Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

# Hospital Inspection (Unannounced)

# Hywel Dda University Health Board:

Withybush Hospital; Unscheduled care.
Glangwili Hospital; Unscheduled and Scheduled care.
Bronglais Hospital - Unscheduled care.

11 and 12 August 2015

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Digital ISBN 978-1-4734-4740-0

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection on the 11 and 12 August 2015 of departments predominantly within the Unscheduled Care directorate and one area of Scheduled Care services within Hywel Dda University Health Board. The following hospital sites and wards were visited during this inspection:

Withybush Hospital:

- Accident and Emergency
- Adult Clinical Decision Unit

Glangwili Hospital:

- Accident and Emergency
- Clinical Decision Unit
- Surgical Assessment Unit (Scheduled Care)

Bronglais Hospital

- Accident and Emergency
- Clinical Assessment Unit
- Medical Day Unit

Please note that this inspection report will refer to Withybush Hospital as WGH, Glangwili Hospital as GGH and Bronglais Hospital as BGH, for ease of reading.

## 2. Methodology

We have a variety of approaches and methodologies available to us when we inspect NHS hospitals, and choose the most appropriate according to the range and spread of services that we plan to inspect. In-depth single ward inspections allow a highly detailed view to be taken on a small aspect of healthcare provision, whilst the increased coverage provided by visiting a larger number of wards and departments enables us to undertake a more robust assessment of themes and issues in relation to the health board concerned. In both cases, feedback is made available to health services in a way which supports learning, development and improvement at both operational and strategic levels.

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service should provide high quality, safe and reliable care centred on the person. The Standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1

NHS hospital inspections are unannounced and we inspect and report against three themes:

- **Quality of the Patient Experience:**
  We speak with patients (adults and children), their relatives, representatives and/or advocates to ensure that the patient's perspective is at the centre of our approach to inspection.

- **Delivery of Safe and Effective Care:**
  We consider the extent to which services provide high quality, safe and reliable care centred on individual patients.

- **Quality of Management and Leadership:**
  We consider how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also consider how health boards review and monitor their own performance against the Health and Care Standards.

The inspection team consisted of the HIW Clinical Director, seven HIW Inspection Managers, two clinical peer reviewers and one lay reviewer. The overall inspection was led by a HIW Inspection Manager.

We reviewed documentation and information from a number of sources including:

- Information held by HIW
- Information provided by the Community Health Council, specific to Hywel Dda University Health Board
- Conversations with patients, relatives and interviews with staff
- General observation of the environment of care and care practice
- Discussions with senior management within the directorates
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- Consideration of quality improvement processes, activities and programmes
- Responses within completed HIW patient questionnaires
- Responses within completed HIW staff questionnaires.

HIW inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues associated with the quality, safety and effectiveness of healthcare provided and the way which service delivery upholds essential care and dignity.

## 3. Context

Hywel Dda University Health Board was established in October 2009 following the NHS Reform Programme 2008-2009, which introduced integrated healthcare for Wales. The health board is situated in south west Wales and provides healthcare services to the population across Carmarthenshire, Ceredigion and Pembrokeshire; a total population of over 375,320. It also provides a range of services for the residents of south Gwynedd and Powys. It provides Acute, Primary, Community, Mental Health and Learning Disabilities services via General and Community Hospitals, Health Centres, GP's, Dentists, Pharmacists and Optometrists.

Withybush General Hospital (WGH) in Haverfordwest, Pembrokeshire, is an acute hospital in the furthest southerly point of Wales and provides a 24 hour Accident and Emergency unit, general surgery, orthopaedic & trauma surgery, midwifery led unit, gynaecology, coronary care, general medical and radiology services. There is provision for a 12 hour Paediatric Assessment Unit which is supported by a dedicated ambulance vehicle.

Glangwili General Hospital (GGH) in Carmarthen is the largest acute District General Hospital in south west Wales incorporating 330 beds and providing many in-patient services for people in Carmarthenshire as well as Pembrokeshire and Ceredigion. In addition to a range of general specialties, there are visiting Consultants in Paediatric Cardiology, Paediatric Neurology, Paediatric Urology, Genito-Urinary Medicine, Clinical Oncology, Plastic Surgery, Neurosurgery, Mental Illness and Oral Surgery. The 24 hour Accident and Emergency unit provides care and treatment for approximately 40,000 patients a year.

Bronglais General Hospital (BGH) is located in Aberystwyth, mid west Wales. The hospital has 138 beds and provides a comprehensive range of in-patient and outpatient facilities, mental health services together with a 24 hour Accident and Emergency department housed in a new purpose built unit.

## 4. Summary

Overall we found that the unscheduled care directorate and the surgical assessment unit (SAU) did not consistently (over the three sites) deliver safe, dignified and timely care that was aligned with the Health and Care Standards. However, we were able to confirm that the service provided effective care.

Broad areas for improvement were;

- Relevant information was offered verbally and in leaflets to help promote health but there was not always the opportunity to speak in Welsh
- The health board had invested in an effective medicine management system but only in one area
- Where documentation was area specific it was of a good standard, although more generic hospital documentation and discharge planning was not completed thoroughly
- There needs to be a more collaborative approach across all hospital directorates to alleviate the pressures on the unscheduled care directorate
- We also identified the need for improvement with regard to staffing, elements of infection prevention and control and aspects of medicines management.

HIW issued the health board with an immediate assurance letter in relation to a patient safety procedure on one hospital site (GGH). This was to ensure that there was a suitable system in place for the identification and safety of all patients across the organisation at all times. Specifically, the use of patient identification bracelets. HIW has since received a satisfactory response from the health board in terms of their stated monitoring arrangements and action taken following our findings.

We also identified the need for improvement with regard to staffing, elements of infection prevention and control, aspects of medicines management and patient discharge planning.

All three hospital sites offered child friendly waiting / treatment areas. Such areas were also visibly clean and had friendly and approachable reception staff. There was also a clear guide to waiting times in the Accident and Emergency units (A and E) however patients who we spoke to were not always aware of how this system worked. We also found that patients were not always able to communicate with staff about their care through the medium of the Welsh language.

We found generally that leadership and management was visible and effective. Consultants, senior medical staff, nursing staff and ward managers described to us

how they strive to ensure a high standard of care for their patients. In all areas, staff were clear and knowledgeable about their particular roles and responsibilities. In most areas staff enjoyed their work but felt under pressure to meet and maintain care standards.

We found that there were on going staffing issues with staff suggesting that there was a lack of experience, inadequate numbers and enough of a skill mix available on each shift to always meet patient's needs. There was also an issue with ineffective leadership and management in one area of one hospital. However senior management were already aware and were dealing with the situation.

Discussions with a wide range of staff throughout the directorate, and the content of completed HIW staff questionnaires, demonstrated that the health board fostered a culture of learning and encouraged personal and professional integrity.

## 5. Findings

### *Quality of the Patient Experience*

**All three hospital sites offered child friendly waiting / treatment areas. Such areas were also visibly clean and had friendly and approachable reception staff. There was also a clear guide to waiting times in the Accident and Emergency units (A and E) however patients who we spoke to were not always aware of how this system worked. We also found that patients were not always enabled to communicate with staff about their care through the medium of the Welsh language.**

**People's rights**

*Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation (Standard 6.2).*

During our inspection, we invited patients and/or their relatives to complete a HIW questionnaire to obtain their views about their experiences of departments within the unscheduled care directorate and the surgical assessment unit (scheduled care directorate) at three of the hospitals within the Hywel Dda University Health Board. HIW questionnaires specifically seek patient's views about the clinical environment, attitudes of hospital staff and care received. Twenty five questionnaires were completed by, or on behalf of patients.

Completed questionnaires showed that on the days of inspection, across the health board, only nine patients stated that they had been in the A and E units for more than 12 hours. This shows that on average patients are seen and treated in a timely manner. Six of the patients who had been in the units for over 12 hours had complex care needs and had arrived via ambulance. When we asked regarding the pre hospital care, all gave positive feedback regarding their experience with the ambulance service.

When we asked regarding the cleanliness of the unit, one respondent didn't feel the department was clean and tidy (GGH). However we looked at cleaning schedules and observed all the areas to be satisfactory in cleanliness.

Four respondents stated their preferred language to communicate in was Welsh. Of these four, one wasn't offered the chance to communicate in their preferred language and therefore did not feel their language needs were met (GGH).

The majority of patients were positive about the care and treatment they had received from staff. However five felt that staff could have talked to them a little more to help them understand their medical conditions.

When offered a score out of 10, patients rated the overall care and treatment being provided within the A and E and the SAU units, where they had received care between a score of 7 and 10. This indicates that generally patients are satisfied with the unscheduled care service they receive from Hywel Dda University Health Board.

**Listening and learning from feedback**

*People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback (Standard 6.3).*

We saw records and interactions between patients and staff which demonstrated that both formal and informal feedback from patients and their families was taken into account.

We saw a patient suggestions/feedback box in the A and E unit (WGH) which contained some responses. Staff told us that the content of those responses would be discussed in their senior nurse meetings and outcomes shared with staff at a unit level.

## *Delivery of Safe and Effective Care*

**Overall we found that the unscheduled care directorate and the surgical assessment unit (SAU) did not consistently (over the three sites) deliver safe, dignified and timely care that was aligned with the Health and Care Standards. However, we were able to confirm that the service provided effective care.**

Broad areas for improvement were;

- Relevant information was offered verbally and in leaflets to help promote health but there was not always the opportunity to speak in Welsh
- The health board had invested in an effective medicine management system but only in one area
- Where documentation was area specific it was of a good standard, although more generic hospital documentation and discharge planning was not completed thoroughly
- There needs to be a more collaborative approach across all hospital directorates to alleviate the pressures on the unscheduled care directorate
- We also identified the need for improvement with regard to staffing, elements of infection prevention and control and aspects of medicines management.

HIW issued the health board with an immediate assurance letter in relation to a patient safety procedure on one hospital site (GGH). This was to ensure that there was a suitable system in place for the identification and safety of all patients across the organisation at all times. Specifically, the use of patient identification bracelets. HIW has since received a satisfactory response from the health board in terms of their stated monitoring arrangements and action taken following our findings.

We also identified the need for improvement with regard to staffing, elements of infection prevention and control, aspects of medicines management and patient discharge planning.

**Staying healthy**

*People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the wellbeing of people and reduce health inequalities (Standard 1.1).*

We found suitable health promotion information available in all the clinical areas we visited and in public waiting areas. Conversations with staff demonstrated that they were aware of the importance of health promotion in their work with all patients.

Conversations with a number of patients or their relatives resulted in confirmation that they had received sufficient information about their care and treatment.

We saw good communication between medical staff, patients and relatives. Specifically we heard consultants talking to patients in a calm unhurried way, with conversations tailored to meet the patients understanding; details of treatment plans were also discussed. We also saw the involvement of specialist nurses, multi disciplinary teams and help line numbers offered to patients and relatives when arranging safe discharges home. This supported patients and their relatives to make decisions about their health and wellbeing and where they wanted to receive their care.

**Safe care**

*Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections. (Standard 2.4).*

We saw written information which confirmed that risk management and health and safety was well recorded and managed across the directorate. All areas visited were visibly clean with adequate hand washing facilities. House keeping staff were allocated to specific clinical areas which meant that there was a consistent approach to the standards of cleanliness and hygiene required in their areas of work. However there were inconsistent and varying standards of practice in terms of infection prevention and control. More specifically, we observed a number of different nursing, medical and domestic staff not consistently wearing or removing gloves and aprons at appropriate times during service delivery (GGH A&E and GGH CDU).

***Improvement needed***

***All staff should wear personal protective clothing when delivering care in accordance with health board and All-Wales guidance***.

We saw trolleys, beds and surrounding areas being washed and cleaned when patients were transferred out of the units.

Infection control audits and monitoring were undertaken on a regular basis with specialist infection control advice and support available to staff as and when

required. This meant that the units had systems in place to identify areas of concern and make continuous improvements as far as possible. However, although we saw appropriate signage on display at times when patients needed to be cared for and protected by specialist infection control procedures, the guidance was not always followed by staff (GGH A and E).

Discussion with house keeping staff in one area indicated that there was no routine programme for changing privacy curtains. This meant that they were only changed when required (WGH).

***Improvement needed***

***The health board needs to ensure that staff, in all clinical areas are provided with an agreed routine programme for changing / cleaning privacy curtains.***

All three hospitals had appropriate decontamination areas/rooms for treating patients suspected of having serious infections. These facilities help to reduce the risk of cross infection.

*People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury (Standard 2.5).*

We found that patients were not always supported to meet their nutritional and hydration needs at all times of day and night. Although we saw that patients were offered a varied choice of nutritious and well presented food in most areas; patients told us and we saw that lunch was late being delivered on the first day of our inspection. One patient who had been in the unit since 3a.m. told us cereal had been offered for breakfast and sandwiches and soup for dinner even though they had specialist dietary needs (A and E, BGH).

***Improvement needed***

***The health board needs to monitor meal delivery times from the kitchen to A and E units to ensure that patients receive regular hot meals.***

***Staff need to ensure patients are offered food that is appropriate to their needs.***

There were opportunities for patients and relatives to buy their own food/drinks at outlets in all three sites.

Water jugs (or cups where they were more appropriate) were available in all of the three A and E units. Where patients remained in the units for longer periods of time

(some over 24 hours) the water jugs were changed twice daily. This ensured patients had adequate drinks to keep them hydrated.

***Improvement needed***

***The health board needs to ensure that patients remaining in the units for longer periods of time have clean water jugs three times a day.***

*People receive medication for the correct reason, the right medication at the right dose and at the right time (Standard 2.6).*

Examination of a sample of patients' medication records across all three hospital sites revealed that medication was administered to patients as prescribed. This meant that patients had received the correct medication at the right time. We also found that the health board had recently made a significant investment in a highly secure and effective means of assisting staff to obtain prescribed medication within the A and E and Clinical Decision Unit (CDU) (GGH). Conversations with staff indicated that this system had significantly reduced the incidence of medication errors, improved the flow of medication stock available and enabled staff to administer prescribed medication in a more timely way. We identified this as noteworthy practice.

Whilst observing medicine administration to patients we saw that four patients in the CDU at (GGH) did not have the required identification armbands in place. This safety matter was brought to the attention of the nurse in charge and the issue was promptly resolved. However this issue raised concerns about the safe system of delivering medication across the health board.

**HIW issued the health board with an immediate assurance letter. This was to ensure that there was a suitable system in place for the identification and safety of all patients across the organisation at all times. HIW has since received a thorough and satisfactory response from the health board in terms of their stated monitoring arrangements and action taken following our findings.**

While we found that patients' medication records generally indicated that their prescribed medication was appropriately administered, we also identified a range of areas where improvement is required:

- Although there was a key pad on the medication room door, the door itself did not close securely into the door frame, therefore the room could be

accessed by unauthorised persons (A and E, WGH). We informed senior staff of our findings and were assured that suitable corrective action was to be taken to address this

- Cupboards containing intravenous fluids, needles, syringes and flammable liquids within the medication room were unlocked (A and E, WGH). The medication within that room was, however, noted to be secure and locked
- The fridge in the main area was unlocked despite having a “keep locked” sign on the door (A and E, WGH)
- The controlled drugs were not being checked daily in line with the health board policy (ACDU WGH)
- The general security of the medicine room could be improved. We saw an unsupervised house keeper in the medicine room (BGH).

***Improvement needed***

***The health board is required to describe the action taken to address the medicines management issues identified during this inspection.***

*Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time (Standard 2.7).*

We found that the directorate had established and appropriate arrangements to promote and protect the welfare and safety of vulnerable children and adults. For example, staff were aware of relevant legislation and guidance and there were appropriate systems in place to make staff aware of any specific information relating to patients in this respect.

*Health services ensure the safe and effective procurement, use and disposal of medical equipment, devices and diagnostic system. Standard 2.9.*

Staff told us that there was a general difficulty throughout the health board in accessing bariatric equipment (equipment designed for use when caring for clinically obese patients). However conversations with senior managers indicated that this matter was already being addressed with high risk areas already being identified prior to the purchasing of relevant equipment

**Effective care**

*In communicating with people, health services proactively meet individual language and communication needs (Standard 3.2).*

All three sites had electronic communication boards in the patient waiting areas of the A and E units. We saw that the waiting times varied between one hour and four hours in all sites at different times of the day. Each site also had a triage nurse (a nurse who decides the priority of the patients' needs) who used a colour coded scale to indicate the priority of each individual patient. The scale was visible on the wall in some areas (WGH). However, when we spoke with patients, their responses indicated this had not been explained to them.

***Improvement needed***

***The health board need to ensure that staff explain to people the tools used when prioritising patient care.***

We found that communication was not consistently age appropriate and staff did not always consider patients' ability to engage in health related conversations. Although parents we spoke with confirmed that staff had shared information with them in a way they understood and which was helping them make informed choices, we were also told and found that some members of staff were not using a child friendly approach. For example, we were aware that a child had become distressed whilst receiving treatment. We were also told that the member of staff caring for the child at that time did not ask age appropriate questions or have a child friendly approach towards two other children (A and E, WGH).

***Improvement needed***

***The health board should ensure that paediatric trained staff are available in the A and E units. Where this is not possible there should be appropriate support / training from the paediatric team.***

We saw that staff uniforms had embroidered symbols to identify Welsh speaking staff with information and signage available in both Welsh and English in all three hospitals. However staff told us that services were only offered through the medium of Welsh in one of the three sites (BGH); although we were assured by staff that there were staff in other areas of the hospital that could be called upon to assist if there was a need (GGH, WGH).

We witnessed examples of good communication between senior medical staff and patients, with care options and home life being discussed. The level of

communication was suitable and appropriate to ensure the patients understanding (BGH).

*Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance (Standard 3.5)*

In two of the three hospitals we saw that record keeping, which was area specific, was clear and comprehensive with evidence of person centred assessment and care planning (WGH, BGH). We saw effective use of care bundles[1] in one site (BGH). Where more generic health board documentation was used it was not always completed robustly and some nursing staff complained of repetition (WGH, BGH and GGH). Two hospitals had very little documentation with regards to aspects of transfer summaries and discharge planning (GGH, BGH).The format of the nursing documentation was a health board wide theme identified in HIW's Dignity and Essential Care Inspections last year and it was encouraging to see that the documentation specific to unscheduled care was concise, robust and user friendly.

Examination of a sample of patients' records demonstrated that in two out of the three sites, when writing in patients notes, medical staff signed their recording of care with their name and designation as is required by professional standards for record keeping. This was not always evident in one hospital (BGH). This was another health board wide theme identified in HIW's Dignity and Essential Care Inspections last year and it was encouraging to see that the health board had made strides forward in dealing with the issue.

Nursing staff told us that the development of the nursing documentation (part B of the assessment form) had been well received. Medical staff explained that storage of paper documents was a problem.

***Improvement needed***

***The health board should consider its progress towards electronic patient records which could assist with the current lack of storage for paper records.***

[1] A bundle is a structured way of improving the processes of care and patient outcomes: a small, straightforward set of evidence-based practices — generally three to five — that, when performed collectively and reliably, have been proven to improve patient outcomes.

## Dignified Care

People's experience of health is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs.

We saw the delivery of dignified care in the areas of the hospitals where care was appropriate for the purpose it was designed. Smaller rooms and bays ensured dignity, privacy and confidentiality. We saw curtains drawn in multi-occupied patient areas such as the resuscitation rooms. However we also saw and were informed that, when one hospital became very busy, patients were left on trolleys in corridors (BGH).

***Improvement needed***

***The health board needs to consider alternative arrangements for bed management to prevent patients being cared for in corridors.***

We found that patients' needs were not always being met in a dignified way when cared for in areas which were not designed for long stay (over 23 hours). We saw a patient upset due to their inability to access the toilet, patients with unclean mouths, patients waiting a long time for food and confused patients not being identified and supported (BGH).The hospitals which had designated areas such as the Adult Clinical Decision Unit and the Medical /Surgical decision units (which were more typical of a ward environment), offered more dignified care.

***Improvement needed***

***The health board needs to consider alternative environments for longer stay patients (over 23 hours).***

We held conversations with staff working in the ambulatory care section of the medical Clinical Decision Unit (GGH) and observed the delivery of care. As a result, we found that patients were cared for whilst sitting in chairs during the day; beds being brought into the area for use at night when needed. We were told however that staff faced on-going challenges as there were instances when patients who were nursed in bed at night were not well enough to transfer to an armchair by the morning. Such situations compromised patients' dignity. Additionally, should patients become unwell during the day, the privacy and dignity of all patients' within the unit would be difficult to maintain as there was little space for staff and no surfaces to put necessary equipment on. Patients may need to be moved and treated in the treatment room opposite the ambulatory care unit.

Staff told us that many patients who were admitted to the ambulatory area required medical, as opposed to surgical care. There was no storage for personal belongings in the ambulatory care section, the floor was cluttered and when asked patients were unsure whether they were in-patients or day-patients.

***Improvement needed***

***The health board is required to clarify the purpose of the ambulatory care area to ensure it is used for the correct purpose and also provide an environment which promotes patients' privacy and dignity.***

**Timely care**

*All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff (Standard 5.1).*

Staff told us that they felt inadequate staffing levels meant that patients did not receive timely care (WGH, GGH, BGH). Despite this, we saw staff working diligently to try and provide care in a timely way to ensure the best possible outcomes for patients. Nonetheless we did identify areas where improvements could be made. For example;

- We did not always see an open and collaborative approach within directorates, to providing timely admissions to the general hospital. For example patients were waiting unacceptable times for referrals to be accepted by the surgical teams resulting in long waiting times in inappropriate areas of the hospital (all three sites)
- Medical staff told us in all three hospital sites that they were unable to access pathology results (blood tests) and theatre lists on the units' computers. The health board must ensure that clinical staff have access to fully functional clinical I.T. systems at all times
- There was an absence of adequate triage for majors (serious cases) in GGH. This meant that the resuscitation area was being inappropriately used to care for patients with non life threatening conditions
- Patients who remained in the CCU unit in BGH did not receive timely care or individualised care due to the wide range of clinical needs, inadequate skill mix and numbers of staff. We were also told and we saw, that patients

remained in this unit for longer periods of time due to admitting wards and units refusing to accept patients (ICU, BGH). The health board needs to consider ways for streamlining through-put of patients in this area

- Medical staff told us that the patient transfer time to Morriston Hospital (ABMUHB) was unsatisfactory. The health board needs to consider procurement / negotiate identified beds to enable safe, timely intervention for patients in BGH who require specialist cardiac services

- Medical staff told us that the on-call locum consultants do not attend the unit at night to support the medical team unless there is a major (trauma) incident. This means that patients can be waiting a considerable time to be seen by a doctor (WGH). The health board needs to clarify the expectation of the on call consultant to the medical team

- Staff told us that inadequate numbers and inexperienced nursing staff means that patients do not receive timely care especially at night (A and E WGH). We were also told that A and E staff are sent to help in the Adult Clinical Decision Unit (ACDU WGH) unit when the unit is full. The health board needs to ensure that there is an adequate skill mix and numbers of nursing staff available in the A and E unit at all times

- Staff told us that patients would benefit from a dedicated medical team for the CDU (GGH) which would promote consistency, prompt care and improve communication with other members of the ward team

- Staff told us that General Practitioners (GP) were being encouraged to admit medical patients via A and E to access two ACDU allocated beds. This meant that the beds in the unit specifically for A and E medical patients were always full and patients were having to remain in the A and E unit (WGH)

- We were told by staff that although there was an effective escalation process (process to highlight immediate areas of concern) it was often difficult to contact senior nurses to make the required decisions (WGH)

- The health board Operational Plan for A and E states that patients should only be in the A and E unit for up to 23 hours. We saw during our visit that six patients had exceeded this time. Staff stated that it was often the case (BGH).

We saw areas of good practice whereby there was a dedicated ambulance to transfer children to appropriate neighbouring hospitals in a timely manner. There was also a dedicated area for the ambulance to set down and transfer patients to a trolley whilst they were waiting to see a member of clinical staff (WGH).

There was a system in place for a quick multi-disciplinary review of patients in the ACDU waiting for admission / discharge from the unit. Although we were told again that there seemed to be a reluctance on the part of the surgical admission team to admit patients from the unit.

***Improvement needed***

***The health board needs to review its patient flow and capacity procedures.***

We also saw examples of good practice such as the swift application of clinical skills by the Senior Sister to alleviate pain for a patient and again whilst meeting the needs of a palliative care patient (GGH).

## *Quality of Management and Leadership*

**We found generally that leadership and management was visible and effective. Consultants, senior medical staff, nursing staff and ward managers described to us how they strive to ensure a high standard of care for their patients. In all areas, staff were clear and knowledgeable about their particular roles and responsibilities. In most areas staff enjoyed their work but felt under pressure to meet and maintain care standards.**

**We found that there were on going staffing issues with staff suggesting that there was a lack of experience, inadequate numbers and not enough of a skill mix available on each shift to always meet people's needs. There was also an issue with ineffective leadership and management in one area of one hospital. However senior management were already aware and were dealing with the issues.**

**Discussions with a wide range of staff throughout the directorate, and the content of completed HIW staff questionnaires, demonstrated that the health board fostered a culture of learning and encouraged personal and professional integrity.**

### Staff and resources

*Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need (Standard 7.1).*

Despite the circumstances we saw good communication and joint working between the staff working in a very stressful environment. We were informed that staffing levels in all areas did not always meet the requirements of national guidance. The health board also acknowledged that they faced on-going challenges regarding staff recruitment. We observed staff working across individual units to provide support to patients where necessary. Conversations with senior managers demonstrated that the health board was seeking to recruit staff on an on-going basis. We were also told that, although there continued to be deficits, there had recently been a successful recruitment for medical and nursing staff. We saw a considerable use of locum doctors and the use of agency nurses during our inspection in two of the three sites (WGH, BGH).

During our inspection we invited staff to complete a HIW questionnaire to tell us about their experience of working in the health board. We asked staff for their views about their professional development, patient care, the health board and manager. Twenty nine HIW questionnaires were completed (although there were many

incomplete sections) by staff from all areas of the multi-disciplinary team within the seven areas inspected.

We found that a significant amount of staff felt that communication between senior management and staff was effective, although a small number of staff felt they could be more involved in the decision making process when it directly affected their area of work.

None of the staff, who responded, indicated that they had personally experienced any form of discrimination at work from other staff. This was confirmed through conversations with staff who told us that there was a confidential system in place for staff to report any forms of work related intimidation or offence. However two members of staff reported that they had experienced discrimination at work from patients in the last twelve months.

The majority of staff indicated that they had completed training, learning or development in mandatory topics such as: fire safety awareness, health and safety and infection control. Staff also told us that they were encouraged to undertake training specific to emergency patient care. All staff reported that the training they had received had helped them to do their job more effectively and to deliver a better patient experience. We also saw the staff training plan for 2015.

We saw active teaching and leadership between senior and junior medical staff as well as between senior and junior nursing staff. We also received positive feedback from junior nurses and junior medical staff, who spoke very highly of their experience and the peer support offered (GGH and WGH). One nurse said that although there was a week's induction programme, it could be improved because supernumerary time was not always given.

***Improvement needed***

***The health board must ensure junior / new staff have the opportunity to commence work in a safe and supported environment.***

**Governance, leadership and accountability**

*Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care. (Health & Care Standards, Part 2 Page 8)*

We were told that the health board is currently undertaking a review of some policies such as the Ambulance Transfer policy and the Adult Outlier policy. However we were not given any timescales for completion of this work. This should have a

positive impact on the standard of care offered to the patients of Hywel Dda University Health Board.

We held conversations with senior nurses and heads of nursing and they described the health board's re-structure and how it had resulted in improved communication between staff. In line with the re-structure the health board placed an emphasis on staff succession planning. We were told of a particular initiative developed by a senior nurse manager (GGH) which had proven to be successful and had been embraced by staff.

We witnessed and heard of incidents from staff on one site (BGH) whereby healthy and safe workplaces were not always being promoted. Issues that were brought to our attention included concerns about working relationship amongst some staff which were having a negative impact on the bed management, capacity and patient flow through the unit. We were also made aware of an issue that was having an impact on patient care and the morale of staff. This was discussed with senior management immediately and senior health board representatives assured us that they were already aware of and dealing with the situation.

***Improvement needed***

***The health board should ensure that staffing concerns are dealt with in a timely and effective manner*.**

We spoke with senior staff in each of the clinical areas we inspected, all of whom demonstrated excellent knowledge of their area of responsibility. Discussions with other members of staff further indicated that communication was effective across the directorate. We also found a positive ethos and a multi professional approach to teamwork, along with a focus on the quality and safety of services to patients.

We found the directorate had appropriate systems to record, monitor and review clinical incidents, with supportive input from a range of professionals. This meant there were mechanisms in place to learn from incidents and to reduce the risk of incidents recurring.

We discussed the complaints policy and found that, although all staff were aware of the process, some senior medical staff were less understanding and empathic towards people raising concerns. We also had to request a copy of the complaints procedure on a relative's behalf as this was not readily available on the unit (BGH).

***Improvement needed***

***The health board needs to ensure staff attitudes, when dealing with people raising concerns, is empathic and understanding.***

***The health board's complaints procedures should be visible and readily available to the patients and/or their representatives.***

## 6. Next Steps

The health board is required to complete an improvement plan (Appendix A) to address the key findings from the inspection and submit this to HIW within two weeks of the publication of this report.

The health board improvement plan should clearly state when and how the findings identified will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/units within the wider organisation.

The actions taken by the health board in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the health board's improvement plan remain outstanding and/or in progress, the health board should provide HIW with updates, to confirm when these have been addressed.

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

*Appendix A*

## Hospital Directorate Inspection: Improvement Plan

## Hospital: Withybush, Glangwili and Bronglais Hospitals

## Ward/ Department: Unscheduled Care Directorate and Surgical Assessment Unit

## Date of inspection: 11 and 12 August 2015

| Page Number | Recommendation | Health Board Action | Responsible Officer | Timescale |
|---|---|---|---|---|
| | **Quality of the Patient Experience** | | | |
| | No improvement needed | | | |
| | **Delivery of a Safe and Effective Service** | | | |
| Page 13 | All staff should wear personal protective clothing when delivering care in accordance with health board and All-Wales guidance.<br>[Health and Care Standards 2.4, 3.1]. | ➢ Recommendation discussed at the Health Board Wide Infection prevention & Control Committee and it was agreed that the Personal Protective Equipment Policy (based on All Wales Policy) would be reviewed. The revised policy will be issued with a communication campaign and additional training sessions for all | **Director of Nursing – Infection Prevention and Control** | **January 2016** |

| Page Number | Recommendation | Health Board Action | Responsible Officer | Timescale |
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| | | staff groups | | |
| Page 14 | The health board needs to ensure that staff, in all clinical areas are provided with an agreed routine programme for changing / cleaning privacy curtains.<br>{Health and Care Standards 2.4, 3.1}. | Current standard depicts changing of curtains immediately after an infectious case, when visibly soiled and as a minimum every three months.<br>**Action**: Review current standard and monitor compliance via Infection Prevention Society IP&C Audit programme | **Mark Lewis**<br>**Head of Estates & Hotel Services** | **November 2015.** |
| Page 14 | The health board needs to monitor meal delivery times from the kitchen to A and E units to ensure that patients receive regular hot meals.<br>[Health and Care Standards 2.5, 3.1]. | Review current practice for meal delivery times across the Health Board.<br>Establish a delivery system that will provide a suitable choice of hot meals for patients in the emergency Department in line with regular mealtimes and introduce a monitoring mechanism . | **Mark Lewis Head of Estates & Hotel Services** | **November 2015** |
| Page 14 | Staff need to ensure patients are offered food that is appropriate to their needs.<br>[Health and Care Standards 2.5, 3.1]. | As part of their initial assessment all patients will have a nutritional needs assessment and in accordance<br>All patients other than those' Nil by Mouth' will have access to main menu choices which will consist of a choice of hot meals and textured modified food if required. | **Clinical Lead Nurses GGH /WGH/BGH**<br>**Simon Jones**<br>**Head of Catering** | **November 2015** |

| Page Number | Recommendation | Health Board Action | Responsible Officer | Timescale |
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| | | | | |
| Page 15 | The health board needs to ensure that patients remaining in the units for longer periods of time (over 23 hours) have clean water jugs three times a day.<br>[Health and Care Standards 2.5, 3.1]. | In accordance with the implementation of the All Wales Nutrition & Hydration standards Clean Water Jugs will be provided to patients three times a day other that those that are Nil by Mouth / or on strict fluid restriction regimes. | **Mark Lewis**<br>**Head of Estates & Hotel Services** | **October 2015** |
| Page 16 | The health board is required to describe the action taken to address the medicines management issues identified during this inspection;<br>• Although there was a key pad on the medication room door, the door itself did not close securely into the door frame, therefore the room could be accessed by unauthorised persons (A and E, WGH). We informed senior staff of our findings and were assured that suitable corrective action was to be taken to address this.<br>• Cupboards containing intravenous | Medication room door examined by Estates Department team Closure problem rectified allowing Digitalised lock to function.<br>Remedial action taken to ensure that the | **Mark Lewis**<br>**Head of Estates & Hotel Service**<br>**Carol Thomas** | **Immediate Completion August 2015**<br>**Immediate Completed August 2015**<br>**Immediate** |

| Page Number | Recommendation | Health Board Action | Responsible Officer | Timescale |
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| | fluids, needles, syringes and flammable liquids within the medication room were unlocked (A and E, WGH). The medication within that room was, however, noted to be secure and locked | cupboards containing stock were locked appropriately. | **Clinical Lead Nurse – WGH site** | **Completed August 2015** |
| | • The fridge in the main area was unlocked despite having a "keep locked" sign on the door (A and E, WGH) | Fridge Lock re-instated. Monitoring mechanism via monthly & ad hoc compliance audits. | **Carol Thomas**<br>**Clinical Lead Nurse – WGH site** | **Immediate**<br>**Completed August 2015** |
| | • The controlled drugs were not being checked daily in line with the health board policy (ACDU WGH). | Daily checking procedure re-established.<br>Monitoring mechanism via monthly and ad hoc audits | **Carol Thomas**<br>**Clinical Lead Nurse – WGH** | **Immediate**<br>**Completed August 2015** |
| | • The general security of the medicine room could be improved. We saw an unsupervised house keeper in the medicine room (BGH).<br>[Health and Care Standards 2.6, 3.1]. | Restricted access of personnel reinforced. | **Craig Brown Clinical Lead Nurse/ Senior Sister Chris Edwards – BGH site** | **Immediate**<br>**Completed August 2015** |

| Page Number | Recommendation | Health Board Action | Responsible Officer | Timescale |
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| Page 17 | The health board need to ensure that staff explain to people the tools used when prioritising patient care.<br><br>[Health and Care Standards 3.2, 5.1]. | The emergency departments are required to display information to patients relating to triage in line with the Welsh Risk Pool standards.. The visibility of this current Information will be reviewed and Triage Nurses will be requested to inform patients of the category and the reasons underpinning the decision | **Clinical Lead Nurses GGH/WGH/BGH** | **October 2015** |
| Page 17 | The health board should ensure that paediatric trained staff are available in the A and E units. Where this is not possible there should be appropriate support / training from the paediatric team.<br><br>[Health and Care Standards 3.1, 3.2, 4.1, 6.2, 7.1]. | The Emergency Department (ED) at BGH & GGH have access to paediatric consultation & advice from the paediatric teams on site. The same applies to the ED at WGH but the onsite availability is limited to daytime hours up until 9pm as this is a 12 Hour service. However out of hours paediatric advice can be obtained from the paediatric team at GGH if required; and there is a dedicated ambulance and paediatric transfer pathway in place.<br><br>Refresher paediatric training sessions for the ED nursing staff at WGH to be arranged.<br><br>Advice line to paediatric Unit in GGH to be established | **Carol Thomas**<br><br>**Clinical Lead Nurse – WGH site** | **November 2015** |

| Page Number | Recommendation | Health Board Action | Responsible Officer | Timescale |
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| Page 18 | The health board should consider its progress towards electronic patient records which could assist with the current lack of storage for paper records.<br><br>[Health and Care Standards 3.4]. | Individual patient Health records from primary care are already accessible in the Emergency Departments.<br><br>Previous Health Board work undertaken on Digitalised patient records project to be reviewed and business case to be re-submitted for consideration as part of the capital bids programme | **Anthony Tracey**<br><br>**Head of Information Technology** | **January 2016** |
| Page 19 | **The health board needs to consider alternative arrangements for bed management to prevent patients being cared for in corridors.**<br><br>[Health and Care Standards 3.3, 4.1]. | A draft Health Board Ambulance Offload policy has been developed which requires further consultation with WAST.<br><br>Patient safety & risk assessment to be re-enforced when patient flow demand exceeds available capacity and Health Board escalation procedures to be implemented. | **Sarah Perry**<br><br>**General Manager**<br><br>**Unscheduled Care Directorate** | **November 2015** |
| Page 19 | **The health board needs to consider alternative environments for longer stay patients (over 23 hours).**<br><br>**[Health and Care Standards 4.1, 5.1, 7.1].** | Patient Flow systems and capacity within the Health Board have recently been reviewed by the WG Delivery Unit.<br><br>Actions from the recommendations will be implemented and potentially increase available bed capacity for emergency patient flow. | **Sarah Perry**<br><br>**General Manager**<br><br>**Unscheduled Care Directorate** | **January 2016** |

| Page Number | Recommendation | Health Board Action | Responsible Officer | Timescale |
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| Page 20 | **The health board is required to clarify the purpose of the ambulatory care area to ensure it is used for the correct purpose and also provide an environment which promotes patients' privacy and dignity.**<br><br>**[Health and Care Standards 2.1, 4.1, 5.1].** | The Ambulatory Care area is part of the Clinical Decisions Unit which is reflected in the Unit operational policy . It provides a service to day patients requiring specific diagnostic tests or therapeutic regimens who need observation and care over a defined period but do not need to remain in hospital.<br><br>The use of the Ambulatory Care area to be reviewed in accordance with the operational policy.<br><br>Environment and resources to be reassessed in relation to patient needs within the ambulatory care area including upholding standards to maintain patient dignity and respect. | **Sarah Perry**<br>**General Manager**<br>**Unscheduled Care Directorate**<br><br>**Gwenlais Chandler**<br>**Clinical Lead Nurse** | **November 2015** |
| Page 22 | **The health board needs to review its patient flow and capacity procedures.**<br><br>**[Health and Care Standards 2.1].** | Patient Flow Systems & Procedures within the Health Board have been subject to a recent review undertaken by the WG Delivery Unit.<br><br>The report findings to be reviewed and actions arising from the recommendations | **Sarah Perry**<br>**General Manager**<br>**Unscheduled Care Directorate** | **November 2015** |

| Page Number | Recommendation | Health Board Action | Responsible Officer | Timescale |
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| | | to be implemented to improve patient flow and available capacity. | | |
| | **Quality of Management and Leadership** | | | |
| Page 24 | The health board must ensure junior / new staff have the opportunity to commence work in a safe and supported environment.<br>[Health and Care Standards 7.1]. | All newly appointed staff to have an initial local orientation programme which will include work experience in supernumerary status within all clinical areas of the ED / CDU/SAU. The individual will be supported by preceptorship / mentorship /and a competency framework over a 6 – 12 month period or longer if required. | **Clinical Lead Nurses**<br>**Glangwili/Bronglais/Withybush General Hospitals** | **October 2015 onwards** |
| Page 25 | The health board should ensure that staffing concerns are dealt with in a timely and effective manner.<br>[Health and Care Standards 7.1]. | Nursing Establishments in all general medical and Surgical wards have been revised in accordance with the All Wales Nurse Staffing standards resulting in an increase in staff numbers in all acute inpatient areas including the Clinical Decisions Units .<br>Nurse staffing levels in the Emergency Departments are currently being benchmarked against the national guidelines. However if the workload and | **Head of Nursing – Acute Services**<br>**Acute Hospital/**<br>**Clinical Lead Nurse Managers** | **September 2015 onwards** |

| Page Number | Recommendation | Health Board Action | Responsible Officer | Timescale |
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| | | acuity of the patients increases staffing levels are increased accordingly.<br><br>The Health Board has developed a Professional Nurse Staffing Standards and Escalation Plan for inpatient Acute Services policy which outlines the procedure for addressing nurse staffing deficits including additional staffing requirements for one to one observation of confused patients or increased workload / acuity.<br><br>All staffing deficits are prospectively identified when the Ward Sister prepares the E – Roster for the month ahead and temporary replacement booked accordingly.<br><br>Any staffing deficits arising from short notice sickness that occur on a daily basis are escalated and replacement is arranged following the Temporary staffing replacement procedure. | | |
| Page 25 | The health board needs to ensure staff attitudes, when dealing with people raising concerns, is empathic and understanding.<br><br>[Health and Care Standards 6.3, 7.1]. | Revisit staff awareness raising sessions on process for dealing with concerns<br><br>Facilitate attendance at In-house Customer Care Training for all staff groups | **Sarah Perry**<br><br>**General Manager**<br><br>**Unscheduled Care** | **November 2015 Onwards** |

| Page Number | Recommendation | Health Board Action | Responsible Officer | Timescale |
|---|---|---|---|---|
| Page 25 | The health board's complaints procedures should be visible and readily available to the patients and/or their representatives.<br><br>[Health and Care Standards 3.2, 6.3]. | Bilingual leaflets are currently available in the Emergency Departments on each Acute Hospital Site.<br><br>Develop Information posters to increase public awareness within the ED & CDU areas.<br><br>Encourage staff to deal with enquiries sensitively and provide relevant information in accordance with the Health Board' Putting Things right' Policy. | **Clinical Lead Nurses**<br><br>**Unscheduled Care Directorate** | |

**Health Board Representative:**

**Name (print):** **Carol Cotterell**

**Title:** **Head of Nursing – Acute Services**

**Date:** **26 October 2015**