

Hospital Inspection (Unannounced)

Hywel Dda University
Health Board:

Bronglais Hospital
Unscheduled Care
Directorate
Follow Up

Inspection date: 7 September 2016

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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 follow up inspection of the Accident and Emergency Department A&E, Unscheduled Care directorate within Hywel Dda University Health Board on 7 September 2016.

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 provides 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 patients' 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 follow up inspection to the A&E department within Hywel Dda University Health Board, was undertaken by a HIW Inspector.

We reviewed information from a number of sources including:

- Conversations with staff
- General observation of the environment of care and care practice
- Discussions with senior management within the directorate
- Consideration of quality improvement processes, activities and programmes

3. Context

This visit was a follow up to an inspection undertaken on 11 and 12 August 2015. The purpose of our visit, on this occasion, was to consider the extent of the progress made in addressing the improvements highlighted within our 2015 report. Whilst this report concentrates mainly on the developments made since our previous visit; we did have a tour of the department, observe care practice and speak with the ward manager and staff. We did not identify any further areas for improvement on this occasion.

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.

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

With regard to the patient's experience, there were no improvements identified in the 2015 report which required reviewing. However, we used the opportunity to take a tour of the department, observe patient care, spoke with staff and the unit manager. We saw that patients were receiving care in a dignified and timely manner. We also observed staff delivering care in a respectful and professional way.

There were a number of areas identified for improvement in the 2015 report with regard to the delivery of safe and effective care. We were disappointed to find that although there had been some improvements, there remained some concerns regarding the delivery of safe, dignified and timely care that are aligned with the Health and Care Standards, particularly with regard to the use of a designated area to provide care for patients waiting for admission into the main hospital. However, HIW were still assured that the overall outcomes for patients were effective. Generally we were satisfied that the staff structure was adequate and that staff of all grades worked diligently to improve service provision and to ensure patients felt safe and supported. There were no new areas identified for improvement. However, HIW have requested written assurances with regard to the health board status in taking action on the original improvement plans.

We found that leadership and management was visible and effective. Discussions with staff, demonstrated that staff relationships had improved, however there remained concerns regarding staffing numbers. Discussions with senior staff assured HIW that innovative ways of recruiting staff continued to be implemented with varying levels of success. Again, there were no new areas identified for improvement. However, HIW have requested written assurances with regard to the health board status in taking action on the original improvement plans.

Findings

Quality of the Patient Experience

With regard to the patient's experience, there were no improvements identified in the 2015 report which required reviewing. However we used the opportunity to take a tour of the department, observe patient care, spoke with staff and the unit manager. We saw that patients were receiving care in a dignified and timely manner. We also observed that staff delivered care in a respectful and professional way. There were no areas of improvements identified on this occasion.

Delivery of Safe and Effective Care

There were a number of areas identified for improvement in the 2015 report. We were disappointed to find that although there had been some improvement, there remained some concerns regarding the delivery of safe, dignified and timely care that align with the Health and Care Standards. However, we were still assured that the overall outcomes for patients were effective. Generally we were satisfied that the staff structure was adequate and that staff of all grades worked diligently to improve service provision and to ensure patients felt safe and supported. There were no new areas identified for improvement. However, HIW have requested written assurances with regard to the health board status in taking action on the original improvement plans.

Safe care

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

We arrived at the A&E department at 10 am and found that the department was operating with adequate staff numbers and patients were being seen in a dignified and timely manner. There were no patients at that time awaiting breakfast or snacks. Discussion with staff indicated that there had been improvements in the way meals were provided to the unit. HIW are satisfied that the health board has monitored meal delivery times from the kitchen to the A&E unit and can now confirm that patients receive regular hot meals.

We spoke with staff regarding ensuring that the food offered was appropriate to patients' needs and were told that there had been an improvement in the food menu which allowed more choice for patients with swallowing difficulties.

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

We were satisfied that the security of the medicine room had been improved. We did not see staff, other than those required to administer medication, enter the room. We were told that, following the inspection, the ward manager had reinforced the importance of security and restricted entry.

Effective care

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)

We discussed electronic patient records with staff and were told that this had not been implemented. We could not confirm on the day whether the previous work undertaken on digitalised patient records had been reviewed as suggested in the action plan, nor could we ascertain whether a business case had been re-submitted for consideration as part of the capital bids programme.

Improvement needed

The Health Board need to update HIW on the strategic plan for digitalised patient records for the A&E department.

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. Standard 4.1

We were shown and staff told us that the arrangements to prevent patients being cared for in corridors was to move the patients to a small unit between the main A&E department and the area where patients attend for plaster casts for broken bones. We were told that patients could be waiting for admission to a ward in the area for over 23 hours. Due to the unpredictable need for these beds (depending on the availability of beds in the hospital), staff would either be taken away from the main A&E department to deliver care or agency staff would be requested. The area was quite isolated, away from the main department; this meant that staff were often caring for vulnerable patients without immediate medical support. Staff stated they also felt vulnerable when working in this area because of lack of support and visibility. The use of agency staff to cover this area, who at times were not experienced A&E nurses, was a concern to the ward manager.

We also noted that there was only one toilet for patient use in this area, which did not lend itself to dignified or respectful care. HIW were not assured that this improvement had been satisfactorily actioned.

The Health Board needs to revisit its operational plan for A&E (up to 23 hours) and reconsider the alternative area used for longer stay patients (over 23 hours).

Quality of Management and Leadership

We found that leadership and management was visible and effective. Discussions with staff demonstrated that staff relationships had improved. However, there remained concerns regarding staffing numbers. Discussions with senior staff assured HIW that innovative ways of recruiting staff continued to be implemented with varying levels of success. There were no new areas identified for improvement. However, HIW have requested written assurances with regard to the health board status in taking action on the original improvement plans.

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).

Discussion with staff indicated that there continued to be issues regarding staff numbers although on the day of the follow up there was a full complement of permanent staff on duty.

Further discussion with the head of nursing for the Bronglais Hospital site confirmed that the health board continue to strive in innovative ways to recruit staff.

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 spoke with the ward manager and the head of nursing and we were satisfied that the staff concerns, identified during the 2015 inspection, had been resolved in the short term and there were longer term plans in place to support the on going improvement. Areas for individual staff development and training had been identified through supervision and annual appraisals. We were also satisfied that these concerns had, on this occasion, been dealt with in a timely and effective manner.

We saw that the “Putting Things Right” NHS concerns guidance was now available for patients in different areas of the unit. HIW are therefore satisfied that this has been actioned.

5. 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, measurable, 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 Inspection: Improvement Plan

Hospital: Bronglais

Ward/ Department: Unscheduled Care (A&E)

Date of inspection: 7 September 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
	No improvements needed			
	Delivery of Safe and Effective Care			
Page 9	The Health Board need to update HIW on the strategic plan for digitalised patient records for the A&E department. Standard 3.9	Currently in A&E when a patient registers at reception a paper casualty card is printed from the Myrddin CiS system which contains patient demographics, details of complaint and GP details. This print out is taken by clinical staff and added too manually as the patient moves through the department this therefore captures clinical	Assistant Director of Informatics	Oct 2017

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>notes and observations.</p> <p>To improve access to records and reduce storage requirements, A&E staff scan the casualty card and associated documentation to a shared network drive.</p> <p>Over the past 12 months, 32,185 scans have been uploaded with older records also being stored in this way. The current solution can be summarised below:</p> <ul style="list-style-type: none"> • As well as the Myrddin casualty cards the department is also scanning:- <ul style="list-style-type: none"> • Results from Radiology, Pathology and Cardiology investigations • Ambulance arrival forms • Mental Health assessment forms • Observation forms • The space currently consumed by the solution is 10GB and over a 5 year period the total storage space required would be 50GB. • The scanner being used is a Ricoh MP4002SP Photocopier connected to the health board network under a fully serviced leasing arrangement. • Scans are stored as TIFF images with a 		

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>resolution of 600dpi and are clear and legible.</p> <ul style="list-style-type: none"> • All scans are stored against the hospital number and the date and time of scan (e.g. E1234567_201506231001) in a folder structure broken down by years, months and then days. • Files are stored on a networked file share located in the Bronglais Server Room. • Paper records are kept for 12 months and then destroyed. • Records are discovered by searching by hospital number in Windows Explorer to find any documents which have been scanned by the department. • Documents are opened using the inbuilt Windows Picture Viewer programme. <p>The system has promoted a number of benefits including accessing records for complaint resolution, breach validation and will be reviewed in the coming year to identify any improvements that would add value to the service.</p>		
Page 10	The Health Board needs to revisit its operational plan for A&E (up to 23 hours) and reconsider the alternative area used for	The Hospital Surge capacity plan includes a number of options depending on both the acuity of patients and the availability of staffing. The surge area in A&E is the dedicated Minor Injury	General Manager / Hospital Director	Dec 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	longer stay patients (over 23 hours). Standard 4.1	<p>facility which has capacity for up to 4 patients, which can compromise A&E flow, is balanced against the benefits/risk of using the Day Surgery Recovery Unit (providing up to 8 patients) which could result in compromised elective care.</p> <p>Additional staffing is required to staff the area and agency staff can be assigned into other areas to release substantive staff to work in the unit. The detailed site surge plan sets out the level of authorisation and staffing requirements for each of the potential surge area. The Surge protocol will be reviewed.</p> <p>Considerable work is underway in Bronglais General Hospital to improve patient flow to prevent the use of surge on a regular basis, examples of this include projects such as;</p> <ul style="list-style-type: none"> • Mobilisation symbols for each patient defining the mobilisation requirements of each patient • A pilot red and green day project which measures active patient pathway management on a daily basis • Regular patient flow meetings with neighbouring Health Boards and joint appointments to ensure patient flow. • Employment of an integrated social work assessor and social worker into the 	<p>General Manager / Hospital Director</p> <p>Community Services General</p>	<p>Nov 2016</p> <p>Nov 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		discharge team.	Manager	
	Quality of Management and Leadership			
	No improvements needed			

Health Board Representative:

Name (print): Mandy Davies

Title: Interim Director of Nursing, Quality and Patient Experience

Date: 16 November 2016