

Follow-up Inspection (Announced)

Minor Injuries Unit

Neath Port Talbot

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2020

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

In writing:

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

Or via

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

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

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

- 1. Independent**
- 2. Objective**
- 3. Caring**
- 4. Collaborative**
- 5. 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 announced follow-up quality check of the Minor Injuries Unit (MIU), Neath Port Talbot Hospital (NPTH) in Swansea Bay University Health Board (HB) on the 17 November 2020. This follow up quality check reviewed the level of action taken and progress made in response to an agreed improvement plan following an inspection of the unit on 18 and 19 September 2018.

The HB were asked in advance to provide evidence to support the action they had taken to address the improvements required and documented in the HIW improvement plan.

The quality check took place on Microsoft Teams and was attended by a HIW inspection manager and senior management representatives from MIU.

Further details about how we conduct follow-up inspections can be found in Section 5.

2. Summary of our inspection

During our last inspection of the MIU on the 18 and 19 September 2018, we had immediate concerns regarding the delivery of safe and effective care to patients. We were therefore 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.

During this follow-up quality check we were provided with evidence that indicated significant improvements had been made in MIU, in relation to the patient experience and safe and effective care. The HB provided evidence to show they had implemented the improvements noted in their action plan and had made further improvements.

However, a number of areas remained in need of improvement, and these are referred to in more detail within the relevant sections of this report.

3. What we found

Background of the service

Swansea Bay University Health Board formerly Abertawe Bro Morgannwg University Health Board (ABMU) was created on April 1, 2019 after responsibility for providing healthcare services in the Bridgend County Borough Council area passed from ABMU to the new Cwm Taf Morgannwg University Health Board.

The Health Board employs approximately 12,500 staff and has three major hospitals providing services. These hospitals include Morriston and Singleton Hospitals in Swansea and NPTH in Baglan, Port Talbot. It covers the main urban areas of Swansea and Neath Port Talbot, and Local Authority areas Swansea and Neath Port Talbot through three main hospitals and covers a population of around 390,000.

The MIU at NPTH treats unexpected and urgent minor injuries. The MIU can deal with conditions such as:

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

As a result of the pandemic and changes in Health Board service provision, patients with minor injuries are encouraged to access minor injury services at the MIU NPTH.

Quality of patient experience

During our inspection in September 2018, we spoke to patients who agreed that staff were kind and sensitive when carrying out care and treatment.

We identified improvements were required to help maintain patients' privacy and the range of information on display and available to patients.

During this follow-up quality check, it was positive to see that evidence indicated the Health Board had implemented and sustained the majority of the improvements listed in their action plan following the last inspection.

Improvements required following the last inspection

Areas for improvement HIW identified during the last inspection included the following. The HB should:

- Improve the range of health promotion information on display within the MIU
- Consider the options for providing drinking water for patients within the MIU
- Ensure that staff close doors to consultation and treatment rooms whilst with patients
- Ensure that patients have access to information pertaining to Putting Things Right (PTR)¹
- Replace the defaced submission box for Friends and Family feedback
- Review the provision of information to ensure that it is available in Welsh

¹ <http://www.wales.nhs.uk/ourservices/publicaccountability/puttingthingsright>

- Ensure that staff can provide information in a range of communication preferences including braille
- Ensure that staff name badges are worn and clearly visible
- Consider using a "who's on duty" board
- Ensure that the correct expected waiting time is displayed at all times.

What actions the service said they would take

The service committed to take the following actions in their improvement plan dated 31 October 2018 and enhanced improvement plan dated 10 June 2019:

- Health promotion information to be displayed in the reception area and to introduce a patient information board using QR codes² to provide a range of up to date health promotion and patient information
- To provide bilingual signage in the MIU advising patients that they can request drinking water from staff and where to access refreshments. In addition the ABMU Water Safety Committee is considering a request to install a water fountain within the MIU
- All staff have been instructed to ask patients if they wish the door to be closed during their consultation and staff have been informed this should be documented in patient notes. Exceptions to this process would be based on the MIU risk assessment for risk of violence and aggression
- PTR is now provided bilingually in the Unit. In the longer term PTR information will be displayed on the QR code board
- The Friends and Family feedback box has been replaced with a locked plastic suggestions box
- Information in the waiting area has been replaced with bilingual information. There is a programme of translation underway for clinical patient information

² A Quick Response (QR) code is a barcode and machine readable optical label designed to provide information.

- All staff have been reminded how to access interpretation and translation services for other languages including braille. The MIU will invite the HB Disability Reference Group to undertake an inspection visit
- New badges have been ordered for all MIU staff
- The MIU is developing a “Who is in charge’ board to be displayed in waiting areas, along with a board displaying staff uniforms and the roles of members of staff on duty
- Waiting times are displayed on the reception area window and the accuracy of these times are monitored through spot checks. The MIU communication screen will display live waiting times in the front reception area.

What we found on follow-up

During the course of our follow-up quality check we noted the following:

- HIW were provided with evidence that QR information boards providing downloadable information with bilingual options have been installed in the waiting area and clinical area. In addition the waiting room layout had been changed so that patients can view two newly installed televisions. One displaying BBC1 until 9pm (when it is switched off) and the other is a Bright Sign system³ that provides information relating to MIU processes, infection control, current waiting times, accident prevention and “choose well”⁴ information. HIW were informed waiting time information is displayed bilingually however MIU have arranged and are awaiting translation of the main presentation
- We were informed a request to install a drinking water fountain had been submitted but this has been declined by the Director of Estates & Facilities pending further discussions. At present there are no water jugs in the waiting rooms. However, patients and the general public can request cold drinking water that is currently stored in the clinic and triage rooms in flasks. The Consultant

³ Bright sign system is a digital signage media player. It enables the user to organise and schedule content displayed on screen.

⁴ The Choose Well campaign is an NHS initiative aiming to help people choose the best place to get treatment if they fall ill.

Nurse has confirmed he will continue to have dialogue with the Nurse Director and Director of Estates in relation to this matter

- The Consultant Nurse and Matron informed HIW that the triage room is small but has multiple points of access/egress. All other consulting rooms are standard size with one point of access/egress. The safety of staff and patients is considered by staff who make a clinical judgement on whether to close doors. This is balanced by the need to maintain patient dignity and privacy. Following the HIW inspection in 2018, staff were asked to record these clinical judgements. However, a new National CAS Card system has been introduced which does not provide a facility to document this judgement. HIW were assured by management that all staff were aware of the need to continue to make clinical judgements
- We were informed that bilingual PTR information is available on the QR screens, television screens and laminated notices on notice boards in MIU. In addition patients and the general public are able to request information from the MIU reception
- Friends and Family feedback boxes have been replaced, however, these boxes are not in use at the present time in line with Covid-19 restrictions. QR codes are displayed on the front of the boxes to encourage contact-less feedback
- The Consultant Nurse confirmed bilingual signage was now available and this had been replicated on the QR screens. Staff received an email informing them of the services available for translation and interpretation. Evidence was provided to confirm information is available on the HB intranet site. The hospital has appointed a learning disabilities nurse and she is supported by ward champions. The matron confirmed a hearing loop facility is available in MIU. The Consultant Nurse confirmed there had been no concerns raised or incidents logged with regards to translation and interpretation services
- The Matron confirmed staff have been issued with the correct badges and she regularly checks to ensure badges are visible
- We were provided with evidence to confirm the “who is in charge” board is displayed in the waiting room and the “who is on duty” board is displayed in the clinical area
- We were provided with evidence to confirm waiting times are now displayed on the newly installed patient information television in

large text. Waiting times are updated hourly by reception staff and spot checks are made by the team leader and nurse in charge to ensure the information is up to date.

Delivery of safe and effective care

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

During the course of the previous inspection in September 2018 we identified many areas that required improvements to enable the delivery of safe and effective care.

During the course of the follow up quality check we found evidence that the processes and systems in place, were sufficient to ensure that patients received an acceptable standard of safe and effective care, and staff were committed to providing this.

In response to operational changes and the pandemic, the MIU provides a facility for patients to phone the unit before attending and has introduced a virtual waiting room where patients can be assessed before presenting to the unit. This helps prevent inappropriate referrals and controls the overall number of patients attending MIU.

It was positive to find the HB had taken action and made significant improvements to the environments and the models of care along with their systems and processes, in response to the improvement plan issued by us following the inspection in August 2018.

The immediate assurances required during the last inspection

Areas for immediate improvement identified at last inspection included the following:

- The HB is required to provide HIW with details of the action taken to ensure that resuscitation equipment/medication is always available and safe to use in the event of a patient emergency on the MIU and other wards and departments across the health board
- The HB is required to provide HIW with details of the action taken to ensure that portable electrical equipment on the MIU is safe to use

- The HB is required to review the MIU process for suspected fractures to ensure that patients receive appropriate timely care

What actions the service said they would take

The service committed to take the following actions in their immediate improvement plan dated 29 September 2018:

- Daily checks of the resuscitation trolley and defibrillators are being undertaken in MIU and evidenced by Emergency Nurse Practitioners⁵ (ENP's) who record checks in a daily signed resuscitation room check record. All clinical areas in NPTH and lead nurses in ABMU have been reminded of the need to ensure that daily checks are undertaken on resuscitation trolleys and equipment. Monitoring of this arrangement will be included within the matron spot-checks and NPTH unannounced assurance visits. The findings from unannounced audits will be reported to the NPTH Quality Safety and Improvement Group. The Resuscitation Policy has been circulated which highlights the need for daily checks including a check list. The findings of the HIW inspection will be forwarded to the Chair of the HB Resuscitation Committee for sharing and learning across the organisation. The HB internal audit department have carried out a review of Nursing Quality Assurance
- The Electricity at Work Regulations 1989 require electrical equipment that has the potential to cause injury are maintained in a safe condition. The Regulations do not specify what needs to be done, by whom or how frequently and do not make it a legal requirement to undertake this annually. However the HB acknowledged the inspectors' concerns regarding the safety of electrical equipment within MIU and arranged for an inspection of all portable electrical equipment to be undertaken by a member of the Estates team by 26.9.2018 and for items to be subject to Portable Appliance Testing (PAT)⁶ or removed from use as appropriate. The HB's draft policy on Testing of Portable Electrical Equipment will be reviewed at the Health and Safety Committee in

⁵ A registered nurse who has undertaken additional training to assess, diagnose and prescribe treatment for patients with minor injuries and illness.

⁶ Portable appliance testing (PAT) is the examination of electrical appliances and equipment to ensure they are safe to use.

November 2018. The committee will look to standardise the HB's approach to PAT testing across ABMU. If any concerns are highlighted the committee will forward its findings to the HB Risk Management Group.

- The HB is clarifying its process for managing suspected fractures in the MIU, and across the HB through the development of a pathway for managing suspected fractures. This is based on best practice and will be presented to the Unit Quality Safety and Improvement Group in October 2018 for formal ratification. In the short term, until the pathway is ratified, all suspected fractures are being referred directly to Fracture Clinic for specialist review. Furthermore, the MIU is undertaking a retrospective audit of 50 patients noting the times of presentation in clinic to diagnosis and fracture clinic review. The aim is to establish whether or not there has been a delay in suspected fracture reviews. The unit is also auditing a further 50 past patients referred directly to fracture clinic to measure the time from initial presentation to Fracture Clinic review and to ascertain where the Fracture Clinic diagnosis and management concurs with that made in MIU.

What we found on follow-up

During the course of our follow-up quality check we noted the following:

- Evidence was provided to confirm that daily checks are made on resuscitation trollies and defibrillators. In addition HIW were provided with an up to date HB resuscitation policy
- The Consultant Nurse confirmed that following the HIW inspection in 2018 routine PAT testing was completed on portable electrical equipment. However in August 2020 a proposal was made and documented in the minutes of the HB Health & Safety Committee that confirmed the decision to withdraw the requirement for blanket PAT tests and instead introduce a risk assessment process based on Health and Safety Executive (HSE) guidance. The minutes also indicated a new policy had been signed off and was awaiting approval in September 2020. MIU was awaiting receipt of the policy to provide guidance on the way in which to risk assess the need for PAT tests
- We were provided with the operational policy that confirmed suspected fractures are reviewed daily by a senior trauma & orthopaedic doctor. We were informed that patients who attend the unit out of hours have their cases reviewed by a trauma and

orthopaedic consultant, in a virtual fracture clinic, the next working day. The consultant has access to clinical notes and X-rays and is able to make clinical judgements based on this information. Following the review, patients are either called in for a face to face appointment, contacted by telephone, or a letter with further management advice is sent. The only exception to this are those patients who meet the criteria noted in HB protocol to attend the consultant led emergency department clinics in person at Morriston Hospital and Princess of Wales Hospital. We were informed that MIU can always seek advice from the emergency department consultant in Morriston Hospital and patients are provided with a contact number for MIU should they require help or advice. The consultant nurse informed HIW that educational opportunities are available to allow ENP's employed in MIU to attend virtual fracture clinics phone and video calls to provide professional development.

The additional improvements required following the last inspection

Additional areas for improvement required following the last inspection included the following. The HB should:

- Ensure that the environment of care is regularly reviewed to identify and address any defects
- Ensure that hazardous cleaning materials are securely stored
- Ensure that calibration of medical equipment is completed in line with the manufacturer's guidelines
- Ensure that there is a defined process for the MIU to inform staff when to complete risk assessments to identify a patient's risk of developing pressure damage in line with HB policy and national professional guidance
- Ensure that there is a defined process for the MIU to inform staff when to complete a patient falls risk assessment in line with HB policy
- Ensure that staff wear the required personal protective equipment when undertaking patient care
- Review the hand cleaning arrangements for the MIU
- Ensure that sharp bins are removed in a timely manner

- Ensure that there are clinical cleaning schedules and audits in place for the MIU
- Improve the signage to indicate how to operate bins and what items can and cannot be disposed within them
- Review their policy to consider whether sanitary bins should be placed throughout the hospital
- Provide HIW with details of the action taken to ensure that medicines are stored at temperatures recommended by the manufacturer
- Ensure that all medication is stored securely within designated medication cupboards and medication fridges
- Provide HIW with details of the action taken to ensure that controlled drugs are checked in accordance with the HB's policy
- Provide HIW with details of the action taken to improve the professional standard of record keeping.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

- Daily checks are undertaken to ensure that environment is free from defects. Damaged chairs have been removed from use and replacements ordered
- Placing locks on cupboards used for storing hazardous materials
- Equipment that requires calibration and servicing is regularly checked. A task and finish group will be established to revise the current documentation in order to ensure that there are processes in place to manage patients at risk of developing pressure damage
- A task and finish group will be established to revise the current documentation in order to ensure that there are processes in place to manage patients at risk of developing pressure damage
- A task and finish group will be established to ensure there are processes in place to manage patient falls
- All staff have been reminded of the requirement to use personal protective equipment

- All clinical rooms and the triage room have a clinical hand-washing sink with an alcohol hand sanitizer in line with the Infection Control in a Built Environment policy (section 6.5)
- Porters remove sharps bins three times a day. Sharps bins are stored in the sluice area whilst awaiting collection and a digi-lock has been ordered for this door
- The infection prevention and control specialist nurse has undertaken an independent spot check of the MIU. There are cleaning schedules in each room with daily record checks in place
- Bilingual signage is in place in toilet areas advising of what waste can be placed in bins
- The HB will review the arrangements for managing sanitary waste in line with our policy on the management of waste segregation
- Clear signage has been put on the warming cupboard for storing saline. This states that the saline is for use in eye lavage and not for IV use. This cabinet is locked. A Standard Operating Procedure will be developed to describe the storage arrangement for saline in the warming cupboard. In accordance with Patient Safety Notification 015 and in line with HB policy we can confirm that a ward monitoring log has been implemented
- We can confirm that all medication is stored within designated locked medication cupboards and fridges
- We can confirm that controlled drugs are checked at least once daily in line with the HB policy on the Management of Controlled Drugs
- The HB will commission an independent review of the professional standard of record keeping in order to develop a targeted improvement plan

What we found on follow-up

We were pleased to find that the HB had implemented and sustained the majority of the improvements listed in their action plan following the last inspection, relating to the delivery of safe and effective care. However, some areas required further improvement, and these are highlighted as additional findings.

- Evidence was provided that identified environmental checks are carried out on a daily basis in all areas of the MIU. Environmental observations conducted on the 3/7/20 identified the MIU were 92% compliant with required standards. We were informed that all members of the MIU team have a responsibility to complete environmental checks as and when required. Resuscitation equipment is checked by a registered nurse and the nurse in charge of the ward is ultimately responsible for ensuring all areas are cleaned and all necessary items stocked
- We were provided with evidence that confirmed hazardous materials are stored securely in locked cupboards and subject to daily checks
- Evidence was provided showing examples of calibration and servicing of equipment in line with manufacturers guidelines
- Provision is made for those patients who may be at risk of developing pressure damage in a HB operational policy. We were informed that the clinical nurse specialist for tissue viability provides support to MIU to develop its provision to those patients who may be at risk of pressure damage. HIW were provided with evidence that confirmed 77% of adults presenting in MIU received a mobility risk assessment⁷ upon arrival in the unit. We were informed that appropriate interventions are put in place if a mobility risk is identified and completed assessments are subject to audit review by ENPs. We were informed that there is an approved plan to audit the documentation of patients who require ambulatory transfer out of the department as this will provide a sample of patients that may require pressure relieving interventions. The consultant nurse confirmed the risk of developing pressure damage in MIU is low and the median length of stay measured in October 2020 was 56 minutes with no patients waiting longer than 4 hours. He confirmed that management will review the process and criteria by which assessments are made whilst ensuring compliance with policy and national guidance
- We were provided with a copy of the operational procedure for falls assessments. An audit in January 2020 identified poor compliance with this procedure. A further audit completed in October 2020 identified only 33% of those patients reviewed had received falls

⁷ Mobility assessments are completed to enable identification of patients with impaired mobility and the risk of developing pressure damage.

risk assessments and 53% had documented mobility scores. A further snapshot audit in November 2020 identified 64% of patients within the sample had received a falls risk assessment. The Consultant Nurse informed us that reception staff now check documentation to ensure risk assessments have been completed prior to discharge. The consultant nurse confirmed he would seek advice and good practice from the Royal College of Emergency Medicine into the requirement for falls risk assessments in a minor injuries environment

- HIW were provided with evidence that staff have access to guidelines on the use of PPE and MIU have a nominated mask fit tester and PPE trainer. We were informed that additional PPE dispensers have been installed in MIU. Evidence provided to HIW indicated a high level of staff compliance with Infection Prevention and Control mandatory training
- We were informed that hand washing facilities and alcohol hand sanitizer are available in all clinical rooms, clinical areas, and work stations and at the reception. Documented evidence identified monthly hand hygiene audits and peer review audits are carried out and we were informed the results are shared with staff
- We were provided with evidence to confirm a digital lock had been installed on the sluice door and we were informed that sharps bins are stored in the locked sluice with porters checking this area three times per day
- We were provided with evidence of daily cleaning schedules. An IPC and cleaning check was completed in October 2020 and the results indicated a high level of compliance with required standards
- The HB provided evidence of improved signage regarding the use of bins and confirmed new bins had been ordered and MIU were awaiting delivery
- The HB provided evidence that confirmed new sanitary bins are now in situ
- We were informed that the warming cabinet has been removed and we were provided with evidence that fridge temperatures are checked daily
- We were provided with evidence that medications are subject to daily assurance checks and are stored within a locked, electronic

cabinet, intravenous fluids are stored in a locked cupboard and fridge medications are stored in a locked fridge

- We were provided with evidence that controlled drugs are checked on a daily basis by two registered nurses and on a six monthly basis by the matron and pharmacy departments
- The consultant nurse provided us with evidence that an audit plan is in place to ensure the review of professional standards of record keeping. We were informed that MIU were ahead of schedule with the audit plan, results were being documented in a report and shared with the matron and consultant nurse. We were informed that feedback is provided verbally to staff. In addition the MIU uses the Manchester Triage audit tool⁸ and operates a series of clinical and safeguarding audits. The results of which are shared with staff.

Additional findings

Managing risk and promoting health and safety

At the time of the quality check MIU were not in receipt of an up to date policy or guidance on the way in which to risk assess the safe use of portable appliances and equipment, following the health board's decision in August 2020 to withdraw the requirement for blanket PAT tests and instead introduce a risk assessment approach based on Health and Safety Executive guidance.

Improvement needed

The HB is required to:

- Provide MIU with the official procedure that identifies the process by which the safe use of portable electrical appliances and equipment is risk assessed.

Falls Prevention

Audits dated October and November 2020 identified MIU were not routinely completing falls risks assessments and documented mobility scores for patients attending the unit.

⁸ The Manchester Triage audit tool is a clinical risk management tool used to safely manage patient flow by prioritising patients based on presenting signs and symptoms

Improvement needed

The HB is required to:

- Provide HIW with assurance that the risk assessment of falls for patients attending MIU is conducted in line with HB policy, national standards and evidence based guidelines in order to reduce avoidable harm.

Safeguarding children and safeguarding adults at risk

We were provided with a ligature⁹ risk assessment dated March 2020 which had been completed in response to recommendations made in a HIW inspection of Morriston Hospital. An action list was documented in the risk assessment and recommended the installation of a convex mirror in the children's waiting room, collapsible curtain rails in major assessment areas and a key code lock on the store room door. We were informed that the recommendation to install a convex mirror in the children's waiting room was on hold and that the children's room is currently out of use. Action has been taken to install a key code lock on store room door and collapsible rails in major assessment areas. We were informed that there have not been any updates or meetings held since March 2020.

Improvement needed

The HB is required to:

Provide assurance that action will be taken to install a convex mirror in the children's waiting room in MIU in order to enhance the observation of children.

⁹ A ligature risk is identified as anything which could be used for the purpose of hanging or strangulation.

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 services review and monitor their own performance against the Health and Care Standards.

We were pleased to find that the HB had implemented and sustained the majority of the improvements listed in their action plan following the last inspection, relating to the quality of management and leadership.

We were provided with evidence that confirmed the workforce in MIU had increased following a staffing review including the recruitment of registered nurses and ENP's. Due to the retirement of previous post holders, a new matron and consultant nurse have taken up post. An operating policy provided details of roles, responsibility and management structure.

The standard operating procedure published in April 2019 had been revised in April 2020 to reflect changes made in response to Covid-19 and the pandemic.

The improvements required during the last inspection

Areas for improvement we identified at last inspection included the following:

- The HB must review the organisational structure of the MIU to ensure there is an appropriate skill mix of staff with clear lines of management
- The HB must ensure that the Matron / Lead ENP has sufficient "management time" to fulfil their managerial responsibilities
- The HB must ensure that there are up-to-date MIU Standard Operating Procedures and processes in place
- The HB must ensure that the MIU has robust clinical audit and governance arrangements in place to ensure that safe and effective care can be provided

- The HB must ensure that there are arrangements in place for shared learning across the health board following inspection activity
- The HB must ensure that the MIU is always staffed with the appropriate skill mix
- The HB must ensure that mentors complete a recognised mentoring qualification
- The HB is required to provide HIW with details of the action taken to support staff to attend mandatory training (as identified by the health board)
- The HB is required to provide HIW with details of the action taken to support staff to complete training in respect of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs)
- The HB is required to provide HIW with details of the action taken to support staff to attend team meetings
- The HB must ensure that staff are up to date with relevant professional policies, guidance and alerts to guide their practice

What actions the service said they would take:

- A post for a clinical educator has been advertised internally in order to support the supervision and development of trainee nurse practitioners. The Consultant Nurse portfolio has been revised on a temporary basis to increase their dedicated supervision and teaching time. We have advertised to recruit additional ENP's within the MIU
- The establishment within the MIU is being reviewed in order to ensure that there is sufficient managerial time
- An overarching operational policy is being developed for the MIU
- A clinical governance meeting for MIU has been established in order to provide robust quality assurance within the service. The MIU will report the outcome of their clinical audits to the NPTH Clinical Audit Group on 7 November 2018
- Learning from the review has been shared through the NPTH Quality, Safety and Improvement Group. Learning will be presented to the HB Assurance and Learning Group for dissemination across units

- A clinical educator post has been advertised internally in order to support the supervision and development of trainee nurse practitioners. The consultant nurse portfolio has been revised on a temporary basis to increase their dedicated supervision and teaching time. MIU have advertised to recruit additional ENP's within the MIU
- All staff that are on the active planned roster are compliant with mandatory training. Those currently on long term absence will be supported with training compliance on their return
- A bespoke training package will be put in place for the MIU on the MCA
- Staff meetings are held within the MIU and notes shared for those unable to attend
- The MIU Clinical Governance meetings will ensure that staff are up to date with professional policies, guidance and alerts.

What we found on follow-up

We were pleased to find that the HB had implemented and sustained the majority of the improvements listed in their action plan following the last inspection.

- We were provided with evidence that confirmed the workforce in MIU had increased following a staffing review. The evidence indicated an increase in band 5 and band 7 registered nurses. Due to the retirement of previous post holders, a new matron and consultant nurse have taken up post. An operating policy provided details of roles, responsibility and management structure
- Documented evidence indicates managerial time is ensured and not compromised for both the matron and lead ENP
- We were provided with evidence of a standard operating procedure published in April 2019 and revised in April 2020 to reflect changes made in response to Covid-19 and the pandemic
- Evidence confirmed that a staff meeting on 30/9/20 conducted using Microsoft Teams was well represented
- HIW were provided with a copy of the MIU service report dated July/August 2020 and governance report dated September 2020. These reports indicated that the general public presenting to the department and sometimes local primary care staff had a poor

understanding of the function of MIU. In response to this, the consultant nurse wrote to all local GP's outlining the scope of the MIU. In addition the health board now provides online information and guidance on how to access care for minor ailments to the general public. This information is also available on social media. The health board is planning a facility where patients can call before attending ED /MIU so that an assessment can be performed to ensure the patient accesses services at the right point. The aim of this work is to improve patient safety and experience, whilst reducing inappropriate attendance. It will also afford the MIU the opportunity to schedule some patients to appointments, preventing peaks in service demand and reducing waiting times. The MIU has a small waiting room, which now has fewer seats than previously due to social distancing. A virtual waiting room system has been introduced. Patients that present to MIU are risk assessed and if suitable are asked to wait in their own vehicles. We were informed that there have not been any complaints or incidents in relation to the virtual waiting room

- A recent governance meeting discussed the HIW inspection report dated August 2018. Following the inspection the Matron in MIU produced a video staff story that was shared at the delivery unit's quality and safety meeting.

Staff and resources

Workforce

The improvements required during the last inspection

Areas for improvement we identified at last inspection included the following. The HB must ensure:

- MIU is staffed with the appropriate skill mix
- Staff are supported to attend and complete mandatory training
- Staff complete training relating to the MCA and DoLs
- Staff attend staff meetings
- Staff have access to policies and guidance

What actions the service said they would take:

- To advertise a post for a Clinical Educator, revise the Consultant Nurse portfolio and recruit additional ENP's
- All staff that are on the active planned roster are compliant with mandatory training. Those currently on long term absence will be supported to achieve training compliance upon their return to work
- A bespoke training package will be used in the MIU outlining the requirements of the MCA
- Staff meetings are held within the MIU and notes are shared to those who are unable to attend
- MIU Clinical Governance meetings will ensure that staff are provided with up to date professional policies, guidance and alerts.

What we found on follow-up

We were pleased to find that the HB had implemented and sustained the majority of the improvements listed in their action plan following the last inspection, relating to staff and resources. Evidence was provided to support the following actions had been taken:

- A Clinical Educator has been recruited to support the supervision and development of trainee ENP's. The Consultant Nurse portfolio has been revised on a temporary basis to increase their dedicated supervision and teaching time. There is an agreed Staffing Escalation Plan and a staffing risk assessment related to the second wave of Covid-19 pandemic
- We were informed that MIU have registered nurses who have undertaken mentorship training. Evidence was provided that confirmed that there are new training requirements for practice supervisors, facilitators and relevant staff and training dates had been booked. We were informed that the Clinical educator is a certified internal verifier for the Agored Cymru¹⁰ ENP programme and both the Consultant Nurse and senior ENP has undertaken the Agored assessor course

¹⁰ Agored Cymru is the Welsh awarding body of choice for education and training provision in Wales

- We were informed that the unit employs an ENP educator who focuses on the development of trainee ENP's. Evidence confirmed that mandatory training records indicated an overall high level of compliance other than a small number of staff on long term sickness or on a career break whose compliance was low
- Staff training in the MCA and DoLS was evidenced at 79% falling short of the 85% compliance required by the HB. However we were informed that further training was planned and in progress with access to virtual teaching sessions.
- Evidence was provided that confirmed monthly team meetings are held and information is distributed to all staff via email. Attendance has improved since the introduction of virtual meetings using Microsoft Teams
- HIW were provided with evidence of governance meetings and staff meetings indicating discussion around HB policies and guidance

Additional findings

Evidence confirmed the ENP staffing establishment had increased with the recruitment of 3 trainee ENP's. However, the consultant nurse expressed concerns that official ENP training for these staff had been suspended as a result of the pandemic and had not yet resumed. He explained that fully trained ENP's play a vital role in providing patient care on the unit as they are able to assess, diagnose and treat patients.

We saw evidence that identified the unit had advertised externally for a trained ENP but had not received any applications. We were informed that MIU has a very senior team of ENP's (band 7) with an average age of 48 years. The consultant nurse expressed concerns that ENP's do not have time allocated within their working week for professional development, participation in unit leadership, teaching and audit, unlike other units who provide one session (approx. 3.5 hrs) per week for these activities. We were informed that MIU do not have a sustainable succession plan for staffing or a dedicated training budget to access educational training and professional development through Health Education and Improvement Wales.

A staffing risk assessment was completed on 30/10/2020 to establish the impact of the pandemic. This identified challenges in respect of staff vacancies, the provision of child care during the pandemic, and shielding and long term sickness absence in senior staff. We were informed that support had been provided from Morriston Hospital and MIU were using the services of two reliable agency nurse practitioners.

HIW reviewed the student nurse induction pack for MIU. We noted that this pack was work in progress and would require regular review to ensure information was kept up to date and relevant.

Improvement needed

The HB must ensure:

- All staff employed on MIU complete MCA and DoLS training
- A regular review of the staffing establishment and a sustainable succession plan to ensure the workforce are able to provide adequate and timely care to patients with minor injuries

The HB should consider:

- Sustainable ways in which ENP's are able to access educational training and professional development during the pandemic
- The benefits of providing time within the working week for ENP's to develop leadership skills and develop professionally.

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 conduct follow-up inspections

Follow-up inspections can be announced or 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. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

The purpose of our follow-up inspections is to see what improvements the service has made since our last inspection.

Our follow-up inspections will focus on the specific areas for improvement we identified at the last inspection. This means we will only focus on the [Health and Care Standards 2015](#) relevant to these areas.

During our follow-up inspections we will consider relevant aspects of:

- Quality of patient experience
- Delivery of safe and effective care
- Management and leadership

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 will also highlight any outstanding areas of improvement that need to be made.

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

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were resolved during the inspection.			

Appendix B – Immediate improvement plan

Service: Minor Injuries Unit, Neath Port Talbot Hospital

Date of inspection: 17 November 2020

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

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate concerns were identified in this inspection.				

Appendix C – Improvement plan

Service: Minor Injuries Unit, Neath Port Talbot Hospital

Date of inspection: 17 November 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				
No issues identified				
Delivery of safe and effective care				
The HB is required to provide MIU with the official procedure that identifies the process by which the safe use of portable electrical appliances and equipment is risk assessed.	Standard 2.1 Managing risk and promoting health and safety	A health board policy regarding portable appliance testing (PAT) has been developed and was reviewed at the Health and Safety Operational Group on the 3 rd February 2021. It will be reviewed for ratification at the Health and Safety Electrical Sub Group meeting to be held on the 16 th February 2021.	Divisional Manager Hospital Operations	16 th February 2021

Improvement needed	Standard	Service action	Responsible officer	Timescale
		MIU compliance against this policy will be assessed and action taken on the findings.	MIU Matron	One Month
The HB must provide HIW with assurance that the risk assessment of falls for patients attending MIU is conducted in line with HB policy, national standards and evidence based guidelines in order to reduce avoidable harm.	Standard 2.3 Fall Prevention	The records of 30 patients (over 64 year old) who attended the unit between 4 th and 7 th February 2021 were audited and the compliance for completion of the risk assessment was found to be 93%. Appropriate action was taken in all of those identified to be at risk of further falls. A biannual audit of falls risk assessment will be performed.	Consultant Nurse Consultant Nurse	Complete On-going
The HB is required to provide assurance that action will be taken to install a convex mirror in the children's waiting room in MIU in order to enhance the observation of children.	Standard 2.7 Safeguarding children and adults at risk	A convex mirror have been ordered to improve the observation of the children's waiting area. This mirror will be installed on receipt.	Divisional Manager for Hospital Operations	One Month

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Due to Covid-19 response the children's waiting room remains closed. The health board will ensure that it will not be reopened until after the mirror is installed and Covid-19 restrictions are lifted.		
Quality of management and leadership				
<p>The HB must ensure:</p> <ul style="list-style-type: none"> All staff employed on MIU complete MCA and DoLS training A regular review of the staffing establishment and a sustainable succession plan is in place to ensure the workforce are able to provide adequate and timely care to patients with minor injuries <p>The HB should consider:</p> <ul style="list-style-type: none"> Sustainable ways in which ENP's are able to access educational training and 	Standard 7.1 Workforce	<p>Since the inspection on 17th November 2020 compliance is now 88%. The Health Board target is 85%. Further training is booked in March 2021 which will bring our compliance to 100% of available staff.</p> <p>There will be a biannual review of MIU workforce to bring the MIU in line with the workforce review of the hospitals ward environments. These reviews will be presented at the MIU Governance Meetings.</p>	<p>MIU Matron</p> <p>Consultant Nurse</p>	<p>March 2021</p> <p>On-going</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>professional development during the pandemic</p> <ul style="list-style-type: none"> The benefits of providing time within the working week for ENP's to develop leadership skills and develop professionally. 		<p>Online supervision sessions with a Consultant in Emergency Medicine and Consultant Nurse have been organised. These sessions run for one hour every other week.</p> <p>ENPs are also invited to the online emergency department medical education programme. This provides them the opportunity to access sessions relevant to their practice.</p> <p>ENP establishment will be increasing from 11th April 2021. Protected professional development time will be allocated to individual ENPs within the roster.</p>	<p>Consultant Nurse</p> <p>Consultant Nurse</p> <p>MIU Matron</p>	<p>Complete</p> <p>Complete</p> <p>11th April 2021</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale

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): Lesley Jenkins

Job role: Group Nurse Director

Date: 08/02/2021