular audits of compliance to provide assurance. **AMAU East and West:** Hand hygiene training to re-started with all staff reminded the importance of hand hygiene as a standard PPE training to be commenced Assurance audits to be done weekly by matron to ensure compliance	Matron ED Ward managers AMAU/ IPC team Matron/ Ward managers AMAU/ IPC	04/02/2020 ongoing weekly Effective 03/02/20 Effective 03/2/2020 Ongoing weekly
All floors within clinical areas in ED, AMAU and throughout the health board are appropriately and adequately cleaned, and where applicable are repaired in a timely manner.		**Emergency Department:** Flooring assessments undertaken by the Estates team, ED manager and matron. 'Snag' list has been compiled Funding agreed by Health Board senior leadership team to increase domestic services staffing budget at Morriston Hospital. Meeting arranged with domestic supervisor to review daily cleaning schedules and supervision of domestic staff.	Matrons ED Head of Support Services / COO Matron ED / Head of Support Services	Assessment completed 05/02/2020 Completed 05/02/2020 Arranged for 10/02/2020

		AMAU East & West: Flooring assessments undertaken by the Estates team, ward manager and matron. 'Snag' list has been compiled.	Matron medicine, Ward managers AMAU/ Estates team.	Completed 06/02/20. Work schedule confirmation 14/02/20
		Cleaning assessments completed across the unit and areas of concern highlighted. Template produced for domestics to sign after particular areas of concern have been identified. These areas to be cleaned on a daily basis.	Matron medicine, Ward managers AMAU/Dome stic Services manager	Implemente d 05/02/20
		Morriston Hospital Wards: Estates to undertake ward by ward assessment of flooring and detailed work plan to be presented to the Morriston Hospital Directors	Estates Manager	14/03/2020
A review of the role and remit of the Infection, Prevention and Control team is undertaken, to ensure that: • Clear proactive instructions and support is provided to all clinical areas		Define roles and responsibilities of the delivery Unit and Infection Control Nurses (ICN)	Assistant Director of Nursing (Infection)	31/03/2020

• Appropriate support is provided to clinical teams, along with developing and implementing action plans for use during incidence of norovirus or other infection outbreaks • The capacity and resources are reviewed within the IPC team, to ensure proactive and preventative measures are considered in addition to a reactive and advisory service.		Two model wards to be identified exploring an alternative model for cleaning and have Infection, Prevention and Control (IPC) champions that link in with ICNs. Implementation of MDT environmental reviews on initiation of a period of increased incidence. (PII) and follow up any actions ensuring all actions are complete before closure of the PII IPC team to provide advice and support for core working hours 7 days a week. ICNs to work clinically where capacity allows to use the opportunity for role modelling, teaching and supporting staff Bespoke training to be delivered to Allied Health Professionals and site team on IPC Improved medical engagement in the IPC requirements to be addressed	Assistant Director of Nursing (Infection) Assistant Director of Nursing (Infection)	31/03/20 28/2/20 07/03/20 30/04/20 30/04/20 30/04/20

Quality of management and leadership				
The health board must provide HIW with details of the action it will take to ensure that: Confidential waste is stored appropriately and securely, prior to its collection for shredding.	**Standard 3.4**	**Emergency Department:** Confidential waste stored in locked waste room. **AMAU East & West:** Confidential waste removed immediately from area highlighted during the inspection. Datix report completed Waste now stored in a locked room whilst awaiting collection Collections of confidential waste to be undertaken daily rather than weekly.	Matron ED/ Portering Services manager Ward managers AMAU/ Ward Admin Portering Services Manager Ward Manager. Portering	Completed 04/02/20 Completed 28/01/20 Ongoing monitoring Completed 04/02/20 Collections started 10/02/20

Service / health board Representative:

Name (print): **Mark Madams**

Role: **Unit Nurse Director, Morriston Hospital**

Date: 10 February 2020.

Appendix C – Improvement plan

Hospital: Morriston Hospital

Ward/department: Emergency Department and Acute Medical Assessment Unit

Date of inspection: 27 – 29 January 2020

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board must ensure that: • Consideration is given to how patients and visitors can be prevented from smoking in the immediate building entrances	1.1 Health promotion, protection and improvement	Review and revisit "No Smoking" signage at hospital entrances (noting that current impact has decreased due to COVID-19 no visitor policy) Reinforce messages as part of routine daily security walkabouts across the hospital site Staff are empowered to challenge smokers and remind them that the	Head of Quality Safety MH Security team Unit Director	By 30/08/20 June 2020 May 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
• Appropriate health promotion and well-being information is readily available on ED, AU and all other relevant clinical areas in the heath board.		hospital is a no smoking site in line with All Wales Hospital Smoking Ban introduced April 2020. Review availability and access to health promotion information including options in relation to digital access on handheld personal devises Bi –lingual QR Code boards to benchmarked across other HB's and adopted within Morriston Hospital to allow patients/carers access to the latest health promotion/ care information Information displayed on TV screens to be reviewed and updated as required	Heads of Nursing Senior Matron and Head of Q&S Senior Matron and IT services	August 2020 August 2020 July 2020
The health board must ensure that: • Consideration is given to how patient privacy and dignity can be maintained throughout the ED and within the waiting areas. • Medical and nursing staff maintain patient privacy and dignity at all times	4.1 Dignified Care	All relevant staff reminded about the importance of patient privacy and dignity in the care they provide. For highly sensitive discussions the use of the office space will be used. All relevant staff reminded about the appropriate use of curtains and to ensure	Unit Nurse Director/Unit Medical Director Heads of Nursing and Clinical Director	Completed May 2020 Completed May 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
when assessing patients in the ED by closing curtains when appropriate, and using adequate mobile screen in areas such as the decontamination room.		curtains are drawn to protect privacy and dignity. Review of areas that may require screens / curtains with actions taken to install/replace as required. Hospital internal escalation process and actions to be reviewed to restrict the use of the decontamination room to appropriate activities during surge and ensure: Improved segregation/screening to be available should a need arise to accommodate more than one patient in the decontamination room	Associate Service Director Medicine/ECHO & Assistant Service Group Manager ECHO Associate Service Director Medicine/ECHO & Assistant Service Group Manager ECHO	July 2020 September 2020
The health board must ensure that healthcare and injury management leaflets are available in Welsh, and consider the option to provide each leaflet to be translated and printed in to other languages.	4.2 Patient Information	Bi –lingual QR Code boards will be adopted within Morriston Hospital to allow patients/carers access to the latest healthcare information via personal hand held devices	Head of Nursing	August 2020 August 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Information leaflets are to be reviewed and translated in accordance with the Welsh Language Act	Senior Matron - ECHO	
The health board must ensure that: • All staff make every attempt to maintain patient privacy and confidentiality when communicating care and plans amongst team members • Staff do not use inappropriate resources for translation with patients, such as other patients, or relatives of other patients.	3.2 Communicating effectively	Review of handover areas to be undertaken , all staff in ED are reminded not to discuss patient care in public areas All clinical staff are reminded by email and poster to use official translation services e.g. Language Line when practical (it may be necessary for clinical discretion to be exercised depending on the presentation and symptoms of the individual and is in their best interests)	Senior Matron – ECHO UMD/UND	Completed June 2020 June 2020
The health board must ensure that: • The existing plan for addressing the current and ongoing recruitment and retention issues in ED is reassessed, and any new actions are shared with HIW	5.1 Timely access	Kendall Bluck review, which was commissioned by the executive team, is finalised. Executive team to consider recommendations and action plan.	Associate Service Director Medicine/ECHO Executive director of nursing	August 2020 September 2020 September 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
• The arrangements for the handover of patients between WAST ambulance crews and ED staff is reviewed and fully communicated to ED and WAST staff, to ensure that there is clarity around responsibility for patient care and staff intervention when patients are required to wait on an ambulance • A SOP is developed and implemented for ED staff relating to patient arrivals at main reception and for delayed handover of care from WAST to the ED. This should also include the arrangements for nutrition, hydration and toilet needs.		ECHO senior team to review the report findings in the context of post Covid-19 pandemic. ED Nursing workforce paper to be presented to Unit Directors for consideration and support Rolling adverts in place for all nursing grades across multiple specialties including ED and Medicine Develop a recruitment and retention strategy plan for ED Existing SOP (2018 ver 4) in place and includes agreed arrangements for handover. These are to be reinforced by communicated to staff	ASD & Head of Nursing Medicine& ECHO ASD & Head of Nursing Medicine& ECHO Head of Nursing Senior Matron – ECHO & Assistant Service Group Manager ECHO Head of Nursing & Assistant Service Group Manager ECHO & clinical Director Senior Matron & ASG Manager	July 2020 June 2020 August 2020 June 2020 Oct 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		An agreed SOP (2018 ver 4) is in place and is due to be reviewed in partnership with WAST		
The health board must ensure that staff fully complete documentation and patient care plans, to ensure that patient needs are communicated effectively to maintain consistency, continuity of care and patient safety.	6.1 Planning Care to promote independence	A standardised assessment document which encompasses all the required risk assessments which is currently in place is reviewed to ensure that continuity of care and patient safety through documentation is maintained. All clinical nursing staff are reminded to complete the current documentation and audit support assurance	Unit Nurse Director/ Heads of Nursing Head of Nursing	September 2020 June 2020
The health board must ensure that patients and their families/ carers understand their rights in terms of raising concerns/complaints about NHS care, and that Putting Things Right posters are displayed and leaflets are readily available, to read and take away.	6.3 Listening and Learning from feedback	Posters and Leaflets to be made readily available in multiple areas throughout the hospital Resume All Wales digital patient experience project "Happy or Not" – in a post COVID environment (supports "live" patient feedback in addition to routine trend and theme reporting – part of Shared Service Digital Project within Emergency Dept. across NHS Wales	Head of Quality & Safety Head of Quality & Safety	June 2020 July 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Morriston PALS Team to meet with Snr Matron for Emergency Care to promote "nipping in the bud" approach to poor patient experience Q&S Service Lead for Emergency Care to support department to ensure that PTR information is clearly displayed and available within the Emergency Department and Medical Assessment Units as QR code board	PALS team and Senior Matron ECHO Q&S lead for ED	July 2020 July 2020
Delivery of safe and effective care				
The health board must 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	2.1 Managing risk and promoting health and safety	Cleaning schedules in place with weekly audits undertaken Monthly meetings in place with the domestic team to promote team working and address any concerns. 24/7 domestic cover in place for key clinical areas. Recruitment to vacancies for domestics is achieved	Head of Nursing Senior Matron Head of Hotel services Head of Hotel services	Completed May 2020 Completed May 2020 Completed May 2020 Completed March 2020 September 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
• The storage of equipment within the corridors is monitored and addressed appropriately and promptly • The overall storage facilities on AU and ED are reviewed, to consider appropriate storage 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 • Serious consideration is given to the arrangements for observing acutely unwell patients in the ED waiting areas, particularly in times of increased pressures as a result of patient flow affecting waiting times.		Any worn items to be replaced through revenue funding if <£5k and capital if >£5k. Estates working through a list of minor works and improvements to address environmental factors Storage areas reviewed and procedures in place to ensure appropriate storage of equipment All faulty bins have been replaced Extra HCSW and a target Registered nurse to be deployed as required to support waiting rooms and/or ambulance delays Revise the ED and Hospital escalation process for capacity and include the trigger point for when the HCA and RN are deployed to cover waiting areas	Ward Managers and Matrons Senior Matron Senior Matron Matron Head of Nursing AD for Echo and Medicine	September 2020 Complete May 2020 Complete May 2020 Complete May 2020 September 2020
The health board must ensure that: • On admission to AU, pressure ulcer risk assessments and skin	2.2 Preventing pressure and tissue damage	Following Covid-19 Pandemic we will re-roll out and sense check the implementation and use of the New All Wales Purpose T documentation being	Head of Nursing Medicine & ECHO/ Matron – Medicine	July 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
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 ED and AU • Assessments and documentation within the relevant pressure ulcer care documents are undertaken and completed robustly on AU • Provisions are made to regularly check the skin integrity of patients waiting on ambulances for prolonged periods of time.		used in ED and AMAU and across the hospital 'Purpose T' audits for pressure care undertaken by Ward manager and Matron for AMAU on weekly and monthly basis Online Training programme in place for all nursing staff. Repeat 'Purpose T' roll out and training Skin bundles and safer rounds documentation in place on AMAU and audited monthly Audit of Pressure area checks in place when patient is assessed in React in ED, documented on Cas card. An agreed SOP (2018 ver 4) is in place and is due to be reviewed in partnership with WAST but includes Skin integrity	Matron AMAU Head of Nursing Head of Nursing	Completed Feb 2020 & continue Feb 2020 Feb 2020 July 2020 June 2020 In place and review in Oct 2020
The health board must ensure that: • On admission to AU, nursing staff must assess all patients for their risk of falls,	2.3 Falls Prevention	Falls packs and protocols all in place on AMAU and ED	Head of Nursing Medicine &	Feb 2020 Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
and ensure patients are re-assessed where applicable, and with the appropriate falls care plan in place • Patients in ED are assessed for their risk of falling as appropriate • Staff knowledge and skills must be updated and competence assessed with further provision of training in falls management		Safety Huddles at start of shift identify fall risk patients and record it on signal system Risk assessments completed on admission and updated daily and monitored by Matron via Audit programme Falls meetings every month where we discuss any issues and share good practice with our colleagues Staff completed regular falls update training via the clinical nurse educator and staff nurse study days Falls training is mandatory and included in Induction and monitored via Medicine and Echo Service group board	ECHO/ Matron – Medicine Head of Nursing Medicine & ECHO/ Matron – Medicine Head of Nursing Medicine & ECHO/ Matron – Medicine Head of Nursing Medicine & ECHO/ Matron – Medicine	Feb 2020 Completed Feb 2020 Competed Feb 2020 Completed Feb 2020
The health board must ensure that: • Proactive management of basic but adequate IPC measures and intervention take place when incidences of infection are evident	2.4 Infection Prevention and Control (IPC) and Decontamination	IPC discussed during daily 0830 site meeting with information shared across all specialties. Environmental audits undertaken monthly. C4C audits undertaken with	Head of Nursing/ IPC team Head of Nursing Medicine &	March 2020 Feb 2020 Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
• Adequate information is immediately disseminated to all visiting departments with high infection incidence, to minimise cross infection, such as closing doors, and minimising access • If an infection outbreak occurs on one side of a ward, then staff from the affected area do not attend and share facilities on a non-affected area. This must also be disseminated to all other clinical departments in the health board • Labels to demonstrate that equipment is clean, are used appropriately • Work surfaces and trollies in the ED minor operations theatre are repaired or replaced and kept clean ready for use • All staff clinical staff and relevant administrative staff complete mandatory IPC training.		multidisciplinary team, and reported back at Infection control committee. Environmental & Support Services Group & Quality and safety Group Monitor IPC infection indicators, actions and Cleaning standards Clear signage piloted to be implemented In the event of an outbreak in ward/clinical areas this includes door/ward closed Hospital Outbreak Policy reviewed and outbreak meetings to be held in future incidents. It isn't appropriate to retrospectively investigate an incident in Jan 2020 Social distancing measures put in place to prevent staff sharing common areas with outbreaks discussed in the daily site meeting(s) Stickers indicating decontamination completed in place.	ECHO/ Matron - Medicine UND Heads of Nursing UND Head of Nursing Medicine & ECHO/ Matron – Medicine & IPC Matron Matron	June 2020 Completed June 2020 Competed June 2020 Completed May 2020 Complete Feb 2020 Complete Feb 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Work surfaces and Trolleys removed and replaced with new All staff retrained by IPC team and training compliance is reviewed on amonthly basis at team, service group and Unit wide governance meetings	Senior Matron – ECHO	Completed March 2020
The health board must ensure that: • Nursing staff complete nutritional risk assessments for patients, and these are re-assessed as appropriate • All patients waiting on AU for beds must have an oral assessment and care plan implemented where applicable.	2.5 Nutrition and Hydration	Patients within ED have a nutritional assessment if in the department for longer than 12 hours. Oral risk assessments and nutrition risk assessment completed on admission to AMAU and updated accordingly Above audited monthly by ward manager and quarterly by matron	Senior Matron – ECHO Matron – Medicine Matron - Medicine	Completed - May 2020 Completed - May 2020 Completed - May 2020
The health board must ensure that: • Staff are consistently documenting all aspects of the medication charts	2.6 Medicines Management	Staff training programme in place for medicines management undertaken by education facilitator. Regular checks being undertaken to ensure IV fluids and medicines/O2 are prescribed and administered and charts	Senior Matron – ECHO Senior Matron – ECHO	August 2020 Completed May 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
• IV fluids are always signed by staff when being administered • Oxygen is prescribed and signed for as applicable • Medications are not left unattended on the ED, or other areas within the health board • All applicable staff receive additional training for medicines management or are up to date with medicines management training.		are fully completed with spot audits by Matron and Ward Manager. Patients own medicines go in the PODS and TTO's are placed in locked cupboard until patient ready for discharge. New medication PODS and fridge installed on AMAU. Staff training programme in place for medicines management undertaken by education facilitator and compliance reported through Medicine and Echo Board. Seek Executive Support for the roll out of electronic prescribing and administration system (EPMA) at the Morriston Site	Senior Matron – ECHO Matron AMAU Head of Pharmacy – Acute Services Unit Nurse Director	Completed Feb 2020 Completed Feb 2020 Feb 2020 Completed July 2020
The health board must ensure that all staff within the ED 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	Staff training programme in place with compliance reported through unit Q&S group and service group boards. Compliance to be reached by June Staff safeguarding training throughout the health board is monitored through the	Heads of Nursing/ UND	June 2020 July 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		HB's Safeguarding Committee and reported to the Quality & Safety Committee	Executive Director of Nursing	
The health board must ensure that pain assessments are completed and documented with each patient where applicable.	3.1 Safe and Clinically Effective care	Patients pain score recorded at triage also training in place by ANP team leader regarding analgesia at triage.	Senior Matron – ECHO	June 2020
		The use of the HB pain assessment tool is to reinforced by ensuring the pain assessment tool is in patient bedside folders	Heads of Nursing	July 2020
		Audit of use of the tool and immediate actions implemented if needed	Matrons	July 2020
The health board must ensure that patient identifiable data and confidential waste are kept securely at all times.	3.4 Information Governance and Communications Technology	The need to keep Confidential waste kept in appropriate secure rooms is to be reinforced.	Heads of Nursing	Completed – May 2020
		The unit to work with estates to ensure suitable frequency of collection of confidential waste is in place.	AD for Medicine and ECHO	Completed May 2020
		The IG executive lead to review HB wide actions and report back to SLT if further actions needed.	Executive Director for IG	September 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
The Health Board must ensure that: • All pages of the assessment booklet used within the ED must be completed, and also on the AU • Sufficient and consistent information is documented within patients' ED records and other nursing/medical records • All entries made within patients' ED records must be signed and dated and contain the name and role of the person concerned.	3.5 Record keeping	Regular spot audits being undertaken, and training to support record keeping and documentation. Medical staff are reminded on induction and on shift hand overs off the requirement for timely, accurate and signed documentation Findings of departmental ED audits feedback to trainees at weekly Friday morning governance meetings	Senior Matron – ECHO/ Medicine Senior Matron – ECHO/ Clinical Director	Completed Feb 2020) Completed Feb 2020 Completed Feb 2020
Quality of management and leadership				
The health board must ensure that: • The issues identified with low morale and other negative staff comments are explored across both departments, and addressed where appropriate	Governance, Leadership and Accountability	Regular monthly meetings in place for multiple staff groups including portering and domestic to improve communication team working and staff morale	Senior Matron – ECHO and Matron - Medicine Unit Nurse Director	Completed Feb 2020 August 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
• It reconsiders and evaluates the approach to the effectiveness and overall governance and audit processes currently in place, for both units, the directorate and health board • Consideration is given to how all or most ward staff can attend regular ward meetings • All staff are made aware of the revised Health and Care Standards that were introduced in April 2015.		Review to be completed by Unit Nurse Director and taken to HB quality and safety Committee. A complete review of the overall governance arrangements for the HB to actioned Newsletter being developed and Microsoft Teams to be used to provide greater accessibility to meetings Awareness to be raised. Meetings already structured to ensure Health and Care Standards are considered	Executive Director of Nursing Senior Matron – ECHO and Matron - Medicine Heads of Nursing	August 2020 Complete June 2020
The health board must ensure that: • The issues identified with low morale and other negative staff comments are explored across both departments, and addressed where appropriate • A robust plan for recruitment is in place for the ED and AU, and is shared with HIW	7.1 Workforce	Regular monthly meetings in place for multiple staff groups including portering and domestic to improve communication team working and staff morale. Drop in sessions for staff to speak to matrons in place. Exit interviews in place. Wellbeing champions and information Board in place.	Senior Matron ECHO/ Matron – Medicine, Clinical director and AD.	Completed Feb 2020 Feb 2020 completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
• A robust process is in place to manage temporary staffing requirements, and is shared with HIW • Monitoring and auditing is undertaken on the fill rate of shifts against the increased staffing levels committed to the ambulances waiting and the waiting areas of ED • Consideration is given to completing an up-to-date staff satisfaction survey to include ED and AU • A robust process is in place to enable all staff have the opportunity to have a formal personal annual appraisal.		Kendall Bluck review report which was commissioned by the executive team is finalised and recommendations and action plan from this is considered for implementation and supported by the executive. The report finalised findings are reviewed in the context of post Covid-19 pandemic ED Nursing workforce paper to be presented to Unit Directors for consideration and support Rolling adverts in place for all nursing grades across multiple specialties including ED and Medicine A whole HB wide service redesign process for acute medicine which includes the AMAU to be undertaken Off duty review by matrons to ensure appropriate numbers of temporary staff are rostered on any given shift. Monthly allocate roster meetings with the UND and corporate team taking place to	Matron ECHO Associate Service Director Medicine/ECHO ASD/ Head of Nursing Medicine ECHO Head of Nursing Senior Matron ECHO/ Assistant Service Group Manager ECHO	Feb 2020 August 2020 September 2020 June 2020 June 2020 Sept 2020 June 2020 June 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		analyse and audit rosters in addition to service group review meetings Allocate and Bank request system in place to ensure good rostering practice is adhered to and temporary staff used efficiently to maximise patient safety. All staff within SBUHB are actively encouraged to participate in the All Wales Staff survey. Processes are in place to ensure all staff have a personal annual appraisal. Compliance is monitored and discussed at the monthly directorate boards.	COO/ Head of Nursing Medicine ECHO Head of Nursing Medicine & ECHO Senior Matron – ECHO and Matron - Medicine Clinical director / Head of Nursing Associate directors Heads of nursing and Clinical directors	Completed Feb 2020 Nov 2020 July 2020
		HIW Final Report and Improvement Plan to be consider by the Quality & Safety Governance Group in terms of the learning to be shared across the Health Board and monitoring the implementation of the action plan.	Head of Quality & Safety	August 2020

Corporate Actions	Corporate Governance	HIW Newsletter to be produced and issued identifying the learning from inspections in 2019/20 and shared through the Units via the Health Boards Quality & Safety Governance Group.	Head of Patient Experience, Risk & Legal Services	August 2020
		HIW Final Report and Improvement Plan (section on pressure ulcers) to be reported to and considered by the Pressure Ulcer Strategy Steering Group to consider any further actions and learning across the Health Board.	Head of Patient Experience, Risk & Legal Service/ Unit Nurse Director NPTH/	September 2020
		HIW Final Report and Improvement Plan (section on Infection & Prevent Control) to be reported to and considered by the Infection & Prevention Control Committee to consider any further actions and learning across the Health Board.	Head of Patient Experience, Risk & Legal Services Assistant Director of Infection Control	September 2020

Corporate Actions	Corporate Governance	HIW Final Report and Improvement Plan (section on medicines safety) to be reported to and considered by the Medicines Safety Group to consider any further actions and learning across the Health Board.	Head of Patient Experience, Risk & Legal Services Clinical Director of Pharmacy	September 2020
		Quality & Safety Improvement Team to review the final HIW report and improvement plan and consider in terms of the spot check assurance visits of the Ward Assurance program	Head of Quality & Safety	September 2020
		Undertake an internal follow up peer review visit, led by the Corporate Quality & Safety Improvement Team in line with the Ward Assurance programme.	Head of Quality & Safety	December 2020

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

Service representative

Name (print): Mark Madams

Job role: Unit Nurse Director

Date: 16 June 2020