

Hospital Inspection (Unannounced)

Ward 12, Singleton Hospital,
Abertawe Bro Morgannwg
University 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 are receiving good care.

Our values

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

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

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

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Ward 12, Singleton Hospital, Abertawe Bro Morgannwg University Health Board on the 25 and 26 September 2017.

Our team, for the inspection comprised of one HIW inspection manager, two clinical peer reviewers and one HIW lay reviewer. The inspection was led by a HIW inspection manager.

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 that patients were very happy with the care, support and treatment received on ward 12. We observed staff providing dignified care, support and treatment to patients.

We found evidence that the service provided safe and effective care. However, we found some evidence that the health board was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Patient identification pre medication administration
- Patients treated with dignity, respect and kindness
- Innovative utilisation of pharmacy technicians on the ward
- Utilisation of the National Early Warning Scoring System (NEWS)

This is what we recommend the service could improve:

- Reduce clutter on the ward
- Infection control
- Patients' care assessments
- Security of patient records
- Aspects of medicines management

3. What we found

Background of the service

Abertawe Bro Morgannwg University Health Board was formed on 1st October 2009 as a result of a reorganisation within the NHS in Wales and consists of the former Local Health Boards (LHBs) for Swansea, Neath Port Talbot and Bridgend and also the Abertawe Bro Morgannwg University NHS Trust. The Health Board covers a population of approximately 500,000 people.

The Health Board (HB) has four acute hospitals providing a range of services; these are Singleton and Morriston Hospitals in Swansea, Neath Port Talbot Hospital in Port Talbot and the Princess of Wales Hospital in Bridgend. There are a number of smaller community hospitals and primary care resource centres providing clinical services outside of the four main acute hospital settings.

Singleton Hospital

Singleton Hospital has in the region of 550 beds. It provides acute general medical services, care of the elderly, surgical, ophthalmology, Ear Nose and Throat (ENT) and radiotherapy services. In addition it provides a High Dependency Unit and obstetric and gynaecological departments. A number of these departments provide sub-regional services as well as secondary care services (e.g. ophthalmology, ENT, dermatology). These services are supported by intensive care and high dependency beds, and a range of therapeutic and diagnostic services.

Singleton hospital provides specialist regional oncology services including managing complex cancer cases within the other specialties onsite (e.g. oral maxillofacial, ENT and colorectal). The South West Wales Cancer Institute and a separate Chemotherapy Day Unit services are also located at the hospital.

Ward 12 is a 30 bedded, general oncology/haematology ward, which treats patients with a variety of cancers and haematology conditions. Treatment provided on the ward may include chemotherapy, radiotherapy and symptom control. Additionally the ward provides services for two day case patients requiring interventions such as chemotherapy.

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 spoke to numerous patients over the two days of our visit. Unanimously, patients were very happy and positive of the services provided on ward 12. Overall, patients' privacy and dignity was promoted and safeguarded.

Arrangements were in place for patients to provide comments and feedback in relation to the ward. In addition, information relating to the health board's concerns / complaints policies and procedures were available for patients, friends and family.

During our inspection we distributed HIW questionnaires to patients on Ward 12 to obtain their views on the standard of care they have received at the hospital. In total, we received eight completed questionnaires; there was a mix of questionnaires received from patients whose hospital stay varied from one to two days to more than two weeks.

Feedback provided by patients in the questionnaires was positive; they rated the care and treatment provided on the ward as between eight and ten out of ten. All patients agreed that staff were kind and sensitive when carrying out care and treatment and that staff provided care when it was needed. Patients provided the following comments in the questionnaires about staff:

"The staff are brilliant but sadly understaffed and often pushed beyond what is reasonable, they really need better staffing on its wards to support the nurses here"

I really couldn't give you a complaint. I've never been on such a good ward, the staff are unbelievable. Staff are really caring"

"Staff have been very polite, helpful and always go the extra mile. The only negative being that the ward is sometimes understaffed. It is to the staff's merit that they provide such wonderful care whilst being stretched to their limit"

Staying healthy

Information was available throughout the ward in relation to health promotion and educational resources. Information was also available in regards to third sector organisations which can also provide patients with support and additional services.

It was also noted that health promotion material such as hand washing posters were located throughout the ward. Hand sanitizers were strategically located around the ward for patients and visitors of the ward to decontaminate their hands on arrival and on leaving the ward environment.

We were told by patients that they were able to take care of their own health and hygiene. Where needed, staff would offer support and assistance. No smoking notices were also located around the ward.

Dignified care

We saw that patients were treated with dignity, respect, compassion and kindness by staff looking after them. We observed positive, professional and friendly interactions between patients and staff.

Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about the hospital staff. All patients agreed that staff were always polite and listened to them, their friends and family and that staff called them by their preferred name.

During the entire inspection visit we observed staff caring and providing support and treatment for patients in a courteous and polite manner.

Patients commented the following:

"Best ward I've ever been on, staff are always friendly and polite, I am treated with kindness and respect"

"Outstanding"

"Top notch"

All staff that completed a questionnaire also placed significant importance to patients' privacy and dignity. In the questionnaires, staff were given a number of statements relating to patient care. All staff that answered the questions said that patient's privacy and dignity is always maintained, that patient independence is always promoted and that patients and/or their relatives are always involved in decisions about their care.

Patients appeared well cared for with staff paying attention to people's appearance. Patients were able to choose what they wore, with some patients choosing to wear day clothes and others preferring to wear bed clothes.

The ward comprised of single side rooms and bays. All bays were segregated into single gender in order to promote patients' dignity.

We observed notices being placed around beds and curtains closed when care was being provided. This was identified as an additional reminder to both patients and staff that personal care was being provided and safeguarded the patients' privacy and dignity during this important time.

Considerable refurbishment work was being undertaken on one end of the ward. This did have an implication for patients as there was a slight reduction in the number of toilet facilities available. Toilets facilities were clearly identifiable and were gender specific. Patients were made aware of the work being undertaken on the ward.

Patient information

As previously noted, information was freely available to help patients look after their own health and to promote their own wellbeing. In addition information was available in relation to the ward visiting times, how feedback could be provided and how to reduce the spread of infection.

We identified that the majority of information available on the ward was provided in the English language and significantly reduced Welsh language material was available.

A Patient Status at A Glance board (PSAG) was located on the ward, which contained minimal patient identification information in order to promote confidentiality. In particular the board was being utilised to record NEWS information, which provided staff with an evaluation of the patients' physical condition and highlighted any deterioration in patients' physical health.

All patients agreed that staff had discussed with them their medical conditions and helped them to understand. The following comments were received in questionnaires:

"Staff are always very polite. Staff tell me about my care and treatment, they give me leaflets and booklets which means I can question them. Staff are happy to answer any questions".

"Doctors are good at telling me what's going on. If I don't understand I ask and they are always happy to explain things".

"The doctors tell me what's going on. I've told the nurses not to tell me too much in advance of anything, because I forget. I like to know when it's happening on the day. They all do this"

Improvement needed

The health board must ensure that Welsh language recourses are effectively promoted within the ward and hospital environment.

Communicating effectively

The ward was attempting to improve the effectiveness of its communication processes. We identified that the ward was using pictorial images for toilets to assist patients who could be confused due to unfamiliarity with the hospital ward environment. Throughout our inspection visit we observed staff communicating with patients in a calm, dignified and pleasant manner. We were informed that patients were referred to according to their preferred names. Staff were observed communicating with patients ensuring that they understood what was asked of them. This was clearly visible in relation to medication administration where we were informed by patients that they had to provide all relevant information prior to medication being administered.

We were advised that some members of ward staff were able to converse in Welsh. If there were no Welsh speaking staff on shift and a Welsh speaker was required, staff members working in other areas of the hospital would be approached to assist.

The majority of patients confirmed in the questionnaires that they were offered the option to communicate with staff in the language of their choice.

Clear signage was available providing directions for patients and people to and from the ward. Other areas around the hospital were also well signposted, for example dining rooms.

All discussions had with patients confirmed that they felt that all staff listened to them and staff understood the care required and what was happening with their on going treatments. Overall patients felt very well informed.

Timely care

During the two days we found the ward to be very busy and all staff carrying out their duties in a responsive manner. The majority of patients told us they did not have to wait long to see staff if they needed some assistance. During the night we were informed that it can take longer for call bells to be answered. The health board must explore reasons for this and take action as appropriate so that patients' requests are responded to promptly

Improvement needed

The health board must make suitable arrangements to promote the timely response to patients' requests for assistance whilst on the ward especially during the night time period.

Individual care

Planning care to promote independence

The ward utilised a multidisciplinary approach when planning patients' care. Along with nursing and medical staff we saw other members of the multidisciplinary team, namely, physiotherapists and occupational therapists. Macmillan nurses were also present on the ward, providing additional health and specialist advice and support to patients with a cancer.

The ward had an equipped therapy area which enabled physiotherapists and occupational therapist to undertake assessments, with a view to providing patients with support, aids and equipment to promote independence.

People's rights

Patients were able to meet family and friends either by their beds, in the relatives' room or in the day room. The relatives' room provided a confidential location for patients to have discussions and the door could be locked in order to ensure privacy and dignity. Within the relatives' room there were pertinent

information leaflets available in relation to certain conditions and support groups able to provide patients and their families with assistance.

Patients told us that family and friends visited regularly and were involved in their care and treatment. We were also informed that patients, family and friends would be happy to raise and discuss any concerns with staff on the ward. Patients also confirmed that they felt able to raise any concerns or complaints with staff if necessary.

Listening and learning from feedback

As previously noted, the ward had posters and leaflets available for people attending the ward in regards to concerns and complaints. A 'Putting Things Right'¹ poster which is the Wales NHS concerns / complaints guidance was also visible and available on the ward. Feedback was also received via a suggestions box.

Contact details of the local Community Health Council was also available in the main entry corridor on to the ward.

¹ 1 Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

Delivery of safe and effective care

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

Overall, we found that patients were provided with effective care. We saw inconsistencies in relation to patients' assessments, which required improvements.

Improvements were necessary in relation to clutter on the ward. This was particularly evident in the main corridor and service lift locations.

Staff had limited awareness of the Health and Care Standards (2015) and the health board must make arrangements to improve these areas of staff knowledge and understanding.

Safe care

Managing risk and promoting health and safety

We found that improvement was required to promote a safe environment for staff and patients. We considered the safety of the ward environment. We identified that on the first morning of our visit, there was lots of equipment such as blood pressure monitors stored in the main corridor. These obstacles posed potential risk to patients as they restricted access to hand rails and could cause a trip hazard. We also identified that there were beds and chairs amongst other things near to a service lift that were condemned but had not been removed from the ward environment. The health board must ensure that faulty and condemned equipment is removed from the ward in a timely manner in order to reduce potential injuries to patients, staff and staff.

As previously identified the ward was being refurbished. There were numerous contractors on the ward. Staff were questioned as to whether they knew how many contractors were due or present on the ward, and we were informed that they did not. The health board must ensure that staff are fully aware as to which contractors are on the ward or due on the ward in order to promote

patients' welfare and reduce possible security risks of unauthorised personnel accessing clinical patient areas.

Improvement needed

The health board must make arrangements to address the clutter on the ward to promote a safe environment for patients, staff and visitors.

The health board must ensure that condemned and faulty equipment is be removed from the ward in a timely manner.

The health board must ensure that ward based staff are aware which contractors are on site and that they are informed on a daily basis as to who is working on the ward or expected to work on the ward.

Preventing pressure and tissue damage

Our sampling of five patients' records identified that four patients had skin bundles ²in place. One did not require one as it was stated that patient was fully mobile and not at risk. Overall these bundles were recording accurate information and revisions were made in a timely manner. We noted that one document was not completed in an acceptable manner as the member of staff had ticked boxes instead of placing a signature or initials in the designated area. Regular auditing and reviews of these documents should be undertaken in order to ensure safe, effective and accountable care practices are in operation.

Improvement needed

The health board must ensure that staff are fully aware of how to complete skin bundle documents and that staff sign or initial documents where required ensuring accountability.

Falls prevention

² Skin bundles are assessments and interventions used to improve patient care by reducing pressure ulcers.

We reviewed a sample of five patients' records and of these only two patients had received initial falls risk assessments. Comprehensive assessments of patient's risks must be undertaken to reduce the possibility of accidents occurring. The health board must ensure that all patients receive a falls risk assessment if the intention is to assess or admit the patient for a time greater than six hours.

We were informed by staff that specialist equipment such as hoists are freely available. In addition pressure alarms were used for some patients who were reported to be at risk of falling out of bed. At present there is not a designated specialist falls service in operation at Singleton hospital.

Improvement needed

The health board must ensure that all patients receive a falls risk assessment if the intention is to admit or assess the patient for greater than six hours.

Infection prevention and control

All patients agreed in the questionnaires that the ward was both clean and tidy. Patients also commented very positively about the domestic staff and the thorough job they did. Some patients commented in the questionnaires:

"Cleaning staff are exceptionally thorough"

"Cleaning staff are meticulous"

We observed domestic staff going about their duties in a diligent and enthusiastic manner.

Single side rooms and bays were observed to be clean; however the main corridor was on occasions cluttered. The refurbishment work being undertaken posed a potential risk to patients as there appeared to be minimal preventative measures in operation to prevent dust from spreading. The ward had patients who were undergoing treatment and were immunocompromised due to their diagnosis and on going treatment. This issue was raised with ward staff and with senior management during our feedback session.

A designated room was used on the ward to store intravenous pumps and stands. In the corner of the room we identified that a commode was located. We brought this to the attention of staff immediately. In addition, the commode did not have a designated notice placed on it informing staff that it had been decontaminated accordingly. Rigorous infection prevention and protection

practices reduces the risk of patients contracting a hospital acquired infection. The health board must ensure staff are fully informed and aware of infection prevention and control practices and that regular monitoring of ward environments are undertaken to ensure staff are adhering to these policies and procedures.

We observed in a treatment room that a sharps bin was overfilled and equipment was visibly sticking out of the bin. This posed a potential health and safety risk. The health board must ensure that staff comply with safe and effective practices in relation to clinical sharps bins management, and do not risk the health and safety of fellow staff.

Improvement needed

The health board must ensure that clinical sharps bins are not over filled and that staff promote safe and effective management of these bins.

The health board must ensure that commodes are stored in designated areas and are decontaminated following use. The health board must also ensure that appropriate notices are then placed on these commodes to notify staff that they have been decontaminated.

The health board must ensure that all possible precautions are implemented to reduce the risk of contamination to the ward environment during the refurbishment period.

Nutrition and hydration

We observed during a lunchtime meal, patients being provided with a choice of what to eat and drink. Patients told us the food was of a very good standard and they had a choice at every mealtime. It was noted that the meals provided appeared appetising and nutritious. Patients that were interviewed as part of the inspection or completed a questionnaire did not require assistance with eating or drinking. Patients were assisted to sit upright positions if in bed to eat their meals. Other patients were able to sit out and eat their meals. Patients were observed to be served their meals in a timely manner and provided with assistance if necessary.

We observed water jugs being provided and placed within reach of patients, enabling them to help themselves as required. We observed staff re-filling these jugs at regular intervals during our visit. During our visit we did not observe patients having the opportunity to wash their hands or use hand wipes prior to having their meals.

During the inspection we reviewed the documents of five patients. Nutritional risk assessments were completed on all five patients. We identified that overall the standard of completion of the nutritional risk assessments were satisfactory. However, reviews of the care plans were not undertaken regularly. For example a patient had received a nutritional assessment on admission and was noted as being high risk, but the next re-assessment was undertaken one week later. The All Wales Nutritional care pathway guidance identifies that patients assessed as high risk should be reviewed two / three days following initial assessment. We did identify that one of the charts did not have the patient's details completed on the cover. We recommend that all patients' documents be labelled in order to reduce the possibility of confusion. We also noted that food charts were not updated in a timely manner. We recommend that food charts be kept up to date in order to provide a true and accurate account of the food intake of patients.

We identified in the sample of patients records reviewed that oral care plans were being used in appropriate circumstances.

Improvement needed

The health board should make arrangements to ensure patients are consistently offered the opportunity to wash their hands or provided with hand wipes prior to having their meals.

The health board must ensure that all food charts are completed in a timely manner.

The health board must ensure that nutritional risk assessments are re-assessed as identified in the all Wales Nutritional Care Pathway guidance

The health board must ensure that all patients' documents are labelled correctly.

Medicines management

Overall medication management within the ward was of a satisfactory standard. However we did identify some improvements which are required.

The All Wales drug charts were utilised. The ward had designated pharmacists and support staff linked to the ward.

We were informed that a new innovation had commenced on the ward in relation to a newly employed pharmacy technician. This individual would assist nurses with the medication rounds in order to promote safe and effective practice. We observed medication being administered and we were informed by patients that staff are always very careful in checking and ensuring that the right patient receives the right medication. Staff were observed drawing up and calculating a controlled drug and were adhering to local and national guidance. Staff when questioned, demonstrated good knowledge around medication management

However, we identified that in a treatment room, some medicines were left out and unattended. We brought this to the attention of the nurse in charge immediately. The health board must ensure that all medicines are managed in a safe and secure manner. We recommend the health board also remind all qualified nursing staff of their duties / responsibilities as registrants with the Nursing and Midwifery Council in relation to the [Standards for Medicines Management](#) guidance.

We identified that regular temperature monitoring of fridges used to store medication were being undertaken daily. We did identify that rooms used to store medication were not having their temperatures recorded daily. Certain medication can begin to perish if the temperature rises above 25 degrees Celsius. The health board must ensure that all rooms used to store medication are temperature monitored and measures introduced should the temperature rise above stated medication manufacturer's guidance.

Improvement needed

The health board must ensure that staff are reminded of their responsibilities in ensuring medication is stored safely and securely and not left unattended.

All rooms used to store medication to be temperature monitored daily.

Safeguarding children and adults at risk

During our interviews with patients they confirmed that they felt safe on the ward. We were informed that they would be happy to talk to staff if they had any concerns.

Appropriate policies and procedures were available in regards to adult and child safeguarding.

Effective care

Safe and clinically effective care

There was good evidence of multi disciplinary working between the nurses, doctors, social workers and members of the multidisciplinary team. There was also evidence of good working relationships with other organisations such as MacMillan.

Management and allocated staff undertook regular audits in relation to areas such as pressure areas, falls, glucose meter, and infection prevention and control. However we noted that there was a lack of safety crosses in operation at ward level. Safety crosses were developed to provide information on key facets of care in a simple and effective manner. We were informed that the management were reviewing the use of safety crosses in order to ensure consistent information was being recorded accurately on the hospital wards. We recommend that the health board review this area of ward based practice and ensure that a consistent approach is adapted and information made available for patients, friends and family on the ward.

Feedback received from staff questionnaires identified some lack of awareness by staff in relation to the Health and Care Standards (2015). We advise the health board increase staff awareness and understanding of these standards.

Effective handover processes were in operation between staff shifts. This safe and effective mechanism allowed for information sharing to be undertaken and relevant care and safety information about all patients to be disseminated between staff.

We were informed by patients that they were very happy with their care. Comments included:

'If this was a hotel, I'd come back'

'1st class service'

Patients also spoke very positively regarding their treatment provided by medical and all members of the multi disciplinary team.

The ward had an emergency resuscitation trolley available in the event of a patient emergency. We identified that the trolley was well stocked and had sufficient equipment to deal with the initial stages of an emergency. We noted that it was ward and health board policy for the trolley to be checked daily. However, records viewed identified that this was not happening on a regular daily basis. Records highlighted gaps where the equipment and stock had not been checked. .

The ward had a good range of specialist equipment available to meet the needs of patients. This included monitoring equipment, profiling beds, pressure relieving mattresses and moving and handling equipment.

Improvement needed

The health board must review the use of safety crosses on the ward 12 and provide HIW with an action plan identifying how they intend to implement safety crosses in a timely and meaningful manner.

The health board must make suitable arrangements to make staff aware of the Health and Care Standards (2015).

The health board to ensure that emergency resuscitation trolleys are checked daily and staff document this accordingly.

Record keeping

We looked at a sample of five patient care records. Generally they were completed adequately. Records viewed identified that patients had been assessed by suitably qualified members of staff, who identified their care requirements. Care plans had been developed following the assessments. The ward undertook regular integrated nursing assessment audits in order to assess the quality of documented assessments.

On our first day, we identified that patient records were left unattended on a trolley. In addition we observed patient records were left outside single rooms with patient details easily accessible and easy to read at a glance. This posed potential risks to patients confidential details being compromised and did not comply with the Data Protection Act 1998. The health board must ensure that patient's records are kept safe and secure at all times. By the second day the notes had been removed from the trolley within the general ward environment and locked away in a store room.

Improvement needed

The health board must ensure that patients' records are kept safe and secure at all times.

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.

Overall, sufficient management structures were in operation on ward 12.

We observed some audit activity was ongoing on the ward. As previously identified, we recommend that the health board reviews the utilisation of safety crosses on the ward in order to promote good practice, highlight areas requiring improvement and to support openness and transparency for staff, patients and people visiting ward 12.

Datix³ reporting systems were in operation on the ward and we identified that staff had a good awareness of when reporting of incidents should be undertaken.

Governance, leadership and accountability

During our visit we observed some good examples of strong, clear ward level leadership, which promoted the effective running of the ward. Two junior sisters working during our inspection knew their roles and functions on the ward and were able to support junior nurses, medical practitioners and members of the MTD.

³ Datix is the software used by the NHS in Wales to report incidents / near misses

The majority of staff that completed a questionnaire agreed that their organisation encourages them to report errors, near misses or incidents via Datix, and agreed that when they are reported, the organisation would take action to ensure that they do not happen again.

The role and function of ward 12 was being evaluated by senior management during our visit. Considerations were underway in relation to the specific patients groups to be cared for and treated on the ward. Consideration was also being given to the notion of dividing of the ward into two.

We were informed by some staff members that they did not feel very well connected to senior managers within the hospital and health board. This was also identified in responses received in questionnaires. Ward staff felt that communication was only sometimes effective between senior management and ward based staff and felt that senior managers only sometimes involved staff in important decisions. We recommend that the health board continue to engage with ward based staff to promote inclusivity.

We identified in records that not all staff had received an annual performance development review (appraisal). This was also confirmed in three responses received in the questionnaires. The health board must ensure that all staff receive an annual appraisal in order to reflect on performance, consider learning and development needs and the provision of any ongoing support requirements.

Improvement needed

The health board must continue to effectively engage with staff especially during the impending reorganisation of the ward.

The health board must ensure that all staff receive timely annual appraisals.

Staff and resources

Workforce

Staff demonstrated a good understanding of the care needs of the patients on the ward. The large ward was divided into two sides. The teams comprised of qualified nurses and health care support workers.

During the entire course of our inspection, we observed a very committed, busy staff team attending to patients in a dignified and courteous manner. We saw

good multidisciplinary team working in operation. Staff such as physiotherapists and occupational therapists were present on the ward supporting, assessing and providing positive interventions to patients to assist them with their conditions and promote their independence.

All staff members agreed in responses received via questionnaires and during discussions, that their immediate manager takes a positive interest in their health and well-being.

On our first afternoon, the ward was understaffed for a few hours. In addition the junior sister also had to take charge of the triage phone. This meant that the workload on this individual was extremely high. We recommend that the health board reviews and evaluates the management of the triage phone in order to ensure that ward based staff are enabled to carry on with their ward duties in a comprehensive and undisturbed way.

At present the ward 12 staffing levels are determined utilising a medical and surgical acuity assessment tool. This tool is not designed specifically for haematology / oncology wards. These specialist areas require careful staffing considerations. We recommend that the health board reviews the current staffing levels on the ward and consider the specific needs and requirements of an oncology / haematology setting like ward 12. This will be particularly significant when evaluating the future staffing requirements of the proposed new restructured ward.

Improvement needed

The health board must evaluate the current system whereby if a triage team nurse is not available responsibility reverts to ward based staff.

The health board must make suitable arrangements to review the current staffing levels and skill mix in operation of ward 12, specifically evaluating the specialist nature of the ward in order to promote high quality and timely care to patients.

4. What next?

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

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

The improvement plans should:

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

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

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

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

5. How we inspect hospitals

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

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

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

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

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
Commode inappropriately stored in Intravenous pump room and not documented as decontaminated.	Commode which was potentially contaminated was stored inappropriately with intravenous pump equipment. This posed a health and safety and infection prevention and control issue. (Standard 2.4)	We raised this concern with ward staff immediately.	Commode was removed immediately, decontaminated and stored in designated location.
Medication left unattended	Medication could have potentially been stolen / misplaced (Standard 2.6)	We raised this concern immediately with ward staff.	Staff undertook appropriate action to safeguard medication safely and securely.

Appendix B – Immediate improvement plan

Hospital: Singleton Hospital

Ward/department: Ward 12

Date of inspection: 25 & 26 September

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

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified at this inspection				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Hospital: Singleton

Ward/department: 12

Date of inspection: 25 & 26 September

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board must ensure that Welsh language recourses are effectively promoted within the ward and hospital environment.	4.2 Patient Information	Notice informing patients/relatives that literature is available in Welsh if required. Welsh speaking staff to wear identification detailing same.	Ward Manager	Completed
		The Welsh Language is actively promoted across SSDU and compliance will be monitored through the Ward	Interim Unit Nurse Director	On going

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Assurance Review Programme and Patient Feedback.		
The health board must make suitable arrangements to promote the timely response to patients' requests for assistance whilst on the ward especially during the night time period.	5.1 Timely access	Ward staff informed of issue raised.	Ward Manager	Completed
		Nurse Call system interrogated. Night shift of 19th/20th Oct showed 41 calls made. Response times range between 1-6mins with average wait time <1min. Will continue to be monitored.		
		Safe Rounds implemented night and day to ensure patients' needs are met in a timely manner.	Ward Manager	On going
		Will monitor compliance through Ward Assurance Review Programme and Patient Feedback	Interim Unit Nurse Director	On going
Delivery of safe and effective care				
The health board must make arrangements to address the clutter on the ward to promote a safe environment for patients, staff and visitors.	2.1 Managing risk and promoting health and safety	Refurbishment works completed allowing evaluation of and re-assessment of storage available.	Ward Manager & ward staff	Completed
		Clinical environments are monitored to	Matrons and	

Improvement needed	Standard	Service action	Responsible officer	Timescale
		ensure they are safe and free from clutter through the Ward Assurance Review Programme. Findings are reported to SSDU Learning and Assurance Meeting and Quality and Safety Committee	Interim Unit Nurse Director	On going
The health board must ensure that condemned and faulty equipment should be removed from the ward in a timely manner.		Work with Portering service to identify equipment to be removed and make suitable arrangements for removal.	Ward Manager, Portering Manager	Completed
		Ensure that staff are aware across SSDU of the correct procedure for the disposal of equipment.	Interim Unit Nurse Director	Completed
The health board must ensure that ward based staff are aware which contractors are on site and that they are informed on a daily basis as to who is working on the ward or expected to work on the ward.		Contractors sign register of attendance with estates manager and reports to nurse in charge on arrival / when leaving ward as per ABMU HB Policy for 'Infection Control in Built Environment.	Estates Manager Ward Manager	Completed
		Ensure all staff aware of the ABMU HB	Interim Unit	On going

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Policy 'Infection Control in the Built Environment' and implemented when work planned in clinical environments	Nurse Director	
The health board must ensure that staff are fully aware of how to complete skin bundle documents and that staff sign or initial documents where required ensuring accountability.	2.2 Preventing pressure and tissue damage	Staff made aware of HIW report and necessity for improvement in documentation.	Ward Manager; Ward Sisters	Completed
		All staff aware of implementation of Policy for the Prevention & Management of Pressure Ulcers (March 2017) Ward Sisters to undertake daily check that skin bundles completed.	Ward Sisters	Ongoing
		Ward Assurance Reviews are undertaken and will monitor compliance against this standard and report to SSDU Learning and Assurance Meeting. All Pressure Ulcer Incidents to be Reported as per Policy and reviewed by SSDU Pressure Ulcer Scrutiny Panel	Ward Manager; Associate Gen Manager, Cancer Services. Senior Matron. Ward Manager	Ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Staff to attend Documentation & Record Keeping study day to raise awareness of legal issues relating to documentation & record keeping. If sessions N/A in timely fashion external resource to be identified to deliver to cancer services.	and Senior Matron	June 2018
The health board must ensure that all patients receive a falls risk assessment if the intention is to admit or assess the patient for greater than six hours.	2.3 Falls Prevention	All staff aware of implementation of Policy for the Prevention & Management of Inpatient falls (Oct 2016)	Ward Manager; Ward Sisters	Completed
		Ward Sisters to undertake daily check that falls risk assessments completed for new admissions.	Ward Sisters	Ongoing
		Ward Assurance Reviews are undertaken and will monitor compliance against this standard and report to SSDU Learning and Assurance Meeting.	Ward Manager; Associate Gen Manager, Cancer Services	Ongoing
		Falls Incidents are reported as per Policy and reviewed by SSDU Falls Scrutiny Panel.	Ward Manger and Senior Matron	Ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Staff to attend Documentation & Record Keeping study day to raise awareness of legal issues relating to documentation & record keeping. If sessions N/A in timely fashion external resource to be identified to deliver to cancer services.	Ward Manager and Senior Matron	By June 2018
The health board must ensure that clinical sharps bins are not over filled and that staff promote safe and effective management of these bins.	2.4 Infection Prevention and Control (IPC) and Decontamination	Notices on display to ensure sharps bins not overfilled.	Ward Manager	Completed
The health board must ensure that commodes are stored in designated areas and are decontaminated following use. The health board must also ensure that appropriate notices are then placed on these commodes to notify staff that they have been decontaminated.		'Commode champion' now in place taking responsibility to ensure staff comply with commode bundle	Ward Manager; Ward Sisters	Completed
The health board must ensure that all possible precautions are implemented to reduce the risk of contamination to the ward environment during the refurbishment period.		Discussed with contractors and records kept detailing measures taken to reduce risk of decontamination. Liaison with Infection Control Dept		Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Ensure all staff aware of ABMU HB Policy 'Infection Control in the Built Environment' and it is implemented when work planned in clinical environments.		On going
The health board should make arrangements to ensure patients are consistently offered the opportunity to wash their hands or provided with hand wipes prior to having their meals. The health board must ensure that all food charts are completed in a timely manner. The health board must ensure that nutritional risk assessments are re-assessed as identified in the all Wales Nutritional Care Pathway guidance The health board must ensure that all patients' documents are labelled correctly.	2.5 Nutrition and Hydration	Hand hygiene wipes available and offered at all meal times. New staff to ward educated in use of same All staff aware of requirement to complete and review nutrition risk Adult Screening Tool Staff to undertake e-learning re: All Wales Food Chart All staff reminded to ensure documentation labelled Weekly audit of documentation to be undertaken and discrepancies reported to nurses managing patients at the time to rectify	Ward Manager/Ward Staff Ward Manager/Ward Staff Ward Staff Ward Manager/Ward Staff	Completed Immediate and ongoing Ongoing Immediate and ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Ward Assurance Reviews undertaken and will monitor compliance against this Standard. Reporting to SSDU Learning and Assurance Meeting	Ward Manager and Senior Matron	Ongoing
The health board must ensure that staff are reminded of their responsibilities in ensuring medication is stored safely and securely and not left unattended. All rooms used to store medication to be temperature monitored daily.	2.6 Medicines Management	ABMU HB Policy on Prescribing, Supply, Ordering, Storage, Security, Administration and Disposal of Medicines does not stipulate temperature monitoring of storage areas. Discussed with Pharmacy Manager. Advised Patient Safety Notice (April 2016, Action no 3) stipulates 'medicine storage areas temperature controlled'... Thermometer to be purchased and monitoring of Drug storage room to commence. Assurance Reviews undertaken will monitor compliance against medicine management standards and report findings to SSDU Learning and Assurance Meeting	Ward Manager/Ward Staff Pharmacy Manager Ward Manager Ward Manager and Senior Matron	Completed 14/11/17 Ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must review the use of safety crosses on the ward 12 and provide HIW with an action plan identifying how they intend to implement safety crosses in a timely and meaningful manner.	3.1 Safe and Clinically Effective care	Ward currently in discussion with external company to digitalise all patient information displayed on ward including safety crosses. Information boards updated and safety crosses in place, completed daily	Ward Manager; ward Sisters; Ward staff	Completed 14/11/17
The health board must make suitable arrangements to make staff aware of the Health and Care Standards (2015).		Health Care Standards to be agenda item on ward meetings held 6-8 weekly. Assurance Reviews are undertaken and Toolkit used for review purposes is aligned to Health Care Standards	Ward Manager; Ward Sisters; Ward staff	Commenced 9/11 & ongoing
The health board to ensure that emergency resuscitation trolleys are checked daily and staff document this accordingly.		All staff reminded of need for both emergency trolleys to be checked daily and same documented. Ward Sisters to monitor weekly	Ward Manager; ward Sisters;	Immediate
The health board must ensure that patients' records are kept safe and secure at all times.	3.5 Record keeping	Audit of Medical records undertaken in Aug 2016, action plan formulated and repeat audit in April demonstrated marked improvement. To liaise with	Ward Manager; ward Sisters;	Feb 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Medical records to repeat audit and action as necessary. All patients records to be kept in secure trolley when not required for patient use		Immediate and ongoing
Quality of management and leadership				
The health board must continue to effectively engage with staff especially during the impending reorganisation of the ward.	Governance, Leadership and Accountability	Ward meetings held every 6-8 weeks. Ward re-organisation agenda item each meeting. Senior management to be invited to attend to update staff. Staff invited to give comments/suggestions.	Ward Manager; Ward Sisters;	Completed
The health board must ensure that all staff receive timely annual appraisals		Programme of annual appraisals agreed with Band 6's to ensure annual compliance – commenced October 2017. Schedule drawn up and staff made aware of same	Ward Manager; Ward Sisters; Ward staff	Completed
The health board must make suitable arrangements to review the current staffing levels and skill mix in operation of ward 12, specifically evaluating the specialist nature of the ward in order to promote high quality and	7.1 Workforce	Skill mix review undertaken for proposed reconfiguration of ward.	Senior Matron, Cancer Services	Completed
		Acuity Audit undertaken in June 2017 to	Ward Manger	Completed in

Improvement needed	Standard	Service action	Responsible officer	Timescale
timely care to patients.		be repeated in January 2018.		June to be repeated in January 2018
The health board must evaluate the current system whereby if a triage team nurse is not available responsibility reverts to ward based staff.		Recruitment and appointment of Triage Nurse to release nursing time for Band 5 Nurses who currently undertake this role a part of their day to day work.	Ward Manger	November 2017
		Baseline Staffing Assessment undertaken in preparation for the implementation Nurse Staffing Levels (Wales) Act 2016.	Ward Manager	Completed will be updated in January 2018
		Service Delivery Unit has developed a Recruitment & Retention plan	Interim Unit Nurse Director	Completed
		Funding identified to appoint additional Triage/Clinical Lead (Band 6) and a review of current Band 6 posts made to allow additional cover of Triage service	Ward Manager	Interviews to be held 17/11/17

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): C Williams

Job role: Interim Unit Nurse Director

Date: 14th of November 2017