

## **Hospital Inspection (Unannounced)**

Brecon War Memorial Hospital / Minor  
Injuries Unit / Powys Teaching Health  
Board

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

## **Our purpose**

To check that people in Wales receive good quality healthcare

## **Our values**

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

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

**Provide an independent view on the quality of care**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice**

**Influence policy and standards:**

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

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Brecon Minor Injuries Unit in Powys Teaching Health Board on 8 and 9 March 2022.

Our team, for the inspection comprised of two HIW Inspectors, one clinical peer reviewer and a patient experience reviewer. The inspection was led by a senior healthcare inspector.

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

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

## 2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. We identified some good practice and noted staff treated patients with dignity and kindness. This was reflected in comments made by patients.

However, we identified areas that were not fully compliant with a number of Health and Care Standards and require improvement.

This is what we found the service did well:

- Patients spoke highly of the staff and the service they received
- There was a positive team dynamic and staff felt supported by management
- The telephone appointment system allowed staff to triage and screen patients for the Covid-19 virus prior to attending the unit
- We saw evidence that all patients who attended MIU in the last two years had been treated within the required four hours waiting time target
- Patient notes were well written and provided a comprehensive account of care and treatment
- Safeguarding procedures were up to date and flow charts were well presented and detailed in clinical notes.

This is what we recommend the service could improve. Please note a full list of improvements is available in Appendix A:

- Appropriate services, information and signage through the medium of Welsh as well as English
- Feedback forms should be made available to patients to provide them with an opportunity to provide an account of their healthcare experience
- To provide information on concerns raised by patients, lessons learned and improvements made

- To protect people's rights, MIU should have appropriate and adequate chaperone arrangements in place during night shifts
- The health board should ensure the Risk Management Framework and SARS Covid-19 IPC corporate policy are reviewed and updated
- Emergency bells should be fitted in all consultation rooms
- Areas of wear and tear should be reviewed to establish if they are adequate for purpose and in line with national minimum standards for cleanliness
- Staff should initial appropriate checklists to confirm checks on cleaning, controlled drugs, medical devices and equipment
- Contents of the children's emergency resuscitation box should be checked
- Management should ensure adequate and sufficient staff resources are available on night shifts to protect service continuity
- Full compliance is required for staff mandatory training and staff supervision should be formally documented.

## 3. What we found

### Background of the service

Powys Teaching Health Board (Powys THB) is one of seven health boards across Wales. The health board covers a large rural community of 2,000 square miles and provides health services to 133,000 people in the area. Based on the small population the health board does not provide a District General Hospital. The health board has arrangements in place for its residents to attend specialist hospital services in hospitals outside of the county in both England and Wales.

Powys THB does not have any Emergency Department (ED) provision, only minor injury units. These are located in Brecon, Llandrindod Wells, Welshpool and Ystradgynlais.

Brecon Minor Injuries Unit (MIU) is based in Brecon War Memorial Hospital. The main facilities at Brecon War Memorial Hospital include:

- Outpatient Facilities
- Inpatient General / Medical Ward (Y Bannau Ward)
- Inpatient Elderly Mental Health Ward (Crug Ward)
- Inpatient Rehabilitation Ward (Epynt Ward)
- Midwife-Led Birth Centre
- Minor Injury Unit
- X-Ray Facilities
- Therapy Services
- Minor Surgery and Endoscopy
- Day Hospital
- Community Dentistry
- Children's Centre.

Brecon War Memorial Hospital's MIU employs a team leader who is supported by three qualified Emergency Nurse Practitioners (ENP), three trainee ENPs and one healthcare support worker.

At present appointments can be made to attend the MIU although the unit will always endeavour to see a patient who requires medical attention. Patients are required to contact the hospital and request to speak to MIU. A member of staff from MIU calls the patient to offer a telephone consultation. If they need to be seen, they will be provided with a designated clinic time.

Powys THB annual report for 2020/21 identified they were consistently providing a rapid and comprehensive service via its Minor Injury Units.

## 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 noted staff treated patients with dignity and kindness. An appointment system helped to ensure patients were seen promptly. Patients told us they were happy with the service and spoke highly of staff.

We noted some areas that require improvement particularly around provision of patient information, and listening and learning from patient feedback.

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the services provided. We also spoke to five patients during the inspection. Patient comments included the following:

*We would come to Brecon MIU over any of the other hospitals as we received good well rounded care.*

*We are fortunate to have MIU facilities in Brecon given Neville Hall Hospital ED was a distance away.*

*MIU asks patients to call before attending and I feel the unit is making the assumption that everyone has access to a mobile phone. This of course may not always be the case.*

A number of patients told us it was difficult to get a car parking space and alternative parking was situated some way from the hospital site.

### Dignified care

We saw staff treating patients with dignity, respect, compassion and kindness. All patients we spoke to indicated they were happy with the service provided and spoke highly of the staff.

The waiting room was situated close to the main entrance of the hospital and provided adequate seating and a quiet ambience. Most appointments had been booked in advance providing patients with plenty of space to sit safely and in line with current social distancing requirements.

Staff were keen to protect patient confidentiality and sound proofed consultation room doors were closed when patients were being assessed.

### **Patient information**

We noted that the sepsis board for staff and clinicians was appropriately populated and informative.

MIU did not display any information in the waiting room or clinical areas relating to the Choose Well campaign that raises public awareness about the NHS services available to patients. Nor was there any information relating to NHS 111 Wales health advice and information service.

We noted information was displayed in MIU that promoted mental health services. However, this was only provided through the medium of Welsh and not English. We also noted information relating to support groups, dementia, modern slavery and access to foodbanks. Some of these were not presented bilingually.

Signage directing patients to MIU was not clear or easy to read and not displayed bilingually.

We were unable to locate information in MIU relating to smoking cessation or the community health council.

#### **Improvement needed**

Management should ensure all relevant patient information and signage is displayed clearly and bilingually in MIU.

### **Communicating effectively**

We saw staff communicating effectively with each other and with patients. We were informed that none of the staff working in MIU were able to speak Welsh. However, we noted all patients seen during the course of the inspection were happy to speak through the medium of English.

Staff adapted communication styles to meet the needs of individuals and introduced themselves by name upon initial contact.

Staff were professional and we saw evidence of an experienced member of staff de-escalating a challenging situation.

Staff told us the team leader in charge of MIU had an open door policy. We observed positive and cohesive interaction between the staff and management on duty during the course of the inspection.

We noted MIU was clearly signposted from the car park. A ramp was in situ at the main entrance to the hospital and MIU was situated on the ground floor.

#### Improvement needed

The health board must ensure they fulfil their statutory duty to provide appropriate services through the medium of Welsh as well as English ensuring equality of both languages.

### Timely care

We noted MIU provided an appointment system encouraging patients to call the hospital before presenting. This enabled staff to speak directly to the patient and allocate appointment times, or re-direct the patient to appropriate services. The unit provides 30 minutes appointment slots over 24 hours. Patients told us they were happy with the appointment system as they were seen promptly.

We were also informed that MIU accepts self-presenting patients and key performance indicators indicate all patients are seen within four hours of arrival.

We also saw a prompt response from staff in MIU to the hospital emergency bell.

We were informed by one patient that they had attended MIU and understood a full 24 hour service was available. However, the X-ray department was closed. X-ray department opening hours are between 9.30am and 4pm. The patient was re-directed to Neville Hall Hospital in Abergavenny. This resulted in an additional 50 mile round trip for the patient. Other patients indicated there had been some delays waiting for an X-ray and receiving the results.

The majority of patients we spoke to told us car parking was an issue at the hospital. Patients told us it was difficult to get a car parking space and alternative parking was situated some way from the hospital site.

#### Improvement needed

The health board should ensure information relating to the availability of X-ray services in Powys THB is accessible to all members of the public. Information should also outline alternative X-ray facilities and extended opening hours provided by other health boards.

The health board should actively review patient concerns raised in relation to the limited availability of car parking at Brecon.

## Individual care

### Planning care to promote independence

We saw staff providing care to patients who required assistance with walking.

We saw staff dealing with a challenging family member and the situation was appropriately de-escalated.

We saw a patient arrive with breathing difficulties and this was dealt with promptly and professionally by staff. The patient was safely re-directed to the GP out of Hours Service (GPOOH)<sup>1</sup> for medical care.

### People's rights

There was no public information available in MIU to promote equality and diversity. The Health and Care Standards require health boards to embed quality and human rights across all functions recognising the diversity of the population and the rights of individuals under equality, diversity and human rights legislation.

We were told that only one member of staff is on duty on the night shift. We noted that this could potentially impact on a person's right to request the same sex clinician or a chaperone.

### Improvement needed

Information relating to equality and diversity should be made available to patients attending MIU and staff employed within the unit.

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<sup>1</sup> A service that provides health care for urgent medical problems outside normal GP surgery hours.

The health board should ensure they have arrangements in place to ensure they comply with the requirements of the Health and Care Standards in relation to a person's right to request a same sex clinician or a chaperone.

### Listening and learning from feedback

We were unable to locate any information in the MIU waiting room that related to Putting Things Right (PTR)<sup>2</sup>. In line with the NHS Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011, health boards must provide patients with advice on how to raise a concern. The concept of Putting Things Right provides assurance to the patient that the NHS operates a consistent method for investigating concerns which is inclusive and transparent.

At the time of the inspection we noted patient feedback forms were not readily available to patients in the waiting room or other areas of the MIU. In addition the patient feedback form collection box had been placed on a high shelf in the waiting room out of reach of most patients. We saw two feedback forms inside. Neither had been dated.

A review of the minutes from meetings of MIU Team leaders identified a lack of discussion around listening and learning from patient feedback. There was also an absence of discussion around the collection of patient stories. Patient feedback and the personal account of a patient's healthcare journey provide the health board with the opportunity to identify good practice and recognize areas that require improvement.

There was no evidence in the waiting room to indicate the health board were informing patients of feedback, lessons learned and improvements made.

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<sup>2</sup> <https://gov.wales/nhs-wales-complaints-and-concerns-putting-things-right#:~:text=The%20process%20for%20raising%20concerns%20or%20complaints%20in,a%20carer%2C%20friend%20or%20relative%20to%20represent%20you.>

### Improvement needed

Management should ensure information on Putting Things Right is made available to patients in MIU along with feedback forms to provide patients with an opportunity to provide an account of their healthcare experience.

MIU Team leaders should ensure they review patient feedback on a regular basis, and consider collating patient stories with a view to implement a listening and learning culture in the department. In turn, information should be made available in the waiting room in MIU to assure patients that the health board acknowledges their feedback, learns lessons and make improvements.

## Delivery of safe and effective care

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

The MIU was clean and we saw enhanced cleaning of chairs and surfaces in consultation rooms after each patient had been seen.

Adequate stocks of Personal Protective Equipment and antibacterial hand gel were readily available in the unit.

Patients were screened for Covid-19 prior to attending the unit and large signs were displayed encouraging social distancing and informing patients not to enter the premises if they were presenting symptoms of the Covid-19 virus.

Patient notes were well written and presented in a clear logical sequence of diagnosis.

Documented checks on adult resuscitation equipment and controlled drugs had not been routinely initialled to confirm completion and the some items in the children's emergency resuscitation box had expired in January 2022.

## Safe care

### Managing risk and promoting health and safety

We reviewed the Risk Management Framework and noted it was out of date and due for review in September 2020. However we noted the health board has a documented strategic approach to system resilience which covers the period 2021/22 and aims to manage and mitigate risk.

We reviewed the Health & Safety file held in MIU and noted a number of policies were out of date. This was immediately rectified by the team lead.

We noted wear and tear on work surfaces and wooden cupboard handles in all consultation rooms. We expressed concerns around the limitations of MIU to ensure high levels of cleanliness and active infection prevention when trying to clean these areas. We observed a dripping tap in a small basin unit and stained

sink units and saw an obsolete plug socket that had been covered in tape in one of the consultation rooms.

We were informed that the doors to rear of MIU needed replacing as they were no longer fit for purpose. They had been consistently locking staff out of the building. This presented a health and safety risk to both staff and patients.

We were able to walk into the sluice room and noted chemicals on work surfaces. This presented a risk to patients and we informed MIU immediately. We were informed that staff had not been provided with the key code to the lock and as a result the room was not being secured. The lock was replaced at the time of the inspection and we noted the room was locked when not in use.

We noted that two of the three consultation rooms did not have an emergency bell. This presented a risk to members of staff particularly lone and night shift workers. We were informed staff carry personal alarms however, a fixed emergency alarm in all rooms would ensure best practice and mitigation of risk.

We noticed a corner of the waiting room was being used as a storage for wheelchairs. They did not appear to present a trip hazard however, it made the room appear untidy. We also noted that children's chairs were not readily available in the waiting room as they had been piled together and placed aside.

MIU had identified ligature points<sup>3</sup> but we could not be assured the unit had adequate mitigation in place to ensure the health and safety of patients at risk of self-harm when un-supervised in consultation rooms.

We were informed that staff working in MIU used to access advice and guidance via a direct line to a nominated consultant at Neville Hall Hospital. This consultant also made regular monthly visits to Brecon MIU. However, this service was no longer available and staff expressed concerns that they did not feel adequately supported. Staff explained they had to phone the Grange Hospital in Cwmbran and seek help and advice from a range of specialist services and then re-direct patients to Prince Charles Hospital in Merthyr Tydfil.

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<sup>3</sup> A ligature point is anything that can be used to tie a rope, cord or other type of material for the purpose of self-harm by hanging.

### Improvement needed

The health board should ensure the Risk Management Framework is reviewed and updated.

Obsolete plug sockets should be reviewed by Estates management and appropriate action taken in line with health and safety.

Areas of wear and tear on work surfaces and wooden door handles should be reviewed to establish if they are adequate for purpose and the ability to clean them is in line with national minimum standards for cleanliness as advised in The National Standards for Cleaning in NHS Wales.

Doors to the rear of the unit should be assessed and action taken to prompt remedial work or replacement to protect the health and safety of patients and staff.

Emergency bells to be fitted in all consultation rooms in MIU.

Management to review the appropriate storage of wheelchairs and children's seating to be made readily available to patients.

The health board should ensure MIU staff are able to access a dedicated and consistent medical advice and guidance service.

### Preventing pressure and tissue damage

Staff were not aware there were any specific guidelines or policies for preventing pressure and tissue damage. We reviewed a sample of patient notes and identified that staff were not routinely completing pressure or tissue damage assessments. Whilst we acknowledged patients are not on the unit for extended periods of time we felt the unit should be assessing patients with pre-existing conditions and mobility issues.

Staff told us the hospital has appropriate pressure relieving equipment at their disposal should they require it.

### Improvement needed

Staff should ensure pressure and tissue damage assessments are completed at the appropriate time and documented in patients' notes.

## Falls prevention

We were informed the unit has access to slings, hoists and walkers for those patients at risk of falls.

We were informed that staff working alone on night shifts can request assistance from hospital wards in the event they require support with a patient at risk of falls.

## Infection prevention and control

A review of policies identified the SARS Covid-19 Infection Prevention Control (IPC) corporate policy was out of date and due for review August 2021. The timely review of this policy is necessary to ensure the appropriate management of the virus during the course of the rapidly evolving pandemic.

The MIU appeared to be clean and we saw domestic staff cleaning floors and chairs. We saw enhanced cleaning of chairs and surfaces in consultation rooms after each patient had been seen. Toilet facilities were situated within MIU and were found to be clean and accessible to all patients.

Staff told us they were provided with appropriate Personal Protective Equipment (PPE)<sup>4</sup> and FFP3 masks<sup>5</sup> in response to the pandemic. Adequate stocks of PPE were readily available in the unit and we saw staff provide patients with NHS approved fluid resistant surgical masks.

We were informed staff are mandated to complete a covid risk assessment every six months and this is input onto the electronic staff record (ESR)<sup>6</sup>.

Patients are screened for Covid-19 prior to attending the unit via the appointment system and large signs had been displayed at the hospital informing patients not to enter the premises if they were presenting symptoms of the Covid-19 virus.

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<sup>4</sup> <https://phw.nhs.wales/about-us/policies-and-procedures/policies-and-procedures-documents/risk-management-health-and-safety-and-estates-supporting-documents/management-of-personal-protective-equipment-guidance/>

<sup>5</sup> <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-health-and-social-care/faq-003/>

<sup>6</sup> <https://my.esr.nhs.uk/dashboard/web/esrweb>

In line with current government guidelines we saw signs that encouraged patients and staff to maintain a two metre distance and noted seating areas had been adapted to maintain social distancing. Antibacterial hand gel and face masks were available at the entrance to the hospital and also in MIU.

MIU were not displaying information relating to their compliance with the health board's requirements for infection prevention and control, however, we saw evidence of departmental hand hygiene audits and noted all staff were compliant with the health board requirement for regular hand washing between patients, treatments and the bare below the elbow uniform policy.

#### Improvement needed

SARS Covid-19 IPC corporate policy to be reviewed and updated.

MIU to display IPC compliance in the patient waiting room.

#### Nutrition and hydration

We saw patients had access to a water dispenser in the waiting room in the MIU.

The large vending machine that had offered a variety of drinks and snacks was now out of service but remained in situ in the waiting room. We were informed that patients would be offered food and drink at the appropriate time however, we noted canteen facilities were limited and opening times restricted to daytime hours.

#### Improvement needed

Management should review the current facilities in place for nutrition and hydration of patients and their families whilst attending MIU and ensure they meet service needs and are compliant with the Health and Care Standards.

## Medicines management

Medicines appeared to be safely stored and controlled drugs<sup>7</sup> were locked away. We did however note that the daily check for controlled drugs had not been completed for a period of 3 days during one 14 day period. The absence of initials on the daily checking record was raised with the team leader who assured us the regular agency member of staff had checked these but had not initialled the check record.

We noted that the health board had up to date standard operating procedures for the management of refrigerated medicines however, information presented on the medicine fridge in MIU indicated a service was overdue as the period for maintenance had expired in March 2021.

A review of patient's notes confirmed the administration of medication was being documented consistently and contemporaneously.

We were informed that all drugs prescribed by MIU are administered through the Patient Group Directive (PGD) or authorised by a GP or Out Of Hours (OOH) service as none of the staff in MIU are trained prescribers. A review of the PDG procedure identified the document was out of date and had been due for review in October 2021. This procedure empowers health professionals to supply and administer medicines in line with NICE guidance and should be kept up to date to ensure the safe administration of medicines to patients.

We were informed that the PGD had not approved the use of antibiotics to specifically target infected wounds and as a result MIU have to contact local GP's or the GP OOH service to request and authorise a prescription. This can delay effective treatment and potentially impact on safe and effective care.

Clinical guidelines for Powys THB were out of date. We noted that these were being used by staff in MIU and should have been reviewed in 2019 (written in 2016).

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<sup>7</sup> <https://www.nice.org.uk/guidance/NG46/ifp/chapter/information-for-people-using-and-looking-after-controlled-medicines>

### Improvement needed

Checks of controlled drugs to be initialled on a timely basis to confirm completion.

Management to consider current arrangements for prescribing drugs and any training needs.

PGD procedure to be reviewed and updated.

PGD to approve use of antibiotics in MIU to ensure the delivery of effective treatment.

Clinical guidelines to be reviewed and updated.

Arrangements to be made to ensure the medicine fridge is serviced without delay in line with health board standing operating procedures.

### Safeguarding children and adults at risk

Powys THB had an up to date Safeguarding policy in place that had been developed around the Social Services and Well-being (Wales) Act 2014.

Staff told us they are aware of the procedure to raise a safeguarding concern and had access to policies and procedures on the health board's MIU intranet page should they require further guidance.

Safeguarding flow charts were well presented and detailed in clinical notes.

Three members of staff were not up to date with mandatory safeguarding training requirements. The team leader informed us that efforts were being made to secure places on appropriate courses.

Staff expressed concerns that self-presenting patients at risk of self-harm require a mental health assessment by a GP. Staff were concerned that delays in arranging and accessing assessments could potentially impact on the health and safety of the patient.

### Improvement needed

Staff to complete mandatory safeguarding training.

Management should review and improve the current process of obtaining mental health assessments for patients at risk of self-harm.

## Medical devices, equipment and diagnostic systems

We saw documented checks of medical devices and equipment held in consultation rooms. However, we noted that checks on adult resuscitation equipment had not been initialled by staff for three days within a 14 day period. We raised this immediately with the team leader who assured us that this had been completed by a regular member of agency staff however, she recognized the need to remind the individual to initial in the appropriate section.

We saw the children's emergency resuscitation box had been obscured and was covered in papers. We considered this was poor practice as the equipment was not fully visible. This posed a risk in the event of an emergency, particularly for new and agency staff. We were informed that Cwm Taf Morgannwg University Health Board are responsible for the review of the contents of the box and appropriate testing of equipment. Maintenance documentation indicated the resuscitation box was not due for review until August 2022 however, we noticed a number of items inside the box had expired in January 2022.

### Improvement needed

All staff should be reminded to initial appropriate check list to confirm checks on medical devices and equipment have been completed.

Arrangements should be made to ensure the contents of the children's emergency resuscitation box are checked.

## Effective care

### Safe and clinically effective care

We reviewed and checked five sets of patient's notes during our inspection. Information relating to a patient's clinical history and appropriate observations were well written and presented in a clear logical sequence of diagnosis. We noted some duplication of clinical notes that had been both hand written and input onto the Wales Patient Administration Scheme (WPAS)<sup>8</sup> system.

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<sup>8</sup> <https://nwis.nhs.wales/systems-and-services/secondary-care/>

The level of pain experienced by patients was appropriately assessed and documented upon initial consultation. Staff told us they use NEWS<sup>9</sup> scores on acutely unwell patients and escalated concerns to ambulance control at the appropriate time. Sepsis screening was also evident.

All patient identifiable information relating to MIU was kept in a separate room away from clinical areas and waiting rooms. We saw the X-ray department audit book with patient identifiable information was closed at all times.

We saw evidence that staff were adequately trained in Immediate Life Support<sup>10</sup> and most staff had been trained in Paediatric Immediate Life Support<sup>11</sup>. We were also informed that two members of staff were trained in Advanced Life Support.

Staff were not aware if the health board had a documented standard operating procedure for the transfer of patients by ambulance from MIU or a procedure to manage the transportation of patients to home addresses. Staff told us they had experienced some delays in requesting ambulance transfer of patients from MIU to another hospital however, they told us that they could call ambulance control and re-classify requests if a patient's condition deteriorated.

We noticed the lighting in the main corridor was dim and low level and questioned whether this could pose difficulties for patients with dementia and visual impairment.

#### Improvement needed

Staff to be provided with documented standard operating procedures for the transfer of patients from MIU via the Wales Ambulance Service Trust or procedures to manage patients' transport to home addresses.

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<sup>9</sup> National Early Warning Score (NEWS) is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes.

<sup>10</sup> <https://www.resus.org.uk/training-courses/adult-life-support/ils-immediate-life-support>

<sup>11</sup> <https://www.resus.org.uk/training-courses/paediatric-life-support/pils-paediatric-immediate-life-support>

## Quality improvement, research and innovation

Staff told us the introduction of the appointment system had improved patient care as it had enabled them to effectively and efficiently triage patients, screen for Covid-19 and offer appointments that enabled social distancing and timely care.

They also told us that this system enabled them to re-direct patients to the appropriate service as and when required.

We noted that the health board had an up to date Clinical Quality Framework that aimed to deliver high quality clinical care with sustained and continuous year on year improvement.

## Information governance and communications technology

We found a set of patient notes in the female toilets located in MIU. We were informed that a patient visiting the outpatients department in Brecon hospital had been given the notes and asked to present them at their appointment. The patient had inadvertently left them in the toilets. The senior manager for unscheduled care informed us that this was an oversight and notes would not normally be handed to patients as they were ordinarily transported between sites by the Powys THB. We expressed concerns that this may have resulted in a breach of confidentiality. Management assured us this incident would be reported on the Datix<sup>12</sup> system and reviewed accordingly.

The MIU did not display waiting times in the waiting room. However we were provided with evidence that confirmed patients were consistently treated within four hours of appointment time right across of MIU's in Powys.

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<sup>12</sup> <https://nwssp.nhs.wales/all-wales-programmes/community-pharmacy-patient-safety-incident-reporting-wales/incident-reporting-documents/ofwcms-community-pharmacy-patient-safety-reporting-april-2022-pdf-520kb/>

### Improvement needed

Management to investigate the incident relating to the patient notes found in the female toilets in MIU and ensure lessons are learned and poor practice is not repeated.

### Record keeping

We noted that patient medical notes were comprehensive and well written.

We reviewed documented cleaning checks in the resuscitation, children's and Omnicell<sup>13</sup> rooms and noted a number of examples where the checklists had not been completed in full. Management assured us the checks had been completed and the member of staff had failed to initial the appropriate sections. Management confirmed they would remind staff of the importance of initialling documentation as confirmation of completion.

We reviewed a series of mattress checks and X-ray audits. Whilst they were completed on a regular basis the details appeared to be incomplete and outcome of each audit was not documented.

### Improvement needed

Cleaning checks to be initialled to indicate completion.

Auditing of mattresses and X-ray to be reviewed with a view to providing a full documented audit trail and outcome.

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<sup>13</sup> Omnicell is an automated dispensing medication cabinet.

## 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.*

Staff feel supported by their line manager and we saw a good team dynamic. The unit demonstrated they were successfully attracting and training new employees.

We saw a dedicated space on the health board intranet providing MIU staff with access to all relevant and appropriate working policies, procedures and guidance.

We saw an effective telephone appointment and triage system and evidence that patients were seen within four hours of their appointment time.

## Governance, leadership and accountability

Management were visible and maintained an open door policy. Staff indicated they felt adequately supported and had access to Occupational Therapy and Wellbeing Services.

We reviewed a comprehensive MIU intranet page that provided staff with general information, clinical guidelines and policy references. It also included information relating to medication, safeguarding, governance and training.

We reviewed documented key performance indicators that showed the health board was actively collating data on patient numbers attending MIU in Brecon. This data indicated that the number of patients attending the unit was now increasing following the restrictions imposed as a result of the pandemic.

Management informed us that an appointment booking system had been implemented in MIU in Brecon in response to the pandemic. This booking system was still in place at the time of the inspection. We observed staff speaking to patients on the telephone and making preliminary assessments to determine the urgency of their need for treatment. We noted that staff took the opportunity to

screen patients for Covid-19 prior to giving an appointment or re-directing to the appropriate health care service.

Management told us the appointment system ensured patients were provided with an allotted time for presentation at the unit ensuring a timely response to their needs. We were provided with data that indicated all patients seen in Brecon MIU were seen within four hours of their appointment time for the past two years.

## **Staff and resources**

### **Workforce**

During the inspection we spoke to staff on duty and distributed HIW questionnaires to staff to obtain their views on the services provided. Staff told us:

*They would recommend Powys THB as a place to work*

*Facilities were appropriate to enable them to complete daily tasks and the environment allowed them to provide appropriate care to patients at the point of attendance*

*Staff indicated training, learning and development allowed them to do their jobs effectively and safely*

*Staff told us they had adequate materials, supplies and equipment and were able to meet all the conflicting demands of work*

The MIU employs three qualified Emergency Nurse Practitioners (ENP) and is operating a successful initiative to attract and train ENPs.

Trainee ENPs benefit from an employee incentive scheme and are supported by the health board to study and gain the ENP qualification. These staff are committed to work for MIU for a period of two years following qualification. This provides the health board with some resource assurance and contributes to the sustainability of workforce planning.

We were told that one trained and one untrained member of staff work day shifts whilst only one trained ENP works on the night shift. We were informed that MIU use agency services to cover gaps in resource.

During the course of the inspection the unit was closed overnight for a period of 12 hours. This was a result of last minute sickness being reported by a member of agency staff. We confirmed the correct process had been followed by MIU in relation to service closure. However, we were informed that the health board is

currently unable to inform the NHS 111 medical helpline of unit closure. This service provides a free to call non-emergency medical helpline to patients in Wales. As NHS 111 had not been informed of the closure they could have potentially and inappropriately directed a member of the public to the unit. This may have compromised the health and safety of the patient.

We were informed that the ENP's employed by MIU in Brecon were not able to prescribe medication as they did not have the necessary qualifications. Reliance was placed on local GPs and the GP OOH service which sometimes delayed patient care and discharge.

Overall compliance with the requirements for mandatory training was reported as 81%. We were informed that some face to face training had not been available during the course of the pandemic. A review of the Electric Staff Record (ESR) indicated management had been actively booking staff onto resuscitation, moving and handling and health, safety and welfare training courses.

We were provided with evidence to show staff had received personal appraisal and development reviews (PADR) and ESR indicated MIU were 87.5% compliant. However, a review of documentation identified some of the appraisal forms were incomplete and had not been signed or dated.

We were informed that team meetings had become infrequent during the course of the pandemic with the last meeting taking place in August 2021. Management also cited some staff found it difficult to attend meetings. Staff meetings should be encouraged as they provide management with an opportunity to share current information, encourage team dynamic and provide a forum for open discussion.

We were informed that staff supervision is done on an informal basis and not documented. Supervision should be documented to provide evidence of professional support and learning that contributes to staff personal and professional development.

#### Improvement needed

Management should ensure adequate and sufficient staff resources are available on night shifts to protect service continuity.

Management to make arrangements to inform the NHS 111 medical helpline of unit closure.

Consideration should be given to encourage and support staff to obtain a Non-Medical Prescribing or Independent Nurse Prescribing qualification.

Management should ensure full compliance with staff mandatory training.

Management should ensure full completion of PADR documentation in line with health board requirements.

Management should ensure staff attend regular team meetings, discussions are documented and outcomes shared with those staff who were unable to attend.

Management should ensure staff supervision is formally documented.

## 4. What next?

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

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

The improvement plans should:

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

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

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

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

## 5. How we inspect hospitals

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

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

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

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

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

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

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

## Appendix A – Summary of concerns resolved during the inspection

The table below summarises 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
<p>The digital lock to the sluice was not in use and we were able to walk straight into room and noted chemicals on work surfaces. We were informed that staff had not been provided with the key code to the lock and as a result the room was not being secured.</p>	<p>Access to chemicals presents a risk to patients. Standard 2.1 Managing risk and promoting health and safety</p>	<p>Management were informed.</p>	<p>The lock was replaced at the time of the inspection and we noted the room was locked when not in use.</p>

## Appendix B – Immediate improvement plan

**Hospital:** Brecon War Memorial Hospital

**Ward/department:** Minor Injuries Unit

**Date of inspection:** 8<sup>th</sup> and 9<sup>th</sup> March 2022

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
There were no immediate assurance issues raised during this inspection.				

## Appendix C – Improvement plan

**Hospital:** Brecon War Memorial Hospital

**Ward/department:** Minor Injuries Unit

**Date of inspection:** 8<sup>th</sup> and 9<sup>th</sup> March 2022

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
Management should ensure all relevant patient information and signage is displayed clearly and bilingually in MIU.	4.2 Patient Information			
The health board must ensure they fulfil their statutory duty to provide appropriate services through the medium of Welsh as well as English ensuring equality of both languages.	3.2 Communicatin g effectively			
The health board should ensure information relating to the availability of X-ray services in Powys THB is accessible to all members of the	5.1 Timely access			

Improvement needed	Standard	Service action	Responsible officer	Timescale
public. Information should also outline alternative X-ray facilities and extended opening hours provided by other health boards.				
The health board should actively review patient concerns raised in relation to the limited availability of car parking at Brecon.				
Information relating to equality and diversity should be made available to patients attending MIU and staff employed within the unit.	6.2 Peoples rights			
The health board should ensure they have arrangements in place to ensure they comply with the requirements of the Health and Care Standards in relation to a person's right to request a same sex clinician or a chaperone.				
Management should ensure information on Putting Things Right is made available to patients in MIU along with feedback forms to provide patients with an opportunity to provide an account of their healthcare experience.	6.3 Listening and Learning from feedback			

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>MIU Team leaders should ensure they review patient feedback on a regular basis, and consider collating patient stories with a view to implement a listening and learning culture in the department. In turn, information should be made available in the waiting room in MIU to assure patients that the health board acknowledges their feedback, learns lessons and make improvements.</p>				
<p>The health board should ensure the Risk Management Framework is reviewed and updated.</p>	<p>2.1 Managing risk and promoting health and safety</p>			
<p>Obsolete plug sockets should be reviewed by Estates management and appropriate action taken in line with health and safety.</p>				
<p>Areas of wear and tear on work surfaces and wooden door handles should be reviewed to establish if they are adequate for purpose and the ability to clean them is in line with national</p>				

Improvement needed	Standard	Service action	Responsible officer	Timescale
minimum standards for cleanliness as advised in The National Standards for Cleaning in NHS Wales.				
Doors to the rear of the unit should be assessed and action taken to prompt remedial work or replacement to protect the health and safety of patients and staff.				
Emergency bells to be fitted in all consultation rooms in MIU.				
Management to review the appropriate storage of wheelchairs and children's seating to be made readily available to patients.				
The health board should ensure MIU staff are able to access a dedicated and consistent medical advice and guidance service.				
Staff should ensure pressure and tissue damage assessments are completed at the appropriate time and documented in patients' notes.		2.2 Preventing pressure and tissue damage		

Improvement needed	Standard	Service action	Responsible officer	Timescale
SARS Covid-19 IPC corporate policy to be reviewed and updated.	2.4 Infection Prevention and Control (IPC) and Decontamination			
MIU to display IPC compliance in the patient waiting room.				
Management should review the current facilities in place for nutrition and hydration of patients and their families whilst attending MIU and ensure they meet service needs and are compliant with the Health and Care Standards.	2.5 Nutrition and Hydration			
Checks of controlled drugs to be initialled on a timely basis to confirm completion.	2.6 Medicines Management			
Management to consider current arrangements for prescribing drugs and any training needs.				
PGD procedure to be reviewed and updated.				
PGD to approved use of antibiotics in MIU to ensure the delivery of effective treatment.				
Clinical guidelines to be reviewed and updated.				

Improvement needed	Standard	Service action	Responsible officer	Timescale
Arrangements to be made to ensure the medicine fridge is serviced without delay in line with health board standing operating procedures.				
Staff to complete mandatory safeguarding training.	2.7 Safeguarding children and adults at risk			
Management should review and improve the current process of obtaining mental health assessments for patients at risk of self-harm.				
All staff should be reminded to initial appropriate check list to confirm checks on medical devices and equipment have been completed.	2.9 Medical devices, equipment and diagnostic systems			
Arrangements should be made to ensure the contents of the children's emergency resuscitation box are checked.				
Staff to be provided with documented standard operating procedures for the transfer of patients from MIU via the Wales Ambulance Service	3.1 Safe and Clinically Effective care			

Improvement needed	Standard	Service action	Responsible officer	Timescale
Trust or procedures to manage patients' transport to home addresses.				
Management to investigate the incident relating to the patient notes found in the female toilets in MIU and ensure lessons are learned and poor practice is not repeated.	3.4 Information Governance and Communications Technology			
Cleaning checks to be initialled to indicate completion.	3.5 Record keeping			
Auditing of mattresses and X-ray to be reviewed with a view to providing a full documented audit trail and outcome.				
Management should ensure adequate and sufficient staff resources are available on night shifts to protect service continuity.	7.1 Workforce			
Management to make arrangements to inform the NHS 111 medical helpline of unit closure.				

Improvement needed	Standard	Service action	Responsible officer	Timescale
Consideration should be given to encourage and support staff to obtain a Non-Medical Prescribing or Independent Nurse Prescribing qualification.				
Management should ensure full compliance with staff mandatory training.				
Mana should ensure full completion of PADR documentation in line with health board requirements.				
Management should ensure staff attend regular team meetings, discussions are documented and outcomes shared with those staff who were unable to attend.				
Management should ensure staff supervision is formally documented.				

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:**