

Hospital Inspection (Unannounced)

Ysbyty Aneurin Bevan/Aneurin
Bevan University Health
Board/Ebbw and Tyleri Wards

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

Our purpose

To check that people in Wales are receiving good care.

Our values

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

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

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

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Ysbyty Aneurin Bevan within Aneurin Bevan University Health Board on the 7 and 8 August 2018. The following hospital wards were visited during this inspection:

- Ebbw Ward
- Tyleri Ward

Our team, for the inspection comprised of two HIW Inspectors, (one of whom led the inspection), two clinical peer reviewers and one lay reviewer.

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

The local community served by Ysbyty Aneurin Bevan, were found to benefit from hospital services provided by well established ward and multidisciplinary teams who were constantly seeking ways of improving what they did, to promote patients' well-being.

This is what we found the service did well:

- Patients were highly complimentary of the staff involved in their care and treatment
- The ward teams and management staff were commended for the efforts being made to encourage patients to take part in recreational activities, as far as their healthcare condition allowed
- Patients were appropriately supported and monitored at mealtimes
- We found evidence of strong and consistent management and leadership within both wards and from the wider senior nurse and management team based at the hospital.

This is what we recommend the service could improve:

- Staffing levels and skill mix at night within Ebbw Ward
- Training and clarity of roles and responsibilities with regard to agency nurses
- Statutory and mandatory training for substantive ward staff

3. What we found

Background of the service

Aneurin Bevan University Health Board was established on 1 October 2009, and is responsible for the provision of NHS services to people living in Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys. The health board serves an estimated population of over 639,000 which equates to approximately 21 per cent of the total Welsh population.

The health board employs over 13,000 staff, two thirds of who are involved in the delivery of direct patient care.

Ysbyty Aneurin Bevan is located on the outskirts of Ebbw Vale town centre.

The hospital has 96 in-patient beds and also incorporates an adult mental health unit. Patients admitted to one of the three community wards receive care in individual rooms with en-suite facilities. There are also ward day rooms and garden areas where patients can spend time with family and friends.

The hospital has an out-patient department, and dedicated minor injuries unit, diagnostic support services (for example, X-rays) and a comprehensive therapies department.

Ebbw Ward

The above ward provides care to a combination of 32 female and male patients in individual rooms, as stated above. The ward is designated as an orthopaedic rehabilitation ward; however, the ward team generally provides care and support to patients with a wide range of needs and complex discharge arrangements. At the time of our inspection 32 patients were receiving care.

Tyleri Ward

Tyleri ward also has 32 individual patient rooms. However, since last year (2017), care provided in this area of the hospital is reserved for a maximum of 16 patients whose general health condition is regarded as stable, as part of a

planned pilot scheme. The pilot scheme, which is led by Advanced Nurse Practitioners¹ (ANPs) has recently been evaluated; a business case having been presented to the health board with a view to funding and sustaining this type of care, in the longer term. At the time of our inspection, 15 patients were receiving care.

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¹ Advanced Nurse Practitioners are trained to provide patient health promotion and maintenance through the diagnosis and treatment of acute illness and chronic conditions. Some of their duties are closely associated with those of doctors.

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.

We received numerous positive comments and compliments from patients about the way which staff provided them with care, treatment and support. In addition, it was evident that staff respected patients' choices and helped them to be as independent as possible.

We found that patients and their families were treated with dignity and respect by friendly, compassionate and professional ward teams and managers.

During our inspection we distributed HIW questionnaires to patients and carers to obtain their views on the services provided. A total of 12 were completed (four at Tyleri Ward and eight at Ebbw Ward). We also spoke with a number of patients and relatives during the inspection.

One patient commented that nothing was too much trouble for the majority of staff, although they would have liked a little more information about their current care. Other patient comments included the following:

*"Care is excellent-cannot think of a way it can be improved"
(Tyleri)*

"All very nice, helpful and very busy" (Tyleri)

"Staff go over and above. Staff levels in the evening though are poor. I'm concerned that if a serious event occurred, staff would not be able to cope" (Ebbw Ward)

"The friendliness of staff is fantastic. They are approachable and you can talk to them about any issues. This also applies to the bank staff" (Ebbw Ward)

Patients who completed a HIW questionnaire were invited to rate the care and treatment they had received, on a scale of 0 to 10 (10 being excellent). Three patients offered a score of 9, the remainder providing a score of 10.

Staying healthy

General issues

We saw that there were hand sanitising gel stations for use by staff and visitors at the entrance of both wards and every patient's room. This meant that there was an emphasis on infection prevention and control.

Both wards had a supply of health promotion and relevant health related and community service information for patients, their families and visitors to take away with them for future reference.

The hospital was a designated no smoking zone. This extended to the use of e-cigarettes. These arrangements complied with Smoke-free Premises legislation².

Dignified care

General issues

We found that staff spoke with patients, and each other, in a helpful and respectful manner throughout our two day inspection. We also found that staff introduced themselves prior to supporting each patient.

We were able to confirm that staff were discreet when communicating with their patients; the maintenance of confidentiality being assisted by the fact that discussions were held in their own rooms, away from others.

We saw that patients' continence needs were assessed; plans of care being put in place, as and when required.

We saw the use of signs on the door of patients' rooms to alert others not to enter whilst aspects of personal care were in progress.

² Smoke-free Premises Legislation (Wales) 2007.

Patients appeared to be well cared for; encouragement and support offered by staff to wear day clothing where appropriate. This assisted with patients' daily therapies and preparation for discharge from the hospital.

We were able to confirm that patients were addressed by their preferred name.

All patients' rooms and en-suite facilities were fitted with a call bell to enable them to call for assistance as and when required. In instances where patients were assessed as being unable to use the call bell, there were arrangements in place to check on them at regular intervals. This worked well during the day.

The above examples were among a number, which provided assurance that patients and their families were treated with dignity, compassion and kindness.

Patient information

General issues

There were welcome leaflets available in both wards to help patients and their families to understand the care being provided.

There was also information displayed on a who's who board, with details of some members of the ward teams.

We were able to confirm the use of Patient Status At a Glance (PSAG³) boards in the wards inspected. Both provided timely, regularly updated and accessible information about patients' conditions and care, as well as support and progress regarding discharge arrangements. Such information was used on a daily basis by multidisciplinary teams.

Communicating effectively

General issues

All 12 patients who completed a HIW questionnaire indicated that they had been offered the option to communicate with staff in the language of their choice.

³ The Standard Patient Status At a Glance board (PSAG) is used in hospital wards for displaying important patient information.

We saw that there were clear signs to assist patients and relatives to find their way to, and from, the wards visited.

Each patient's room was fitted with a wall clock to help orientate them to the time of day or night.

We were able to confirm that there was a very effective system in place to ensure that clear electronic information about key aspects of patients' care, was shared between staff at each 12 hour shift handover.

Ebbw Ward

One patient who spoke with us was highly complimentary about the time the doctor had taken to discuss their plan of care and health issues, with them. The same patient said that such conversations had helped them to feel more confident about their future.

Timely care

General issues

Staff who spoke with us said that they generally had enough time to provide timely care to patients during the day. They also said that the number of staff on the ward during the day was sufficient to meet the needs of the patients in their care.

We found that staff had easy access to relevant, current clinical policies and procedures to support them in the delivery of care to patients.

Both wards inspected used an intentional rounding⁴ approach to the delivery of safe and effective care. We were able to confirm this matter through looking at care records and speaking with individual patients.

Discussions with senior managers revealed that patients' average length of stay at the hospital had been reduced from 58 days (approximately three years ago), to 15. This meant that there was a much reduced risk to patients in terms of

⁴ Intentional rounding is a structured approach whereby nurses conduct checks on patients at set times to assess and manage their fundamental care needs.

hospital associated infections, patients' rehabilitation was focussed and more effective and beds in local district general hospitals were better utilised for patients who were acutely ill.

A small number of patients, who spoke with us, said that there were occasions when they used their call bell for assistance and staff were unable to respond in a timely way. Patients did, however; also state that staff would initially respond quickly and explain if there was to be a delay.

Individual care

Planning care to promote independence

General issues

Staff described how patients had been actively involved in the planned celebration of 70 years of the NHS, held at the hospital. This had taken the form of being present at a visit by members of the Royal family and attendance at a party on site.

Ward sisters also described how patients had been able to participate in regular events at the hospital (in accordance with their preferences and where abilities allowed). These included:

- Singing therapy
- Pets for therapy
- Digital reminiscing (where schoolchildren would encourage patients to learn how to use the internet)
- Macmillan coffee mornings
- Annual garden party
- Group activities (with the support of staff and volunteers).

We saw evidence of some of the above recent events in the form of photographs displayed in the wards and hospital main reception.

We were also made aware of planned future initiatives to build on the successful joint hospital and community based work already achieved, for the benefit of patients receiving care. One such example related to a planned social enterprise with a local school, whereby pupils would provide patients with trolley visits containing newspapers, books and snacks. Another related to plans for a musical event which would be held in the grounds of the hospital. The

inspection team commended hospital staff for past and present efforts in support of patients' quality of life, as well as maximising their physical and emotional well-being as far as possible.

We saw that This is Me⁵ booklets were completed for patients as appropriate.

We also found recorded evidence of ongoing assessment, individual care and discharge planning by well established multi-disciplinary teams, involving all those relevant to patients' on-going and longer term care.

We observed physiotherapy staff supporting patients in both wards at varying times during the day; mobility aids being placed within easy reach of patients. We also found that patients' mobility needs and requirements were made known to all ward staff; such information being held securely in each patients room. This meant that members of the ward team could continue to support patients safely, and as needed, in-between physiotherapy visits.

We were able to confirm that patients were encouraged and supported to wear their hearing aids and glasses for reading/distance. This assisted with orientation and independence.

The hospital had a well established group of volunteers who spent time with individual patients to provide company and support. The volunteers met with a senior hospital manager every eight weeks to ensure that they were comfortable with what they were expected to do. Such meetings were also used to discuss patients' needs and ways of improving patients' experience of the hospital as far as possible. The inspection team commended hospital staff for this approach.

We saw that individual decisions about Do Not Attempt to Resuscitate⁶ were recorded in patient notes; the reasons for such decisions being clear and made in accordance with current guidelines.

⁵ This is me is a form that can be used to provide details about a person living with dementia. It provides an easy and practical way of recording who the person is. The form includes space to include details on the person's cultural and family background; events, people and places from their lives; preferences, routines and their personality.

People's rights

General issues

We spoke with staff and found that visiting times were generally scheduled between 11am to 8pm every day with the exception of a quiet period between 3-5pm to ensure that patients could rest ahead of therapy sessions. However, we were also informed that discussions would be held with individual patients and their families about visiting times. This was, in terms of personal circumstances and support preferences (of the patient) to ensure sufficient flexibility in visiting arrangements.

We found recorded evidence of relatives' involvement in developing individualised plans of care for patients. This meant there was a clear emphasis on ensuring that patients maintained their involvement with family according to their wishes.

Discussions with a senior manager highlighted that families could be provided with temporary sleeping arrangements on occasions when they needed to stay with their family member due to deterioration in their health, or agreement with the patient by way of offering additional support.

Staff told us that when they needed to speak with relatives in private, they were able to use the dedicated staff room, or one of the day rooms. This was to ensure privacy and protect patient confidentiality.

Patients who spoke with us said that they felt confident in approaching a senior member of staff if they had any concerns.

Listening and learning from feedback

General issues

Staff described the efforts they made to deal with any patient's or relative's concerns-on the spot. Such verbal concerns were recorded in patient's notes at

⁶ There is an assumption that resuscitation will be attempted in all patients admitted to hospital who experience a cardiorespiratory arrest. Unless a valid 'do not attempt resuscitation' (DNAR) order or an advance directive (sometimes known as a living will) exists, every patient should be actively resuscitated.

times, but this approach wasn't consistent. We therefore advised ward staff of the need to address this matter. This was, in order to ensure that any themes or repetition in the type of concerns raised, could be easily identified, reported to senior managers and dealt with in a prompt way.

Staff who spoke with us, said that where patients or their families wished to raise a formal concern, they would provide them with Putting Things Right⁷ information, to assist.

We saw a small sample of the numerous thank you cards received by both wards from patients and their families by way of recognising the care and compassion with which they had been treated.

Ebbw Ward

We spoke with a doctor who provided us with detailed accounts of the daily efforts made to speak with patients together with their relatives during visiting times. This was in recognition of the importance of creating optimum communication with all concerned. We observed this taking place during our two day visit, the doctor concerned obviously having developed a very good rapport with patients and others involved in their care.

Relatives who spoke with us said that they would know who to speak to if they had any concerns. They also stated that they hadn't needed to raise any complaints about the care their family member had received.

We saw a large number of completed (anonymised) patient and relative's feedback forms on display at the entrance of the ward. Whilst the open and proactive approach of the ward team is to be commended, we advised that it might be more useful for patients and their families to be provided with a clear and concise summary of the feedback received and subsequent action taken, instead. The ward sister was very receptive to this idea.

⁷ Putting Things Right relates to the integrated processes for the raising, investigation of, and learning from concerns within the NHS across Wales.

Tyleri Ward

There was a supply of Putting Things Right leaflets available in the ward. However, all those on display at the time of inspection, were written in Welsh. We therefore brought this to the attention of the ward sister, so that a further supply of English leaflets, were obtained. There was also a large notice, encouraging people to speak with the ward sister if they had any concerns.

We saw that patients and their relatives were prompted to offer their views through providing comments in a book located in the ward corridor. Unfortunately though, this was not often used.

We also saw a prominently displayed poster inviting carers to contact a member of staff to obtain further information about the support available to them within the local community.

Delivery of safe and effective care

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

Considerable efforts were made by all staff concerned, to ensure the delivery of safe and effective care to patients.

Safe care

Managing risk and promoting health and safety

General issues

Both clinical areas inspected, and other parts of the hospital seen during our visit, were very clean and well maintained. The housekeeping supervisor and staff were commended for their work.

Furnishing, fittings and the patient environment in all areas appeared to be in good order. This was, with the exception of the issues outlined below, regarding Ebbw Ward.

We found that electrical equipment was subject to regular checks and maintenance.

The clinical environments inspected, were spacious and accessible. This meant that staff could easily assist patients with mobility difficulties.

Conversations with senior staff revealed that regular meetings were held to discuss datix⁸ incidents and any action that needed to be subsequently taken and ward sisters described the emphasis placed on ensuring that all clinical

⁸ Datix enables incident reports to be submitted from wards, ambulance stations and GP practices, greatly improving rates of reporting and promoting ownership of risk.

incidents were fully and promptly reported. Senior staff also described the system and processes in place in relation to Quality and Patient Safety. This meant that there were well established management arrangements in place to ensure that ward based incidents were made known to executive members of the board to ensure that lessons were learned and appropriate action taken.

There were suitable arrangements in place for the early detection of sepsis and/or any deterioration in patients' general physical, mental health and well-being.

Ebbw Ward

We saw five separate notices on the doors of patient's rooms, four of which indicated that the metal arm which attached small television screen to the wall, was broken. On discussing this matter with the ward sister and other senior staff, it became evident that such repairs were both costly and frequent. Given that the cost of those repairs diverted funds away from direct patient care, we advised the health board to consider providing patients with an alternative wall mounted means of entertainment. This was, to prevent patients feeling isolated and/or bored whilst receiving care in their own rooms (many patients being unable to move around the ward as a result of their physical health problems).

We also saw that a window blind was broken. This had been reported promptly to the estates department by the ward sister, however, whilst repair was awaited, the patient occupying the room was potentially compromised both in terms of privacy and comfort. The issue was therefore brought to the attention of senior managers, to ensure that the work required, could take place as soon as possible.

Improvement needed

The health board is required to provide HIW with a description of the action to be taken to ensure timeliness of ward based repairs, especially from external contractors.

The health board is required to provide HIW with details of the action taken with regard to the repair of a window blind in a patient's room in Ebbw Ward.

Preventing pressure and tissue damage

General issues

We were able to confirm that there were well established risk assessment arrangements in place with regard to pressure ulcer prevention and management. We also saw that body map forms were completed appropriately, which assisted staff to provide safe and effective care to patients.

Ebbw Ward

We saw clear and concise information displayed on a notice board with regard to pressure sore prevention and management.

Falls prevention

General issues

It was evident that both ward teams were following National Institute for Health and Care Excellence (NICE)⁹ guidelines. Staff who spoke with us also clearly understood their role in the prevention and management of patients falls.

Within the sample of patients' care records we reviewed, we found that patients had been assessed for their risk of falls and written care plan plans were in place. We were also able to confirm that staff made every effort to reduce the risk of patients falling and sustaining injuries associated with falls, whilst on the wards. For example, patient safety mats and alarm mats were available and being used in this regard.

We found that the reporting of falls incidents was well established and understood by staff. We also found evidence that families had been informed of such events in a timely manner.

Infection prevention and control

General issues

Without exception, all patients who spoke with us commented on how clean and tidy the wards were, at all times.

⁹ NICE guidelines are evidence-based recommendations for health and care. They set out the care and services suitable for most people with a specific condition or need, and people in particular circumstances or settings. Such guidelines help health and social care professionals to: prevent ill health.

We spoke with domestic staff and found them to be knowledgeable in terms of their work; cleaning schedules being completed and readily available to both regular and relief staff. This ensured consistency in the levels of cleanliness in all areas. We were also able to confirm that domestic staff were provided with sufficient time to fulfil their responsibilities which assisted with effective Infection Prevention and Control (IPC).

We found that there were appropriate management systems in place to ensure that IPC and decontamination processes were understood, monitored and followed by staff.

We saw storage racks in each patient's bedroom which contained personal protective equipment (such as gloves and aprons) for use by staff in support of good IPC practice.

We spoke with staff who were able to describe the Five Moments of Hand Hygiene¹⁰

Staff were observed adopting good hand hygiene practice in-between assisting patients in both wards visited.

Whilst we saw that all ward equipment looked clean and staff were able to describe the stringent equipment cleaning processes in place, we advised of the need to apply I am Clean labels to equipment when they were ready for use. This was to ensure that the ward team were clear about the use of equipment at all times.

Improvement needed

The health board is required to inform HIW of the action taken to ensure that labels are attached to equipment (used in the care of patients) following the process of cleaning. This in order to prevent cross contamination.

¹⁰ The My 5 Moments for Hand Hygiene approach defines the key moments when health-care workers should perform hand hygiene. This evidence-based, field-tested, user-centred approach is designed to be easy to learn, logical and applicable in a wide range of settings.

Nutrition and hydration

General issues

We were able to confirm that there were clear and understood arrangements in place to assess, manage, and respond to, patients' risks of poor food and fluid intake in both wards inspected. This included timely referrals to a dietician and/or a speech and language therapist (in instances where a patient's ability to swallow was compromised). We also saw that there were appropriate arrangements in place to monitor the amount of food and drink consumed by patients.

Patients told us that staff had helped them to eat and drink when they were unable to do that, themselves, earlier on during their hospital stay. Patients were complimentary of the quality of food provided and told us that they were not rushed when eating their meals. They also told us that their food trays were removed promptly after use.

We found that patients were presented with some choice each day in terms of what they wanted to eat and drink; their preferences being recorded through the use of an electronic food ordering system. This ensured that meals ordered by and/or for patients, were correctly provided. Snacks were available to patients in between meals if required, and water jugs were refreshed during the day and found to be within easy reach of patients.

We saw that food was promptly served to patients due to the ward hostess arrangements. This meant that ward teams had sufficient time to provide patients with assistance and encouragement to eat their meals.

Patients' mealtimes were protected. This meant that all other ward activity ceased at those times. This was to ensure that patients were given sufficient time to eat their meals independently, or with the assistance of staff or family members, in accordance with their wishes.

We saw that patients' bedside tables were clean and tidy at all times.

Medicines management

General issues

We found that there was an emphasis on ensuring that medicines were administered to patients safely, and at the right time.

For example, we saw that red tabards were worn by registered nurses when administering medication. This is common practice in hospitals, the purpose of

which is to alert others to avoid disturbing the nurse, thereby reducing the risk of error.

There was a well understood system in place (known as Omnicell¹¹) to assist staff in obtaining stocks of patient drugs out of normal working hours.

Weekly checks of Controlled Drugs¹² were completed by two registered nurses in accordance with agreed health board policy.

We saw recorded reference to the risk of Venous Thromboembolism (VTE)¹³ on All Wales drug charts generated by local district general hospitals at the point of patients' original admission. However, there was no subsequent, recorded evidence of patient monitoring in this regard. We therefore brought this to the attention of all relevant staff during our inspection.

We found that All Wales drug charts were completed correctly. This included the recording of reasons why prescribed drugs were not administered to patients. We did however find a patient's chart where there was an absence of a nurse's signature on one occasion.

Where the ward teams had identified that a patient had a known allergy to a form of medication, the patient concerned was provided with a red armband to alert staff.

Discussions with staff revealed that there were often delays in obtaining medicines blister packs¹⁴ for patients to take home. Such delays had resulted in up to a 48 hour delay in patients' discharge from hospital.

¹¹ Omnicell is an automated medication dispensing system

¹² Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. Examples include: morphine and pethidine.

¹³ VTE stands for venous thromboembolism and is a condition where a blood clot forms in a vein. Risk assessments therefore need to be carried out to assess patients' risks and to determine what action needs to be taken to prevent this happening.

¹⁴ Blister packs, also known as compliance packs or bubble packs can help people to keep track of their medicines. Blister packs contain designated sealed compartments, or spaces for medicines to be taken at particular times of the day.

Ebbw

There was no dedicated pharmacist linked with this ward at the time of inspection, so this form of support had been obtained on an ad hoc basis. We were, however, informed there were arrangements in hand to ensure that the ward team had access to regular pharmacy advice and support in the near future.

The drugs fridge temperature was checked twice daily; appropriate action being described at times when the temperature was recorded outside of the required range. However, the fridge was unlocked during day one of our inspection. Staff were therefore reminded of the need to address this matter.

Tyleri Ward

Two patients were not fitted with identity armbands. This was corrected during our visit. More details can be seen within Appendix A of this report.

We saw that a large amount of unnecessary stock of Controlled Drugs were stored within the ward. Staff told us that such stock was usually checked by a pharmacist every three months. However, we advised the visiting pharmacist of the need to arrange a stock check as soon as possible. This was, with a view to removing drugs not required.

We found that the ward drugs fridge was unlocked as there was no key available. We were, though, informed that a new fridge had been ordered. However, the temperature of the fridge was not monitored on a regular basis.

Improvement needed

The health board is required to provide HIW with details of the action taken/to be taken in relation to the following matters:

The absence of recorded VTE monitoring

Delays in obtaining medication blister packs which is having an impact on patients' timely discharge from the hospital

The regular recording of the drug fridge temperature on Tyleri Ward

The storage of unnecessary stocks of Controlled Drugs within Tyleri ward.

Safeguarding children and adults at risk

General issues

We found that senior staff completed patient DoLS¹⁵ applications in recognition of the importance of ensuring that the correct process was followed in a timely way. In addition, we were satisfied that staff had a good understanding of the DoLS process and when/how it should be used.

One patient on each of the wards inspected was subject to a DoLS authorisation at the time of our inspection; staff having promptly arranged for an extension to those arrangements in direct response to patients' ongoing needs.

Both wards were locked to prevent unauthorised entry. However, there was a means of entry/exit that could be operated easily by staff and visitors.

We found that patients had access to advocates if they needed support with making decisions about their care. This support would normally be arranged by ward staff and/or a social worker.

Ebbw Ward

We looked at a sample of patient's records and found evidence that patients' mental capacity had been formally assessed on admission (where appropriate and on an ongoing basis). We also saw that health care professionals such as registered mental health trained nurses and members of the RAID¹⁶ team had been involved in such assessments.

However, there was an absence of a specific care plan for one patient in relation to their mental capacity status although we were informed that there had been a plan in place. The ward sister addressed this matter very promptly during day one of our inspection.

¹⁵ The Mental Capacity Act 2005 (MCA) is a law that protects your rights if you become unable to make decisions for yourself. The Deprivation of Liberty Safeguards (DoLS) is a set of rules within the Mental Capacity Act. These rules apply if you can't make certain decisions about how you are cared for. This could, (for example) be because of memory problems, head injury, mental illness or learning disability.

¹⁶ RAID stands for Rapid Assessment, Interface and Discharge. The RAID team are a group of specialised mental health professionals.

Medical devices, equipment and diagnostic systems

General issues

We were able to confirm that both wards had plentiful stocks of the right equipment and medical devices to meet the needs of patients (for example hoists, movement sensors which assisted with preventing patient falls, commodes and suitable bed mattresses).

We found that faulty equipment was reported promptly by ward staff with a view to ensuring a timely response from estates or external companies. A clear log was kept by each ward receptionist in relation to those matters.

However, we found that there were regular delays in the completion of remedial work, especially in instances where external contractors were involved. This matter has been outlined earlier within this section of the report under the sub-heading of Managing Risk and Promoting Health and Safety.

Effective care

Safe and clinically effective care

General issues

We found that staff completed a series of regular audits and checks (for example pressure areas, falls, dementia, safe administration of medicines.) This was to ensure there was an ongoing emphasis on the delivery of safe care, treatment and decision making with regard to all patients. The results of such audits were clearly displayed in both wards, as were the dates of audits to be completed for the remainder of 2018.

Ebbw Ward

We found evidence to confirm that patients' level of pain was being measured, action taken and the effectiveness of medication evaluated.

PSAG boards contained a symbol to alert all members of the ward team that a patient presented with short term memory loss, or had a diagnosis of dementia. This was to ensure that such patients were well supported and protected from unavoidable harm as far as possible.

Tyleri Ward

We found that Advanced Nurse Practitioners (ANPs) completed a daily ward round to assess each patient and ensure that their plans of care were progressing well. In addition, a medical Consultant visited patients on a weekly basis; providing advice and support to the ward team, as and when needed. We also attended a board round which takes place every morning and found that the needs, progress and discharge arrangements associated with each patient was communicated effectively across the multi-disciplinary team. The above arrangements meant that there was an emphasis on ensuring that patients were safe and protected from unavoidable harm through appropriate care, treatment, information, support and early detection of risks.

We saw the use of This is Me documentation which supported other information regarding patients with a diagnosis of dementia. This meant that there was an emphasis on getting to know patient's wishes, preferences and key personal information as far as possible, by linking with their relatives and friends.

Quality improvement, research and innovation

General issues

A senior manager, who spoke with us, described one of a number of new patient initiatives planned for the hospital. Specifically, the hospital is seeking to provide up to seven ward bed spaces for patients between the ages of 20-50. The initiative would then provide those patients with an enhanced form of rehabilitation via gym facilities and other therapies. This is, with a view to optimising their general and mental health well-being whilst receiving care, as well as from the point of discharge from the hospital. The inspection team commended this approach.

We also spoke with a number of staff and found that they were highly motivated, passionate about their work and encouraged to share ideas with senior staff about ways of improving services to patients and their families.

Record keeping

General issues

We found that patient care entries (made by the ward team and all visiting professionals) were clear and recorded either at the time that care and support was provided, or very shortly afterwards. This was in-keeping with current professional guidelines. It was also evident that there was an emphasis on the planning and delivery of individualised patient care. This was also in

accordance with good practice and professional guidelines and ensured that all members of the ward team were provided with up to date information about each patients' needs.

However, information about the totality of patient care (otherwise known as the patient care pathway) delivered, was held in several places which may pose a challenge for new members of staff or agency nurses. In addition, nurse assessment documentation generated at local district general hospitals when patients were receiving acute care, was not continued at Ysbyty Aneurin Bevan. Rather, different assessment documentation was started. This created difficulties in understanding and considering the quality of nurse assessment from the point of initial admission to hospital, to the present.

We saw the use of large quantities of photocopied forms. Most were of a very poor quality, some being almost illegible. When asked about this, staff said that they had been unable to obtain original copies from stores, despite repeated requests.

Tyleri Ward

We saw that a small number of patient records completed by Advanced Nurse Practitioners were being kept in cardboard folders. This was due to the difficulties experienced by the ward team in obtaining the required health board folders for some months. This meant that there was the potential for the loss of key patient documentation. We therefore brought this to the attention of senior managers in order that this matter is addressed promptly.

Improvement needed

The health board is required to inform HIW of the action taken to improve the completion of nursing assessments in respect of all patients. This is, in recognition of the importance of record keeping in support of the delivery of safe and effective care to patients.

The health board is required to provide HIW with an update in terms of the availability of legible, good quality forms and case note folders for ward teams to record patient care and for the safe storage of patients' notes.

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.

We found evidence of strong and consistent management and leadership arrangements associated with the clinical areas inspected. This resulted in a positive staff culture and a clear willingness to further develop the services offered to patients and their families.

Whilst ward sisters made every effort to support staff to complete statutory and mandatory training, improvements needed to be made to bring about compliance with the health board's targets.

Governance, leadership and accountability

General issues

We found evidence of strong and consistent management and leadership associated with the clinical areas inspected.

We also found that ward sisters were provided with supernumerary status; efforts being made by senior managers to enable this to be sustained during each working day. This meant that they were able to use their extensive clinical knowledge and management skills to provide guidance and support to their respective ward teams.

Conversations with ward sisters and a senior nurse manager resulted in clear descriptions of the values and approaches to care encouraged within the ward and hospital environment. The inspection team was also able to confirm that staff were respectful and supportive of one another, as well as toward patients and their families.

Staff (from both wards) who spoke with us provided very positive comments about the day to day support they received from ward sisters, advanced nurse practitioners senior nurse and senior managers based at the hospital. They also told us that they were very happy and very proud to work at Ysbyty Aneurin Bevan.

We invited staff to complete a HIW questionnaire in order to obtain their views about training provided, management support arrangements, elements of patients' care and their ability to raise concerns about unsafe clinical practice. A total of 11 were completed. All respondents offered positive comments and responses to the above. The only exception being, staff inability to meet all the conflicting demands on their time at work.

We found many examples of effective, collaborative working arrangements between the ward teams and other healthcare professionals who were either based at the hospital, or in the community. This meant that there was an emphasis on ensuring that patients were provided with all the care, treatment and advice they needed to prepare for their discharge from the hospital.

Staff who spoke with us were aware of the health board's strategy entitled Clinical Futures¹⁷ and what it meant for them and people living in the community.

Ebbw Ward

Discussions with the ward sister revealed that the ward team were using the principles of John's Campaign¹⁸ to ensure that patients received care and support in a way which maximised their well-being.

¹⁷ Clinical Futures is Aneurin Bevan' Health Board's longstanding, approved clinical service strategy. At its heart, the strategy seeks to rebalance the provision of healthcare, enabling citizens to play a more active role in their health and well-being.

¹⁸ John's Campaign was founded in November 2014. Behind its simple statement of purpose, lies the belief that carers should be welcomed, and that collaboration between patients and all those connected with them is crucial to their health and their well-being. John's Campaign applies to all hospital settings: acute, community and mental health and its principles could extend to all other caring institutions where people are living away from those closest to them. <http://johnscampaign.org.uk/#>

Tyleri Ward

As previously indicated within the Background section of this report, a nurse led (advanced nurse practitioner pilot) model of care was provided in this ward at the time of our inspection. Patients admitted to the ward therefore, were those, whose general health condition was regarded as stable. The pilot had recently been evaluated and considered to be successful in terms of management, leadership and positive patient outcomes.

Staff and resources

Workforce

General issues

We found that staff numbers and skill mix was appropriate within both wards, during the day.

We were also able to confirm that the health board was pro-active in terms of staff recruitment. For example, an open day had been arranged for September 2018 where existing registered nurses and healthcare support workers would be able to share their positive experiences of working at the hospital with anyone interested in employment. This was, in addition to advertising vacancies in a variety of ways, on an ongoing basis.

Ward sisters told us that they were able to secure additional staff to meet the needs of patients, in direct response to changes in dependency. We were provided with some practical examples of arrangements that had been put in place in recent weeks. Members of both ward teams and senior managers also described how staff would be moved from areas of the hospital where dependency was lower, to areas where patient dependency was higher, on an ad hoc basis.

We were told that an Advanced Nurse Practitioner would generally be on call at night to provide wards with additional support as and when needed. However, there was one ANP vacancy at the time of this inspection which created challenges in providing such support.

Ebbw Ward

We found that registered nurse vacancies, maternity leave and long term staff sickness had resulted in on-going and regular use of agency nurses. The health board was, however, making every effort to book the same agency staff to try and introduce as much consistency to patient care, as possible.

Conversations with the ward sister resulted in the provision of evidence that an induction checklist was completed ahead of agency nurses' first day of work within the ward. We were also told that permanent ward staff would shadow agency staff if needed. This was, in order to ensure that they were comfortable with key procedures and ward practices. However, we found that agency nursing staff were unable to fulfil their role at times, as they were not permitted to undertake a number of care interventions. Such interventions included blood glucose testing (in respect of diabetic patients). This had the potential to impact negatively on the delivery of safe, prompt and effective care to patients.

Discussion with senior nurses and managers during the HIW feedback session regarding the above matters revealed that there were existing arrangements to provide agency nurses with additional training in other parts of the health board. Consideration would therefore be given to extending such training to agency nurses allocated to Ysbyty Aneurin Bevan.

We found that dedicated medical staff supported the ward between 9:00am to 5:00pm. We also found that there was an excellent professional relationship between the medical and nursing staff. In the event that a patient required medical assistance outside of the above hours, there were well established arrangements in place for staff to follow.

Conversations with the ward sister and other staff revealed that one registered nurse and one health care support worker would usually provide care and support to 16 patients at night. Whilst they told us that extra staff could come to the ward from other hospital areas if needed, they were open about the fact that observation of each patient was difficult, particularly at night because of the ward layout and individual patient rooms. There were also many instances when patients were unable to summon help via the call bell system and many occasions when patients' needs and dependency were as complex at night, as by day. In addition, one patient who spoke with us said that they were worried that if they became unwell at night, staff wouldn't have time to respond to them.

We therefore advised all those present at our feedback meeting that staff numbers and skill mix needed to be reviewed within Ebbw Ward at night.

Tyleri Ward

Advanced nurse practitioners planned, co-ordinated and led the care provided in this ward; medical staff completing a ward round once a week. In the event that medical support was required outside of normal working hours, the ward team were able to contact out of hours, or on -call doctors.

We were told that agency nurses were rarely used to address unforeseen sickness or absence on this ward; the team preferring to work extra hours, if needed.

Training and appraisal

We were able to confirm that staff had access to computer based training in the workplace. Ward sisters described the efforts they made to enable staff to complete such training whilst at work, although they acknowledged there were occasions when staff needed to complete training at home. They were also open about the challenges they, and their staff faced, in completing mandatory and statutory training whilst prioritising the delivery of safe and effective care to patients.

Conversations with a senior nurse manager and head of nursing revealed plans to release a member of staff from each of the wards at the hospital for one day at a time, to attend a training session. This was, in order to bring about wider training coverage in the shortest space of time, as they acknowledged that compliance with the health board's targets needed to be improved.

We were also told that there were discussions taking place about a proposed staff (pilot) structured training programme. The pilot would provide new and/or existing staff with the opportunity to complete a two year work rotation between the hospital community wards, the community reablement team and community nursing, to create a more flexible, knowledgeable workforce.

We were able to confirm that there were robust arrangements in place to monitor and record nurses' re-validation¹⁹.

There was an emphasis on ensuring that staff received an annual appraisal of their work; compliance in this area being around 92 per cent within Ebbw Ward and 55 per cent within Tyleri Ward, as shown within information provided by senior managers dated June 2018.

¹⁹ Registered nurses and midwives need to revalidate with the Nursing and Midwifery Council (NMC) every three years, to demonstrate that they remain fit to practise throughout their career.

Ebbw Ward

We were told that one of the two doctors who worked with the ward team, arranged some education sessions, to assist with ensuring that staff were provided with relevant skills to assist them in their work.

Improvement needed

The health board is required to provide HIW with details of the action taken/to be taken to ensure that registered nurses allocated to ward areas from external agencies, are provided with training relevant to their allocated responsibilities. The health board is also required to describe how they will ensure clarity and consistency with regard to their role. This is, in order to ensure that patients receive safe, timely and effective care.

The health board is required to provide HIW with written assurance in terms of staff numbers and skill mix within Ebbw Ward at night. This is in order to meet the needs and dependency levels associated with all patients at all times.

The health board is required to provide HIW with a description of how it will ensure that the workforce at Ysbyty Aneurin Bevan attend statutory and mandatory training programmes.

4. What next?

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

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

The improvement plans should:

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

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

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect hospitals

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

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

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

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

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
Two patients receiving care in Tyleri Ward did not have identity wristbands in place.	This meant that there was a potential risk of medication error.	We raised this concern with the ward sister.	The ward sister immediately ensured that wristbands were put in place.

Appendix B – Immediate improvement plan

Hospital: Ysbyty Aneurin Bevan
Ward/department: Ebbw and Tyleri Wards
Date of inspection: 7 and 8 August 2018

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

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
We did not identify any immediate concerns during this inspection.				

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):

Job role:

Date:

Appendix C – Improvement plan

Hospital: Ysbyty Aneurin Bevan
Ward/department: Ebbw and Tyleri Wards
Date of inspection: 7 and 8 August 2018

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
There were no issues identified for improvement in relation to this theme.		Staff have been celebrated for providing this level of service for all patients as noted by colleagues from HIW on the day of inspection	Tanya Strange Clare Walters Sian Thomas	Immediate

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
<p>The health board is required to provide HIW with a description of the action to be taken to ensure timeliness of ward based repairs, especially from external contractors.</p>	<p>2.1 Managing risk and promoting health and safety</p>	<p>The wards are very diligent about repairs and will report appropriately to Works and Estates who action immediately where possible. There is often a delay when external contractors and firms are used.</p> <p>This is a Health Board issue and a review of the process required to assess, commission and complete works undertaken by external contractors will be undertaken to ensure that delays are avoided.</p> <p>Works and estates are currently trialling a process of a handy man service which will ensure repairs are carried out more expediently</p>	<p>Facilities Supervisor</p> <p>Works Estates and</p>	<p>Completed</p> <p>March 2019</p> <p>March 2019</p>
<p>The health board is required to provide HIW with details of the action taken with regard to the repair of a window blind in a patient's room in Ebbw Ward.</p>		<p>The Window Blind in the patient room had been reported to the company for repair and the repair has been carried out.</p>		<p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board is required to inform HIW of the action taken to ensure that labels are attached to equipment (used in the care of patients) following the process of cleaning. This in order to prevent cross contamination.</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination</p>	<p>All staff have been advised on the need to attached labels to equipment following cleaning. The Senior Nurse is undertaking an intentional walk rounds twice daily. This includes monitoring the equipment. This also forms part of our monthly environmental walkabout with infection control and is reported via a dashboard system.</p>	<p>Senior Nurse</p>	<p>Completed with process now in place.</p> <p>Completed with process now in place.</p>
<p>The health board is required to provide HIW with details of the action taken/to be taken in relation to the following matters:</p> <p>The absence of recorded VTE monitoring</p>	<p>2.6 Medicines Management</p>	<p>The current system of VTE monitoring is being reviewed at Health Board Consultant level. During this review, to ensure the safety of the patients within the wards at YAB the medical team and Advance Nurse Practitioner have put in place daily monitoring of patients.</p>	<p>Ward Manager</p>	<p>Monthly review</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delays in obtaining medication blister packs which is having an impact on patients' timely discharge from the hospital		<p>The number of patients who are delayed whilst waiting for a blister pack is small and occurs only when patients are discharged more quickly than anticipated.</p> <p>48 hour notice is a requirement for blister packed medication for discharge home. The standard is to ensure these packs are ordered within the time frame for discharge and to ensure patients transferring from acute hospital have this in place. A project is ongoing on Tyleri Ward whereby patients are assessed to ensure they are safe and competent in using the blister packs at home.</p>	Ward Manager	Completed
The regular recording of the drug fridge temperature on Tyleri Ward		A form has been devised which will be completed and is located on the fridge door to monitor and record the temperature of the drug fridge. Ward	Ward Manager	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The storage of unnecessary stocks of Controlled Drugs within Tyleri ward.</p>		<p>sister and senior nurse will monitor twice daily</p> <p>All unnecessary controlled drugs have been removed from stock and this will now be monitored by Ward Pharmacist.</p>	<p>Ward Manager/Ward Pharmacist</p>	<p>Completed</p>
<p>The health board is required to inform HIW of the action taken to improve the completion of nursing assessments in respect of all patients. This is, in recognition of the importance of record keeping in support of the delivery of safe and effective care to patients.</p>	<p>3.5 Record keeping</p>	<p>As part of the transfer process the Evaluation of Care booklet (booklet one) is now proactively reviewed on admission. The ward manager is overseeing this process and the ward clerk will ensure there are a constant supply of new booklets available for nursing staff to complete for patients under their care where this is not transferred with the patient. This document will ensure that documentation is completed and updated expediently</p>	<p>Ward Manager</p>	<p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board is required to provide HIW with an update in terms of the availability of legible, good quality forms and case note folders for ward teams to record patient care and for the safe storage of patients' notes.</p>		<p>Case note folders were not available for a small number of patients whose notes were managed via the digital health record scheme. On the day of the inspection a set of notes was stored in a folder that was less than appropriate. In order to manage this situation</p> <p>Case note folders have been delivered from medical records to provide safe storage of patients notes. This will be monitored by Ward Manager and Ward Clerk to ensure supply of folders are available.</p>	Ward manager	Completed
Quality of management and leadership				
<p>The health board is required to provide HIW with details of the action taken/to be taken to ensure that registered nurses allocated to ward areas from external agencies, are provided with training relevant to their allocated</p>	7.1 Workforce	<p>The monitoring of competence and ability to utilise equipment required for their duties is the responsibility of each ward sister for all bank and agency staff. The senior nurse will monitor this process.</p>	Senior Nurse & Ward Managers	This will be an ongoing analysis of training needs for bank and

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>responsibilities. The health board is also required to describe how they will ensure clarity and consistency with regard to their role. This is, in order to ensure that patients receive safe, timely and effective care.</p> <p>The health board is required to provide HIW with written assurance in terms of staff numbers and skill mix within Ebbw Ward at night. This is in order to meet the needs and dependency levels associated with all patients at all times.</p> <p>The health board is required to provide HIW with a description of how it will ensure that the workforce at Ysbyty Aneurin Bevan attend statutory and mandatory training programmes.</p>		<p>The Health Board is working closely with agencies and supporting with clinical skills training updates for RNs including the use of Health Board equipment.</p> <p>The staffing and skill mix has now been reviewed and a third Health Care Support Worker is provided to areas with high dependency and acuity following professional review. This member of staff will be utilised in line with the Enhanced Care Policy within the identified ward areas and also in line with the All Wales Staffing Act.</p> <p>The Mandatory and Statutory Training of staff is monitored weekly in a spreadsheet format and also using the Electronic Staff Record. The Ward Manager and Senior Nurse are responsible to ensure staff are able to ensure their training needs are compliant.</p>	<p>Senior Nurse & Ward Managers.</p> <p>Senior Nurse & Ward Managers</p>	<p>agency staff.</p> <p>Completed review with ongoing assessment for dependency and acuity.</p> <p>Rolling timescale due to compliance dates.</p>

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

Service representative

Name (print): Clare Walters

Job role: Head of Service

Date:

DRAFT